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

Lumbini

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: Lumbini

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

Nick Simons Institute

A digital version of this report can be viewed and shared by scanning the QR code.

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.

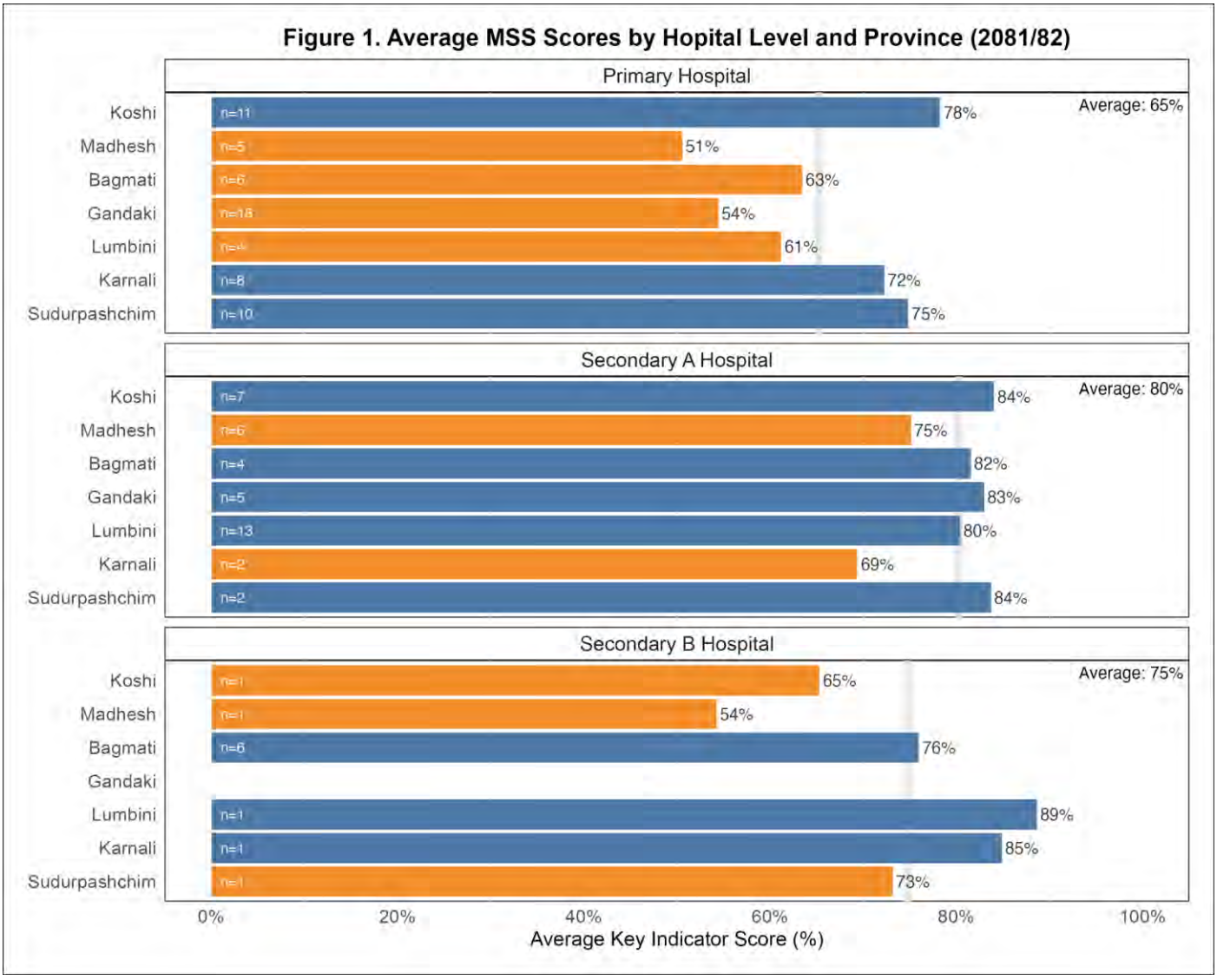

Figure 1. Average MSS Scores of Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals (2081/82). Scores by province. Orange shows below national average, blue shows above national average. N shows the number of hospitals in that province for that hospital level.

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.

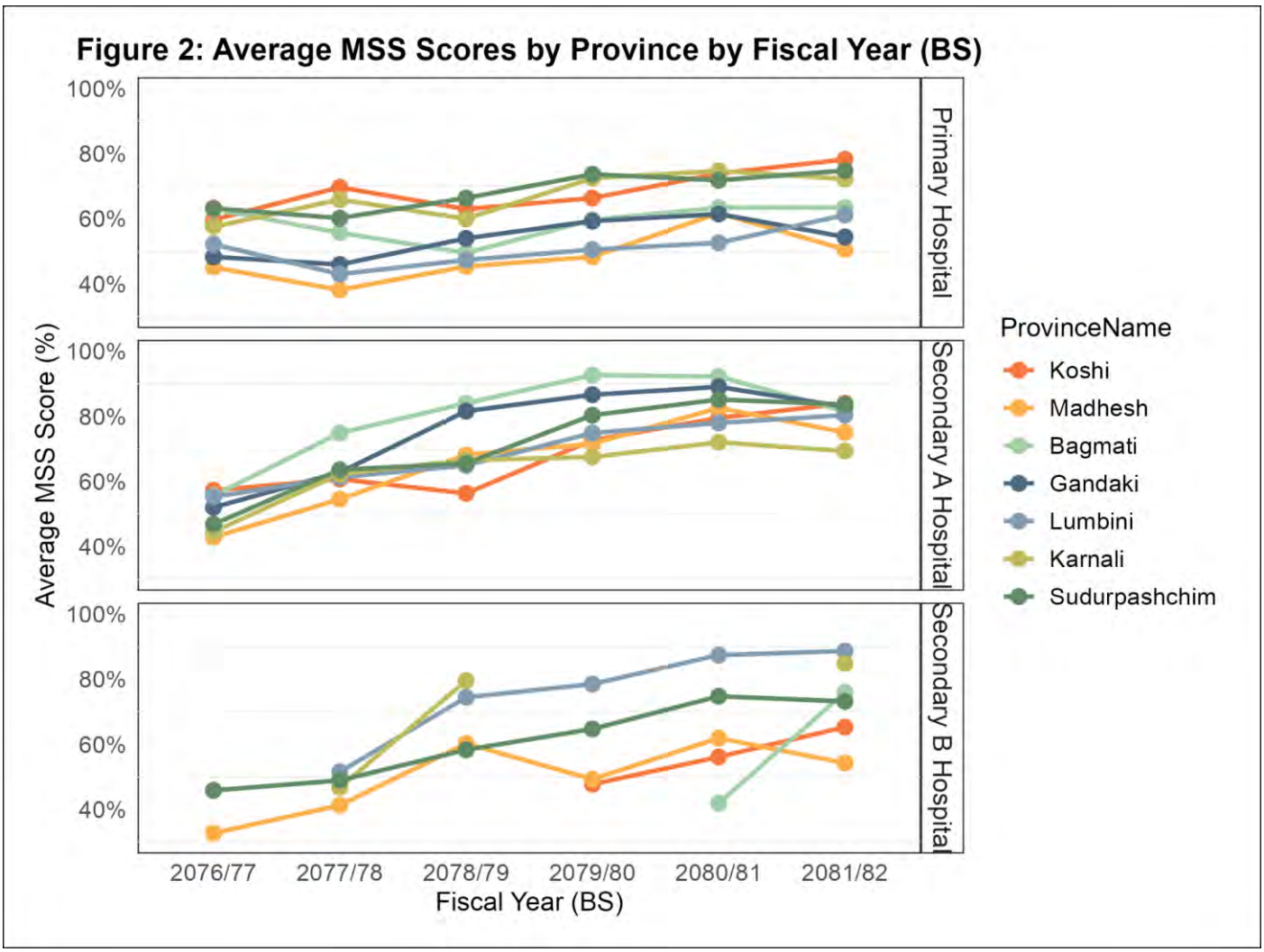

Figure 2. Average MSS Scores by Province over Time for Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals. Color by province.

