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

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)

Minimum Service Standard Report: National

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

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.

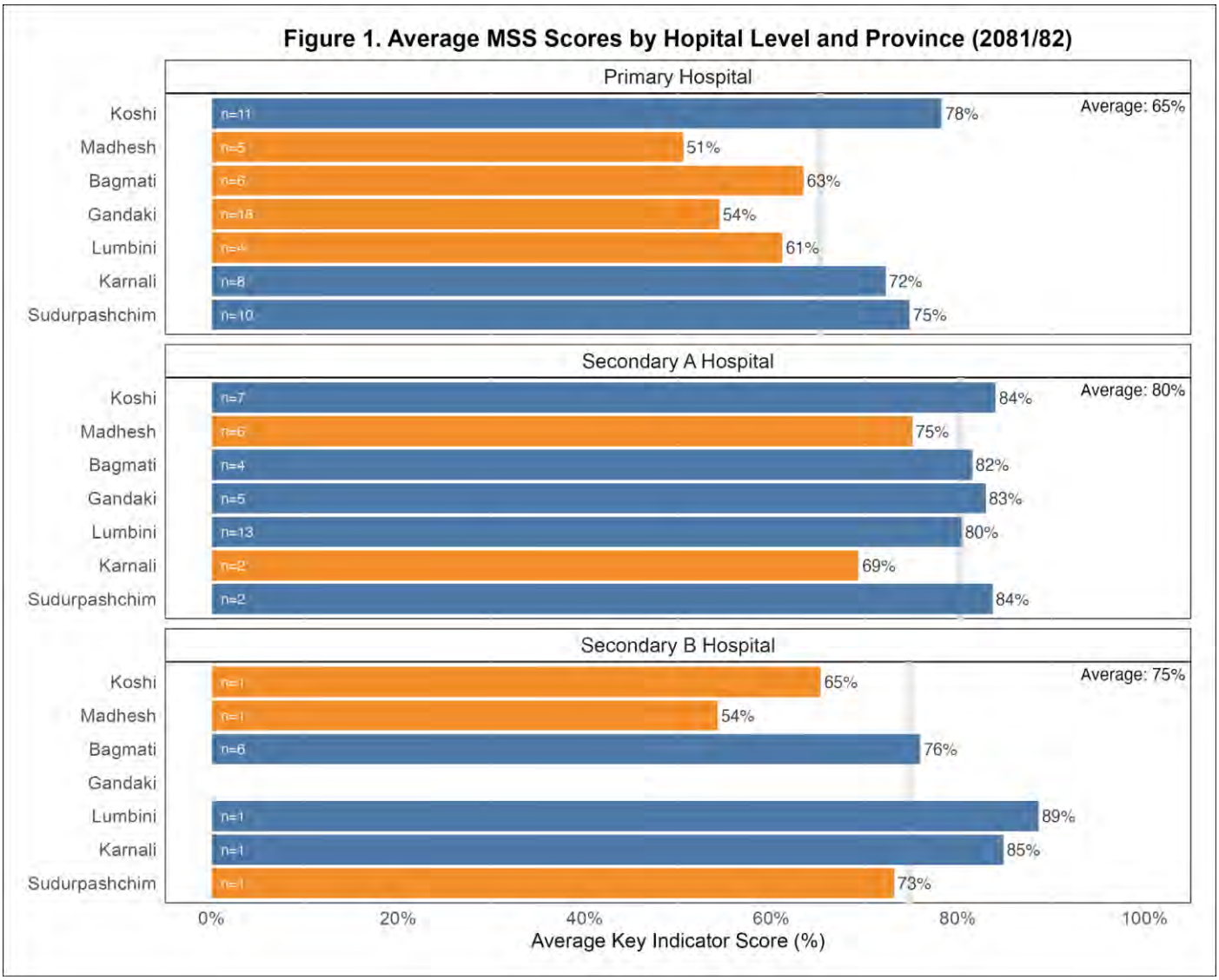

Figure 1. Average MSS Scores of Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals (2081/82). Scores by province. Orange shows below national average, blue shows above national average. N shows the number of hospitals in that province for that hospital level.

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.

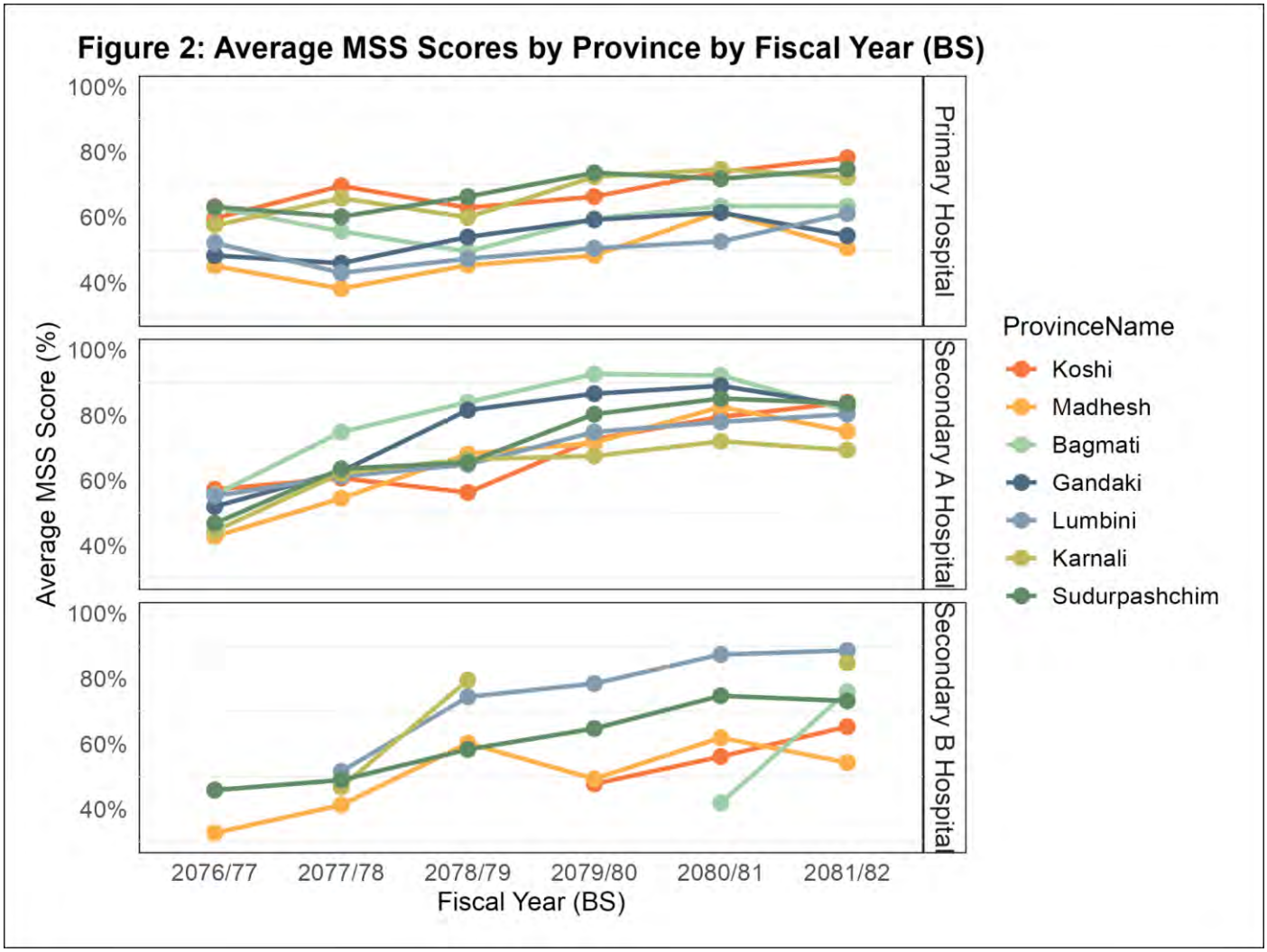

Figure 2. Average MSS Scores by Province over Time for Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals. Color by province.

