Provincial Minimum Service Standard
Annual Report
for
Primary, Secondary A, and Secondary B Hospitals

Sudurpashchim

Utilizing the Minimum Service Standards to provide actionable steps to improve quality of care at government hospitals

2081/82 (2024/25)

Nick Simons Institute, Shrawan 2082 (Aug 2025)

Provincial Minimum Service Standard Report: Sudurpashchim

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Nick Simons Institute

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Executive Summary

Ensuring equitable and high quality health care is a central goal of the Ministry of Health and Population (MoHP) of Nepal. To improve the quality of hospital services, the Minimum Service Standards (MSS) was pioneered in 2014 under the Hospital Management Strengthening Program (HMSP), in close partnership with the Nick Simons Institute (NSI).

The purpose of this report is to translate MSS data in a way that supports actionable steps to address gaps in health facilities based on the most recent data from the last fiscal year (LFY) 2081/82 BS 01/04/2081 to 31/03/2082 (16/07/2024 - 15/07/2025). This report analyzes the most recent MSS data for 62 Primary hospitals, 39 Secondary A hospitals, and 11 Secondary B Hospitals that have MSS assessments with data from the LFY under Provincial and Local governance. This is the first year Secondary B hospital MSS data has been analyzed. Five Secondary A hospitals from Bagmati were excluded from analysis due to missing 2081/82 MSS assessments. Indicators were analyzed across various groupings to provide an accurate picture of hospital readiness on the ground beyond typical MSS reports, and support officials in decision making to improve service provision across Nepal.

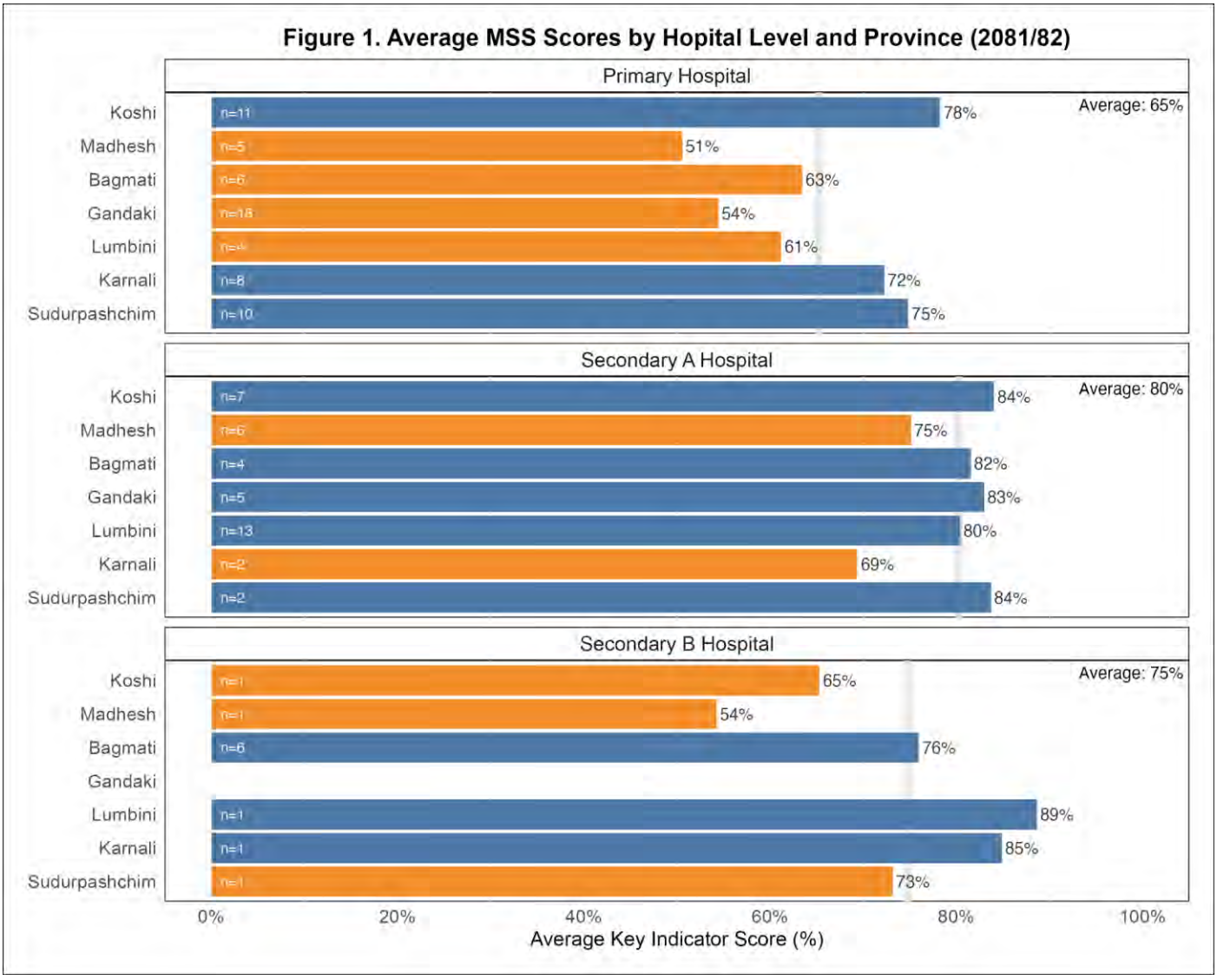

Figure 1. Average MSS Scores of Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals (2081/82). Scores by province. Orange shows below national average, blue shows above national average. N shows the number of hospitals in that province for that hospital level.

Progress has continued since MSS implementation, with Secondary A hospitals averaging 80% and Primary hospitals averaging 65%. However, this overall progress masks significant disparities across provinces, within provinces, and between hospital levels. Provinces like Koshi, Sudurpashchim, and Lumbini showed balanced improvements, prioritizing low-scoring hospitals, while critical gaps in Gandaki, Bagmati, and Karnali remain.

For example, Lumbini's Secondary A and Secondary B hospitals are meeting MSS scores to an exceptional standard, with more than 50% of their hospitals scoring above 85% in their most recent assessment. Further, their lowest scoring Secondary A hospitals have significantly improved from the previous years, showing an appropriate prioritization to reduce gaps in quality of care at weak hospitals. The exception is Bhalubang Hospital, which has stagnated at 40% since 2080, suggesting an intervention may be needed.

Of note, Bagmati has recently upgraded 10 hospitals to Secondary A and Secondary B level, which has reduced their average Secondary A score as top-scoring hospitals are now assessed by higher level MSS tool aligned with their current upgraded standard.

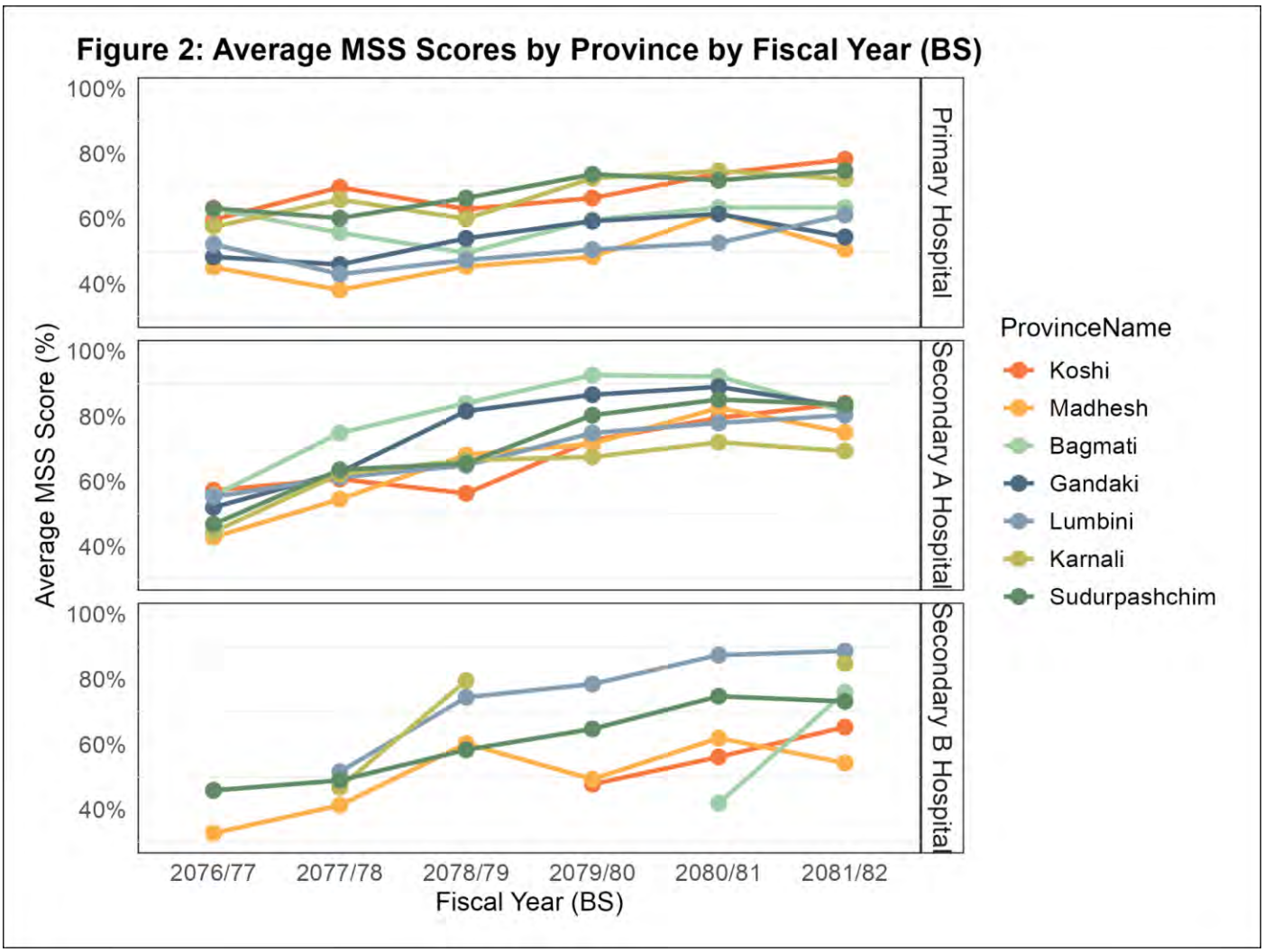

Figure 2. Average MSS Scores by Province over Time for Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals. Color by province.

Primary hospitals continue to face structural and operational disadvantages. More than half of the Primary hospitals in Gandaki and Bagmati scored below 50%, with consistent underperformance in staffing, routine infection prevention, and training. Despite these challenges, Lumbini and Sudurpashchim demonstrated success in lifting scores among their lowest-performing Primary hospitals, signaling the impact of equitable provincial investment. However, chronic issues such as poor waste segregation, limited evening OPD services, and low staff training persist nationwide. These trends

suggest a need for resource redistribution, long term healthcare worker interventions, and hospital-level accountability mechanisms.

Secondary A hospitals generally performed better but also exhibited uneven progress. Provinces such as Lumbini and Koshi maintained high standards, while Madhesh experienced a marked decline of over 10% since last fiscal year (LFY), seen especially in infection prevention and medicine availability as they started to conduct assessments without information to the hospitals, its effect reflected in availability of medicine and IP materials. Staffing shortages in specialized roles, such as physiotherapy and anesthesia supervision, were common, and emergency preparedness (e.g., BLS/BLCS training and mock drills) remained inconsistent. However, diagnostics (e.g., 100% functional X-rays and 24 hour Emergency Room), and digitization are areas of strength, being met at 100% of Secondary A hospitals.

Key Findings at a Glance:

- Staffing is the most pressing national challenge, with low availability of nurses, anesthesiologists, and medical superintendents across all hospital levels and provinces.
- Waste management remains weak, especially in Primary hospitals, threatening service quality and safety. This may be an opportunity for federal support.
- Supplies and equipment have improved, particularly in Secondary A hospitals, but gaps remain in anesthesia, pediatric, and physiotherapy items.
- Koshi and Lumbini are models for equitable quality improvement, having improved low-performing Primary hospitals while maintaining high Secondary A performance.
- Gandaki and Karnali require urgent provincial and federal support due to recent negative trends.

Below, Table 1 summarizes trends, gaps, and priorities for 2082/83 FY at the provincial level. Arrows indicate positive, negative, or no change from the LFY. Note that MSS Standings are subjective, considering trends and outliers. For example, even though Lumbini has an average Secondary A score of 80%, the majority are sustained above 90% with a few outliers affecting the average. When moving forward, consider where provinces can learn from each other. For example, Karnali could learn from Sudurpashchim's success; and a similar partnership could develop between Madhesh and Lumbini. Both Bagmati and Gandaki could learn from Koshi's Primary hospital's success. Although large gaps remain, focus on areas of success and build on recent improvements while ensuring an equitable distribution of resources to ensure that all people have access to safe, affordable, and quality healthcare.