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.	• 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

				• Secondary A Hospitals scored high (72% - 90%), but some small declines.	• 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.	hospital waste management, supply chain systems (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.

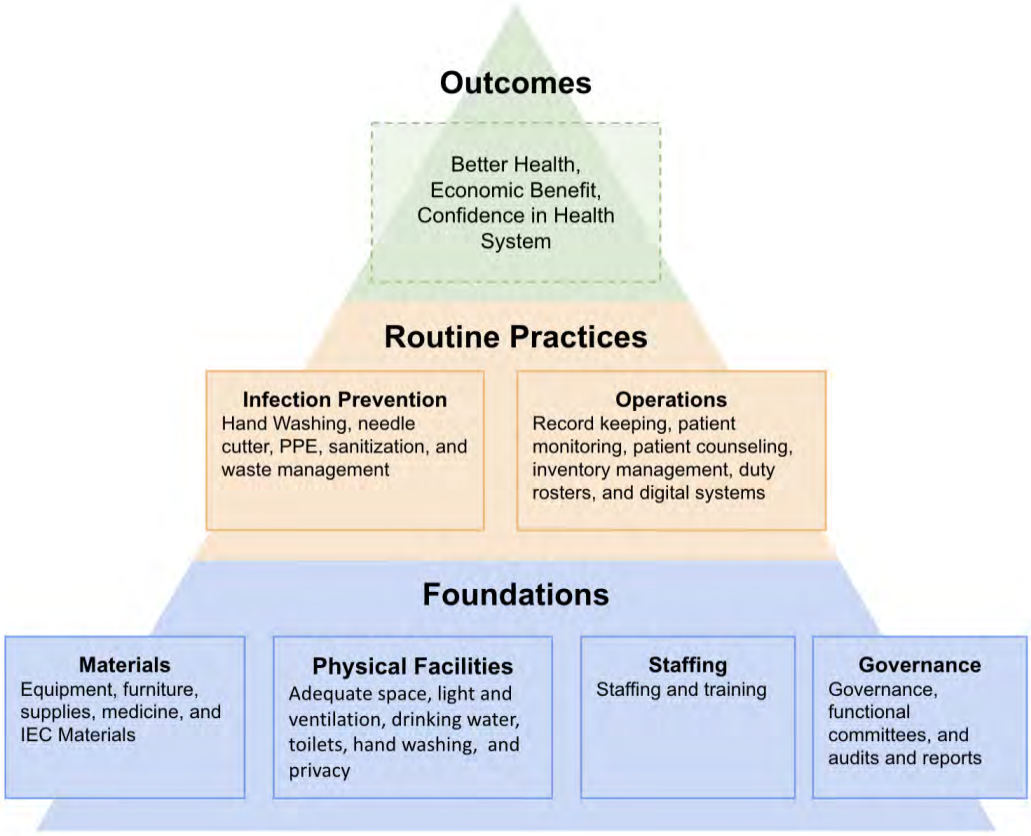

Figure 5. MSS Analysis Conceptual Framework for Hospital Readiness Analysis.

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.

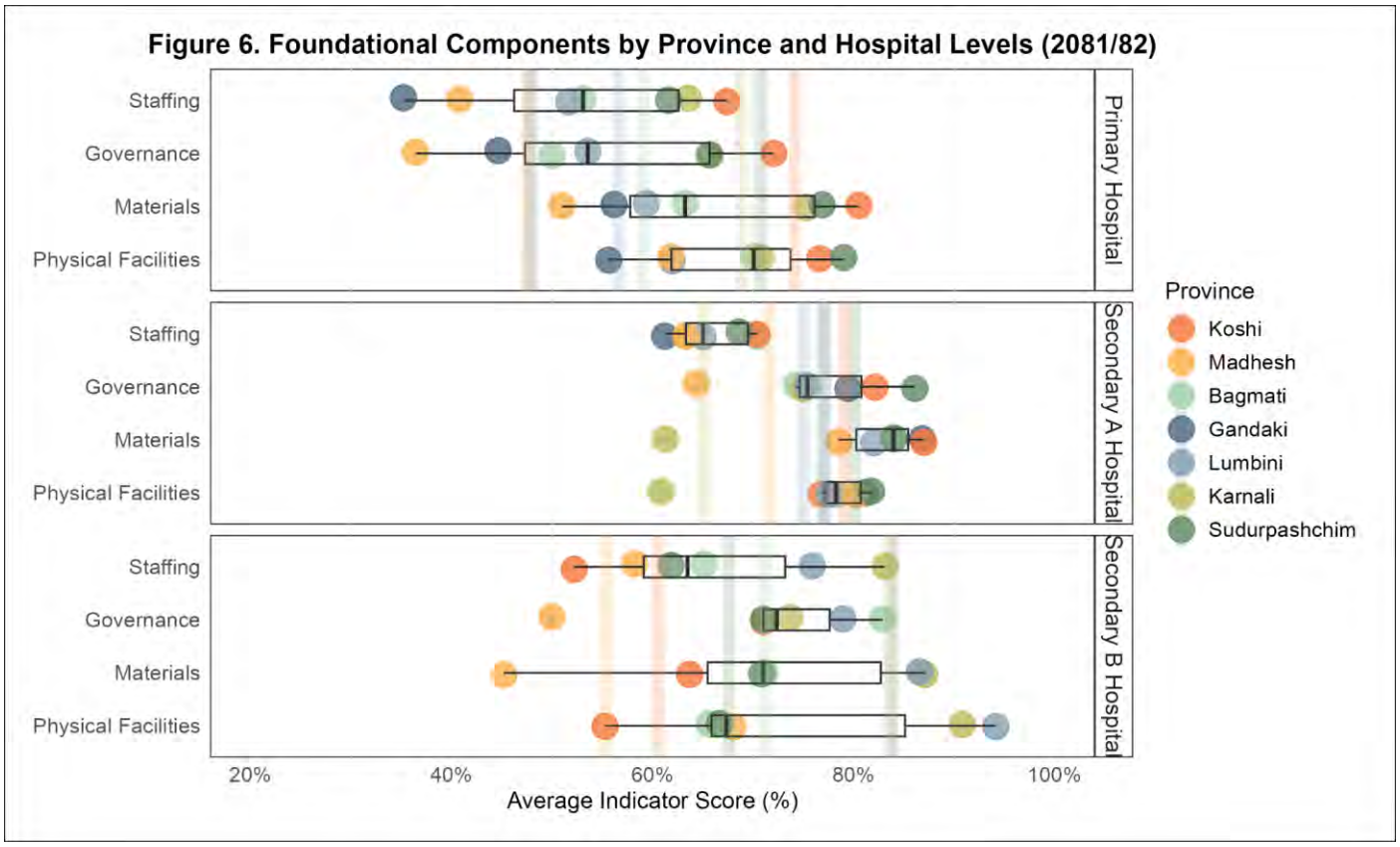

Figure 6. Foundational Components by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

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.