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. • 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.	• 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 (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 lags 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 outliers.

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.

Hospitals Level Overview

Primary Hospital

The following section gives a summary of 62 primary hospitals across all provinces that completed an MSS assessment in FY 2081/82, with trends assessed by province. For more information about the provinces and specific hospitals, see the provincial reports. Out of the total only 14 (23%) hospitals scored 85 or more than 85 during the most recent assessment in the LFY.

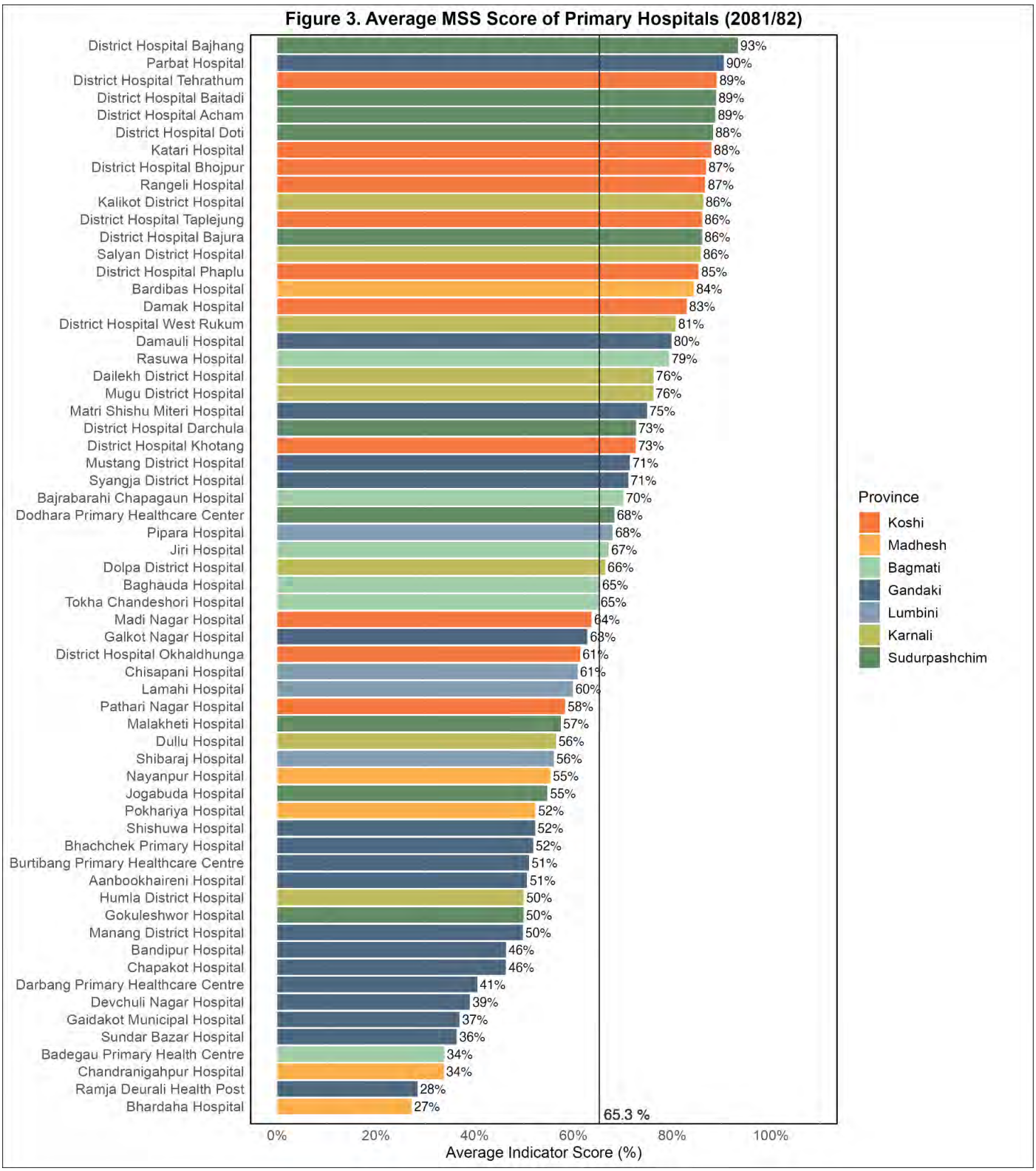

Figure 3a. Average MSS Scores of Primary Hospitals (n=62) (2081/82). The black line shows the national average. Bars are colored by province.

Figure 3a shows the total MSS scores (%) for each Primary hospital colored by province. The average score is 65.3%, ranging from 27% to 93%, with the majority of high scoring hospitals from Koshi and Sudurpashchim. Of all hospital levels, Primary Hospitals score the lowest on average nationally, and have the widest range in hospital scores. Twelve of Gandaki's eighteen Primary hospitals scored below 55%, with the lowest decreasing by 6% from LFY, and currently at 28%. Madhesh, Bagmati, and Gandaki have a wide range of scores, with Bhardaha Hospital meeting scoring 27% in Madhesh Province. Bagmati also has a wide range of scores from 34% to 80%. Yet, Gandaki has the most low-scoring hospitals. Lumbini, although with a lower average of 61%, has shown both steady increases across all Primary hospitals suggesting an appropriate distribution of resources, with Shibaraj Hospital, increasing by 14% from LFY to score 56% most recently, a significant achievement. Koshi and Sudurpashchim both have some of the highest scoring Primary hospitals nationally, and have invested in increasing the lower scoring hospitals consistently.

Table 2a Summary

Table 2a shows KIs being met by less than a third of all Primary hospitals, reflecting the KIs that most Primary hospitals are not meeting. Many of the indicators are related to Hospital Waste Management, reflecting that very few Primary hospitals run a functional waste management department, as only 23% (n=14) have a planned and implemented work plan related to waste management (3.6.1). OPD Service, with EHS services from 3PM onward, are only being provided at 19% (n=12) of Primary hospitals, the lowest of any KI. Either the indicator should be adjusted to reflect what should be realistically provided or there should be a national plan to strengthen and provide provincial support to improve OPD service, especially with increasing non-communicable disease.

One of the surgical indicators (2.8.1.3) of having at least two functional operating rooms may be beyond reach of these hospitals as only 32% of Primary hospitals are currently meeting this indicator, although this was an increase from last year. However, only 30% (n=11) of hospitals are able to provide general surgeries. This raises a large concern for the resources invested in surgical care, when based services are not available. Finally, most Primary hospitals do not have a Me.Su., reflecting broader staffing gaps, and the renewed need for focus on governance support. To see specific hospitals missing these KIs, see Annex 3A for a full list.

Table 2a. Key Indicators for Primary Hospitals (<35%)

Hospitals Meeting KI (n=62)		Indicator Code	Area	Standard
no.	%			
12	19%	2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2 PM onwards
14	23%	2.9.1.1.3	Laboratory and Blood Bank	Histopathology service in coordination with other health facilities
14	23%	3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management
15	24%	3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste is disposed based on the HCWM guideline 2014 (MoHP)
17	27%	3.6.9.1	Hospital Waste Management	Infectious waste is sterilized using autoclave before disposal
11	30%	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)

19	31%	3.4.2.4	Repair, Maintenance and Power system	Availability of spare parts for repair and maintenance of biomedical equipment and instruments
20	32%	2.8.1.3	Surgery/Operation Service	At least two functional operating rooms/theater
21	34%	1.1.3	Governance	Medical Superintendent is fulfill as per organogram

Table 2a. KIs for Primary Hospitals in the bottom third (<35%). *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting KI refers to the average score of KIs across all Primary hospitals.