Table 1. Provincial Summaries and Priority Actions for 2081/82						
Province	**MSS Standing**			**Notable Trends**	**Notable Gaps**	**Priorities for 2082/83**
	Prim (n=62)	**Sec A (n=39)**	**Sec B (n=11)**			
Koshi	Very High↑↑	Very High↕	Low↑	• Steady gains across all levels, especially lower scoring hospitals showing equitable distribution of resources. • Expansion of specialty wards at Provincial Hospital Bharadrapur.	• Persistent routine practice gaps at low-scoring Primary hospitals (Pathari Nagar, Okhaldhunga). • Staffing shortages across Primary and Secondary A hospitals (physiotherapy, pharmacists, anesthesiologists, accountants). • Patient monitoring, privacy, are province wide concerns.	• Target persistent staffing gaps; scale physiotherapy and specialist staffing at Secondary A hospitals.. • Address quality gaps (patient monitoring, privacy) at all hospital levels. • Target District Hospital Okhaldunga and Panthari Nagar Hospital for improvements.
Madhesh	Very Low↓↓	Low↓	Low↓	• Dramatic province-wide declines across Primary and Secondary A hospitals, with MSS drops up to -35%. • Persistent downward trend in Primary hospitals, with most below 60%. • Some gains in physical facilities and ENT services at Provincial Hospital Janakpur.	• Severe routine practice failures and non-existent waste management at Primary hospitals • Province-wide absence of physiotherapy services; staffing shortages in inpatient wards and maternity at Secondary A. • Infection prevention and supply chain breakdown at Provincial Hospital Janakpur; major ward service losses.	• Strengthen hospital waste management at all Primary hospitals. • Target Bhardaha (27%; -35%) and Chandranigahpur Hospital (35%; -21%) to reverse trends. • Invest in Secondary A hospitals to prevent further losses and maintain quality of services. • Invest in infection prevention, supply chains, and ward services at Janakpur.
Bagmati	Low↑	Very High↕	High↓	• 4 Primary and 6 Secondary A hospitals upgraded in the LFY to Secondary A and Secondary B levels, explaining small, expected decreases in scores. • Primary hospitals are showing steady improvement.	• Badegau PHC lags behind (34%) and needs substantial investment, especially in waste management, USG, and X-Ray services. • Secondary A hospitals should focus on infection prevention and physiotherapy department gaps.	• Continue to invest in Primary hospitals, ensuring MSS standards are met, specifically targeting Badegau PHC. • Strengthen processes at Secondary A and B Hospitals as they transition to higher levels of care.
Gandaki	Very Low↓↓	Very High↓	N/A	• Struggling Primary hospitals; 12/18 Primary hospitals scored below 55%, and 12/18 had decreasing scores. • Secondary A Hospitals scored high (72% - 90%), but some small declines.	• Extremely low scoring Primary hospitals, with hospital waste management non-existent.	• Province-wide Primary hospital interventions to bring basic services and safety to MSS. Major investments needed across departments. Largest gaps include hospital waste management, supply chain systems

					• Ramja Deurali Health Post lacks basic KIs (24hr X-Ray, health insurance, main-power supply) • Governance, staffing, and training at Secondary A is weak and decreasing.	(medicine, supplies, equipment), staffing and training, infection prevention, and governance.
Lumbini	Low↑↑	Very High↑	High↕	• All Primary hospitals improved (+1% to +14%), signaling equitable investment in lower-scoring facilities. • Secondary A hospitals continue to excel, with nearly half scoring above 90% and Bardiya Hospital (97%) among the top nationally. • Lumbini Provincial Hospital has achieved remarkable growth, reaching 89% from 49% in 2077, the second-highest among Secondary B hospitals.	• Primary hospitals still average ~61%, with persistent gaps in dental services, hospital waste management, IEC materials, and training. • Province-wide absence of physiotherapy services and staffing shortages in inpatient, maternity, and specialist posts at Secondary A hospitals. • Infrastructure congestion and underdeveloped psychiatry services at Lumbini Provincial Hospital.	• Invest in basic quality services at Primary hospitals (dental, HCWM, IEC, training) to raise scores above 70%. • Address physiotherapy and staffing gaps across Secondary A hospitals. • Expand infrastructure and strengthen pharmacy and psychiatry services at Lumbini Provincial Hospital.
Karnali	High↓	Low↕	High↕	• Uneven progress: Primary and Secondary A lag on basics, while Karnali Provincial Hospital performs strongly. • Primary shows diagnostic gains (USG, X-ray) but loss in infection prevention. • Secondary A mixed, with some improvements and other losses.	• Systemic infection prevention failures, staffing shortages, physiotherapy absent, ER triage not maintained, weak CSSD staffing, inconsistent medicine/supply availability. • Secondary A needs investment in infrastructure, which saw major losses in LFY.	• Target Humla, Dullu, and Mugu District Hospitals for basic infection prevention, sanitation, and waste management.
Suder-Pashchim	High↑	High↕	High↕	• Primary hospitals scored well with equitable improvements concentrated in previously low-performing facilities, but growth has stagnated. • Secondary A and Secondary B hospitals maintained relatively high scores, but have not shown much growth.	• Persistent staffing shortages (nurses, physiotherapists, maternity staff), weak governance, and infection-prevention lapses • Malakheti Hospital meets 0% of patient monitoring indicators. • Waste segregation remains inconsistent in higher-level hospitals.	• Institutionalize hospital waste-management protocols province-wide • Target Malakheti and Jogbuda Hospital broadly for basic improvements. • Develop Province-level innovations to address staff recruitment and retention.

Table 1. Provincial Summaries for Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals. Symbols indicate general change in MSS scores from 2080 by hospital level: ↑ increasing; ↓ decreasing; ↕ no change or maintaining; ↑↑ significant increases; ↓↓ significant decreases. Change was determined based on average change across the province and if the change was reflected across multiple hospitals, or just influenced by outlie

National Report

Introduction

The Minimum Service Standards (MSS) is a standard readiness and service availability tool to measure and assess the needs of health facilities so they can provide the minimum level of service. MSS comes in the form of an indicator checklist whereby gaps in minimum service standards can be identified at Primary, Secondary A, and Secondary B health facilities across Nepal.

The purpose of this report is to provide the Ministry of Health and Provincial Governments with actionable steps to address gaps in MSS in peripheral hospitals based on the most recent data from the last Nepali fiscal year, 2081/82. (16/07/2024 - 15/07/2025). There were three main methods of analysis:

1. **Key Indicators:** Key Indicators (KI) were selected to represent the most important areas of hospital needs like staffing, equipment, supplies, services, and governance that would be a foundation for a high quality peripheral hospital. There are 76 KIs for Primary hospitals and 88 KIs for Secondary A hospitals. Secondary B hospitals did not have key indicator analysis.
2. **Services:** Indicators that identified services available as per the expected hours were assessed to determine what prescribed services are and are not available by district to identify key gaps in service coverage.
3. **Hospital Readiness:** Indicators found to be repeated across departments, measuring the most basic needs of a department such as adequate space, availability of equipment, appropriate staff, record keeping, or treatment counseling. These indicators were categorized into two groups: *Foundations* and *Routine Practices*. Indicators were then grouped into components for easier analysis. See all definitions in Table 5.
    a. **Foundations:** Indicators related to structural readiness needed for a hospital to function related to the presence of physical materials or personnel:
        i. Physical Facilities
        ii. Materials
        iii. Staffing
        iv. Governance
    b. **Routine Practices**: Indicators related to the repeated activities of staff for a hospital to smoothly function and provide quality services:
        i. Infection Prevention
        ii. Operations

Recommendations, figures, and tables all work together to provide a coherent picture of how hospitals are functioning on the ground. These are to allow for both targeted approaches, and broad sweeping changes at each level so that resources are used wisely.

To see specific hospitals missing or meeting each indicator in tables, see Annex 3.

Hospital Readiness

Hospital readiness involves grouping repeated indicators across departments for cross-departmental analysis and comparisons. This approach highlights areas of strength and weakness in a way that traditional inter-departmental analysis cannot, offering a clearer picture of hospital performance.

This report uses the high-quality health systems framework that understands indicators into Foundations, Routine Practices, and Outcomes. However, because there are no outcome indicators within MSS, we are using this framework to show a theoretical understanding that **Foundations** and **Routine Practices** are necessary to achieve better outcomes. It emphasizes that quality care goes beyond just equipment or staffing, effective hospital processes must be aligned for best practices. By mapping repeated MSS indicators to this framework, this report supports actionable, quality-centered improvements.

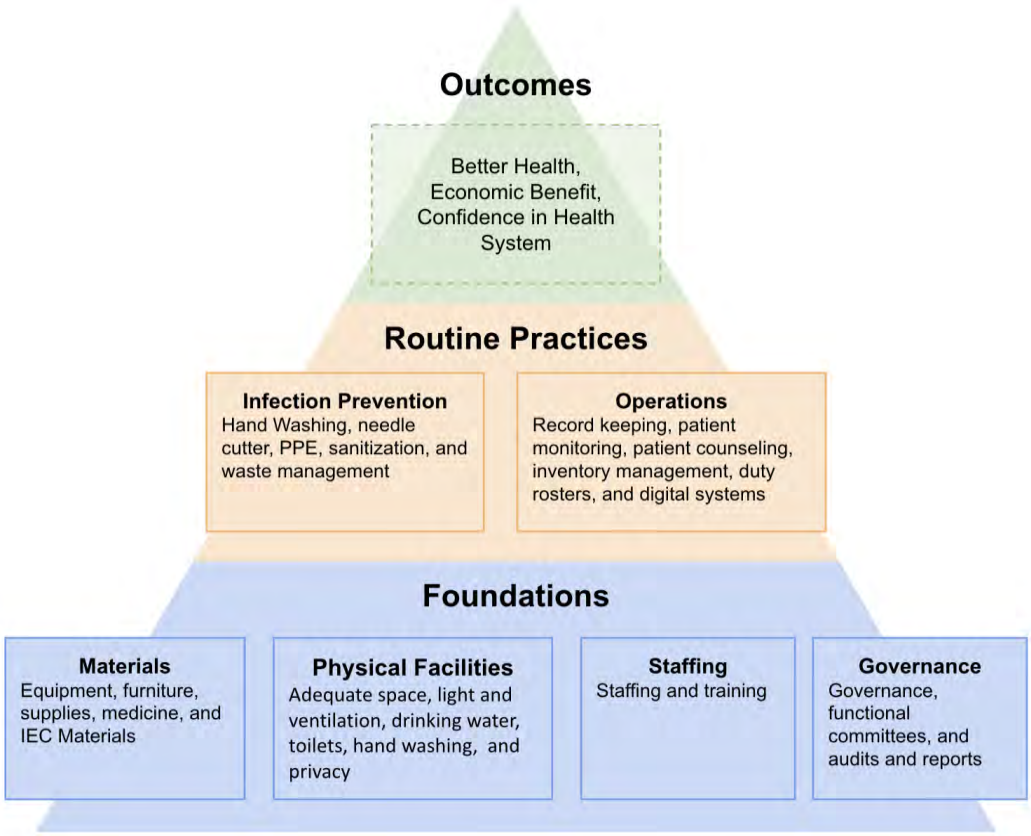

Figure 5. MSS Analysis Conceptual Framework for Hospital Readiness Analysis.

Foundations: Basic and structural components that are necessary for a functional hospital, including physical infrastructure, staffing, governance, and materials and supplies. The foundation is "*What we have*".

Routine Practices: Small and repeated actions that indicate if a hospital is following best practices such as record keeping, hand washing, or inventory management. Routine Practices are "*What we do with what we have*". Although all MSS indicators may record items as physical things, they can suggest that the actions are being done.

Outcomes: The ultimate goal of better health in the population with ripple on effects beyond health. There is no outcomes analysis in this report, as MSS scores the readiness of a hospital to offer services, not the outcomes themselves. Conceptually, it is important to remember this is the ultimate goal.

Foundations

Foundations represent the essential structural elements for a hospital's functioning, categorized into four components: **Physical Facilities**, **Materials**, **Staffing**, and **Governance**; it is the "*what we have*".

These categories are then further broken up into items. For example, Physical Facilities include adequate space, drinking water, ventilation, privacy, and toilets. Materials include essential equipment, furniture, and supplies. Staffing includes available workforce and training of the workforce and Governance has items regarding functional committees, audits and reporting, and governance.These indicators, often repeated across departments, may require investment in infrastructure, staffing, and supplies to ensure the hospital has the "what" to operate.

Below, Table 5 shows each component, and their items, with an example standard, and the number of indicators included for each hospital level. Higher level hospitals have more indicators within each group to reflect the greater range of services graded in MSS. For a full list of indicators by group, component, and item, see Annex 2.

Table 5. Foundation Component Items and Example Standards

Item	No. of Indicators			Example Standard
	Prim.	Sec. A	Sec. B	
A. Foundations: *Physical Facilities*				
Adequate Space	25	43	62	"Adequate rooms and space for the practitioners and patients are available." (2.14.8.1)
Drinking Water	8	10	13	"Safe drinking water is available 24 hours for inpatients" (2.7.2.8.3)
Light and Ventilation	11	14	22	"Light and ventilation are adequately maintained." (2.9.1.4.2)
Privacy	11	11	11	"Appropriate techniques have been used to ensure the patient privacy (separate rooms, curtains hung, maintaining queuing of patients)." (2.2.3.3)
Toilets	7	8	12	"There are adequate toilets for male and female patients in each ward (1 for 6 female bed)" (2.7.2.8.2)
B. Foundations: *Materials*				
Equipment	41	48	85	"At least one defibrillator in immediate accessible area" (2.7.2.7.3)
Furniture	12	17	26	"Required furniture, supplies and space are available (See Annex 2.10a Furniture and Supplies for Dental Services At the end of this standard)" (2.10.5.3)
IEC Materials	11	13	14	"Appropriate IEC/BCC materials on TB, HIV/AIDS (posters, leaflets) are available in the OPD waiting area." (2.2.3.4.2)
Medicine	12	10	15	"All of the required medicines and supplies for specific programs are available in pharmacy (less than 50%= 0; 50-70 =1, 70-90=2 90-100= 3)" (2.5.8)
Supplies	18	30	52	"Instruments, equipments and supplies for Safe Abortion Services available (See Annex 2.2.2a Instruments, equipments and supplies for Safe Abortion services At the end of this standard)" (2.2.4.7.1)
C. Foundations: *Staffing*				
Staffing	33	39	56	"Doctor: OPD Patients- 1:35-50 per day for quality of care" (2.1.2.1)
Training	17	21	27	"Medical recorder is trained on ICD and DHIS2" (1.5.4.1)
D. Foundations: *Governance*				
Audits and Reporting	12	15	15	"Final audit/ external audited accounts are available for last year." (1.4.5.3)

Functional Committees	8	12	12	"Hospital (QHSDMS) Committee meetings are held at least every 4 months" (1.6.1.2)
Governance	8	9	11	"There is work plan prepared and implemented by hospital for hospital waste management" (3.6.1)

Table 5. Foundational Component Items and Example Standards for Primary, Secondary A, and Secondary B hospitals. For a full list of standards by hospital level, see Annex 2.

Figure 5 Summary

Below, Figure 5 shows the Foundation components by hospital level and colored by province. Noticeable, Secondary B hospitals have the least range in scores, with provincial averages very close. However, in Karnali, Secondary A hospitals are significantly lower scoring than the other provinces regarding Materials and Physical Facilities. Further, Koshi and Madhesh have very poor foundations at the Secondary B level. In contrast, Koshi and Sudurpashchim have very high scoring foundations for Secondary A and Secondary B hospitals.