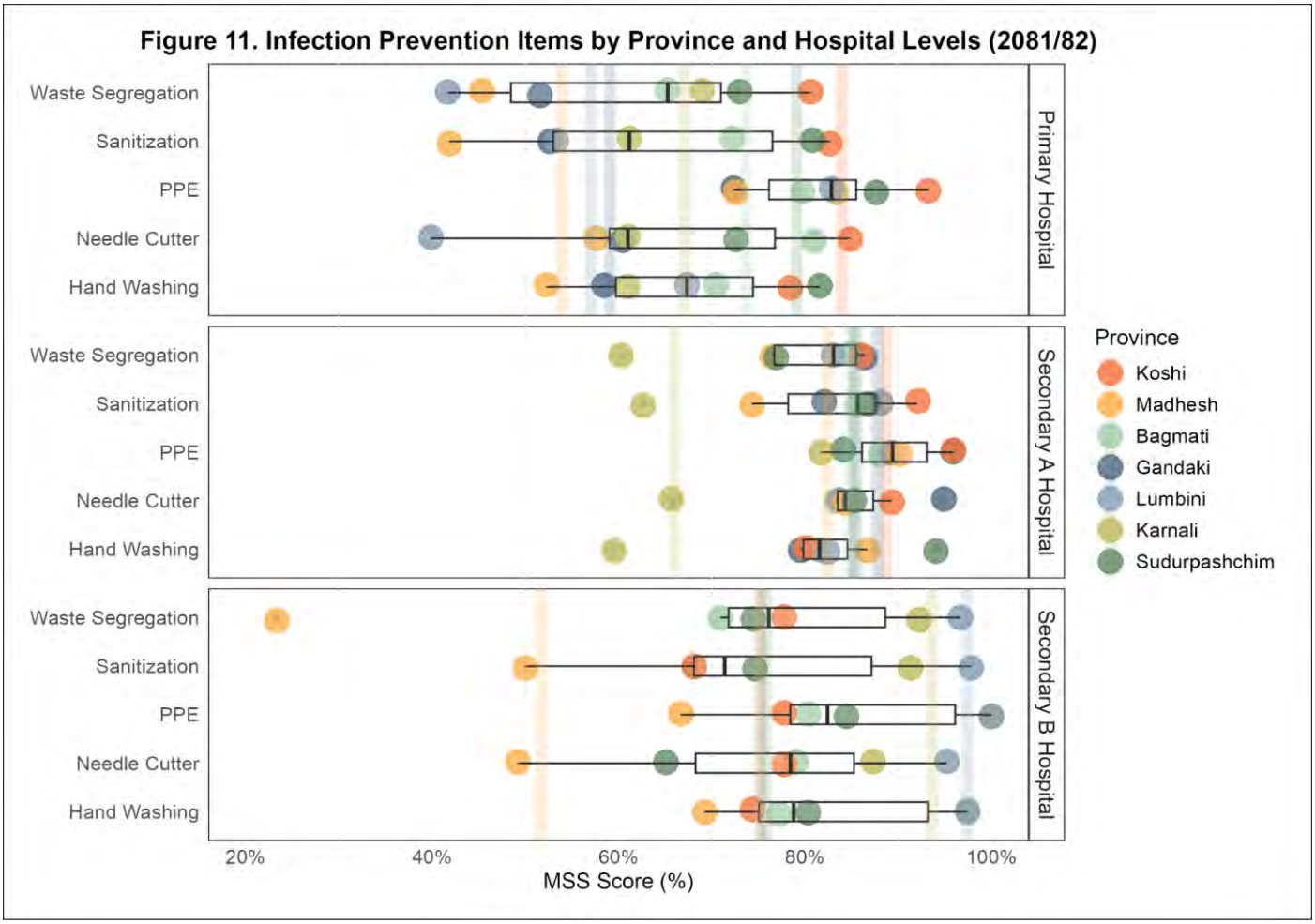

Figure 11. Infection Prevention Compliance by Province (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Colored by Province. Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

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.

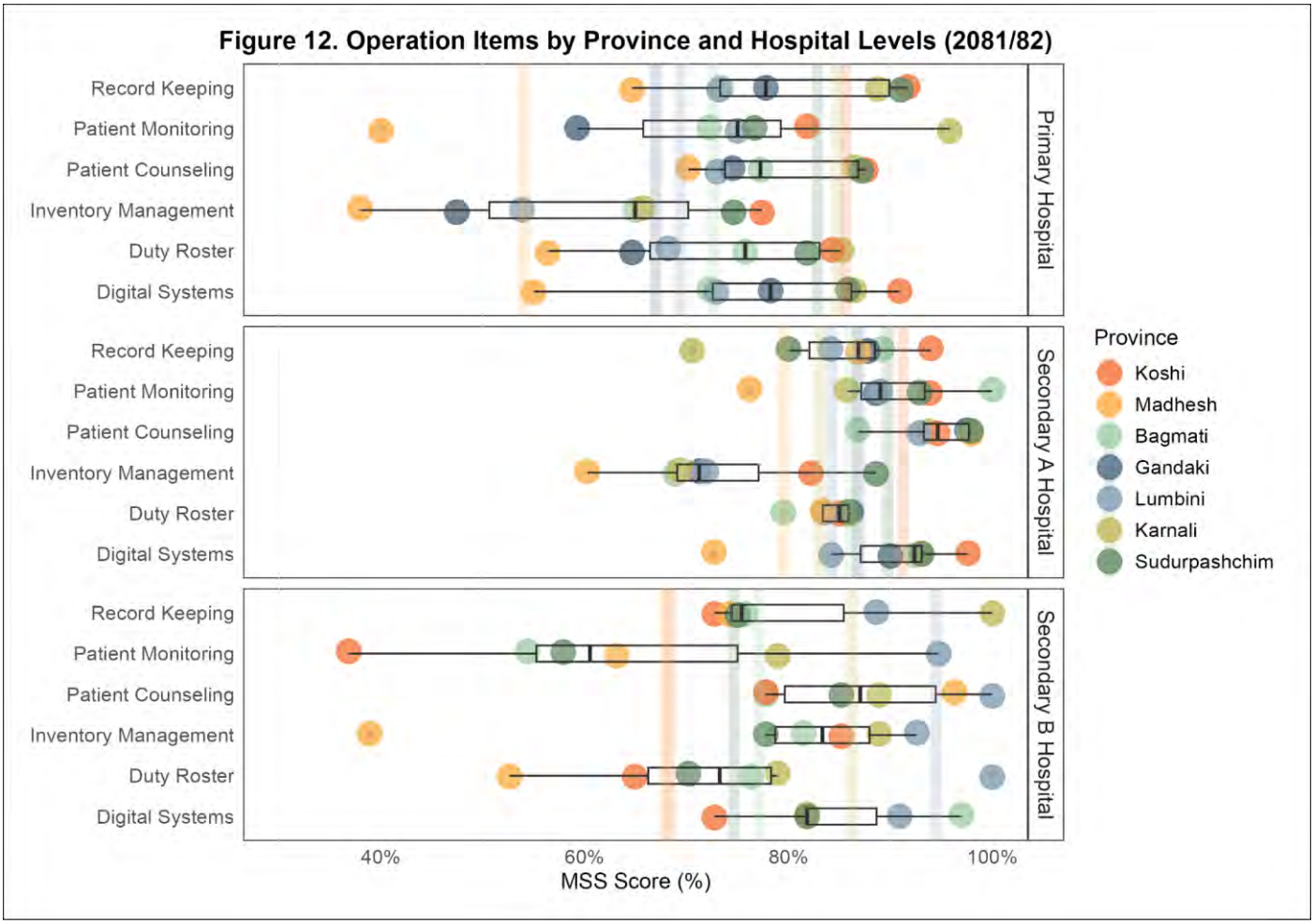

Figure 12. Operations Items by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 30% - 100%.

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.

Lumbini Report

Overview

Eighteen Primary, Secondary A, and Secondary B hospitals in Lumbini Province completed an MSS assessment in 2081/82; 4 Primary, 13 Secondary A, and 1 Secondary B hospital.