Table 3a Summary

Table 3a presents KIs which are largely being met at Primary hospitals. That is, greater than 90% of Primary hospitals are able to meet these indicators. For example, 98% of Primary hospitals have a 24 hour emergency ward (2.3.1), an incredible achievement. Delivery Services are also being met widely across the nation, speaking to the dedication and impact of the Safe Motherhood Program. Key gaps requiring targeted support at single hospitals to meet these key services nationally are:

- **Badegau Primary Health Centre**, Bagmati: MISSING 24-hour emergency care (2.3.1).
- **Dodhara Chandani hospital,** Sudurpashchim: MISSING Laboratory is open from 10 AM to 3 PM and 24 hours emergency services (2.9.1.1.1)
- **Dolpa District Hospital**, Karnali: MISSING Functional ECG machine (2.9.4.4)

To see specific hospitals missing these KIs, see Annex 3A for a full list.

Table 3a. Key Indicators for Primary Health Facilities (≥90%)

Hospitals Meeting KIs (n=62)		Indicator Code	Area	Standard
no.	%			
61	98%	2.3.1	Emergency Service	Emergency room/ward is open 24 hours
61	98%	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
61	98%	2.9.4.4	Electrocardiogram (ECG)	Functional ECG machine (12 lead with power back up), paper, gel, wipes and hand sanitizer are available in ECG trolley
60	97%	3.9.3.1	Store (Medical and Logistics)	Electronic database systems are used in the hospital medical store.
58	94%	1.1.5.1	Governance	Hospital implements health insurance program
58	94%	2.7.1.2.2	Delivery Service	All staffs- nursing, medical practitioner designated for delivery services are trained skilled birth attendants
58	94%	3.4.3.1	Repair, Maintenance and Power system	Hospital has main-grid power supply with three-phase line
57	92%	1.4.6.1	Financial Management	The hospital uses central electronic billing system
57	92%	2.9.1.8.1	Laboratory and Blood Bank	At least three months' buffer stock of laboratory supplies is available.
56	90%	2.7.1.1.1	Delivery Service	A separate pre-labor room/ labor room with privacy is available.

Table 3a. KIs for Primary Hospitals (≥90%). % Hospitals Meeting KI refers to the average score of KIs across all Primary hospitals.

Table 4a Summary

Table 4a summarizes the services available across all Primary hospitals. Family Planning Services, Emergency Room Services, and Routine Laboratory Services are available at 98% of Primary hospitals, meaning that only a single hospital is missing these key services, two of which are in Bagmati. These are:

- **Tokha Chandeshori Hospital**, Bagmati (Family Planning Service (2.2.2.1))
- **Badegau Primary Health Centre**, Bagmati (24hr Emergency Care (2.3.1))
- **Dodhara Chandani Hospital** , Sudurpashchim (Routine Lab Services (2.9.1.1.1))

X-Ray Services are available at 97% of Primary hospitals, a slight increase as Tokha Chandeshori Hospital gained this service since 2081. **Badegau Primary Health Centre**, Bagmati and **Ramja Deurali Health Post**, Gandaki do not have X-Ray services and should be targeted to close remaining gaps in national care. Efforts should be made to address hospital specific and nationwide gaps. To see all hospitals missing these services, see Annex 3 for a full list.

Note that OPD service includes five departments: General Medicine, Obstetrics/Gynecology, Pediatrics, General Surgery, and Orthopedics. Given this, 30 Primary hospitals have all five available as prescribed, and increase from 2081. This does not mean that the other 34 hospitals have nothing available in their OPD.

Further, Pharmacy services (2.5.5) are necessary at all hospitals, as patients frequently complain about medicine availability and cost. National support to strengthen Pharmacies and develop medicine distribution networks is a necessary area for improvement.

Importantly, minor and intermediate services on scheduled days (2.8.1.1.1) are only being met at half of Primary hospitals (53%). Further, although all Primary hospitals (with one exception) report 24-hour emergency room care, only 65% of hospitals report emergency surgery availability (2.8.1.2). This seems like a contradiction and should be further investigated. Note:

- 42% (n=9) of hospitals unable to provide emergency surgeries (n=21) are in Gandaki province (2.8.1.2).
- Two of five Primary hospitals in Madhesh are unable to provide emergency surgeries.

These two provinces must address this to ensure basic emergency care service availability. Emergency and basic surgical availability is a key service of Primary hospitals and remains a national problem and should be targeted broadly. To see specific hospitals missing these KIs, see Annex 3A for a full list.

Table 4a. Services Available as Prescribed at Primary Hospitals by MSS Standards

Hospitals Offering Service (n=62)		Indicator Code	Service	Hours
no.	%			
61	98%	2.2.2.1	Family Planning Services	10 AM - 3 PM
61	98%	2.3.1	Emergency Room Service	24 hrs
61	98%	2.9.1.1.1	Routine Laboratory Services	10 AM - 3 PM
60	97%	2.9.2.1.1	X-Ray Services	10 AM - 3 PM
59	95%	2.2.3.1	ATT, ART Clinic	10 AM - 3 PM
54	87%	2.2.4.1	Safe Abortion Services	10 AM - 3 PM
54	87%	2.9.3.1	Ultrasonography	10 AM - 3 PM
53	85%	2.9.2.1.2	Emergency X-Ray Service	24 hrs
52	84%	3.8.1.1	Ambulance Service	24 hrs
51	82%	2.2.1.1	Immunization and Growth Monitoring Service	10 AM - 3 PM
48	77%	2.5.5	Pharmacy Service	24 hrs

46	74%	2.12.2	Medico-legal Services	24 hrs
43	69%	2.10.1.1	Dental Services	10 AM - 3 PM
40	65%	2.8.1.2	Emergency Surgeries	24 hrs
30*	59%	2.1.1.1	OPD Service**	10 AM - 3 PM
33	53%	2.8.1.1.1	Minor and Intermediate Surgeries	Scheduled Days
32	52%	3.10.1	Hospital Canteen	24 hrs
27	44%	2.8.1.1.2	Major Surgeries	Scheduled Days
21	34%	2.11.5	Mortuary Van	24 hrs
12	19%	2.1.1.3	EHS Service	3 PM Onward

Table 4a. Services Available as Prescribed at Primary Hospitals by MSS Standards. *Standard out of 3 points, only facilities meeting full points were counted. **OPD Service included (1) General Medicine (2) Obstetrics/Gynecology (3) Pediatrics (4) General Surgery (5) Orthopedics. % Hospitals Offering Service refers to the average MSS score across all Primary hospitals.

Secondary A Hospital

The following gives a summary of 39 Secondary A hospitals that completed an MSS assessment in 2081/82, with trends assessed by province. Five Secondary A hospitals in Bagmati did not complete an MSS Assessment in the LFY and were excluded from analysis (See Table 11c). For more information about the provinces and specific hospitals, see the provincial reports.