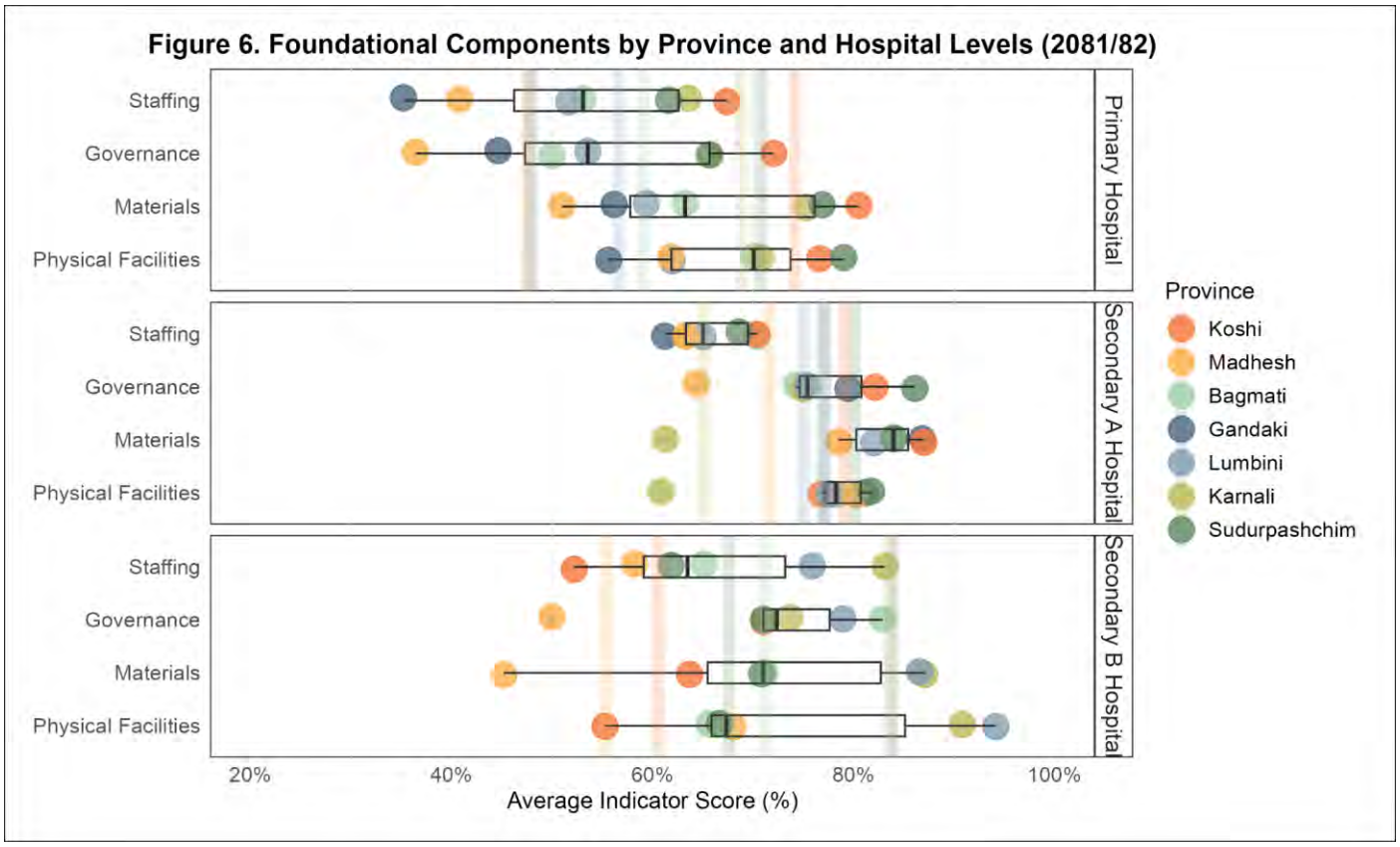

Figure 6. Foundational Components by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

Routine Practices

Routine practices are the "what we do with what we have" actions and procedures that help ensure hospitals maintain consistent, high-quality care across departments, categorized into two components: **Infection Prevention** and **Operations**; it is the "*what we do with what we have*".

These categories are then further broken up into items. Infection Prevention includes hand washing, needle cutter use, PPE, sanitization, and waste segregation. Often these indicators are nearly identical across departments and can easily be identified. Operations include digital systems, duty roster, inventory management, patient counseling, patient monitoring, and record keeping. **Often simple to implement**, these practices require widespread, hospital-wide efforts to ensure adherence. By monitoring routine practices like waste segregation, hand-washing, record-keeping, and patient

counseling, hospitals can continuously improve the quality of care they provide while maintaining operational excellence.

Below, Table 10 shows each component, and item, with an example standard, and the number of indicators included for each hospital level. Higher level hospitals have more indicators within each group to reflect the greater range of services graded in MSS. For a full list of indicators by group, component, and item, see Annex 2.

Table 10. Routine Practice Components and Example Standards

Item	No. of Indicators			Example Standard
	Prim.	Sec. A	Sec. B	
A. Routine Practice: *Infection Prevention*				
Hand washing	25	28	39	"Hand-washing facility with running water and soap is available for practitioners." (2.2.1.8.3)
Needle Cutter	14	17	21	"Needle cutter is used." (2.13.12.4)
PPE	17	21	30	"Masks and gloves are available and used" (2.2.2.10.1)
Sanitization	25	29	46	"Chlorine solution is available and utilized for decontamination" (2.3.16.4)
Waste Segregation	20	26	30	"There are well labeled colored bins for waste segregation and disposal as per HCWM guideline 2014 (MoHP)" (2.1.10.2)
B. Routine Practice: *Operations*				
Digital Systems	12	12	11	"Pharmacy uses computer with software for inventory management and medicine use" (2.5.10)
Duty Roster	11	13	19	"Duty rosters of all OPDs are developed regularly and available in appropriate location." (2.1.7)
Inventory Management	13	17	19	"Instrument are maintained and calibrated as per manufacturer instructions" (2.9.1.3.2); "FEFO system is maintained using standard stock book/cards." (2.5.17)
Patient Counseling	21	21	27	"Counseling is provided to patients about the type of treatment being given and its consequences" (2.1.4.1)
Patient Monitoring	3	7	19	"Patients' pain management is prioritized, measures well documented and analgesic effect followed up" (2.8.9.4)
Record Keeping	23	26	44	"Drug resistance, complication and referral to other sites recorded and reported" (2.2.3.9.2)

Infection Prevention

Infection prevention are routine and repetitive indicators across departments to ensure that the hospital is following best infection prevention practices and patient safety. **These measures are especially important given they can be addressed with relatively little input.** Simple but crucial measures like waste segregation, sanitization, needle cutter use, personal protective equipment (PPE), and hand-washing facilities are key components. Regular monitoring of these practices can significantly reduce hospital-acquired infections and promote overall patient safety. For a full list of indicators by group, component, and item, see Annex 2.

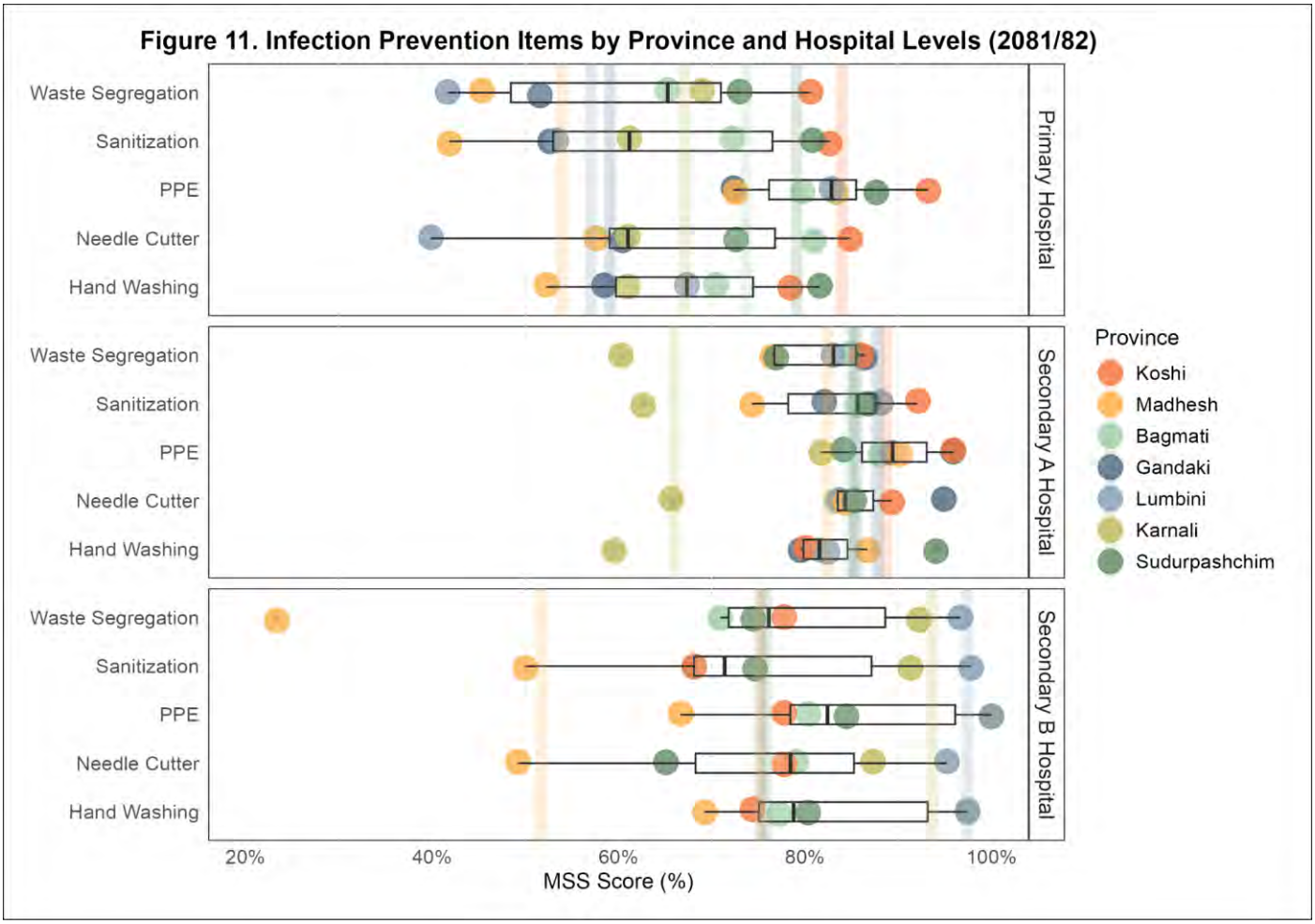

Figure 11. Infection Prevention Compliance by Province (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Colored by Province. Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

Above, Figure 11 shows Infection Prevention Items by Province and Hospital Levels, with great variation between provinces. Koshi and Sudurpashchim should be commended for their significant improvement and quality of infection prevention at Primary and Secondary B hospitals, significantly higher than other provinces. Similarly, Lumbini Provincial Hospital is nearly meeting 100% of infection prevention indicators and should be an example of excellence.

Operations

Routine Practice Operation indicators are smaller, repetitive indicators across a wide range of departments to ensure that the hospital functions effectively with patients and within the hospital systematically. Specific operation measures across departments include the use of a departmental duty roster, internal record keeping, and treatment counseling for patients. For a full list of indicators by group, component, and item, see Annex 2.

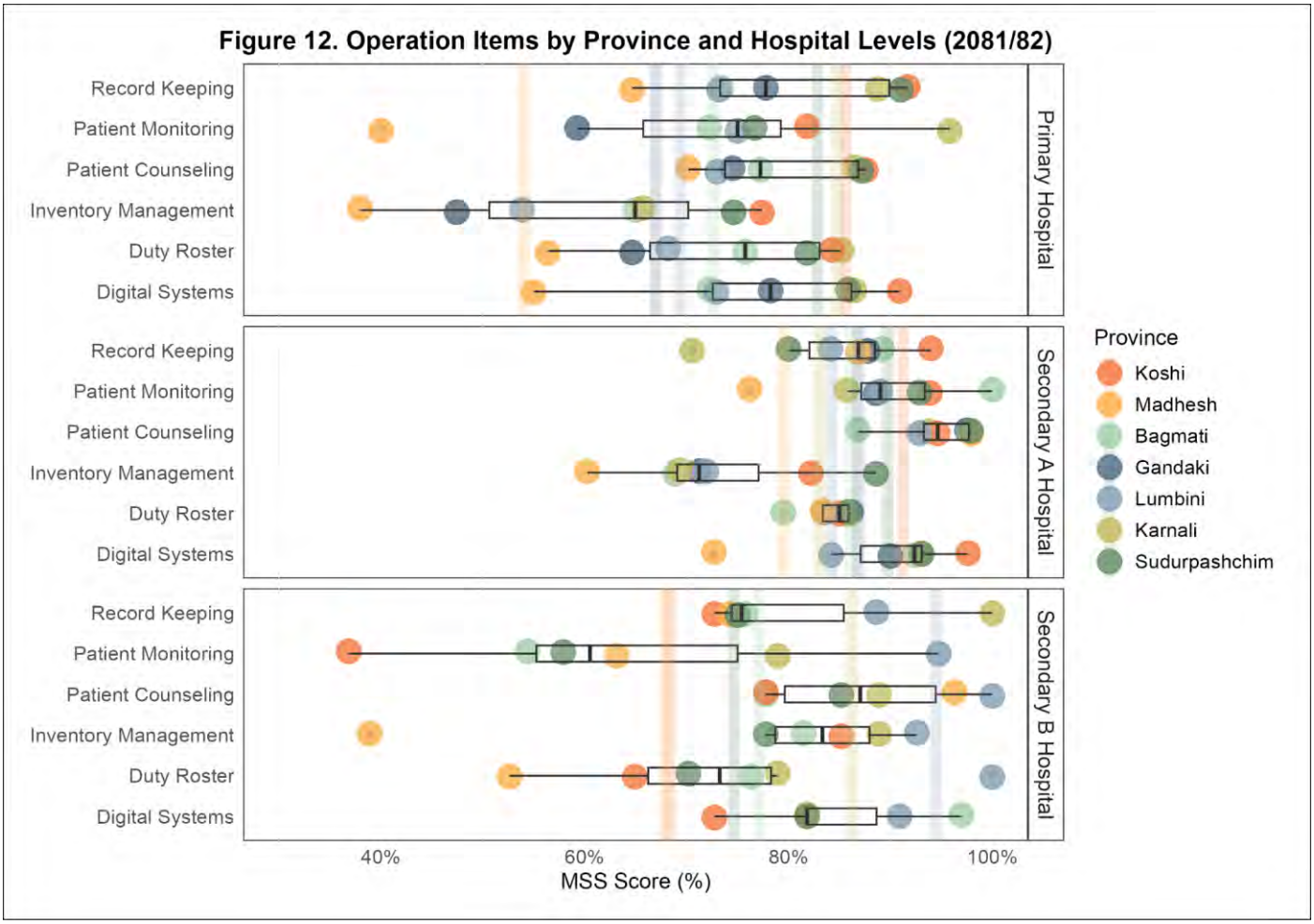

Figure 12. Operations Items by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 30% - 100%.

Above, Figure 12 shows Operation Items by Province and Hospital Level for the LFY. Compared to other components, Operations are relatively high scoring. All provinces show a high fidelity for patient treatment counseling. However, given that the MSS assessment may not be directly witnessing this happen, this number should not be taken at face value.

Sudurpashchim Report

Overview

Nineteen Primary, Secondary A, and Secondary B hospitals in Sudurpashchim Province completed an MSS assessment in 2081/82; 10 Primary, 2 Secondary A, and 1 Secondary B hospital. Generally, Sudurpashchim's Primary Hospitals are excellent, and should be an example to other Provinces nationally, providing consistent, high quality services in remote and rural areas. However, there are still areas for improvement, especially in high scoring hospitals.

Primary hospitals in Sudurpashchim performed very well, scoring between 50–93%, with notable improvements concentrated among previously lower-scoring hospitals such as Dodhara PHC (+16%), Gokuleshwor (+7%), Jogbuda (+7%), and District Hospital Bajura (+7%). These gains indicate effective provincial targeting of support and equitable distribution of resources across facilities and should be an example to other Provinces nationally. However, persistent gaps remain in staffing, governance, and infection prevention, particularly at **Malakheti Hospital** which continues a slight, but multi-year downward trend and scored 0% for patient monitoring, a major concern for patient safety. Further, **Jogbuda Hospital** should be targeted broadly. Despite high performance in diagnostic and routine service areas, the **loss of key human resources**, especially maternity nurses and pharmacists, underscores the urgent need for sustained retention strategies, structured provincial training programs, and basic governance strengthening to maintain and build on recent progress in Sudurpashchim's primary hospitals.