All four Primary hospitals improved this year (+1% to +14%), signaling appropriate investment in lower-scoring facilities, but the group still averages ~61% and needs further support to surpass 70%. The biggest gains were in patient monitoring (+33%), supplies (+22%), staffing (+20%), and medicines (+19%). Persistent gaps remain: dental services are absent across all Primary hospitals, hospital waste management systems are largely missing and even declined (waste segregation -9%), IEC materials are low (39%) and needle-cutter use is weak (40%), with training particularly poor at Lamahi and Shibaraj. Targeted fixes including launching dental services, instituting basic waste management, boosting IEC and training, and ensuring minimum surgeries beyond Lamahi, would convert recent momentum into sustained quality improvements.

Secondary A hospitals continue to be the strongest performers in the province, with nearly half scoring above 90%, including Bardiya Hospital (97%), one of the highest nationwide. However, a few low performers, notably Lalmatiya HP (proposed Bhalubang Hospital), remain serious outliers due to limited infrastructure and staffing, pulling down provincial averages. Province-wide, physiotherapy services are entirely absent, and staffing gaps persist across inpatient wards, delivery services, ER, and key specialist posts (e.g., anesthesiologists, Medical Superintendents). Rukum East Hospital requires investment in CSSD space and staff. Given Lumbini's overall excellence at this level, targeted interventions at outlier facilities and strategic workforce investments could bring nearly all Secondary A hospitals to consistently high performance.

Lumbini Provincial Hospital stands out as a provincial success story, achieving an MSS score of 89%, up from 49% in 2077, and ranking second nationally among Secondary B hospitals after Bhaktapur in Bagmati. Foundations and Routine Practice indicators are consistently strong, with seven categories improving by more than 5% this year and five reaching 100%, reflecting sustained provincial investment. Most wards are exceptionally well managed, with six scoring 100% and notable gains in Surgery, Pediatrics, Ob/Gyn, and Orthopedics. Key priorities now include expanding infrastructure and emergency capacity to manage **high patient volumes**, centralizing the hospital pharmacy, and improving the Psychiatry ward, which has shown no progress and remains a critical service gap for the province.

Lumbini continues to be one of Nepal's strongest performers across all hospital levels. Primary hospitals are steadily improving, though still below target, while Secondary A hospitals demonstrate sustained excellence, with nearly half scoring above 90% and only a few outliers requiring targeted support. Lumbini Provincial Hospital stands out nationally with an MSS score of 89%, reflecting strong provincial investment. Focused efforts to close remaining gaps in staffing, physiotherapy, and infrastructure will further consolidate Lumbini's leadership in quality service delivery.

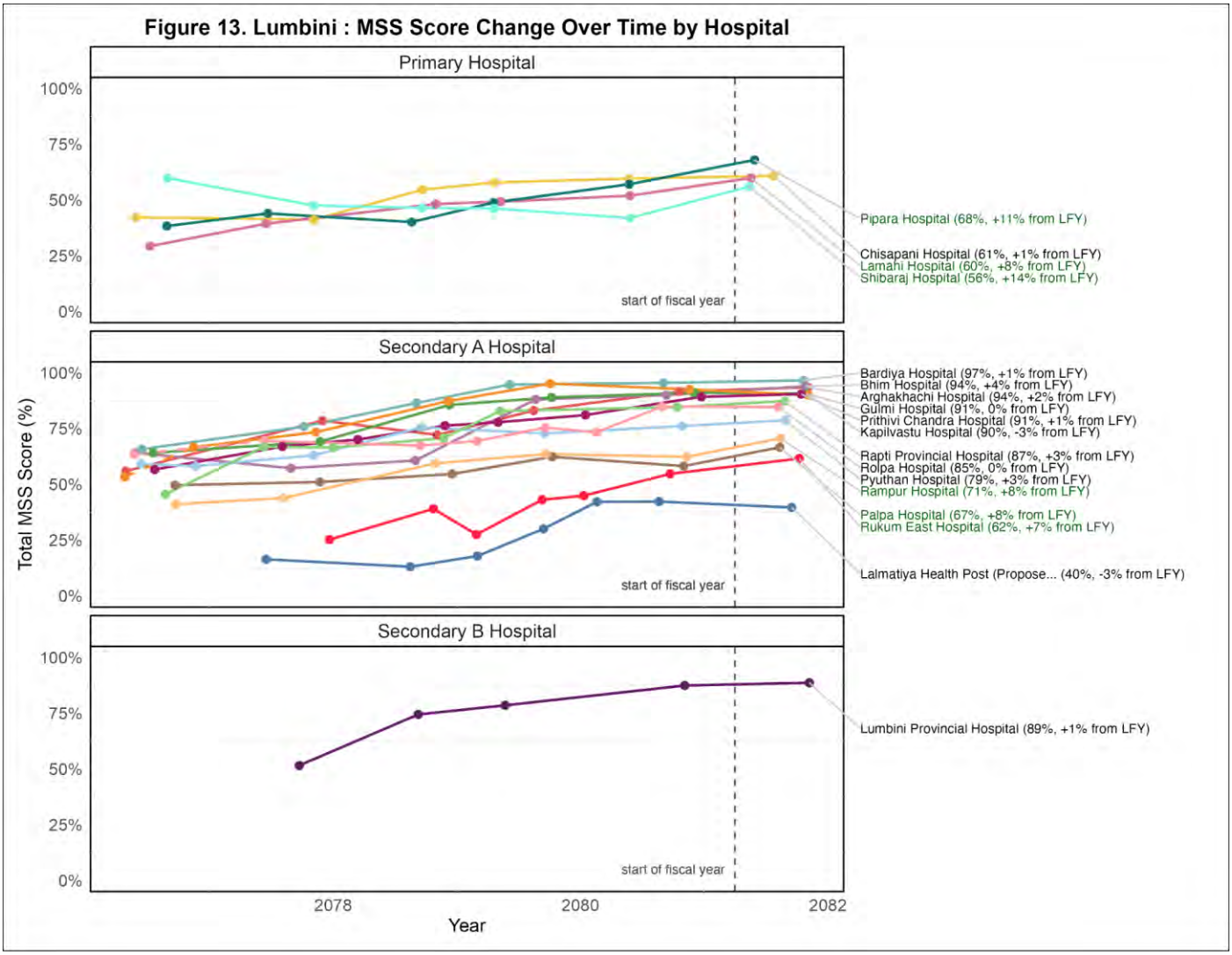

Figure 13e. Lumbini: Change in MSS Score Over Time by Hospital (n=18). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a 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.

Figure 13e shows the changes in MSS scores overtime by hospital level. Although scoring lower on average, all 4 Primary hospitals showed an increase in scores in the LFY, ranging from +1% to +14%. This shows appropriate investment in lower scoring hospitals, ensuring an equitable distribution. However, more investment is needed to pull all Primary hospitals in Lumbini above 70%.

The majority of health facilities in Lumbini are Secondary A, and the majority show substantial and sustained growth, with nearly half of all Secondary A hospitals scoring above 90%, an incredible achievement for Lumbini province. Bardiya Hospital, with a score of 97% is one of the best-scoring hospitals nationwide, reflecting the excellence across Secondary A hospitals in Lumbini Province. Further, the four of the five lowest scoring hospitals showed substantial improvements in the LFY. This reflects a commitment to high scoring hospitals province-wide, and should be a model for other provinces. Lalmatiya Health Post (Proposed Bhalubang Hospital) (40%; -3%) continues to be an outlier, and significantly reduces the provincial average. Improvements at Bhalubang Hospital would further increase the provincial average score significantly and improve patient satisfaction, safety, and trust in government health facilities.

At Lumbini's only Secondary B Hospital, Lumbini Provincial Hospital, the score is high above the national average (74.8%), and has shown continued small improvements in the LFY.