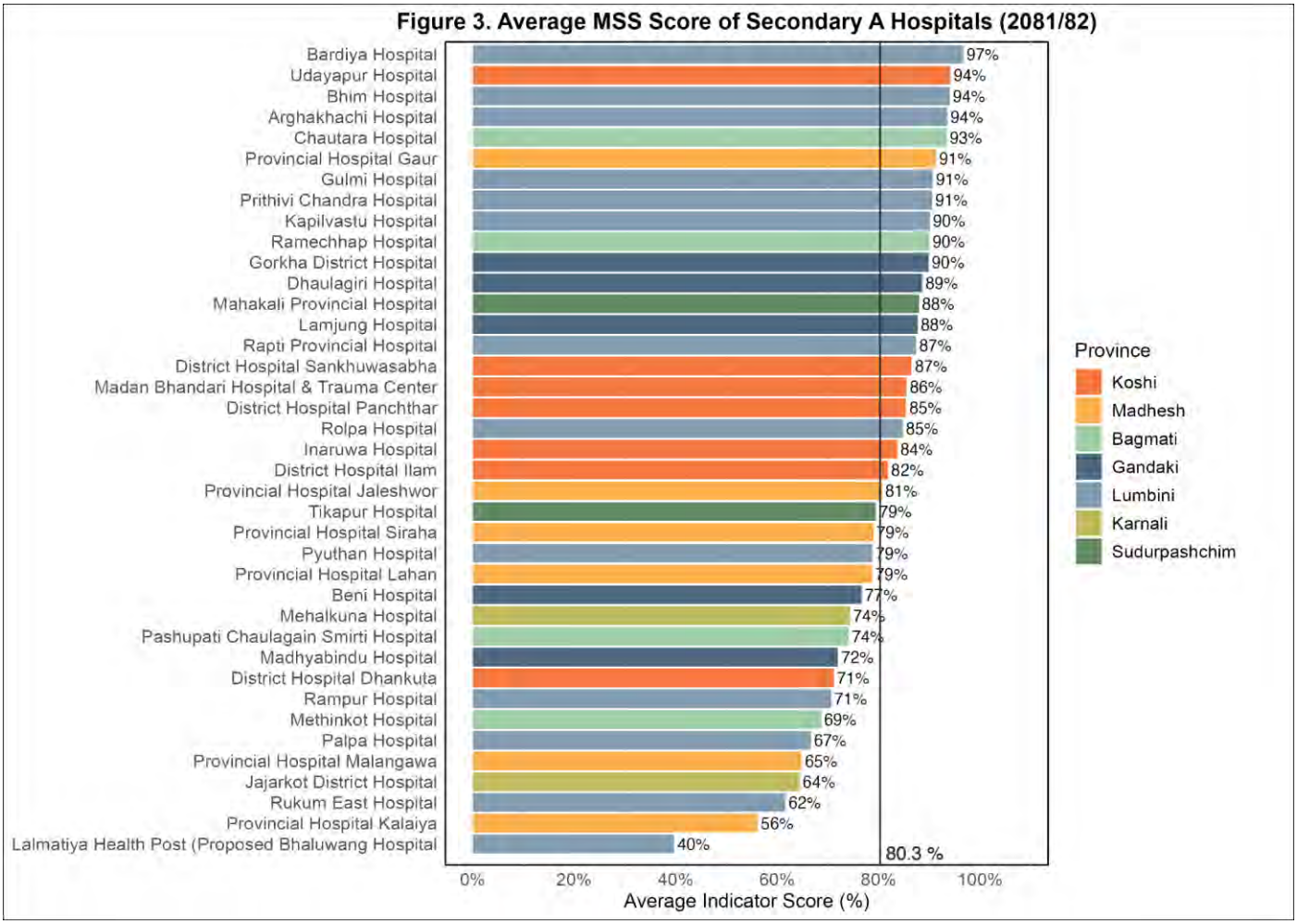

Figure 3b. Average MSS Scores of Secondary A Hospitals (n=39). The black line shows the national average. Bars are colored by province.

Figure 3b shows the total MSS Scores (%) for each Secondary A hospital colored by province. The average score was 80.3%, ranging from 40% to 97%, suggesting a wide range in the quality of these hospitals. However, the average was significantly higher than the Primary hospital score 65.3%, with the majority of high scoring hospitals from Lumbini. Bagmati recently upgraded six Secondary A hospitals to Secondary B. The average score is brought down by Lalmatiya Health Post (40%) and Jajarkot District Hospital (56%), which are the only two Secondary A hospitals <60%. This reflects the tremendous growth and dedication to high quality care across Nepal. Generally, averages are high although several Secondary A hospitals in both Madhesh and in Karnali are exceptionally low and may need more assistance to meet service standards, especially as Karnali's score has decreased since the LFY. This is also true for Bhalubang and Rukum east in Lumbini, which are outliers in the province. Overall, Lumbini has the most consistently high scoring Secondary A hospitals, with the exception of Bhalubang Hospital (Formerly Lalmatiya Health Post). However, Lumbini has seen substantial growth across their lower scoring Secondary A hospitals, while sustaining higher scoring hospitals.

Table 2b Summary

Table 2b shows KIs being met by less than 50% of Secondary A hospitals, reflecting unmet KIs at most Secondary A hospitals may benefit from national level support due to shared problems The common theme is absent staff, with few

hospitals with adequate Physiotherapy staff (2.14.3), nursing staff (2.6.5), Pharmacists (2.5.6.1), MD forensic and trained MO (2.11.3), or Me.Su. (1.1.3).

As previously, Physiotherapy departments are understaffed (2.14.3) and under supplied (2.14.1), with only 1 Secondary A hospital (Madan Bhandari Hospital & Trauma Center, Koshi) with appropriate physiotherapy staff. Nursing staff is also a national issue with only 12 Secondary A hospitals with adequate nursing staff in the inpatient wards (2.6.5). However, this has increased since the previous year from eight, showing steady improvement.

Similar to Primary hospitals, EHS services (2.1.1.3) are not being provided by the majority of Secondary A hospitals as prescribed in MSS. If patients cannot receive these services at either Primary or Secondary A hospitals as prescribed, this is a massive gap in care availability and demands addressing. To see specific hospitals missing these KIs, see Annex 3B for a full list.

Table 2b. Key Indicators for Secondary A Hospitals (≤50%)

Hospitals Meeting KI (n=39)		Indicator Code	Area	Standard
no.	%			
1	3%	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
8	21%	2.14.1	Physiotherapy	Separate room for OPD physiotherapy with at least 10 physiotherapy beds with 5 exercise beds and 5 electric beds
12	31%	2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2PM onwards
12*	32%	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)
13	33%	3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline 2014 (MoHP)
14	36%	2.5.6.1	Pharmacy Service	Pharmacy department is led by at least one clinical pharmacist
17	44%	2.11.3	Postmortem	At least one MD forensic and one trained medical officer for autopsy and clinical medico-legal services
18	46%	1.1.3	Governance	Medical Superintendent is fulfill as per organogram
18	46%	2.9.1.1.1.3	Laboratory	Histopathology service in coordination with other health facilities

Table 2b. KIs for Secondary A Hospitals in the bottom half (≤50%). *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting KI refers to the average score of KIs across all Secondary A hospitals.

Table 3b Summary

KIs being met at 100% of facilities are as follows:

- Emergency room/ward is open 24 hours (2.3.1)
- The facility has adequate equipment, instrument and general supplies for delivery services (2.7.1.9.2)
- Laboratory is open from 10 AM to 3 PM for routine services and separate emergency lab service available round the clock (2.9.1.1.1.1)
- Emergency x-ray service is available round the clock (2.9.2.1.2)

- General X ray unit (with minimum 125KV and 300ma X-ray machine) with floatation table top and vertical bucky (2.9.2.5.1)
- Hospital has main-grid power supply with three-phase line (3.4.3.1)
- Hospital has alternate power generator capable of running x-ray and other hospital equipment (3.4.3.2)
- Electronic database system is used in the hospital medical store (3.9.3.1)

Table 3b presents KIs which are *almost* being met by 100% of Secondary A hospitals. Notably, **Bhaluwang Hospital**, Lumbini is the hospital missing the majority of these items and should be targeted. If **Bhaluwang Hospital** meets these indicators, they will be met by 100% of Secondary A hospitals nationally.

- Dental Services, Staff, and Equipment (2.10.1.1; 2.10.2; 2.10.6)
- Token and/or queue system implemented (1.2.4)
- SAS trained medical officer (2.2.4.2.1)
- 24 hour emergency surgeries (2.8.1.2)
- CS services (2.8.3.2)
- USG machine (2.9.3.5)
- ECG machine (2.9.4.5)

Other hospitals are also missing some of these KIs. To see a list of specific hospitals missing each KI, see Annex 3B.