Sudurpashchim has two Secondary Hospitals, although several Primary Hospitals (i.e. Bajhang District Hospital) function as Secondary A hospitals. Both Secondary A Hospitals show consistent growth over time with scores above 79% and continue to perform strongly, with most routine practice indicators above 80%, demonstrating consistent adherence to MSS standards. Mahakali Provincial Hospital and Tikapur Hospital have made progress in diagnostic capacity and operational management, with notable improvements in histopathology services, X-ray staffing, and financial and inventory management systems. However, persistent gaps in staffing, including vacant Medical Superintendent positions and shortages of nurses and physiotherapy staff, remain a serious concern. To sustain performance and close remaining gaps, Sudurpashchim should prioritize structured staff recruitment and retention policies, strengthen physiotherapy and medico-legal capacity, and ensure consistent leadership and oversight at the provincial hospital level.

Seti Provincial Hospital, the only Secondary B hospital in Sudurpashchim maintained a relatively high performance but showing notable declines in governance and key operational areas. While digital systems (+18%) and hand hygiene practices (+3%) improved, major setbacks were seen in staffing, record keeping, duty rosters, and infection prevention measures such as needle cutter use (–14%) and waste segregation (–7%). Ward-level performance revealed excellence in Dental (100%), Ob/Gyn, and General Medicine departments, but severe declines in Surgery (–20%) and Orthopedics (–22%) threaten service reliability. As Sudurpashchim's primary referral center, Seti Provincial Hospital should prioritize governance reform, staffing stabilization, and revitalization of surgical and orthopedic services to ensure consistent, high-quality care across specialties and sustain its role as a provincial hub.

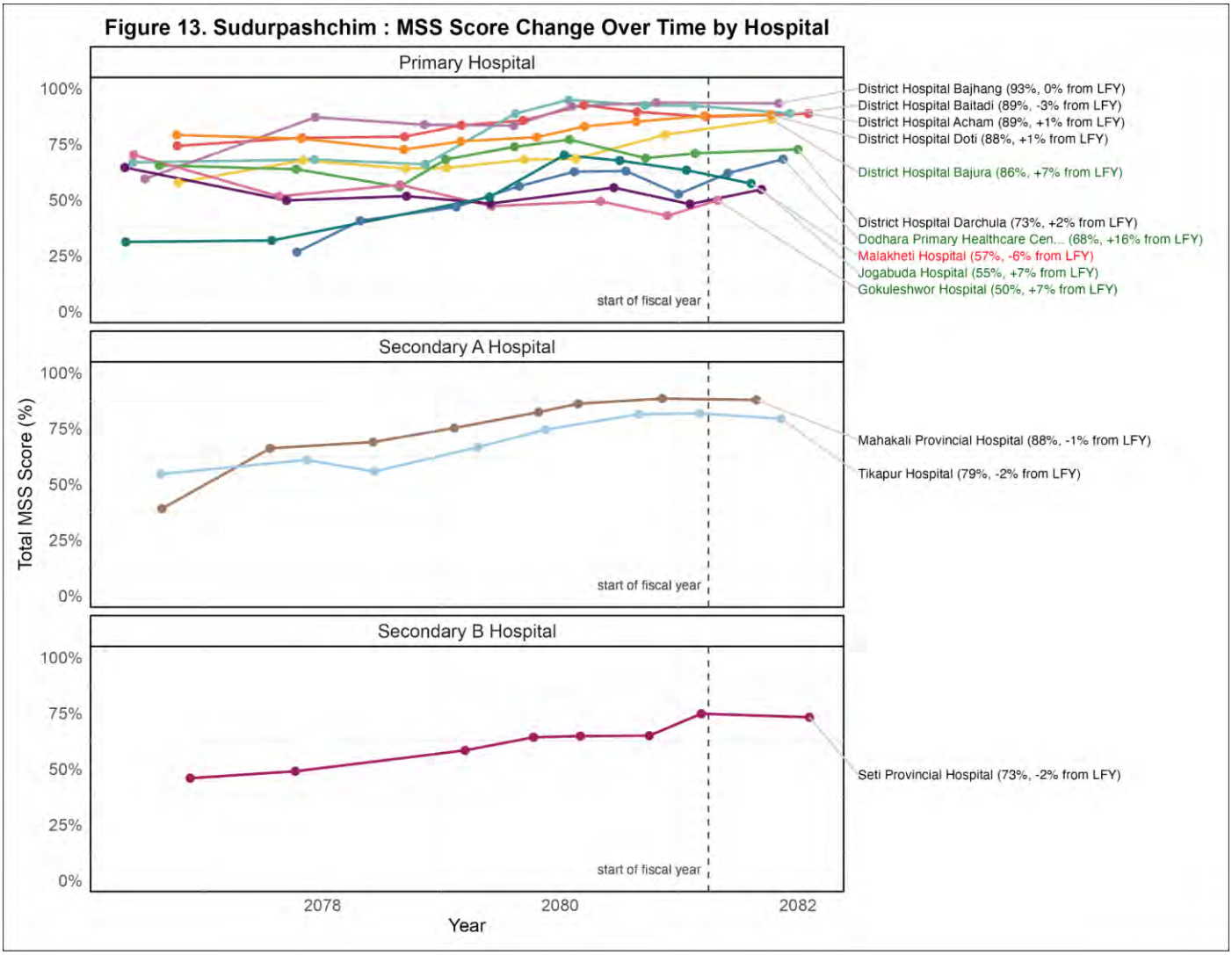

Figure 13g. Sudurpashchim: Change in MSS Score Over Time by Hospital (n=13). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease of greater than -5%. Dashed lines show MSS assessments from a lower level before the hospital was upgraded. Only hospitals with MSS assessments in 2081/82 FY were included.

Primary Hospitals scored between 50% - 93% with gradual increases across hospitals, with notable growth at Dodhara Primary Healthcare center (+16%), Gokuleshwor Hospital (+7%), Jogbuda Hospital (+7%), and District Hospital Bajura (+7%) from LFY. It is the positive sign that the majority of improvements happened at lower-scoring hospitals, suggesting appropriate distribution of resources targeting gaps, while also maintaining the level of quality at higher scoring hospitals. However, Malakheti Hospital has decreased by -6% from LFY, following a consistent negative trend since 2079.

Sudurpashchim has two Secondary Hospitals, although several Primary Hospitals (i.e. Bajhang District Hospital) function at a Secondary A level. Both Secondary A Hospitals show consistent growth over time with scores above 79% but saw slight dip in the most recent year by -1% and -2%. This indicates that while service standards have generally advanced, sustaining improvements and addressing gaps in weaker facilities remain key challenges.

Finally, Seti Provincial Hospital has reached 73%, maintaining a high score reached in the previous FY, but not continuing the upward trend from years past. In contrast to national trends, Sudurpashchim's lower level hospitals are scoring higher, while the highest level hospital lags behind. This provides two opportunities. One, to show other provinces how to properly invest in Primary hospitals and to ensure quality services in remote areas, and two, to

strengthen the quality of services at Seti Provincial Hospital. However, given the Tertiary Hospital in Dadeldhura, the reliance on Seti may be less of an immediate priority.

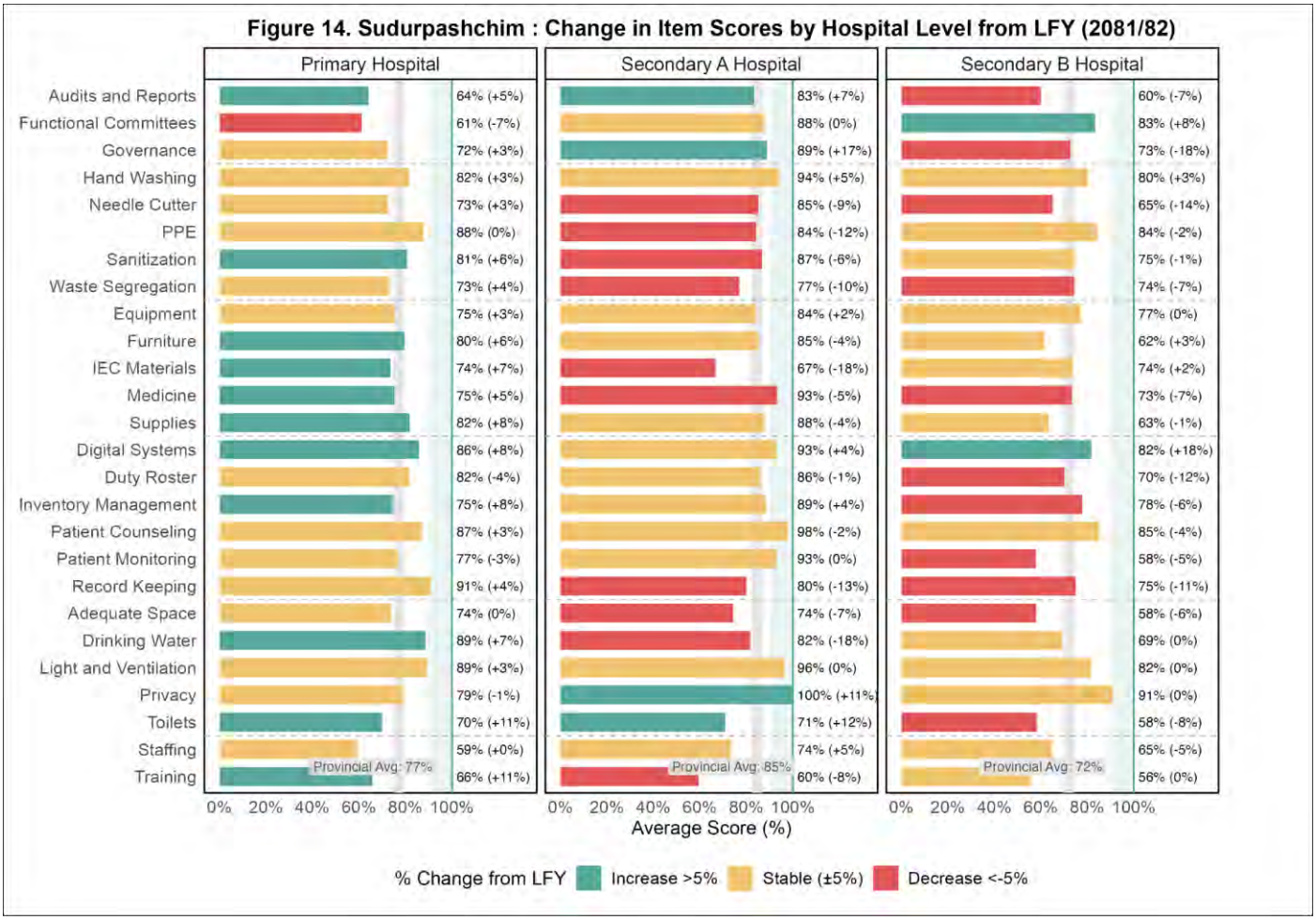

Figure 14g. Sudurpashchim: Change in Item Scores by Hospital Level from LFY (2081/82) (n=13). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages shown by the grey vertical line.

Figure 14g shows the change in item scores across the hospital from LFY by Hospital level. Overall, Primary hospitals are scoring well, in contrast to national trends. Improvements were seen in digital systems (+8%), inventory management (+8%), training (+11%), and toilets (+11%), while maintaining scores across a majority of items at a relatively high level. However, functional committees (-7%)significantly decreased in the LFY with other small losses in duty roster (-4%), patient monitoring (-3%), and privacy (-1%).

Secondary A Hospitals performed the strongest overall, with major gains in governance (+17%), privacy (+11%), and toilets (+12%), alongside very high scores in audit and reports, handwashing, digital system, and inventory management. However, Secondary A hospitals also saw a wide range of losses in the LFY, shown in red. Setbacks were especially large in infection prevention practices, IEC materials, medicine, record keeping, adequate space, drinking water, and training. Losses in infection prevention practices is a major concern for patient and provider safety and should be targeted. Many of these items do not need large investments, but organized systems and processes to improve the quality of services in Sudurpashchim's Secondary A hospitals.

Seti Provincial Hospital is Sudurpashchim's only Secondary B Hospital. Governance (-18%), needle cutter use (-14%), duty roster (-12%), and record keeping (-11%) showed sharp declines in the LFY. Although losses were seen across categories, many of the decreases were in processes and systems within the hospital, allowing for the opportunity to

improve hospital readiness with minimal capital investment. Improvements were noted in the functional committee (+8%) and digital system (+18%).

By observing the trend of three hospital levels of Sudurpashchim Province, **waste segregation** remains a major problem in Secondary A and Secondary B hospitals in comparison to primary hospitals. This should be targeted top down, learning from successes at lower level hospitals.

Primary Hospitals

Figure 15. Sudurpashchim Lowest-Scoring Primary Hospital Item Scores (2081/82)

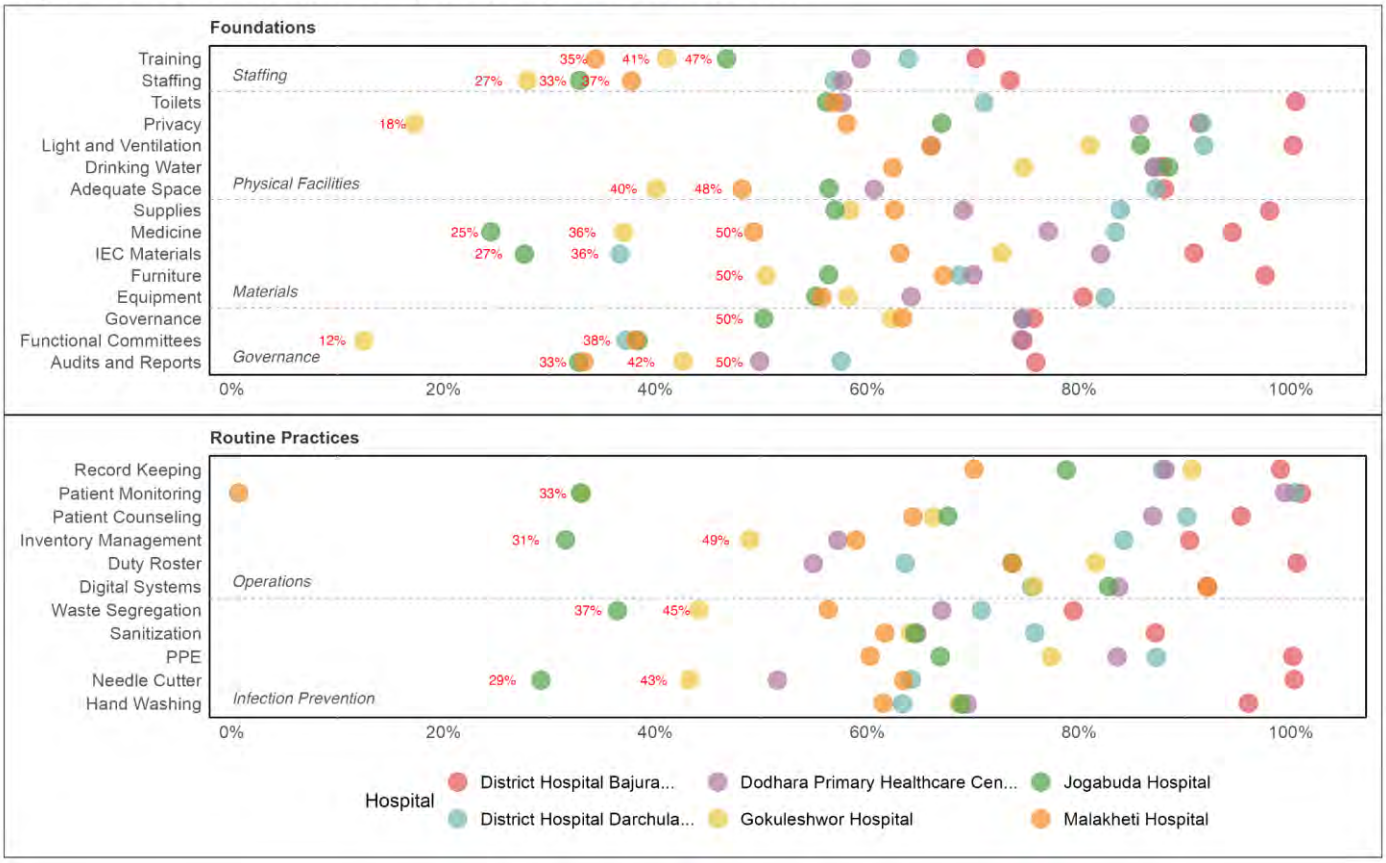

Figure 15g. Sudurpashchim: Lowest-Scoring Primary Hospitals Item Scores (n=6). Only the six lowest-scoring primary hospitals in Sudurpashchim were included. Items below 51% are labelled with their percent.