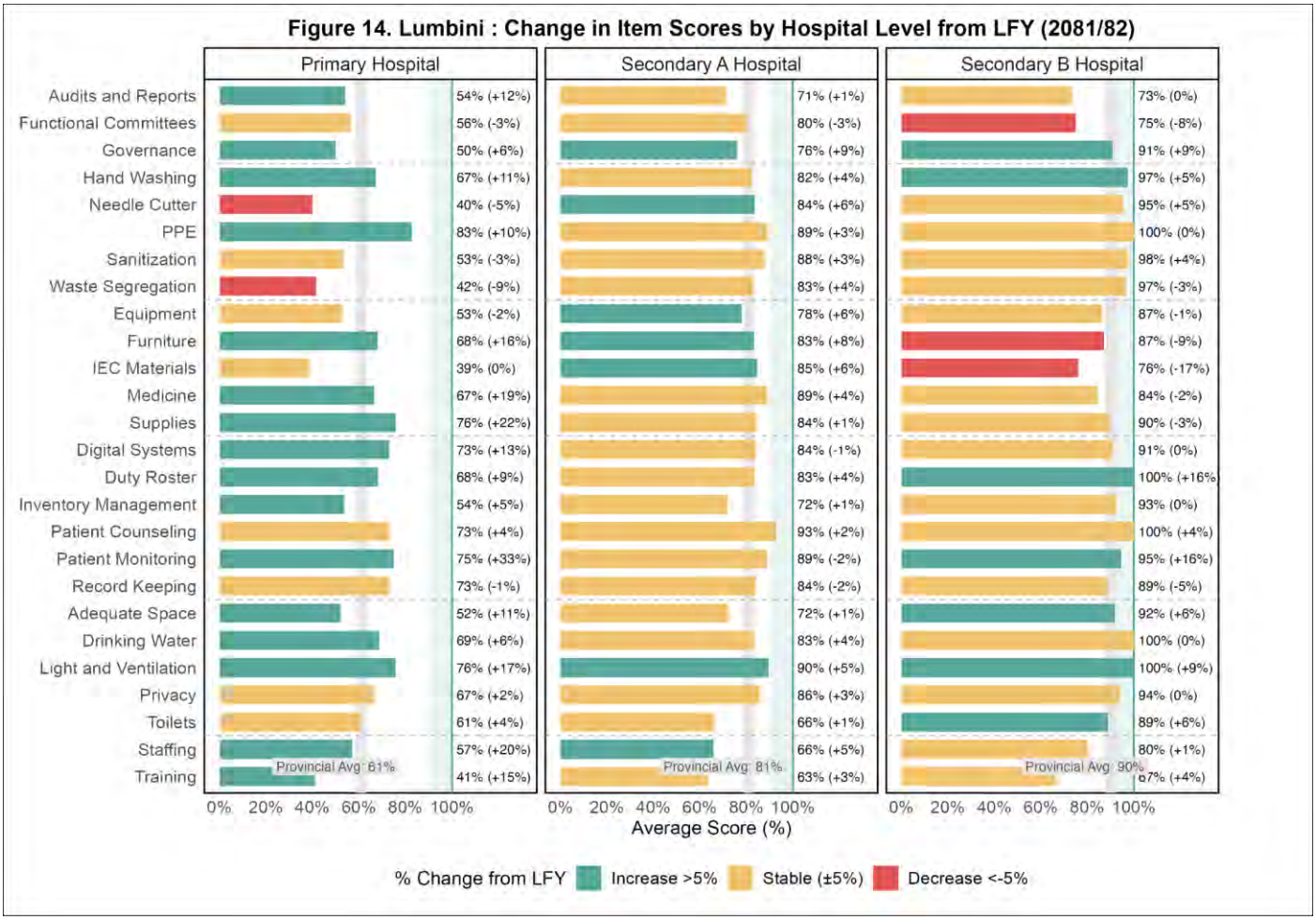

Figure 14e. Lumbini: Change in Item Scores by Hospital Level from LFY (2081/82) (n=18). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages shown by the grey vertical line.

Figure 14e shows the change in item scores across the hospital in the LFY by Hospital Level. Primary hospitals scored the lowest on average (61%), but also showed the most improvement with increases in almost all items. Notably, there was a 33% increase in patient monitoring, 22% increase in supplies, 20% in staffing, and 19% increase in medicine. IEC materials (39%) and availability and use of needle cutters (40%) need to be strengthened. Further, waste segregation is weak and decreased by -9% in the LFY.

At Secondary A hospitals, the majority of items are high scoring, and scores are being maintained, with the majority of the categories being above 80%. Staffing and Training appear to be the weakest areas (<67%), reflecting a national trend. Closing gaps at lower scoring hospitals will likely bring most areas above 90%.

At Lumbini's only Secondary B hospital, Lumbini Provincial Hospital, MSS scores remain high, with many reaching 100%, with substantial growth in Patient Monitoring (+16%) and Duty Roster Use (+16%). However, there was also significant loss of IEC materials across departments, which can be easily addressed. Overall, these scores speak to high quality services across the hospital, with standards being met to a high degree, and a success for Lumbini province.

Primary Hospitals

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

Figure 15e. Lumbini: Lowest-Scoring Primary Hospitals Item Scores (n=4). Only the six lowest-scoring primary hospitals in Lumbini were included. Items below 51% are labelled with their percent.

Certain Primary hospitals, such as Lamahi and Shibaraj, are meeting less than 30% for training. This can be easily addressed in coordination with the Provincial Health Training Center and the National Health Training Center. Likewise, Lamahi and Pipara Hospitals are scoring less than 40% in IEC materials, which can be improved by motivating hospitals to develop materials by themselves and coordinate with the Health Directorate at the Lumbini Province, where most of the IEC materials are available. Moreover, in routine practices of hospitals, still Pipara and Shibaraj hospital meet 36% or less on use of needle cutters, which can easily be improved by the hospital.

Additional items to address (example)

- Waste Segregation at Lamahi Hospital
- Functional Committees at Shibaraj Hospital
- Sanitization at Chisapani and Shibaraj Hospital

Code	Area	Standard	Hospitals meeting standard			
			1	2	3	4
Low scoring indicators						
2.10.1.1	Dental Service	Dental service is available from 10 AM to 3 PM	0	0	0	0
2.10.2	Dental Service	Dental Hygienist/Dentist: OPD Patients- 1:20 per day for quality of care	0	0	0	0

2.10.6	Dental Service	Equipment, instrument and supplies to carry out Dental Services (See Annex 2.10 b Basic Equipment and Instrument for Dental Services at the end of this standard) are available and functioning	0	0	0	0
2.6.8.3	Inpatient Service (General Ward)	At least one defibrillator in immediate accessible area	0	0	0	0
2.8.1.3	Surgery/Operation Service	At least two functional operating rooms/theater	0	0	0	0
3.4.2.4	Repair, Maintenance and Power system	Availability of spare parts for repair and maintenance of biomedical equipment and instruments	0	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
3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste is disposed based on the HCWM guideline 2014 (MoHP)	0	0	0	0
3.6.9.1	Hospital Waste Management	Infectious waste is sterilized using autoclave before disposal	0	0	0	0
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)	0	0.3	0	0
High scoring indicators						
1.4.1.2	Financial Management	At least one accountant available for hospital financial management	1	1	1	0
1.4.7.1	Financial Management	The hospital prepares and keeps a monthly financial report.	1	1	1	0
2.5.16.1	Pharmacy Service	Medicine is dispensed using electronic billing with barcode system	0	1	1	1
2.5.5	Pharmacy Service	The pharmacy is open 24x7	1	1	1	0
2.7.1.2.1.1	Delivery Service	Nurse: pregnant women ratio 1:2 in pre-labor; 2:1 per delivery table and 1:6 in post-natal ward	1	0	1	1
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	0	1	1
3.4.3.2	Repair, Maintenance and Power system	Hospital has alternate power generator capable of running x- ray and other hospital equipment	1	1	1	0
3.6.2.1	Hospital Waste Management	There is allocation of staff for HCWM from segregation to final disposal	1	0	1	1
3.7.1.1	Safety and Security	Hospital has trained security personnel round the clock.	1	1	1	0
2.1.1.1	OPD Service	OPD is open from 10 AM to 3 pm (See Checklist 2.1 At the end of this standard for scoring)	1	1	1	0.3

Table 12e. Actionable steps for Primary hospitals in Lumbini (n=4). Hospital numbers are as follows: (1) Chisapani Hospital, (2) Lamahi Hospital, (3) Pipara Hospital, and (4) Shibaraj Hospital. *Standard out of 3 points.