Table 3b. Key Indicators for Secondary A Health Facilities (≥95%)

Hospitals Meeting KIs (n=39)		Indicator Code	Area	Standard
no.	%			
38*	98%	2.3.5.1	Emergency Service	Medicines and supplies to carry out the ER works are available (See Annex 2.3c Medicines and Supplies for ER At the end of this standard)
38	97%	1.4.6.1	Financial Management	The hospital uses central electronic billing system
38	97%	2.10.1.1	Dental Service	Dental service is available from 10 AM to 3 PM
38	97%	2.10.2	Dental Service	Dental Hygienist/Dentist : OPD Patients- 1:20 per day for quality of care
38	97%	2.9.1.1.8.1	Laboratory	At least three months buffer stock of laboratory supplies is available.
36	96%	2.10.6	Dental Service	Equipment, instrument and supplies to carry out Dental Services (See Annex 2.10b Basic Equipment and Instrument for Dental Services at the end of this standard) are available and functioning
37	95%	1.2.4	Organizational Management	Hospital implements token and / or queue system for users (separate for elderly, disable and pregnant)
37	95%	1.4.9	Financial Management	Inventory inspection is done once in a year and managed accordingly
37	95%	1.5.2.2	Medical Records and Information Management	All patients' records are kept in individual folders in racks or held digitally.
37	95%	2.2.4.3.1	Safe Abortion Services	At least one medical officer or gynecologist trained and certified in first trimester SAS is available

37	95%	2.6.3.1	Inpatient Service	Medicine Ward (See Annex 2.6b medicine and supplies for inpatient wards At the end of this standard)
37	95%	2.8.1.2	Surgery/ Operation Services	Emergency surgeries available round the clock
37	95%	2.8.3.2	Surgery/ Operation Services	Caesarian Section
35*	95%	2.8.8.2	Surgery/ Operation Services	Equipment, instrument and supplies for anesthesia available (See Annex 2.8i Equipment, Instrument and Supplies for Anesthesia At the end of this standard)
37	95%	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
37	95%	2.9.4.5	Electrocardiogram (ECG)	Functional ECG machine (12 lead with power back up), paper, gel, wipes and hand sanitizer are available in ECG trolley

Table 3b. KIs for Secondary A Hospitals (≥95%). % Hospitals Meeting KIs refers to the average score of KIs across all Secondary A hospitals.

Table 4b Summary

Table 4b summarizes the services available across all Secondary A hospitals. ATT Clinic, 24-hour Emergency Room, Safe Abortion Services, 24 hour Emergency X-Ray Services, and Routine Lab Services are available at all 39 Secondary A hospitals. This is an increase since 2081, as Mehalkuna Hospital obtained Emergency X-Ray and Jajarkot District Hospital gained Safe Abortion Service making the services available at 100% of Secondary A hospitals across Nepal. This is an exceptional achievement. However, both Beni and Madhyabindu Hospital in Gandaki have lost Ambulance Services (3.8.1.1) since LFY.

The following services are being met at 98% of hospitals, with only a single hospital missing the service. These should be targeted to ensure consistency and access to care.

- **Dental Service** at Bhaluwang Hospital (Formerly Lalmatiya Health Post)
- **Short Stay Unit** at Methinkot Hospital
- **Family Planning Service** at Pyuthan Hospital

Note that OPD service includes five departments: General Medicine, Obstetrics/Gynecology, Pediatrics, General Surgery, and Orthopedics. Given this, 28 Secondary A hospitals have all five available as prescribed. However, of the 11 hospitals not meeting 3/3 for OPD service, five hospitals are not even scoring a single point out of three, raising serious concerns for OPD services. Note that 100% of Karnali's Secondary A hospitals are receiving a 0 for this indicator. Hospitals receiving a 0 for OPD service are:

- Jajarkot District Hospital, Karnali
- Mehalkuna Hospital, Karnali
- Rukum East Hospital, Lumbini
- Palpa Hospital, Lumbini
- Rampur Hospital, Lumbini

To see specific hospitals missing these services, see Annex 3B for a full list.

Table 4b. Services Available as Prescribed at Secondary A Hospitals by MSS Standards				
Hospitals Offering Service (n=39)		**Indicator Code**	**Service**	**Hours**
no.	**%**			

39	100%	2.2.3.1	ATT Clinic	10 AM - 3 PM
39	100%	2.3.1	Emergency Room	24 hrs
39	100%	2.2.4.1	Safe Abortion Services	10 AM - 3 PM
39	100%	2.9.2.1.2	Emergency X-ray	24 hrs
39	100%	2.9.1.1.1.1	Routine Laboratory Services	10 AM - 3 PM
38	97%	2.10.1.1	Dental Services	10 AM - 3 PM
38	97%	2.2.2.1	Family Planning Services	10 AM - 3 PM
37	95%	3.11.1.1	Short Stay Unit	8 AM - 7 PM
37	95%	2.8.1.2	Emergency Surgeries	24 hrs
36	92%	3.8.1.1	Ambulance Service	24 hrs
36	92%	2.9.3.1	Ultrasonography	10 AM - 3 PM
36	92%	2.5.5	Pharmacy	24 hrs
36	92%	2.13.3.2	Gender Based Violence Services	24 hrs
36	92%	2.12.2	Medico-legal Services	24 hrs
36	92%	3.10.1	Hospital Canteen	24 hrs
35	90%	2.8.1.1.1	Routine Minor and Intermediate Surgeries	Scheduled Days
32	82%	2.2.1.1	Immunization and Growth Monitoring Service	10 AM - 3 PM
28*	79%	2.1.1.1	OPD Service**	10 AM - 3 PM
30	77%	2.8.1.1.2	Major Surgeries	Scheduled Days
29	74%	2.14.2.1	Physiotherapy OPD	10 AM - 5 PM
16	41%	2.11.5	Mortuary Van	24 hrs

Table 4b. Services Available as Prescribed at Secondary A Hospitals by MSS Standards. *Standard out of 3 points, only facilities meeting full points were counted. **OPD Service included (1) General Medicine (2) Obstetrics/Gynecology (3) Pediatrics (4) General Surgery (5) Orthopedics. % Hospitals Offering Service refers to the average MSS score across all Secondary A hospitals.

Secondary B Hospitals

The following gives a summary of 11 Secondary B hospitals across six provinces that completed an MSS assessment in 2081/82, with trends assessed by province. Note that Gandaki does not have any Secondary B hospitals, and therefore was excluded from this analysis. Note that analysis by KI was not applied to Secondary B hospitals. For more information about the provinces and specific hospitals, see the provincial reports.

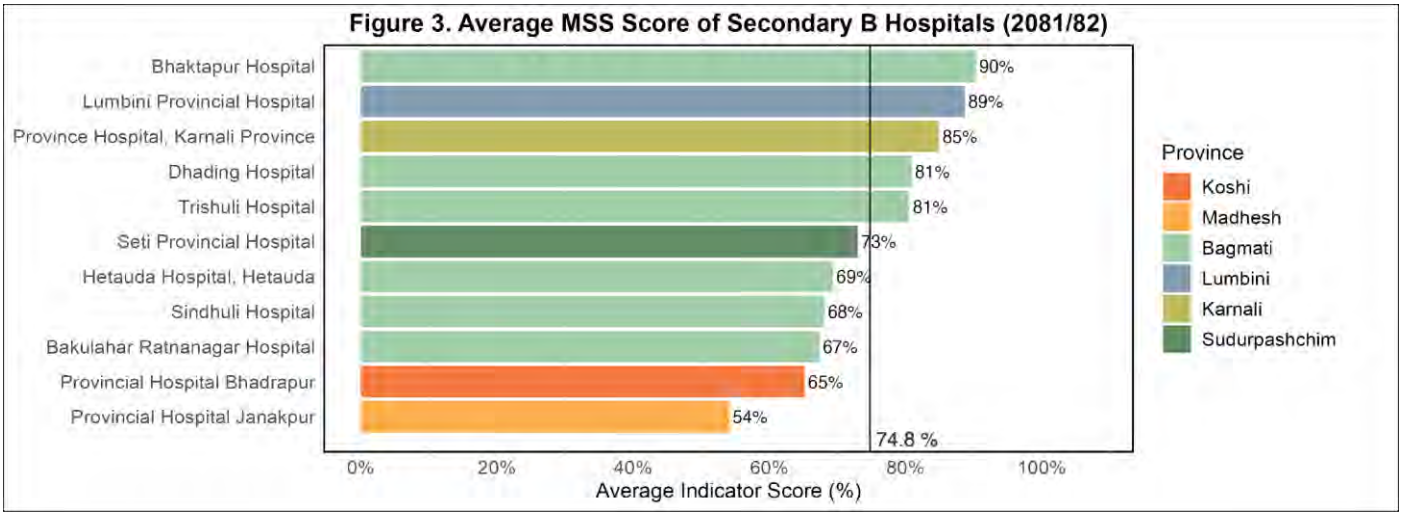

Figure 3c. Average MSS Scores of Secondary B Hospitals (n=11). The black line shows the national average. Bars are colored by province.