Even in Sudurpashchim's lowest scoring hospitals, there is a high standard of routine practice in comparison to foundations. This is a wonderful achievement and should be celebrated, as even low-scoring hospitals are expected to abide by standard routine practices. Regardless, there are targeted areas in need of improvement.

Malakheti Hospital must target Patient Monitoring (0%) immediately. This is a major concern for patient safety and raises concerns for quality of care. See *Annex 2A. Primary Hospital Category and Item Indicator List* for specific indicators.

Gokuleshwor Hospital should target:

- Privacy (18%)
- Functional Committees (12%)
- Staffing (27%)

Jogbuda Hospital should target:

- Medicine availability (25%)
- Needle cutter use (29%)
- Patient monitoring (33%)
- Inventory Management (31%)
- Waste Segregation (37%)

Broadly, hospitals may benefit from province-wide training support, as most hospitals appear to be scoring low across training.

Code	Area	Standard	Hospitals meeting standard									
			1	2	3	4	5	6	7	8	9	10
Low scoring indicators												
2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2 PM onwards	0	0	0	0	0	0	0	0	0	0
1.1.3	Governance	Medical Superintendent is fulfill as per organogram	0	0	1	0	0	0	0	0	0	0
2.5.6.1	Pharmacy Service	Pharmacy unit is led by at least one pharmacist	0	0	1	0	0	0	0	0	0	0
3.6.9.1	Hospital Waste Management	Infectious waste is sterilized using autoclave before disposal	0	1	0	0	0	0	0	0	0	1
1.4.1.2	Financial Management	At least one accountant available for hospital financial management	1	0	0	1	0	0	0	0	0	0
2.8.2.2	Surgery/Operation Service	For one surgery, at least a team is composed of: MDGP with one trained medical officer, two OT trained nursing, one anesthesia assistant supervised by MDGP, two nurses for pre-anesthesia and postsurgical care, and one office assistant (for cleaning and helping)	1	0	1	0	0	1	0	0	0	0
2.8.8.4.2	Surgery/Operation Service	When anesthesia is provided by non-physician anesthesiologists, these providers should be directed and supervised by anesthesiologists/ MDGP	1	0	1	0	0	1	0	0	0	0
2.9.1.1.3	Laboratory and Blood Bank	Histopathology service in coordination with other health facilities	0	0	1	1	0	0	1	0	0	0
3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management	0	0	0	0	1	0	0	0	1	1
2.8.3.1	Surgery/Operation Service	General Surgeries (See Annex 2.8 a List of Minimum Surgeries Available At the end of this standard)	1	0.3	1	0.3	0.3	0.7	0	0	0	0
High scoring indicators												
1.4.9	Financial Management	Inventory inspection is done once in a year and managed accordingly	1	1	1	1	1	1	1	1	0	1
1.6.8.1	Quality Management	The hospital has functional MPDSR committee (in program district)	1	1	1	1	1	1	1	0	1	1
2.3.4	Emergency Service	Instruments and equipment to carry out the ER works are available and functioning (See Annex 2.3b ER Instruments and equipment At the end of this standard)	1	1	1	1	1	1	1	0.7	1	0.3
2.5.16.1	Pharmacy Service	Medicine is dispensed using electronic billing with barcode system	1	1	1	1	0	1	1	1	1	1
2.9.1.1.1	Laboratory and Blood Bank	Laboratory is open from 10 AM to 3 PM and emergency laboratory services available round the clock	1	1	1	1	1	1	0	1	1	1
2.9.2.1.2	X-Ray Service	Emergency x-ray service is available round the clock	1	1	1	1	1	1	1	1	1	0
2.9.2.5.1	X-Ray Service	General X ray unit (with minimum 125KV and 300ma X-ray machine) with tilting table and vertical bucky	1	1	1	1	1	1	1	0	1	1

2.9.3.5	Ultrasonography (USG)	USG machine (advanced) with different probes, computer and printer with USG papers , gel and wipes is available and functional	1	1	1	1	1	1	0	1	1	1
3.1.2	CSSD	Separate staffs assigned for CSSD and is led by CSSD trained personal	1	1	1	1	1	1	1	1	0	1
2.4.5.1	Dressing Injections and Procedures Room	Adequate quantity of sterilized packs for wound dressing are available (See Annex 2.4d Sterile Supplies for DIRP At the end of this standard)	1	1	1	1	1	1	1	0.7	1	1

Table 12g. Actionable steps for Primary hospitals in Sudurpashchim (n=10). Hospital numbers are as follows: (1) District Hospital Acham, (2) District Hospital Baitadi, (3) District Hospital Bajhang, (4) District Hospital Bajura, (5) District Hospital Darchula, (6) District Hospital Doti, (7) Dodhara Primary Healthcare Center, (8) Gokuleshwor Hospital, (9) Jogabuda Hospital, and (10) Malakheti Hospital *Standard out of 3 points.

Above, Table 12g shows the 10 *most met* and the 10 *least met* KI scores for all 10 Primary hospitals in Sudurpashchim for the most recent MSS assessment in 2081/82 FY. **Staffing** appears to be a widespread problem in Primary Hospitals, echoing the national trend. District Hospital Acham, District Hospital Bajhang and District Hospital Doti have fewer staffing gaps, especially regarding surgery and operation services. However, there are staffing gaps across most of the primary hospitals for:

- Medical superintendent (1.1.3)
- Pharmacist (2.5.6.1)
- Accountant for financial management (1.4.1.2)
- Surgery Team (2.8.2.2)
- Anesthesia Supervision (2.8.8.4.2)
- Waste management (3.6.1) (3.6.9.1)

There are smaller areas to improve, especially regarding equipment:

- Surgery supplies and instruments (2.8.3.1)
- Emergency supplies and instruments (2.3.4)
- Sterilized dressing packs in dressing injection and procedure room (2.4.5.1)

Hospital Level Interventions:

- Pharmacy with barcode system (2.5.16.1) at District Hospital Darchula
- Laboratory and Blood Bank services (2.9.1.1.1) at Dodhara Primary Healthcare Center
- USG machine and equipment (2.9.3.5) at Dodhara Primary Healthcare Center
- 24 hour Emergency x-ray service (2.9.2.1.2) at Malakheti Hospital
- General X ray unit (2.9.2.5.1) at Gokuleshwor Hospital

Above, Table 12g shows the highest and lowest scoring KIs by hospital. Below, Figure 10g shows the biggest *changes* in KIs from LFY to 2081/82. This highlights areas of improvement and areas of loss. The figure does not indicate current scores, only change between FYs.

Figure 16. Sudurpashchim : Greatest Changes in KIs at Primary Hosptials from LFY (2081/82)

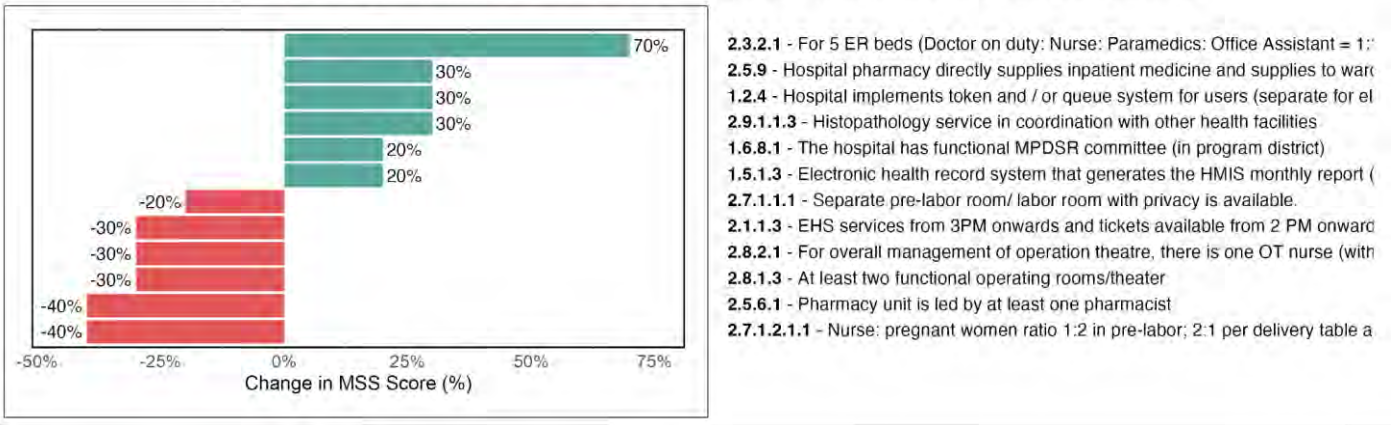

Figure 16g. Sudurpashchim: Greatest Changes in Key Indicators at Primary Hospitals from LFY (2081/82) (n=10). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

Figure 16g shows the greatest positive and negative changes in KIs at Primary hospitals in Sudurpashchim province from LFY to 2081/82. Primary Hospitals made strong progress in emergency readiness by +70% (2.3.2.1) whereas pharmacy service, token system and diagnostic services and histopathology services rose by 30%. Additionally, smaller but notable improvements were observed in the functional MPDSR committee and EHR by 20%.

Although Gokuleshwor Hospital now has adequate nurse:pregnant women ratios (2.7.1.2.1.1), the following hospitals no longer are meeting this indicator, showing a significant loss in staffing readiness, especially relating to maternity care. This has led to a 40% decrease across Sudurpashchim in meeting this indicator.

- District Hospital Acham
- District Hospital Bajhang
- District Hospital Bajura
- Jogabuda Hospital
- Malakheti Hospital

Further related to staffing losses, 50% of Primary hospitals in Sudurpashchim had pharmacists (2.5.6.1) in 2080/81. However, in the LFY, only District Hospital Bhajang maintained this indicator, meaning that 90% of Primary hospitals lack a pharmacist, as four hospitals (District Hospital Baitadi, Bajura, Darchula and Jogabuda Hospital) all lost their pharmacist in the LFY. Actions should be made to target retention of healthcare workers, a national issue.

Secondary A Hospitals

Figure 17. Sudurpashchim Lowest-Scoring Secondary A Hospital Item Scores (2081/82)

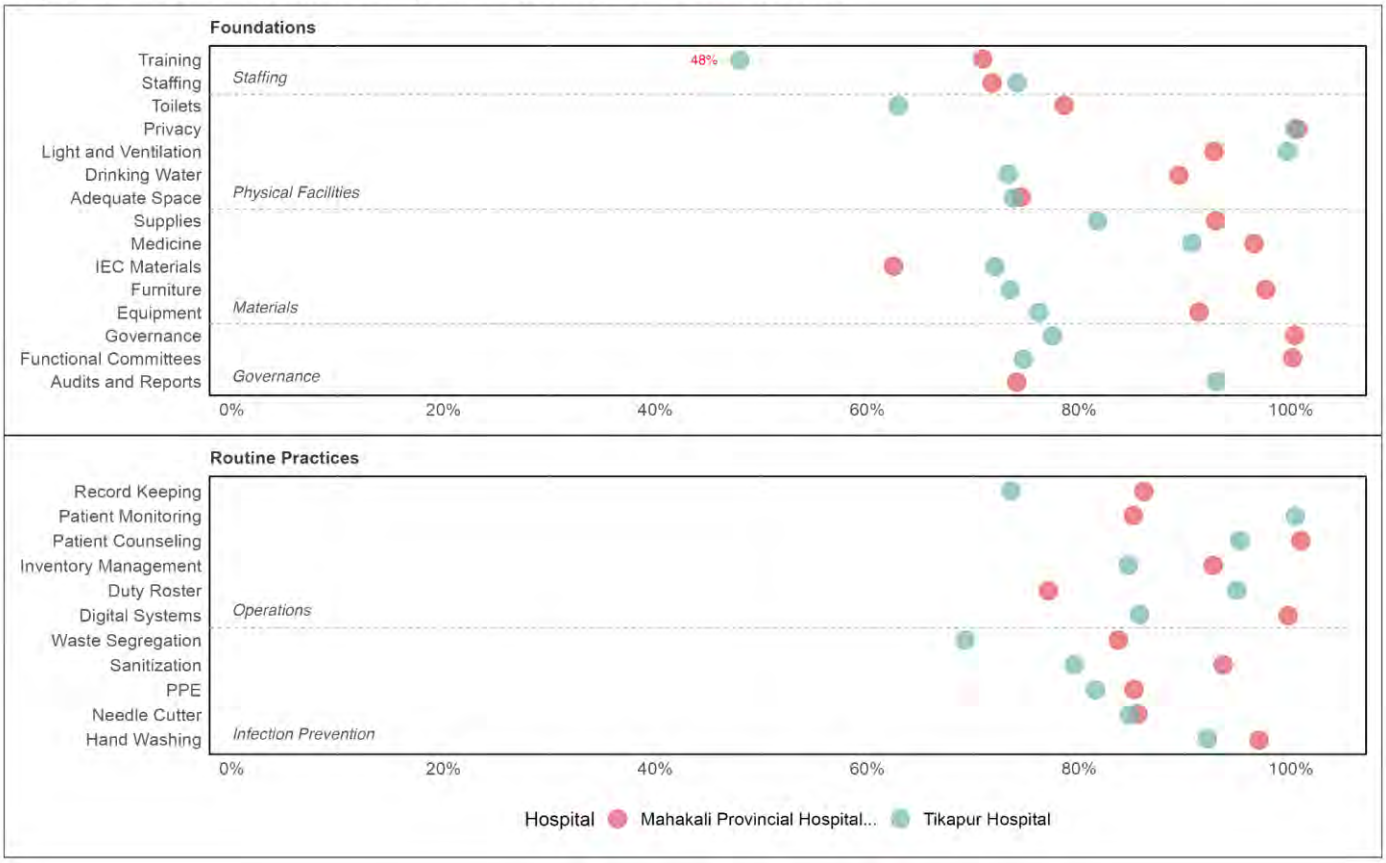

Figure 17g. Sudurpashchim: Lowest-Scoring Secondary A Hospitals Item Scores (n=2). Items below 61% are labelled with their percent. Only hospitals with 2081 MSS assessments were included.