Above, Table 12e shows the 10 *most met* and the 10 *least met* KI scores for all 4 Primary hospitals in Lumbini for the most recent MSS assessment in 2081/82 FY. In Lumbini Province, all 4 primary hospitals lack **Dental Services** completely (2.10.1.1), lacking both Human Resources (2.10.2) and Equipment (2.10.6) completely. Further, Hospital waste management is absent (3.6.1, 3.6.10, 3.6.9) across all Primary hospitals. Also, a few minimum surgeries are available only in Lamahi hospital (2.8.3.1). These gaps call for investment from the local and provincial governments to improve the quality of services provided by the hospitals.

At the hospital level, Shibaraj Hospital's financial management needs to be strengthened, including the availability of its own accountant (1.4.1.2) and preparing monthly financial reports (1.4.7.1). They also need to start their pharmacy 24 hours (2.5.5) and recruit trained security personnel round the clock (3.7.1.1). Additionally, Lamahi hospital needs more nursing staff to maintain the nursing ratio (2.7.1.2.1.1) and needs 300mA X-ray machine (2.9.2.5.1).

Province-Wide Action Points:

- Hospital waste management
- Start Dental Services
- Availability of defibrillators in inpatient hospitals
- Start minimum general surgeries

Hospital Level Interventions:

- Availability of an accountant at Shibraj Hospital
- 24-hour pharmacy service at Shibraj Hospital
- Availability of 300 mA X-ray at Lamahi Hospital
- Trained security personnel at Shibraj Hospital

Above, Table 12e shows the highest and lowest scoring KIs by hospital. Below, Figure 10e 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. Lumbini : Greatest Changes in KIs at Primary Hosptials from LFY (2081/82)

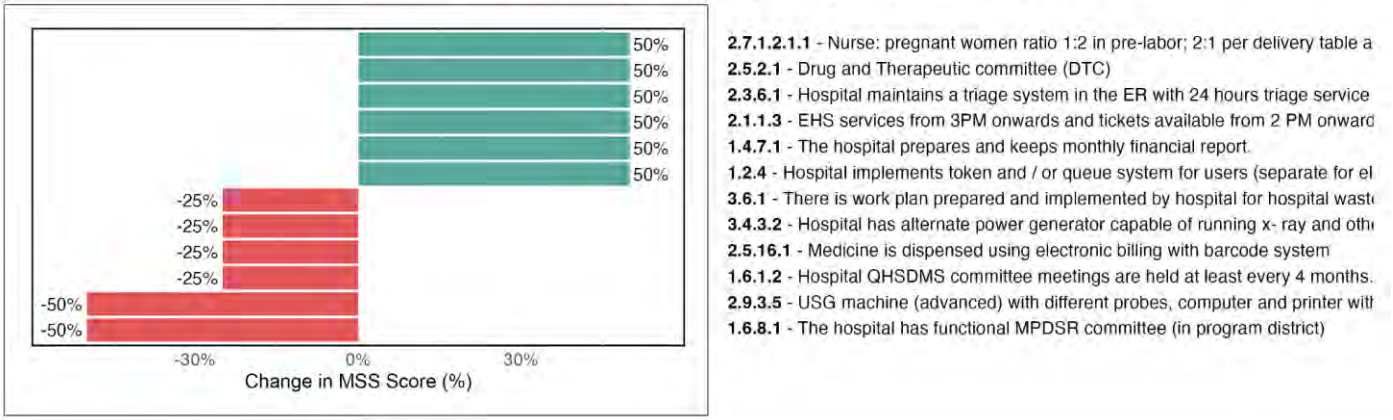

Figure 16e. Lumbini: Greatest Changes in Key Indicators at Primary Hospitals from LFY (2081/82) (n=4). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

Figure 16e shows the greatest positive and negative changes in KIs at Primary hospitals in Lumbini province from LFY to 2081/82.

Figure 16e shows the greatest positive and negative changes in KIs at Primary hospitals in Lumbini province from LFY to 2081/82. In Lumbini Province, there has been a major increment in many key indicators across all Primary Hospitals. There has been a 50% improvement in the ER triage system (2.3.6.1), the token system in hospitals (1.2.4), and the DTC committee (2.5.2.1). But still, there has been a steep decrease in some of the indicators, such as availability of a USG machine (2.9.3.5), functionality of MPDSR committee (1.6.8.1), which hospitals need to give serious attention. **Pipara and Shibaraj hospitals lack a functional USG machine,** which has resulted in the referral of clients to other private institutions for the service. Except for Lamahi Hospital, the MDSR committee is not available, which has resulted in a decline in the MSS score.

