

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 4796
TO BE ANSWERED ON 20TH MARCH, 2026**

NORMS FOR ESTABLISHMENT OF PRIVATE AND GOVERNMENT HOSPITALS

†4796. SHRI MANSUKHBHAI DHANJIBHAI VASAVA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of the infrastructural norms laid down for establishment of private and Government hospitals in the Country;
- (b) whether it is a fact that the condition of infrastructure in most of the hospitals in the Country is pathetic;
- (c) if so, the details thereof; and
- (d) the details of the corrective steps being taken by the Government in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) to (d): '*Health*' being a State subject, the primary responsibility for establishment and maintenance of hospitals lies with the respective States/UTs.

The National Health Mission (NHM), *inter-alia*, provides support for improvement in infrastructure in health facilities, in order to provide quality health care for all including poor and vulnerable sections in urban, rural, and tribal/hilly areas. The Ministry of Health and Family Welfare (MoHFW) provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. Further, to improve health infrastructure and services in public health facilities, government has laid down Indian Public Health Standards (IPHS). The IPHS for Sub-Centres, Primary Health Centres, Community Health Centres, Sub-District Hospitals and District Hospitals were published in 2007 and revised in 2012 and 2022. They are a set of uniform standards envisaged to deliver quality services to citizens with dignity and respect. They provide guidance on the health system components such as infrastructure, human resource, drugs, diagnostics, equipment, quality, and governance requirements for delivering

health services at these facilities. They are used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs.

Moreover, the Government of India enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified the Clinical Establishments (Central Government) Rules, 2012 amended in 2018 and 2020 (CE Rules) to provide for registration and regulation of Government (except those of Armed Forces) as well as private clinical establishments belonging to recognized systems of medicine. As per CE Act, the clinical establishments are required to fulfill the conditions of minimum standards of services provided for each type of service provided. The CE Act is applicable in 19 States/UTs (12 States of Arunachal Pradesh, Assam, Bihar, Jharkhand, Haryana, Himachal Pradesh, Mizoram, Rajasthan, Sikkim, Telangana, Uttarakhand & Uttar Pradesh and 7 UTs of Andaman & Nicobar Islands, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Jammu & Kashmir, Ladakh, Lakshadweep & Puducherry). The States / UTs which have adopted the CE Act are primarily responsible for enforcing/implementing the provisions of the CE Act for regulating their diagnostic laboratories. The Act has empowered a registering authority at the district level under the chairmanship of the District Collector / District Magistrate to take actions including imposing penalties in respect of violation of its provisions. The Act also provides for cancellation of registration, if the provisions of the Act are not complied with. The clinical establishments in the States/UTs, which have not adopted and implemented the CE Act, are registered and regulated by the respective State Acts.