Secondary A hospitals in Sudurpashchim are meeting routine practice indicators to a high degree (>80%). An easy improvement would be to increase Training to different cadre and IEC materials throughout the departments.

Table 13g. Actionable Steps for Secondary A Hospitals: Sudurpashchim (n=2)

Indicator Code	Area	Standard	Hospitals meeting standard	
			1	2
Low scoring indicators				
1.1.3	Governance	Medical Superintendent is fulfill as per organogram	0	0
2.11.3	Postmortem	At least one MD forensic and one trained medical officer for autopsy and clinical medico-legal services	0	0
2.14.1	Physiotherapy	Separate room for OPD physiotherapy with at least 10 physiotherapy beds with 5 exercise beds and 5 electric beds	0	0
2.14.3	Physiotherapy	At least 1 physiotherapist trained in Masters in Physiotherapy (MPT), 2 trained in Bachelors in Physiotherapy (BPT),and 2 Certificate in physiotherapy (CPT) or Diploma in physiotherapy (DPT) and 1 trained office assistant treating 20 patients per day on OPD basis	0	0
2.7.1.2.1.1	Maternity Services	Nurse: pregnant women ratio 1:2 in pre-labor; 2:1 per delivery table and 1:6 in post-natal ward	0	0

2.6.5	Inpatient Service	Adequate numbers of nursing staff are available in ward per shift (nurse patient ratio 1:6 in general ward, 1:4 in pediatric ward, 1:2 in high dependency or intermediate ward or post-operative ward or burn/plastic) and at least one trained office assistant/ward attendant per shift in each ward (See Checklist 2.6 At the end of this standard for scoring)	0.3	0
1.5.1.3	Medical Records and Information Management	Electronic health record system that generates the HMIS monthly report (HMIS 9.4)is in place	1	0
1.6.1.2	Quality Management	Hospital (QHSDMS) Committee meetings are held at least every 4 months	1	0
2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2PM onwards	1	0
2.12.2	Medico-Legal Services	Medico-legal services are available 24 hours	1	0
High scoring indicators				
2.6.3.3	Inpatient Service	Pediatrics Ward (See Annex 2.6b medicine and supplies for inpatient wards At the end of this standard)	1	0
2.8.9.2	Surgery/ Operation Services	Separate area designated for post-operative care to stabilize the patient after surgery	1	0
2.9.1.2.2	Blood bank	Adequate numbers of trained healthcare workers are available in blood bank (at least 2 blood bank staffs to cover shifts including ER)	0	1
3.1.1.2	CSSD	There are separate rooms designated for dirty utility, cleaning, washing and drying and sterile area for sterilizing, packaging and storage	1	0
3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management	1	0
3.9.2.1	Store (Medical and logistics)	A separate hospital medical store with 3 months' buffer stock is available	0	1
2.11.4	Postmortem	Adequate supplies and instruments for forensic services (See Annex 2.11a Supplies and instrument for post mortem At the end of this standard)	0.7	0.7
2.6.8.3	Inpatient Service	At least one defibrillator in immediate accessible area (See Checklist 2.6 At the end of this standard for scoring)	1	0.3
2.3.4	Emergency Service	Instruments and equipment to carry out the ER works are available and functioning (See Annex 2.3b ER Instruments and Equipment At the end of this standard)	1	0.7
2.8.7.3	Surgery/ Operation Services	Each operating room has medicines and supplies available (See Annex 2.8e General Medicine and Supplies for OT At the end of this standard)	0.7	1

Table 13g. Actionable steps for Secondary A hospitals in Sudurpashchim (n=2). Hospital numbers are as follows: (1) Mahakali Provincial Hospital and (2) Tikapur Hospital. *Standard out of 3 points.

Above, Table 13g shows the 10 *most met* and the 10 *least met* KI scores for all 2 Secondary A hospitals in Sudurpashchim for the most recent MSS assessment in 2081/82. Looking at the table, there are areas for growth across low and high met indicators. There are smaller areas to improve, especially regarding equipment:

- Forensic services (2.11.4)
- Defibrillator in Inpatient ward (2.6.3.8)
- Emergency instruments and supplies (2.3.4)
- Surgery medicine and supplies (2.8.7.3)

Sudurpashchim hospitals are providing quality services in rural and remote areas but are **routinely struggling with staffing**. To address this problem, the provincial government needs to develop initiatives to improve recruiting and retaining staff given the fact of Sudurpashchim's geography.

Above, Table 13g. Shows the highest and lowest scoring KIs by hospital. Below, Figure 18g shows the biggest *changes* in KIs from LFY to 2081/82. This highlights areas of improvement and areas of loss. The figure does not indicate current scores, only change from LFY to 2081/82.

Figure 18. Sudurpashchim : Greatest Changes in KIs at Secondary A Hosptials from LFY (2081/82)

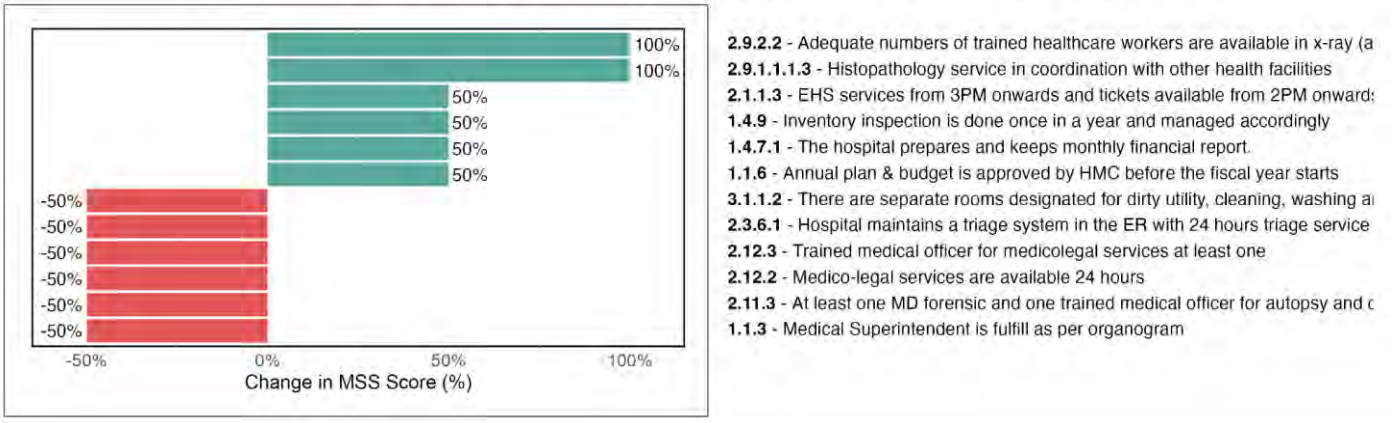

Figure 18g. Sudurpashchim: Greatest Changes in Key Indicators at Secondary A Hospitals from LFY (2081/82) (n=2). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

Figure 18g shows the greatest positive and negative changes in KIs at Secondary A hospitals in Sudurpashchim province from LFY to 2081/82 FY. Secondary A hospitals made significant gains in availability of trained healthcare workers in X-ray (2.9.2.2) and histopathology services (2.9.1.1.3). Additionally, there was 50% improvement in 'EHS services, annual inventory management, monthly financial management and operational planning.

On the other hand, declines were observed in staffing, forensic staff (2.11.3), trained medical officers for medicolegal services and medical superintendents as per organogram (1.1.3). There have also been notable declines in the emergency triage system (2.3.6.1) and medicolegal service (2.12.2). In summary, while in planning, financial management and diagnostic services improved, critical gaps emerged in governance functions, critical emergency response and medico-legal services.

Secondary B Hospitals

The only Secondary B hospital in Sudurpashchim is Seti Provincial Hospital. Which scored 73% during the last MSS assessment.

Figure 19. Sudurpashchim: Changes in Seti Provincial Hospital Item Scores from LFY (2081/82)

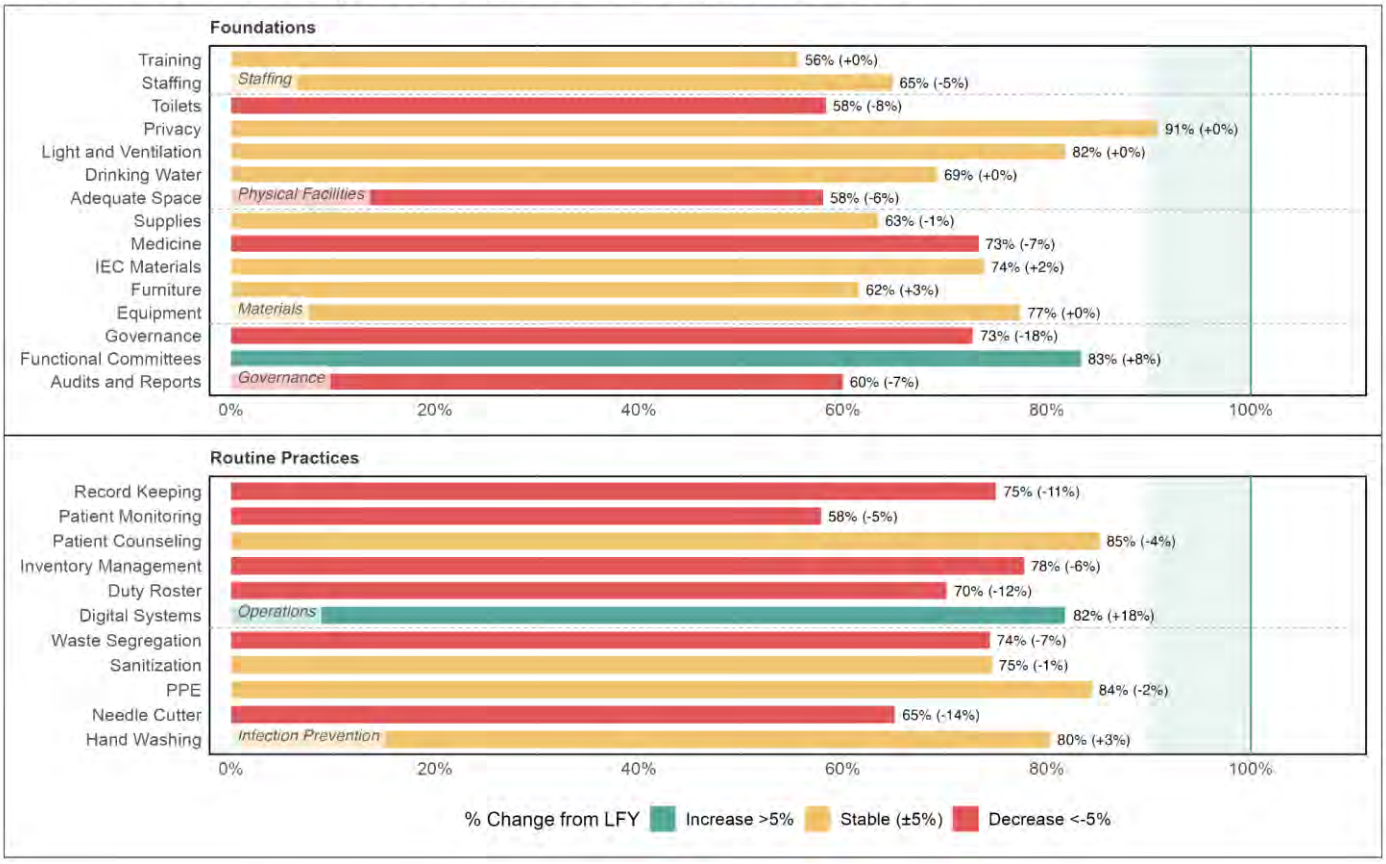

Figure 19g. Sudurpashchim: Changes in Seti Provincial Hospital Item Scores from LFY (2081/82) (n=1). Bars labeled with component average and % change from LFY. Color indicates the change in the MSS score for that item. The green area items >90%.

Generally Secondary B Hospital growth is commendable. In terms of foundations, while privacy (91%) and light and ventilation (82%) remained strong, staffing (-5%) continued to lag, with notable declines in toilet (-8%), adequate space (-6%) and medicine availability (-7%). Governance showed a significant drop (-18%) and audit and reports also declined (-7%), though the functional committee improved (+8%).

For routine practices, digital systems (+18%), hand washing (+3%) showed marked improvements, yet major declines were seen in needle cutter use (-14%), duty roster (-12%), record keeping (-11%), waste segregation (-7%), inventory management (-6%) and patient monitoring (-5%). Overall, the hospital demonstrated progress in digitalization and certain infection prevention measures, but **weaknesses persist in staffing, governance, basic facilities, and operational practices**, underscoring systemic challenges that require attention. Processes and operations offer the greatest opportunity for improvement, with little investment in capital needed, and gains to be made in quality of care.

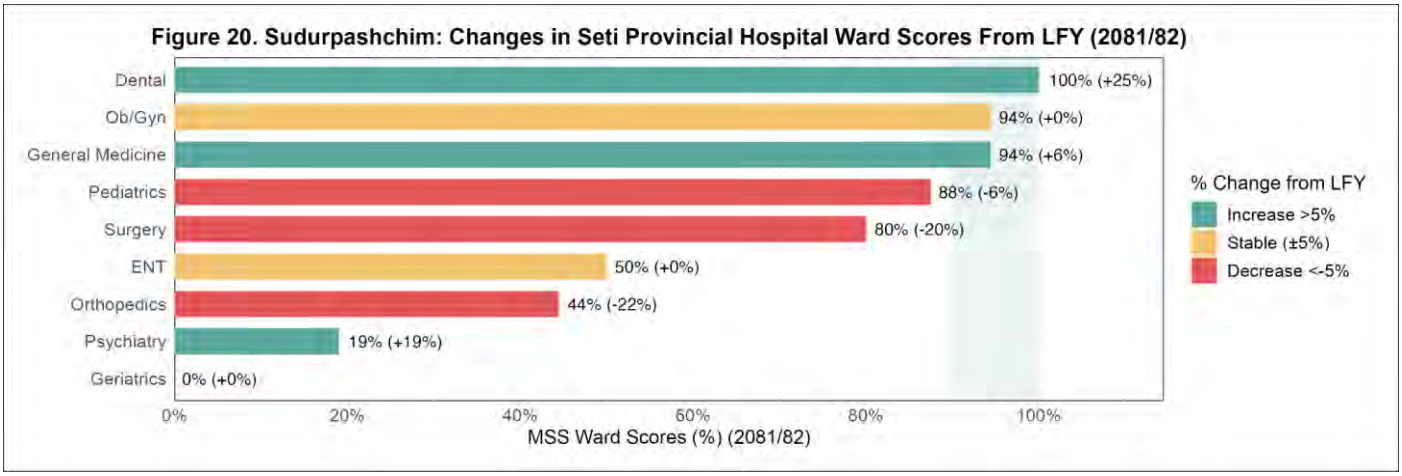

Figure 20g. Sudurpashchim: Change in Seti Provincial Hospital Ward Scores from LFY (2081/82) (n=1). Bars labeled with component average and % change from LFY. Color indicates the change in the ward MSS score. Labels show the current % MSS ward score and % change from LFY. The green area shows Wards >90%.