Secondary A Hospitals

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

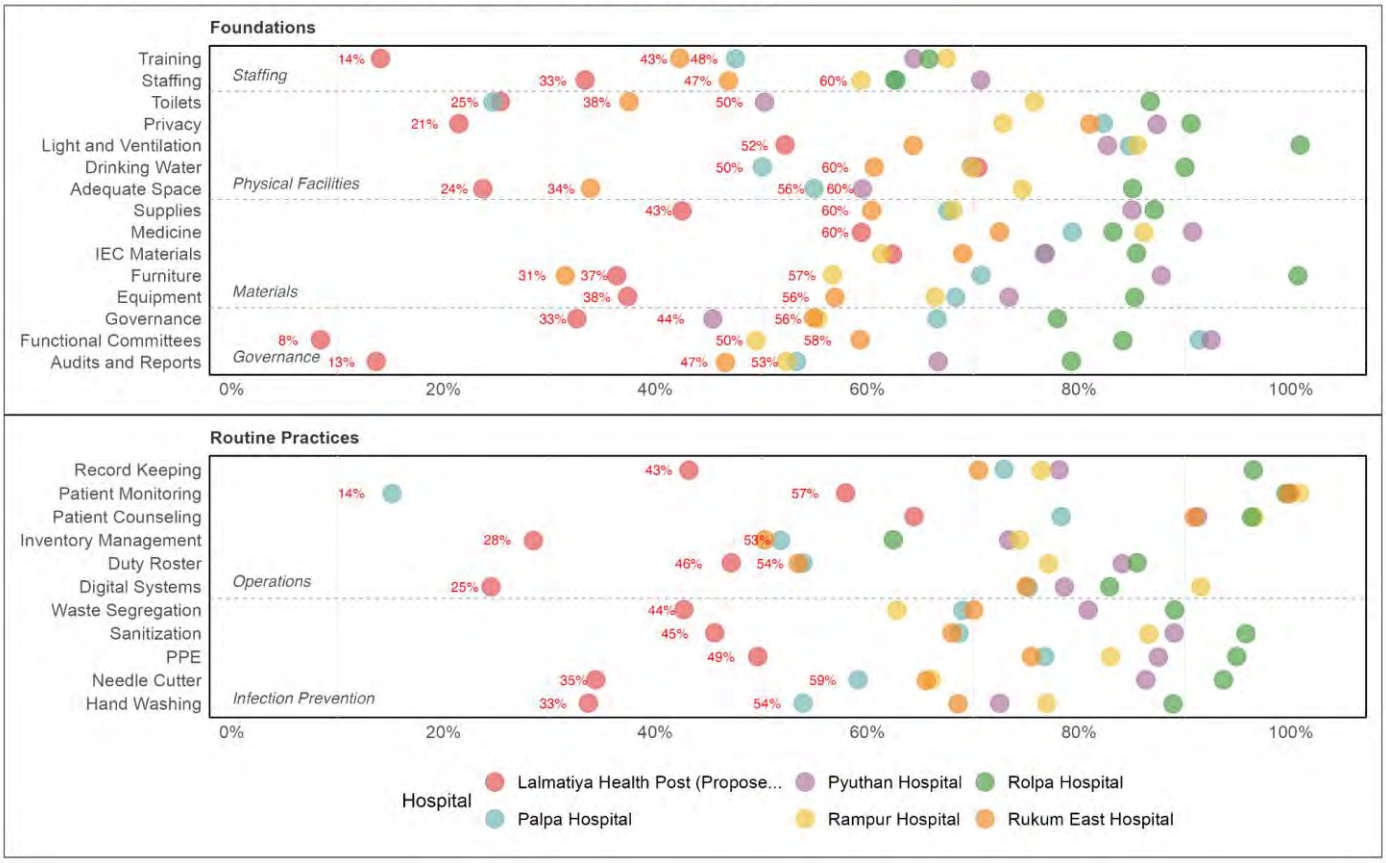

Figure 17e. Lumbini: Lowest-Scoring Secondary A Hospitals Item Scores (n=6). Items below 61% are labelled with their percent. Only hospitals with 2081 MSS assessments were included.

Among the low-scoring Secondary A hospitals, Lalmatiya Health Post (proposed Bhalubang Hospital) is scoring exceptionally low. The Lalmatiya HP (proposed Bhalubang Hospital) was recently upgraded to a proposed secondary-level hospital from a health post despite lacking infrastructure and Human Resources. The province government needs to address many indicators to level up the score, especially, functional HMC committee (8%), financial audits and reports (13%), training to staffs (14%), adequate space (24%), privacy at OPD and ward (21%), furniture (37%) and equipment (38%). Likewise, Rukum East Hospital also needs strengthening in furniture (31%), adequate space (34%), and toilets (38%). This is not only an issue of a single hospital, but risks patient and provider safety, and hurts the public trust in government health facilities.

Table 13e. Actionable Steps for Secondary A Hospitals: Lumbini (n=13)															
Indicator Code	**Area**	**Standard**	Hospitals meeting standard												
			1	2	3	4	5	6	7	8	9	10	11	12	13
Low scoring indicators															
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	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	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	0	0	1	0	0	0	0	0	0	0	0	0
2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2PM onwards	0	0	0	0	0	0	0	1	1	0	0	0	0
1.1.3	Governance	Medical Superintendent is fulfill as per organogram	0	0	0	0	0	0	1	1	0	0	1	1	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	1	0	1	0	1	1	0	0	1	0	0	0
2.8.8.4	Surgery/ Operation Services	Anesthesia should be provided, led, or overseen by an anesthesiologist	0	1	1	0	0	0	0	1	1	0	1	0	0
2.9.1.1.1.3	Laboratory	Histopathology service in coordination with other health facilities	1	1	1	1	0	0	0	0	0	0	1	0	0
3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline 2014 (MoHP)	1	1	1	0	0	0	0	1	0	0	1	0	0
2.3.2.1	Emergency Service	For 5-10 ER beds (Doctor: Nurse: Paramedics: Office Assistant = 1:1:1:1)	0	1	0	0	0	1	0	1	1	0	1	1	0
High scoring indicators															

2.2.4.3.1	Safe Abortion Services	At least one medical officer or gynecologist trained and certified in first trimester SAS is available	1	1	1	1	1	0	1	1	1	1	1	1	1
2.5.2.1.1	Pharmacy Service	Drug and Therapeutic committee (DTC)	1	1	1	1	1	0	1	1	1	1	1	1	1
2.8.1.1.1	Surgery/ Operation Services	Routine minor and intermediate surgeries available on scheduled days	1	1	1	1	1	1	0	1	1	1	1	1	1
2.9.3.1	Ultrasonography (USG)	USG is open from 10 AM to 3 PM for obstetrics, abdominal, pelvic and superficial structure like testis, thyroid	1	1	1	1	1	0	1	1	1	1	1	1	1
2.9.3.2	Ultrasonography (USG)	USG trained medical practitioner and midlevel health worker in each USG room	1	1	1	1	1	0	1	1	1	1	1	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	0	1	1	1	1	1	1	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	1	1	1	1	1	1	1	1	1	1	1	0
3.1.2	CSSD	Separate staffs assigned for CSSD and is led by CSSD trained personal	1	1	1	1	1	1	1	1	1	1	1	1	0
3.6.2.1	Hospital Waste Management	There is allocation of staff for HCWM from segregation to final disposal	1	1	1	1	1	0	1	1	1	1	1	1	1
2.6.2.1	Inpatient Service	Medicine Ward (See Annex 2.6a Furniture and supplies for inpatient wards At the end of this standard)	1	1	1	1	1	0.7	1	1	1	1	1	1	1

Table 13e. Actionable steps for Secondary A hospitals in Lumbini (n=13). Hospital numbers are as follows: (1) Arghakhachi Hospital, (2) Bardiya Hospital, (3) Bhim Hospital, (4) Gulmi Hospital, (5) Kapilvastu Hospital, (6) Bhaluwang Hospital, (7) Palpa Hospital, (8) Prithivi Chandra Hospital, (9) Pyuthan Hospital, (10) Rampur Hospital, (11) Rapti Provincial Hospital, (12) Rolpa Hospital, and (13) Rukum East Hospital. *Standard out of 3 points.

Above, Table 13e shows the 10 most met and the 10 least met KI scores for all 13 Secondary A hospitals in Lumbini for the most recent MSS assessment in 2081/82. In all 13 Secondary A-level hospitals, **Physiotherapy** needs to be strengthened, where a Physiotherapy room with 10 beds (2.14.1) and availability of certified staff (2.14.3) are completely absent.

Further, **inadequate staffing** is a problem province wide, with inadequate nurses in the inpatient (2.6.5) and delivery wards (2.7.1.2.1.1), few filled Medical Superintendent posts (1.1.3), lack of anesthesiologists (2.8.8.4), and staff for the ER (2.3.2.1). This problem is not unique to Lumbini. It is a national challenge to hire and retain healthcare staff. However, given Lumbini's excellence across Secondary A hospitals, a province-wide investment in education, even as far back as the primary and secondary level, may provide long term rewards. Existing evidence-based interventions should be explored to improve the long term quantity and quality of the healthcare workforce to address this challenge rather than only focusing on hiring staff today.

Bhaluwang Hospital has wide gaps, the most immediate being the lack of functioning USG services (2.9.3.1), staff (2.9.3.2), and equipment (2.9.3.5). This should be made a top priority and should be addressed quickly. However, other departments are also lacking, and as stated before, a widespread intervention at Lalmatiya is necessary. Secondly, Rukum East Hospital needs space (3.1.1.2) and staff (3.1.2) for a CSSD department.