Above, Figure 3c shows the total MSS Scores (%) for each Secondary B hospital colored by province. The average score was 74.8%, ranging from 54% to 90%. This is slightly lower than the Secondary A average, but with less variability suggesting more consistent quality. Six of the 11 Secondary B hospitals are in Bagmati province, compared to only one Secondary B hospitals in the other five provinces, skewing national averages. All of Bagmati's Secondary B hospitals were recently upgraded, and this is the first time being assessed with the corresponding MSS tool. Karnali Province's Provincial Hospital's first assessment since 2079.

Table 4c Summary

Table 4b summarizes the services available across all Secondary B hospitals, grouped by Basic, Surgical Speciality, Intensive Care Unit Services, and Other Prescribed Services. If a service was prescribed to be available 24 hrs for emergency care, that indicator was used, instead of general services available. X-Ray, Immunization and Growth Monitoring Clinic, Family Planning Clinic, ATT, ART Clinic, Safe Abortion, Routine Laboratory, 24 hour Emergency Room, Pharmacy, 24 hour Emergency Surgeries, ICU, Ambulance, and Medico-legal Services were available at 100% of Secondary B hospitals as of the end of the LFY as prescribed by MSS.

Lumbini Provincial Hospital is the highest performing Secondary B hospital, meeting almost all of the required services with the exception of a 24 hour mortuary van (2.12.1.5), but otherwise providing an excellent and consistent range of services. Nationally, emergency Cath Lab services (2.16.1.2) are unavailable across all Secondary B hospitals with the exception of Lumbini. Further, there are only two hospitals with treadmill services (2.11.6.1), three with PICU services (2.10.3.1.1), and four with audiometry services (2.11.8.1). Similarly to Primary and Secondary Hospitals, **EHS services** in the OPD are only available at seven of the 11 Secondary B hospitals, meaning that only Secondary B hospitals in Sudurpashchim, Lumbini, and Bagmati are meeting the basic foundation of readiness for EHS services after 3PM.

ENT surgeries remain unavailable in the majority of Bagmati's Secondary B hospitals, which may just be a result of the recent upgrades.

Critically, **Provincial Hospital Janakpur**, Madhesh is missing basic services that must be strengthened to ensure that patients are receiving care at hospitals meeting the most basic levels of readiness:

- EHS Service (2.1.1.3)
- Blood Bank (2.11.1.2.1)
- (Emergency) Cath Lab (2.16.2.1)
- Routine minor (2.8.1.1.1) *and* routine major surgeries (2.8.1.1.2)
- Treadmill Services (2.11.6.1)
- Audiometry Services 2.11.8.1)
- Echo Services (2.11.5.1.1)
- (Emergency) CT Scan Services (2.11.9.1.2)
- Physiotherapy Services (2.14.2.1)
- PICU (2.10.3.1.1)

Further, **Bakulahar Ratnanagar Hospital**, Bagmati is missing prescribed services including:

- EHS Service (2.1.1.3)
- (Emergency) 24 hour Cath Lab (2.16.2.1)
- Treadmill Services (2.11.6.1)
- Audiometry Services 2.11.8.1)
- Dietetics and Nutrition Rehabilitation (2.15.2.1)
- (Emergency) CT Scan Services (2.11.9.1.2)
- PICU (2.10.3.1.1)
- 24 hour treatment for GBV survivors (2.13.3.2)
- Mental Health and Psychosocial counselling (2.13.8.1)

Table 4c. Services Available as Prescribed at Secondary B Hospitals by MSS Standards

Hospitals Offering Service (n=11)		Indicator Code	Service	Hours	24 hr Emergency Service?
no.	%				
Basic Services					
7	64%	2.1.1.3	EHS Service	3 PM onwards	
9	82%	2.11.1.2.1	Blood Bank	24 hrs	Yes
10	91%	2.11.3.1	Ultrasonography	10 AM - 3 PM	Yes
10	91%	3.11.1.1	Short Stay Unit	8 AM - 7 PM	
10	97%	2.1.1.1	OPD Service**	10 AM - 3 PM	
11	100%	2.11.2.1.2	X-Ray Services	10 AM - 3 PM	Yes
11	100%	2.2.1.1	Immunization and Growth Monitoring Clinic	10 AM - 3 PM	No
11	100%	2.2.2.1	Family Planning Clinic	10 AM - 3 PM	No
11	100%	2.2.3.1	ATT, ART Clinic	10 AM - 3 PM	No
11	100%	2.2.4.1	Safe Abortion Services	10 AM - 3 PM	No
11	100%	2.11.1.1.1.1	Routine Laboratory Services	10 AM - 3 PM	
11	100%	2.3.1	Emergency Room	24 hrs	Yes
11	100%	2.5.5	Pharmacy	24 hrs	Yes
Surgical Services					
6	64%	2.8.3.4	ENT Surgeries	*Not Specified*	

9	94%	2.8.3.1	General Surgeries	*Not Specified*	
9	94%	2.8.3.2	Obstetrics and Gynecology Surgeries	*Not Specified*	
10	91%	2.8.1.1.1	Routine Minor Surgeries	Scheduled Days	No
10	91%	2.8.1.1.2	Routine Major Surgeries	Scheduled Days	No
10	97%	2.8.3.3	Orthopedic Surgeries	*Not Specified*	
11	100%	2.8.1.2	Emergency Surgeries	24 hrs	Yes
Specialty Services					
1	9%	2.16.1.2	(Emergency) Cath Lab	Scheduled Days	Yes
2	18%	2.11.6.1	Treadmill Service	10 AM - 3 PM	No
4	36%	2.11.8.1	Audiometry	10 AM - 3 PM	No
7	64%	2.11.5.1.1	Echo	10 AM - 3 PM	Yes[H]
7	64%	2.15.2.1	Dietetics and Nutrition Rehabilitation	10 AM - 3 PM	No
8	73%	2.11.9.1.2	(Emergency) CT Scan Services	10 AM - 3 PM	Yes
9	82%	2.14.2.1	Physiotherapy OPD	10 AM - 5 PM	No
9	82%	2.9.1.2	(Emergency) Hemodialysis Service	10 AM - 5 PM	Yes
10	91%	2.9.1.1	ECG Service	*Not Specified*	Yes
10	91%	2.11.7.4[a]	Endoscopy	10 AM - 3 PM	Yes
Intensive Care Unit (ICU) Services					
3	27%	2.10.3.1.1	Pediatric ICU	24 hrs	Yes
8	73%	2.10.2.1.1	Neonatal ICU	24 hrs	Yes
11	100%	2.10.1.1.1	ICU	24 hrs	Yes
Other Prescribed Services					
7	64%	3.10.1	Hospital Canteen	24 hrs	Yes
9	82%	2.12.1.5	Mortuary Van	24 hrs	Yes
10	91%	2.13.3.2	Treatment for Gender Based Violence Survivors	24 hrs	Yes
10	91%	2.13.8.1	Mental Health and Psychosocial Counselling Services	*Not Specified*	
10	91%	3.11.1.1	Social Service Unit	8 AM - 7 PM	No
11	100%	3.8.1.1	Ambulance Service	24 hrs	Yes
11	100%	2.12.2.2.1	Medico-legal Services	24 hrs	Yes

Table 4c. Services Available as Prescribed at Secondary B Hospitals by MSS Standards. *Standard out of 3 points, only facilities meeting full points were counted. [H]No hospitals were meeting 24 hours emergency Echo service requirements. [a]Endoscopy uses a proxy indicator for service. **OPD Service included (1) General Medicine (2) Obstetrics/Gynecology (3) Pediatrics (4) General Surgery (5) Orthopedics. % Hospitals Offering Service refers to the average MSS score across all Secondary A hospitals.