At Seti Provincial Hospital various special wards are established. The Dental ward meets 100% of indicators, improving by 25% in the LFY. Ob/Gyn and general medicine are also nearly at 100%, showing a high level of readiness for advanced services. However, surgery (80%; -20%) and orthopedics (44%; -22%) declined in the last year significantly, and should be targeted to maintain a standard of care and services that are reliable. Psychiatry, although low scoring, did improve in the LFY, showing dedication to initiating departments.

Notably, ENT Services (50%), Orthopedics (44%), Psychiatry (19%), and Geriatrics (0%) are low-scoring and should be targeted so that Seti Provincial Hospital is providing the range of services expected of a Secondary B hospital and function as a referral center for the province.

Annex 2A. Summary of Indicator Scores by Province and Primary Hospital, indexed by Tables (2081/82 FY) (n=62)

					Koshi											Madhesh					Bagmati						Gandaki																		Lumbini				Karnali								Sudurpashchim									
Table	Indicator Code	Area	Standard	Max Score	Damak Hospital	District Hospital Bhojpur	District Hospital Khotang	District Hospital Okhaldhunga	District Hospital Phaplu	District Hospital Taplejung	District Hospital Tehrathum	Katari Hospital	Madi Nagar Hospital	Pathari Nagar Hospital	Rangeli Hospital	Bardibas Hospital	Bhardaha Hospital	Chandranigahpur Hospital	Nayanpur Hospital	Pokhariya Hospital	Badegau Primary Health Centre	Baghauda Hospital	Bajrabarahi Chapagaun Hospital	Jiri Hospital	Rasuwa Hospital	Tokha Chandeshori Hospital	Aanbookhaireni Hospital	Bandipur Hospital	Bhachchek Primary Hospital	Burtibang Primary Healthcare Centre	Chapakot Hospital	Damauli Hospital	Darbang Primary Healthcare Centre	Devchuli Nagar Hospital	Gaidakot Municipal Hospital	Galkot Nagar Hospital	Manang District Hospital	Matri Shishu Miteri Hospital	Mustang District Hospital	Parbat Hospital	Ramja Deurali Health Post	Shishuwa Hospital	Sundar Bazar Hospital	Syangja District Hospital	Chisapani Hospital	Lamahi Hospital	Pipara Hospital	Shibaraj Hospital	Dailekh District Hospital	District Hospital West Rukum	Dolpa District Hospital	Dullu Hospital	Humla District Hospital	Kalikot District Hospital	Mugu District Hospital	Salyan District Hospital	District Hospital Acham	District Hospital Baitadi	District Hospital Bajhang	District Hospital Bajura	District Hospital Darchula	District Hospital Doti	Dodhara Primary Healthcare Center	Gokuleshwor Hospital	Jogabuda Hospital	Malakheti Hospital
2a	2.1.1.3	OPD Service	EHS services from 3P	1	0	1	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2a	2.1.1.3	OPD Service	EHS services from 3P	1	0	1	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2a	2.9.1.1.3	Laboratory ar	Histopathology service	1	1	1	0	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	1	0	0	0
2a	3.6.1	Hospital Wast	There is work plan pre	1	1	1	1	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	1	0	0	0	1	1
2a	3.6.10	Hospital Wast	Pharmaceutical waste	1	1	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	1	1	1	1	1	0	0
2a	3.6.9.1	Hospital Wast	Infectious waste is ste	1	0	1	1	0	1	1	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	1
2a	3.4.2.4	Repair, Maint	Availability of spare pa	1	0	1	0	0	1	1	1	1	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	1	1	1	1	1	1	0	0	0	0
2a	2.8.1.3	Surgery/Oper	At least two functional	1	1	1	0	0	1	0	1	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	1	1	1	1	1	1	0	0	0	0	0
2a	1.1.3	Governance	Medical Superintende	1	0	1	0	0	0	0	0	1	1	0	0	1	1	0	0	1	0	1	1	1	1	1	0	0	1	0	0	1	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
3a	2.3.1	Emergency S	Emergency room/ward	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3a	2.9.1.1.1	Laboratory ar	Laboratory is open fro	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1
3a	2.9.4.4	Electrocardio	Functional ECG mach	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3a	3.9.3.1	Store (Medica	Electronic database s	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3a	1.1.5.1	Governance	Hospital implements h	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3a	2.7.1.2.2	Delivery Servi	All staffs- nursing, med	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3a	3.4.3.1	Repair, Maint	Hospital has main-grid	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3a	1.4.6.1	Financial Man	The hospital uses cen	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3a	2.9.1.8.1	Laboratory ar	At least three months	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1
3a	2.7.1.1.1	Delivery Servi	Separate pre-labor roo	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	0	0	1
4a	2.2.2.1	Family Planni	Family planning servic	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4a	2.3.1	Emergency S	Emergency room/ward	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4a	2.9.1.1.1	Laboratory ar	Laboratory is open fro	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1
4a	2.9.2.1.1	X-Ray Service	X-ray service is open f	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4a	2.2.3.1	ATT, ART clin	Clinic is open from 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4a	2.2.4.1	Safe Abortion	Safe abortion services	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1
4a	2.9.3.1	Ultrasonograp	USG is open from 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	0	0	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4a	2.9.2.1.2	X-Ray Service	Emergency x-ray servi	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
4a	3.8.1.1	Transportatio	24-hour ambulance se	1	1	0	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	0	0	1	1	1	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4a	2.2.1.1	Immunization	Immunization and grov	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	0	1	1	0	1	1	1	0	0	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1
4a	2.5.5	Pharmacy Se	The pharmacy is open	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	0	1	1	1	1	0	1	1	0	1	1	1	0	1	1	1	1	1	1	1	0	0	1	0
4a	2.12.2	Medico-legal	Medico-legal services	1	1	1	1	1	1	1	1	1	0	0	1	1	0	1	1	1	0	0	0	1	1	0	1	1	1	1	1	1	1	0	0	1	1	0	1	1	0	1	0	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	0
4a	2.10.1.1	Dental Servic	Dental service is availa	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	0	1	1	1	0	0	0	1	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0
4a	2.8.1.2	Surgery/Oper	Emergency surgeries	1	1	0	1	0	1	1	1	1	0	0	1	1	1	0	0	1	0	1	1	1	1	1	1	0	0	1	0	1	0	0	0	1	0	1	1	1	0	0	0	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0
4a	2.1.1.1	OPD Service	OPD is open from 10	3	1	1	0	1	1	1	1	1	0	1	1	1	0	0	0	0	0	0	1	1	1	1	1	0	1	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	1	1	1	0	0	1	0	0	0	0	0	0	1	1	1	1	1	1	0	0	0	0
4a	2.8.1.1.1	Surgery/Oper	Routine minor and inte	1	1	0	1	0	1	1	1	1	0	0	1	1	0	0	0	1	0	1	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	1	1	1	0	0	0	1	0	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	0	0
4a	3.10.1	Hospital Cant	Hospital has canteen	1	1	1	0	0	1	1	0	1	0	1	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	1	0	1	1	0	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	0	0	1
4a	2.8.1.1.2	Surgery/Oper	Routine major surgerie	1	1	0	1	0	1	1	1	1	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	0	0
4a	2.11.5	Postmortem S	Access to mortuary va	1	1	0	0	0	0	0	0	1	0	0	1	1	0	1	0	1	0	0	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	1	0	1	1	1	1	1	0	0	0	0
4a	2.1.1.3	OPD Service	EHS services from 3P	1	0	1	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6a	3.6.9.1	Hospital Wast	Infectious waste is ste	1	0	1	1	0	1	1	0	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	1
6a	3.4.2.4	Repair, Maint	Availability of spare pa	1	0	1	0	0	1	1	1	1	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	1	1	1	1	1	1	0	0	0	0
6a	2.6.8.3	Inpatient Ser	At least one defibrillat	1	1	0	1	0	0	1	1	1	0	0	1	0	0	0	0	1	0	1	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	1	1	1	1	0	1	1	0	0	0	0
6a	2.8.7.3	Surgery/Oper	Each operating room	3	0.7	1	1	0	1	0.7	1	1	0	0	1	0.7	0	0	0	1	0	0.7	0.7	0.7	0.7	0	1	0	0	0.7	0	0.7	0	0	0	0.7	0	1	1	1	0	0	0	1	0	0.7	0.7	0	1	0.7	0	1	0.7	1	0.7	1	1	1	1	1	1	1	0.7	0	0	0
6a	3.1.3	CSSD	Equipment and suppli	3	0.7	1	0.7	0.7	1	1	1	1	0.3	0	1	1	0	0	1	0.3	0.3	0.7	1	1	0.7	0.7	0	0	0	0	0	1	0.3	0	0	0	0.3	0.3	0.7	1	0	0	0	0.7	0	0.7	0.3	0.7	1	1	0	0	0	1	1	0.7	0.7	0.7	1	0	0.7	0.7	0.7	0.3	0.7	0.7
7a	1.1.3	Governance	Medical Superintende	1	0	1	0	0	0	0	0	1	1	0	0	1	1	0	0	1	0	1	1	1	1	1	0	0	1	0	0	1	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
7a	2.5.6.1	Pharmacy Se	Pharmacy unit is led b	1	1	1	1	0	1	0	0	0	0	1	1	1	0	0	0	1	0	1	1	0	0	1	1	0	0	0	0	1	0	0	0	0	0	1	0	1	1	0	0	1	0	0	1	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
7a	2.6.5	Inpatient Ser	Adequate numbers of	1	1	1	1	1	1	0	1	1	1	1	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	1	0	1	0	0	1	0	1	0	0	0	1	0	0	0	1	1	1	0	1	0	0
7a	2.8.8.4.2	Surgery/Oper	When anesthesia is p	1	1	0	1	0	1	1	1	1	0	0	1	1	0	0	0	1	0	1	1	1	1	0	1	0	0	0	0	1	0	0	0	1	0	1	1	1	0	0	0	0	0	1	1	0	0	0	0	1	1	1	1	1	1	0	1	0	0	1	0	0	0	0
8a	3.7.1.2	Safety and S	All security staffs are	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0

8a	3.7.1.3	Safety and S	All security staffs have	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	1	0	0	0	1	1	1	0	1	1	0	0	0	0	0	0	0
8a	2.3.10.3	Emergency S	Hospital carries out at	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	1	1	0	1	0	0	0	0
8a	2.6.8.1	Inpatient Ser	All staffs in wards are	1	0	0	0	0	1	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	1	1	0	1	0	0	0	0
9a	3.6.1	Hospital Wast	There is work plan pre	1	1	1	1	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	1	0	0	0	1	1
9a	3.6.10	Hospital Wast	Pharmaceutical waste	1	1	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	1	1	1	1	1	0	0
9a	3.6.3	Hospital Wast	There is separate area	1	1	1	1	1	1	0	1	1	0	1	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	1	1	0	0	1	0	0	0	1
9a	1.6.1.2	Quality Mana	Hospital QHSDMS con	1	0	1	1	0	1	1	1	1	0	0	1	1	0	0	0	1	1	1	1	0	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	1	1	0	1	1	1	1	1	1	1	1	0	1	1	0	0	0

Annex 2B. Summary of Secondary A Indicator Scores by Province, indexed by Tables (FY 81/82) (n=39)

Table	Indicator Code	Area	Standard	Max Score	Koshi							Madhesh						Bagmati				Gandaki					Lumbini													Karn.		S.P.	
					District Hospital Dhankuta	District Hospital Ilam	District Hospital Panchthar	District Hospital Sankhuwasabha	Inaruwa Hospital	Madan Bhandari Hospital & Trauma Center	Udayapur Hospital	Provincial Hospital Gaur	Provincial Hospital Jaleshwor	Provincial Hospital Kalaiya	Provincial Hospital Lahan	Provincial Hospital Malangawa	Provincial Hospital Siraha	Chautara Hospital	Methinkot Hospital	Pashupati Chaulagain Smirti Hospital	Ramechhap Hospital	Beni Hospital	Dhaulagiri Hospital	Gorkha District Hospital	Lamjung Hospital	Madhyabindu Hospital	Arghakhachi Hospital	Bardiya Hospital	Bhim Hospital	Gulmi Hospital	Kapilvastu Hospital	Lalmatiya Health Post (Proposed Bhaluwang Hospital)	Palpa Hospital	Prithivi Chandra Hospital	Pyuthan Hospital	Rampur Hospital	Rapti Provincial Hospital	Rolpa Hospital	Rukum East Hospital	Jajarkot District Hospital	Mehalkuna Hospital	Mahakali Provincial Hospital	Tikapur Hospital
2b	2.14.3	Physiotherap	At least 1 physiotherapist train	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2b	2.14.1	Physiotherap	Separate room for OPD physic	1	0	0	1	1	0	1	1	0	1	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2b	2.1.1.3	OPD Service	EHS services from 3PM onwar	1	0	0	0	1	0	1	1	0	0	0	0	0	0	1	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0
2b	2.6.5	Inpatient Ser	Adequate numbers of nursing	3	1	0	1	1	1	1	1	1	0	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0.3	0
2b	3.6.10	Hospital Wast	Pharmaceutical waste and rad	1	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	1	0	0	1	0	0	1	1	1
2b	2.5.6.1	Pharmacy Se	Pharmacy department is led by	1	0	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	1	1	1	1	1	0	0	1	0	0	0	0	0	0	0	1	1
2b	2.11.3	Postmortem	At least one MD forensic and c	1	1	0	0	1	0	1	1	1	0	0	1	0	1	0	0	1	0	0	0	0	0	1	1	1	1	1	1	0	1	1	0	0	0	0	0	0	1	0	0
2b	1.1.3	Governance	Medical Superintendent is fulfil	1	1	1	0	0	0	1	1	1	1	0	0	1	1	0	1	0	1	1	1	0	1	1	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0
2b	2.9.1.1.1.3	Laboratory	Histopathology service in coor	1	0	1	1	1	1	1	1	1	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	1	1	1	0	0	0	0	0	0	1	0	0	0	1	1
3b	2.3.5.1	Emergency S	Medicines and supplies to carr	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3b	1.4.6.1	Financial Man	The hospital uses central elect	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
3b	2.10.1.1	Dental Servic	Dental service is available from	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
3b	2.10.2	Dental Servic	Dental Hygienist/Dentist : OPD	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
3b	2.9.1.1.8.1	Laboratory	At least three months buffer st	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3b	2.10.6	Dental Servic	Equipment, instrument and su	3	1	1	1	1	1	1	1	1	1	1	1	1	0.7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0.7	1	1	1
3b	1.2.4	Organizationa	Hospital implements token and	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
3b	1.4.9	Financial Man	Inventory inspection is done o	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3b	1.5.2.2	Medical Reco	All patients' records are kept in	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3b	2.2.4.3.1	Safe Abortion	At least one medical officer or	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
3b	2.6.3.1	Inpatient Ser	Medicine Ward (See Annex 2.(	3	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3b	2.8.1.2	Surgery/ Ope	Emergency surgeries available	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1
3b	2.8.3.2	Surgery/ Ope	Casaerian Section	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1
3b	2.8.8.2	Surgery/ Ope	Equipment, instrument and su	3	1	0.7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.7	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0.7	1	1	1
3b	2.9.3.5	Ultrasonograp	USG machine (advanced) with	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1
3b	2.9.4.5	Electrocardio	Functional ECG machine (12 le	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1
4b	2.2.3.1	ATT, ART clin	Clinic is open from 10 AM to 3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4b	2.3.1	Emergency S	Emergency room/ward is open	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4b	2.2.4.1	Safe Abortion	Safe abortion services is availa	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4b	2.9.2.1.2	X-Ray Service	Emergency x-ray service is ava	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4b	2.9.1.1.1.1	Laboratory	Laboratory is open from 10 AM	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4b	2.10.1.1	Dental Servic	Dental service is available from	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
4b	2.2.2.1	Family Planni	Family planning service is avail	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1
4b	3.11.1.1	Social Service	SSU open from 8am to 7pm	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
4b	2.8.1.2	Surgery/ Ope	Emergency surgeries available	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1
4b	3.8.1.1	Transportatio	24-hour ambulance service is a	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1
4b	2.9.3.1	Ultrasonograp	USG is open from 10 AM to 3	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
4b	2.5.5	Pharmacy Se	The pharmacy is open 24x7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	1	1
4b	2.13.3.2	One Stop Cris	Treatment for GBV survivors/at	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
4b	2.12.2	Medico-Legal	Medico-legal services are avail	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0