Above, Table 13e. Shows the highest and lowest scoring KIs by hospital. Below, Figure 18e 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. Lumbini : Greatest Changes in KIs at Secondary A Hosptials from LFY (2081/82)

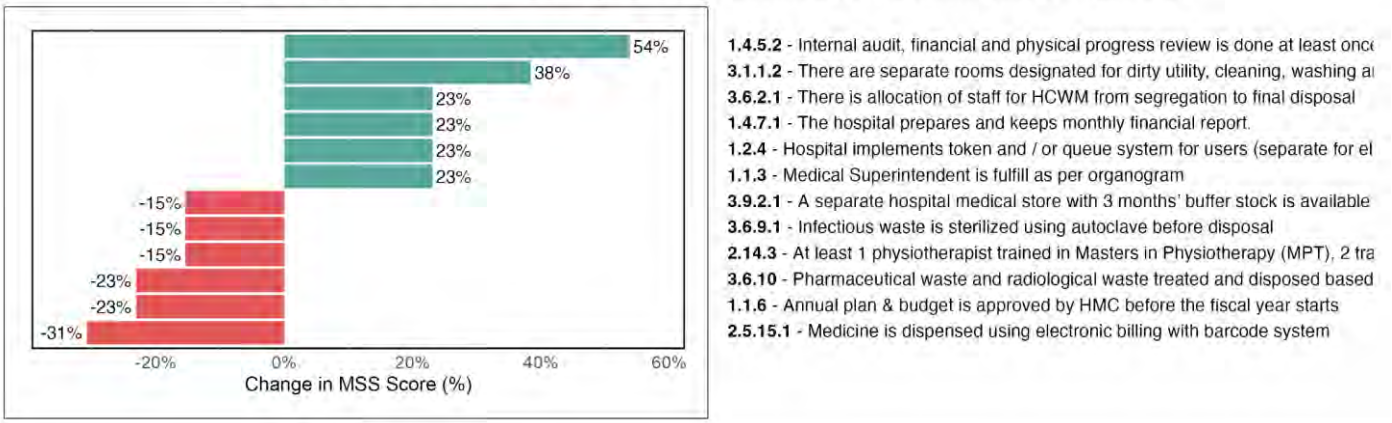

Figure 18e. Lumbini: Greatest Changes in Key Indicators at Secondary A Hospitals from LFY (2081/82) (n=13). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

Figure 18e shows the greatest positive and negative changes in KIs at Secondary A hospitals in Lumbini province from LFY to 2081/82 FY. Internal financial audits have been improving (1.4.5.2), with 54% more hospitals meeting this indicator compared to 2080 (Rukum East Hospital, Pyuthan Hospital, Rampur Hospital, Bhaluwang Hospital (Formerly Lalmatiya Health Post), Palpa Hospital, Prithivi Chandra Hospital, and Gulmi Hospital). Hospitals that are no longer use electronic billing with a barcode to dispense medicine (2.5.15.1):

- Rapti Provincial Hospital
- Rolpa Hospital
- Palpa Hospital
- Bhim Hospital

Hospitals that no longer have an annual plan and budget approved by the HMC before the fiscal year start (1.1.6)

- Rolpa Hospital
- Rukum East Hospital

Secondary B Hospitals

The only Secondary B hospital in Lumbini is Lumbini Provincial Hospital. Which scored 89% during the last MSS assessment. When the MSS of Lumbini Provincial Hospital was first started on 2077/09/23, the score was only 49% which gradually increased to 89% in the LFY. This score is second second-highest among all Secondary B hospitals in Nepal after Bhaktapur Hospital, a major accomplishment for Lumbini province.

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

Figure 19e. Lumbini: Changes in Lumbini 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%.

In Lumbini Provincial Hospital, the scores of all categories in foundations and routine practices, except training for staff and audits and reports of financial documents, are above 75%, which shows the level of investment of the province and its priority towards Lumbini Provincial Hospital. Seven categories have increased more than 5% since last fiscal year, and five categories have achieved 100%, which is exceptional for this level of hospital, noting the scope of services this hospital provides. It is a major referral site for advanced-level health services to all district-level hospitals in the province.

Action points for Lumbini Provincial Hospital are:

- The hospital is very congested due to the maximum flow of patients from all over the Province. More infrastructure is needed, which has already begun in the last fiscal year.
- The emergency is very congested, considering the patient flow, which needs to be addressed immediately.
- Hospital Pharmacy needs to be centralized and managed properly

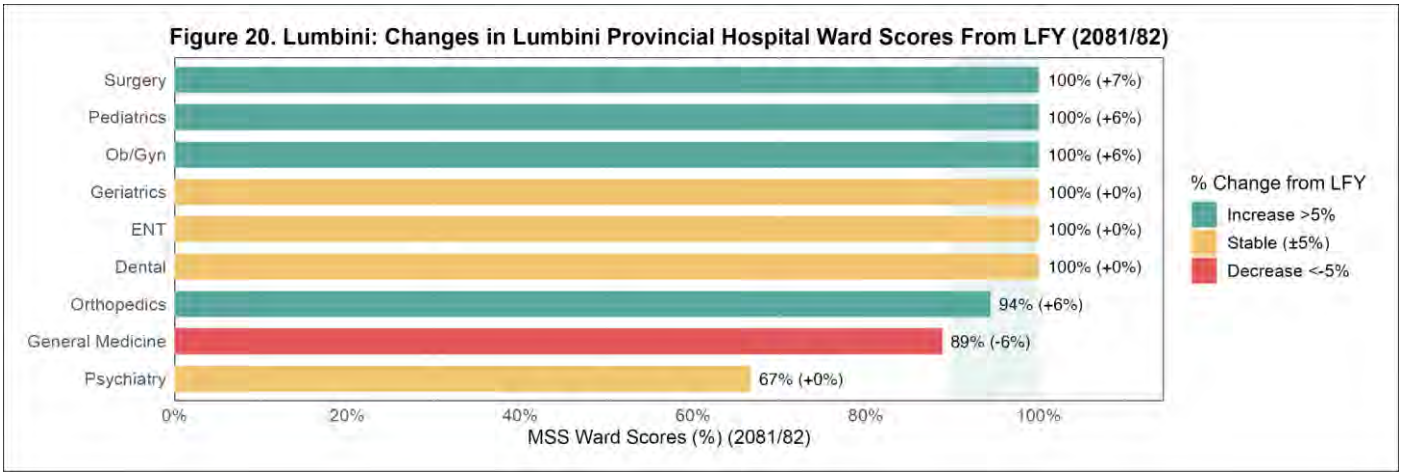

Figure 20e. Lumbini: Change in Lumbini Provincial Hospital Ward Scores from LFY (2081/82) (n=1). Bars labeled with component average and % change from LFY. Color indicates the change in the ward MSS score. Labels show the current % MSS ward score and % change from LFY. The green area shows Wards >90%.

At Lumbini Provincial Hospital most of the wards are well-equipped and well managed. Out of 9 wards, 6 wards achieved a 100% score, which is rare in many hospitals. Four wards (Surgery, Pediatrics, Ob/Gyn, and Orthopedics) have more than 5 % increase over the last fiscal year. Still massive improvement is needed in the Psychiatry ward, which scored 67% and has shown no improvement in score since last fiscal year, especially as this is the only public hospital with psychiatry services in Lumbini. Ultimately, this is a major success 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, Mainte	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	Electrocardiog	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, mec	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, Mainte	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 Plannir	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 oper	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, Mainte	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 Se	All security staffs are c	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 Sen	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	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	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 cor	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)

					Koshi							Madhesh						Bagmati				Gandaki					Lumbini														Karn.		S.P.	
Table	Indicator Code	Area	Standard	Max Score	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	1	1	0	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	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	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	1	0	0	0	1	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
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
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
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
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
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
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
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	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	0	1	1	1	1	1	1	1	1	1	0	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
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
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
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	1
4b	2.2.1.1	Immunization	Immunization and growth moni	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 Ser	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 Ser	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 Ser	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 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	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 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
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 ar	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 (U	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 p	1	0	0	0	1	0	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	