Figure 4 Summary

Below, Figure 4, shows the total MSS scores (%) by the different Wards prescribed by MSS by province. As there is only one Secondary B hospital in each province, except Bagmati, the figure can functionally be interpreted as an individual hospital for all provinces except for Bagamti. Indicators are pulled from across MSS, including OPD Service, Inpatient Service, and Surgery/ Operation Services. Not all Wards have the same number of indicators. See individual hospitals meeting ward indicators in Annex 2C. See a complete list of indicators included for each Ward, see Annex 3.

Figure 4. Ward Scores by Province at Secondary B Hospitals (2081/82)

	Koshi	Madhesh	Bagmati	Lumbini	Karnali	Sudurpashchim
Psychiatry	0%	14%	62%	67%	86%	19%
Geriatrics	89%	0%	59%	100%	100%	0%
ENT	44%	39%	47%	100%	94%	50%
Orthopedics	89%	50%	71%	94%	83%	44%
Ob/Gyn	44%	44%	62%	100%	100%	94%
Surgery	93%	33%	93%	100%	87%	80%
Pediatrics	94%	25%	92%	100%	100%	88%
General Medicine	89%	50%	91%	89%	100%	94%
Dental	75%	75%	96%	100%	100%	100%

Figure 4c. Ward Scores by Province at Secondary B Hospitals (2081/82) (n=11). Color corresponds to % score. Wards ordered from lowest to highest scores nationally. Ward scores include indicators across the OPD, IPD, and surgical ward. See individual hospitals meeting indicators in Annex 2C.

Psychiatry is the least met ward nationally, with only Karnali scoring above 80%, suggesting widespread gaps and a high level of need not being met. One of the least met indicators is a separate space dedicated for psychiatry patients (2.6.2.5.2), which is only being met at Hetauda Hospital, Bagmati. Further, the **PNC and Ob/Gyn ward** indicators (2.6.2.7; 2.6.3.7; 2.6.8.2.7) are only being met in Koshi, Karnali, Lumbini provincial hospitals, and Trishuli Hospital in Bagmati.

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.

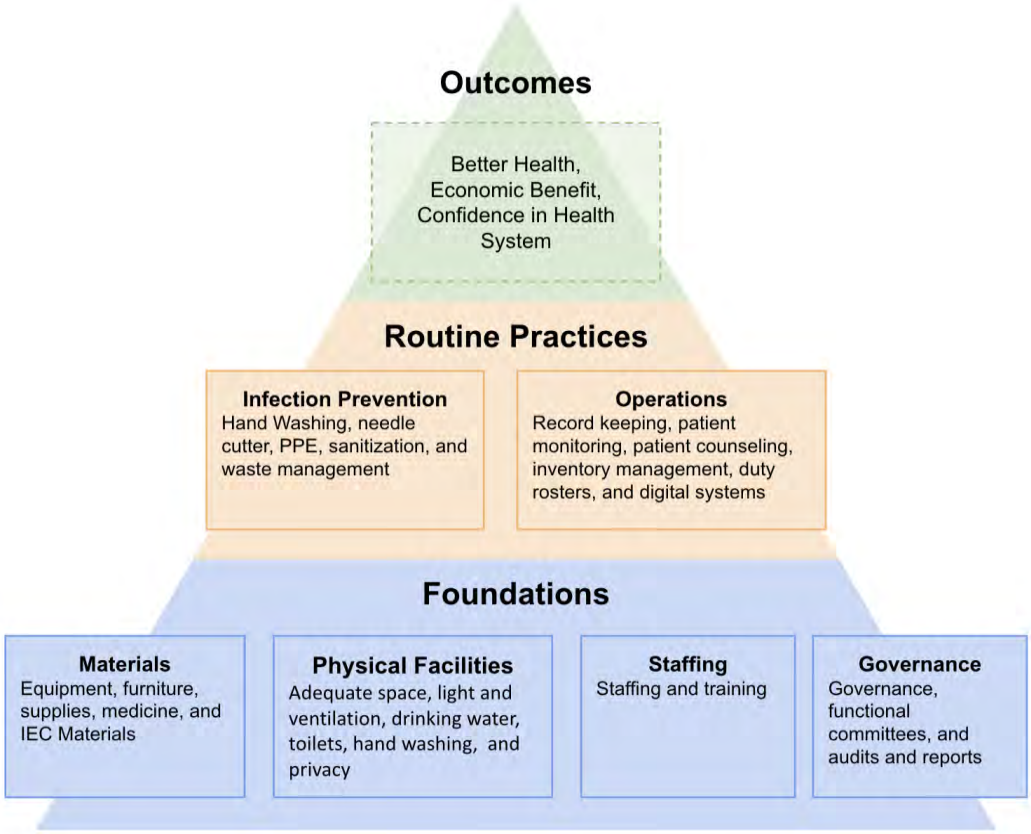

Figure 5. MSS Analysis Conceptual Framework for Hospital Readiness Analysis.

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.

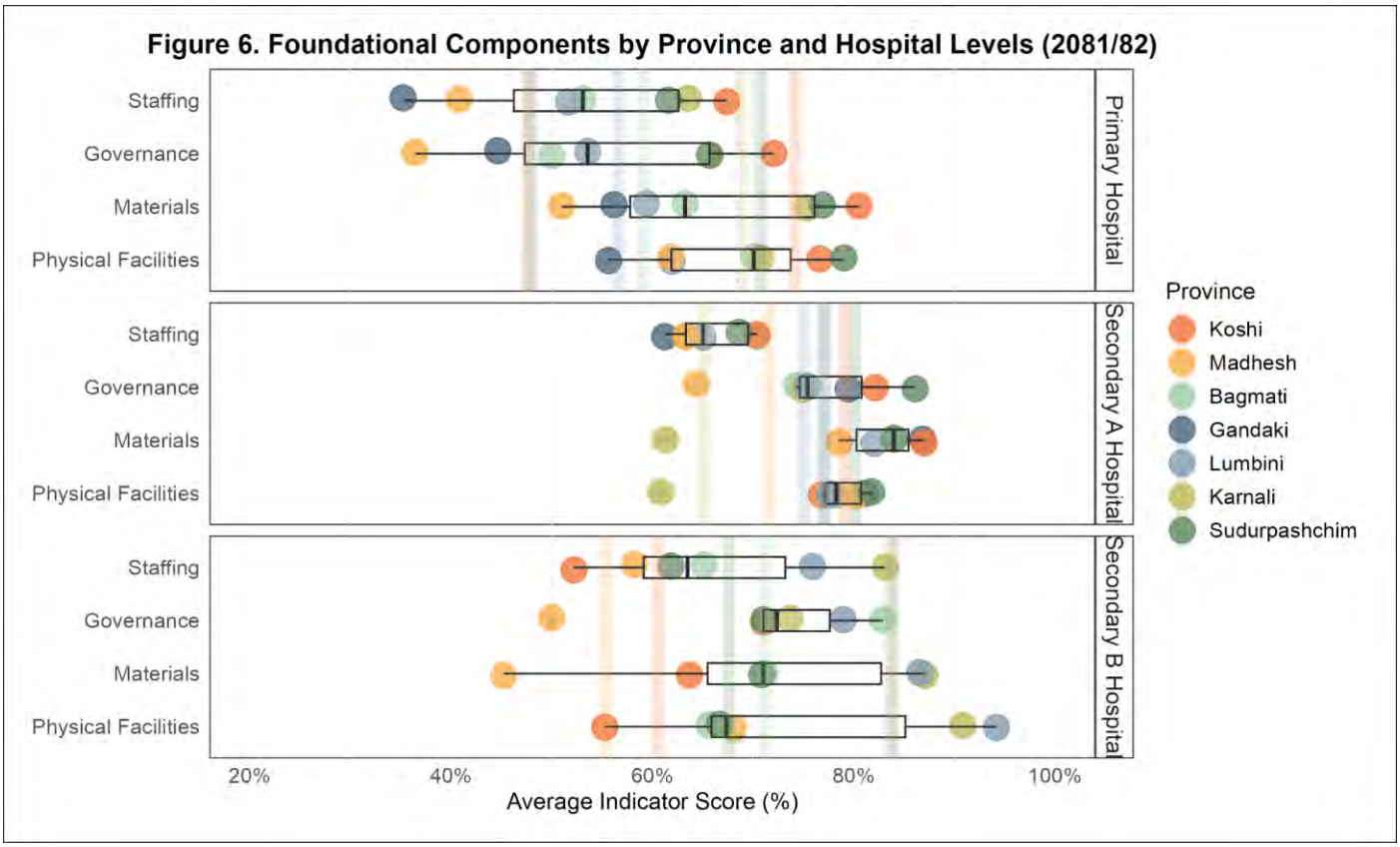

Figure 6. Foundational Components by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

Physical Facilities

Physical facilities are the foundational infrastructure required for hospital operations. Many indicators are repeated across departments to define a supportive environment for both patients and staff, ensuring that hospitals are equipped with adequate space, ventilation, lighting, privacy, and sanitation detailed in Table 5. These elements are vital to creating a safe, comfortable, and functional environment for delivering quality care. To see a complete list of categorized indicators see Annex 2.