4b	3.10.1	Hospital Cant	Hospital has canteen in its pre	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1
4b	2.8.1.1.1	Surgery/ Ope	Routine minor and intermediat	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1
4b	2.2.1.1	Immunization	Immunization and growth mon	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	0	1	0	1	1
4b	2.1.1.1	OPD Service	OPD is open from 10 AM to 3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	0.7	0.3	1	0.3	1	1	1	1	1	0.7	1	1	1	1	0.3	0	1	0.7	0	1	1	0	0	0	1	1
4b	2.8.1.1.2	Surgery/ Ope	Routine major surgeries availa	1	1	0	1	1	0	1	1	1	0	1	0	0	0	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1
4b	2.14.2.1	Physiotherap	Physiotherapy OPD is open fr	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	0	0	1	1	1	1	0
4b	2.11.5	Postmortem	Mortuary van is available 24 h	1	1	0	0	0	0	0	1	1	1	0	1	1	1	1	0	1	1	0	1	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1
6b	2.14.7	Physiotherap	Instruments and equipment to	3	0	0	0.3	1	0.3	1	1	0.7	0.7	0	0.7	1	1	1	0	0	0	0	1	1	0.3	1	0.7	1	1	0.3	0.7	0	0	1	1	0	0	1	0	0.7	0	1	1
6b	2.6.8.3	Inpatient Sen	At least one defibrillator in imm	3	1	0	1	1	1	1	1	1	1	0	0	0.3	0.3	1	0	0	1	1	1	1	1	0	1	1	1	1	1	0	0	1	0.3	0	1	1	0	0	0	1	0.3
6b	2.6.2.3.1	Inpatient Sen	Pediatrics Ward (See Annex 2	3	0.7	0.3	1	1	1	1	1	1	0.7	0	0	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0.7	0	1	1	0	0	0.3	1	0
6b	3.6.9.1	Hospital Wast	Infectious waste is sterilized us	1	1	1	1	1	1	1	1	1	0	0	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	0	0	1	0	0	0	0	1	1
6b	2.6.2.2	Inpatient Sen	Surgery Ward (See Annex 2.6	3	1	0.7	0	1	1	1	1	0.7	0.7	0	1	0	0.7	1	0	1	1	1	1	1	0.7	1	1	1	1	1	1	0	0	1	1	0	1	1	0	0	0	1	1
7b	2.14.3	Physiotherap	At least 1 physiotherapist train	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7b	2.6.5	Inpatient Sen	Adequate numbers of nursing	3	1	0	1	1	1	1	1	1	0	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0.3	0
7b	2.5.6.1	Pharmacy Se	Pharmacy department is led by	1	0	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	1	1	1	1	1	1	0	0	1	0	0	0	0	0	0	0	1	1
7b	2.11.3	Postmortem	At least one MD forensic and	1	1	0	0	1	0	1	1	1	0	0	1	0	1	0	0	1	0	0	0	0	0	1	1	1	1	1	1	0	1	1	0	0	0	0	0	0	1	0	0
8b	3.7.1.2	Safety and S	All security staffs are oriented	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
8b	3.7.1.3	Safety and S	All security staffs have particip	1	0	0	1	0	0	0	1	1	0	0	0	0	1	1	1	1	0	0	1	0	0	1	0	1	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0
8b	2.3.10.3	Emergency S	Hospital carried out at least on	1	0	0	0	1	0	0	1	1	1	1	0	0	0	1	1	1	1	0	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
8b	2.7.2.7.1	Delivery Servi	All staffs in wards are trained f	1	1	1	0	1	1	0	1	1	0	0	0	0	0	1	1	1	1	0	1	1	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	1	1	0	0
9b	3.6.10	Hospital Wast	Pharmaceutical waste and rad	1	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	1	0	0	1	0	0	1	1	1	1
9b	3.6.1	Hospital Wast	There is work plan prepared a	1	0	0	1	1	1	1	1	1	0	0	1	0	0	1	1	0	1	1	1	0	1	0	1	1	1	0	1	0	1	1	0	0	1	1	0	0	0	1	0
9b	3.6.3	Hospital Wast	There is separate area/space	1	0	1	1	1	1	1	1	1	1	0	1	0	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	0	1	0	0	0	1	1	0	0	1	1	1
9b	1.1.6	Governance	Annual plan & budget is appro	1	0	1	1	1	1	1	1	1	1	1	1	0	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	0	1	0	0	1	1	1	1

Annex 3C. Summary of Indicator Scores by Province and Secondary B Hospital, indexed by Tables (n=11)

					Koshi	Madhesh	Bagmati						Lumbini	Karnali	Sudur. P.
Table	Indicator Code	Area	Standard	Max Score	Provincial Hospital Bhadrapur	Provincial Hospital Janakpur	Bakulahar Ratnanagar Hospital	Bhaktapur Hospital	Dhading Hospital	Hetauda Hospital, Hetauda	Sindhuli Hospital	Trishuli Hospital	Lumbini Provincial Hospital	Province Hospital, Karnali Province	Seti Provincial Hospital
4c - Basic	2.1.1.3	OPD Service	EHS services from 3PM onv	1	0	0	0	1	1	1	1	1	1	0	1
4c - Basic	2.11.1.2.1	Blood bank	Blood bank is open / facility	1	1	0	1	1	1	1	1	1	1	1	0
4c - Basic	2.11.3.1	Ultrasonography (I	USG is open from 10 AM to	1	0	1	1	1	1	1	1	1	1	1	1
4c - Basic	3.11.1.1	Social Service Unit	SSU open from 8am to 7pm	1	1	1	1	1	1	1	1	1	1	0	1
4c - Basic	2.1.1.1	OPD Service	OPD is open from 10 AM to	3	1	0.7	1	1	1	1	1	1	1	1	1
4c - Basic	3.8.1.1	Transportation and	24-hour ambulance service	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.11.2.1.2	X-Ray Service	Emergency x-ray service is	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.2.1.1	Immunization and (	Immunization and growth m	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.2.2.1	Family Planning Cli	Family planning service is a	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.2.3.1	ATT, ART clinic	Clinic is open from 10 AM to	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.2.4.1	Safe Abortion Serv	Safe abortion services is av	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.11.1.1.1.1	Laboratory	Laboratory is open from 10	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.3.1	Emergency Servic	Emergency room/ward is op	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.5.5	Pharmacy Service	The pharmacy is open 24x7	1	1	1	1	1	1	1	1	1	1	1	1
4c - Surgical	2.8.3.4	Surgery/ Operatior	ENT surgeries available (An	3	1	1	0.7	1	0	0.3	0	0	1	1	1
4c - Surgical	2.8.3.1	Surgery/ Operatior	General Surgeries (See Anr	3	1	1	1	1	1	0.7	1	0.7	1	1	1
4c - Surgical	2.8.3.2	Surgery/ Operatior	Obstetrics and Gynecology	3	1	1	1	1	1	1	0.7	0.7	1	1	1
4c - Surgical	2.8.1.1.1	Surgery/ Operatior	Routine minor and intermedi	1	1	0	1	1	1	1	1	1	1	1	1
4c - Surgical	2.8.1.1.2	Surgery/ Operatior	Routine major surgeries ava	1	1	0	1	1	1	1	1	1	1	1	1
4c - Surgical	2.8.3.3	Surgery/ Operatior	Orthopedic Surgeries (See A	3	1	1	0.7	1	1	1	1	1	1	1	1
4c - Surgical	2.8.1.2	Surgery/ Operatior	Emergency surgeries availa	1	1	1	1	1	1	1	1	1	1	1	1
4c - Specialty	2.16.1.2	Cardiac Catheteriz	Emergency procedures ava	1	0	0	0	0	0	0	0	0	1	0	0
4c - Specialty	2.11.6.1	Treadmill (TMT)	Treadmill (TMT) service is a	1	0	0	0	0	0	0	0	0	1	1	0
4c - Specialty	2.11.8.1	Audiometry	Audiometry service is availa	1	0	0	0	1	0	0	0	0	1	1	1
4c - Specialty	2.11.5.1.1	Echocardiogram	Echo service is available fro	1	0	0	1	1	0	0	1	1	1	1	1
4c - Specialty	2.15.2.1	Dietetics and Nutri	Dietetics and Nutrition rehat	1	1	1	0	1	1	0	0	0	1	1	1
4c - Specialty	2.11.9.1.2	CT Scan	Emergency CT Scan servic	1	1	0	0	1	0	1	1	1	1	1	1
4c - Specialty	2.14.2.1	Physiotherapy	Physiotherapy OPD is open	1	0	0	1	1	1	1	1	1	1	1	1
4c - Specialty	2.9.1.2	Hemodialysis Serv	Emergency hemodialysis is	1	1	1	1	0	1	1	0	1	1	1	1
4c - Specialty	2.9.1.1	Hemodialysis Serv	Hemodialysis service is ava	1	1	1	1	0	1	1	1	1	1	1	1
4c - Specialty	2.11.7.4	Endoscopy	Counseling is provided to pa	1	1	1	1	1	0	1	1	1	1	1	1
4c - ICU	2.10.3.1.1	Pediatric Intensive	PICU service is available fo	1	0	0	0	1	0	0	0	0	1	1	0
4c - ICU	2.10.2.1.1	Neonatal Intensive	NICU service is available fo	1	0	1	1	1	1	0	0	1	1	1	1
4c - ICU	2.10.1.1.1	Intensive Care Ser	ICU service is available for i	1	1	1	1	1	1	1	1	1	1	1	1
4c - Other	3.10.1	Hospital Canteen a	Hospital has canteen in its p	1	0	0	0	1	1	1	1	0	1	1	1
4c - Other	2.12.1.5	Postmortem	Mortuary van is available 24	1	1	1	1	1	1	1	1	1	0	1	0
4c - Other	2.13.3.2	One Stop Crisis Ma	Treatment for GBV survivor	1	1	1	0	1	1	1	1	1	1	1	1
4c - Other	2.13.8.1	One Stop Crisis Ma	Mental health and psychosc	1	1	1	0	1	1	1	1	1	1	1	1
4c - Other	3.11.1.1	Social Service Unit	SSU open from 8am to 7pm	1	1	1	1	1	1	1	1	1	1	0	1
4c - Other	3.8.1.1	Transportation and	24-hour ambulance service	1	1	1	1	1	1	1	1	1	1	1	1
4c - Other	2.12.2.2.1	Medico-Legal Serv	Medico-legal services are a	1	1	1	1	1	1	1	1	1	1	1	1
5c	2.16.7.2	Cardiac Catheteriz	General equipment, instrum	3	0	1	0	0	0	0	0	0	1	0	0
5c	2.10.3.2.7	Pediatric Intensive	PICU must have air conditio	1	0	0	0	1	0	0	0	0	1	1	0
5c	2.11.6.4.3	Treadmill (TMT)	Synchronized Defibrillator is	1	0	1	0	0	1	0	0	0	0	1	0
5c	2.6.8.3	Inpatient Service	At least one defibrillator in in	3	0	0	0	1	0	0	0	0.3	0.7	1	0
5c	2.7.3.9.3	Birthing Center Ser	At least one defibrillator in in	1	0	0	0	1	0	0	0	0	1	1	0
5c	2.11.6.4.1	Treadmill (TMT)	Functional TMT machine wi	1	0	1	0	0	1	0	0	0	1	1	0
5c	2.11.8.4	Audiometry	Functional Audiometer with	1	0	0	0	1	0	0	0	0	1	1	1
7c	2.7.2.4.1	Delivery Service	Adequate numbers of nursir	1	0	0	1	0	0	0	1	0	0	0	0
7c	2.7.3.6.1	Birthing Center Ser	Nurse/Midwife: pregnant wo	1	0	0	0	1	0	0	0	0	0	1	0
7c	2.11.8.2	Audiometry	ENT specialist is available fo	1	0	0	0	1	0	0	0	0	1	0	0
7c	2.15.3	Dietetics and Nutri	1 Senior dietitian (Masters ir	1	0	0	0	1	0	0	0	0	1	0	0
7c	2.10.3.3	Pediatric Intensive	PICU has staffing as per an	3	0	0	0	1	0	0	0	0	0.3	1	0

8c	2.10.3.6.1	Pediatric Intensive PICU must practice given pl	1	0	0	0	1	0	0	0	0	0	0	0
8c	2.7.3.6.4	Birthing Center Ser All staffs- nursing, medical p	1	0	0	0	1	0	0	0	0	1	1	0
8c	2.15.8.2	Dietetics and Nutril Trained staffs assigned for	1	1	1	0	0	0	0	0	0	1	0	1
8c	2.7.3.9.1	Birthing Center Ser All staffs in wards are traine	1	0	0	0	1	1	0	0	0	1	1	0