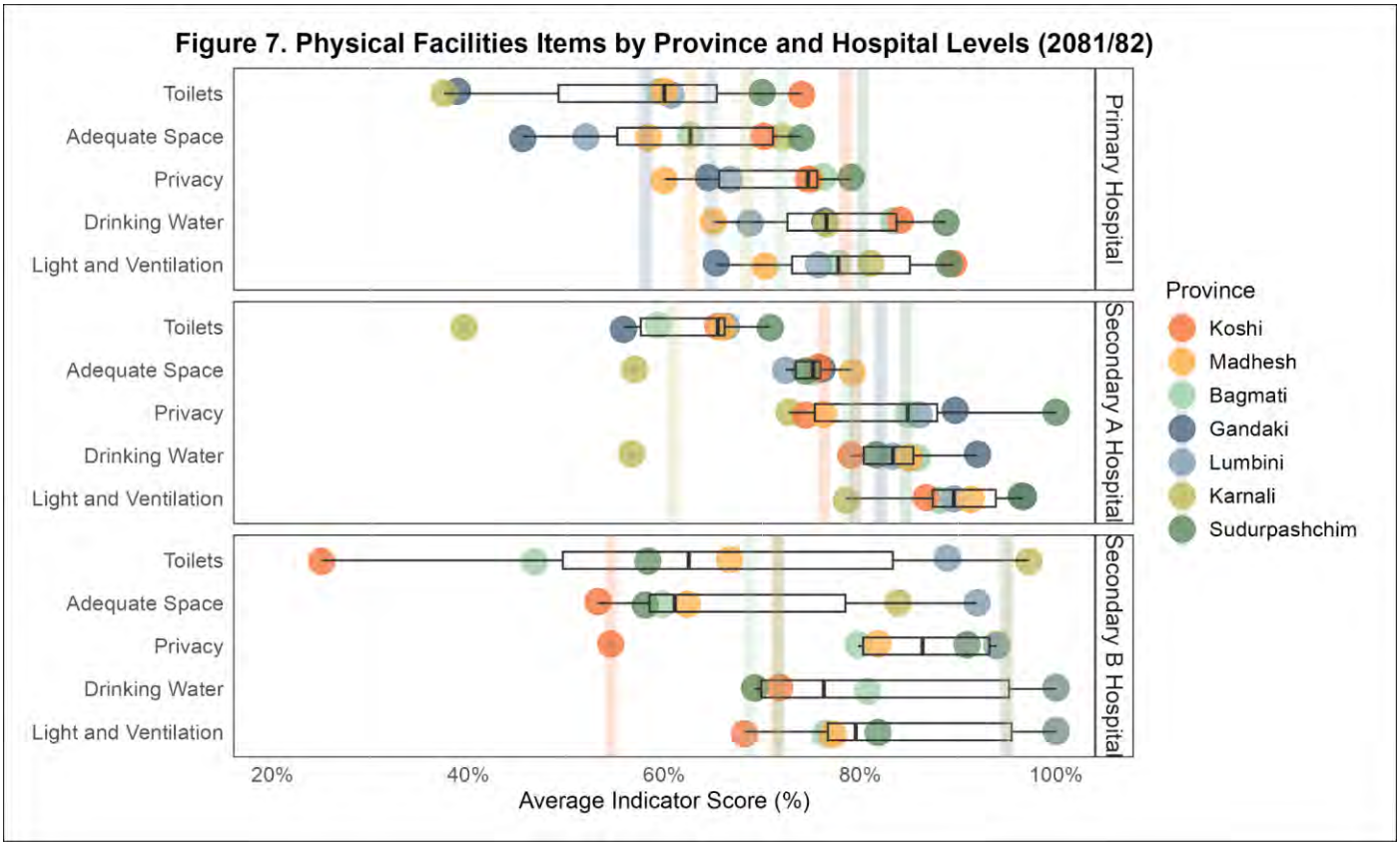

Figure 7. Physical Facilities by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

Above, Figure 7 shows the average scores of physical facility items within each hospital level and province. Nationally, larger physical infrastructure items are the lowest, including toilets and adequate space, whereas smaller physical items like drinking water and light and ventilation are being met at a much higher standard. Infrastructure investments may be required to address these indicators. On average, physical facilities are the most met category across the hospital readiness analysis. There is a consistent trend of physical facility readiness across Primary hospitals, with Gandaki, Lumbini, and Madhesh scoring low, and Sudurpashchim and Koshi scoring high, with toilets being the least met physical facility requirement being met across all hospital levels with significant outliers.

Primary Hospitals

Notably, both Karnali and Gandaki are barely meeting the toilets prescribed by MSS. In Karnali, this is being brought down by Dullu District Hospital (0%) Humal District Hospital (14%), and Mugu District Hospital (14%). More broadly, Humla District Hospital needs support across physical facilities. See the Karnali provincial report for details. Similarly, Ramja Deurali Health Post (14%) and Gaidakot Municipal Hospital (14%) in Gandaki are barely meeting the same toilet indicators, with Ramja Deurali Health post only meeting 8% of adequate space indicators, and the majority of primary hospitals meeting ≤50% of adequate space indicators suggesting a serious need for significant infrastructural investment.

However, even in higher scoring provinces, there are outlier hospitals with little to no sanitation infrastructure, so provincial governments would be wise to see their provincial reports to target gaps. Besides being necessary for a clean and positive hospital experience, toilet access may improve patient's perception of the quality of services, and is a necessary and basic investment at all hospitals.

Secondary A Hospitals

Karnali's Secondary A hospitals lag behind significantly, with concerns regarding basic physical facilities to provide services. Specifically, **Jajarkot District Hospital** scores ≤50% for all physical facility indicators, with the exception of light and ventilation. Further, in Lumbini province, **Bhalubang Hospital** (Formerly Lalmatiya Health Post) scores low across all physical items, with toilets, privacy, and adequate space being met 25%, 21%, and 24% of the time.

Secondary B Hospitals

Although Koshi's Secondary B hospital is the lowest, it has shown substantial improvements in physical facilities the last year, with each item increasing ≥5%, with the exception of privacy. Privacy fell significantly by -18%, and should be addressed right away. Although small, patient privacy has a significant impact on patient experience. Further, Madhesh has made significant investments in its physical facilities, seeing growth across items. In Bagmati province, physical facility scores remain low across hospitals. Specifically, Bakulahar Ratnanager and Dhading Hospital have very low toilet scores of 17% and 25%, respectively. However, this may be due to recent upgrades. Lumbini has exceptionally high physical facility scores, and has been able to maintain them over time reflecting good leadership and stewardship of resources.

Key Materials

Materials refer to the equipment, supplies, and essential resources that hospitals need to function. From life-saving equipment to everyday supplies, ensuring the availability and proper management of these materials is key to providing continuous care and meeting healthcare demands. This includes everything from medical equipment to informational materials and medicines.

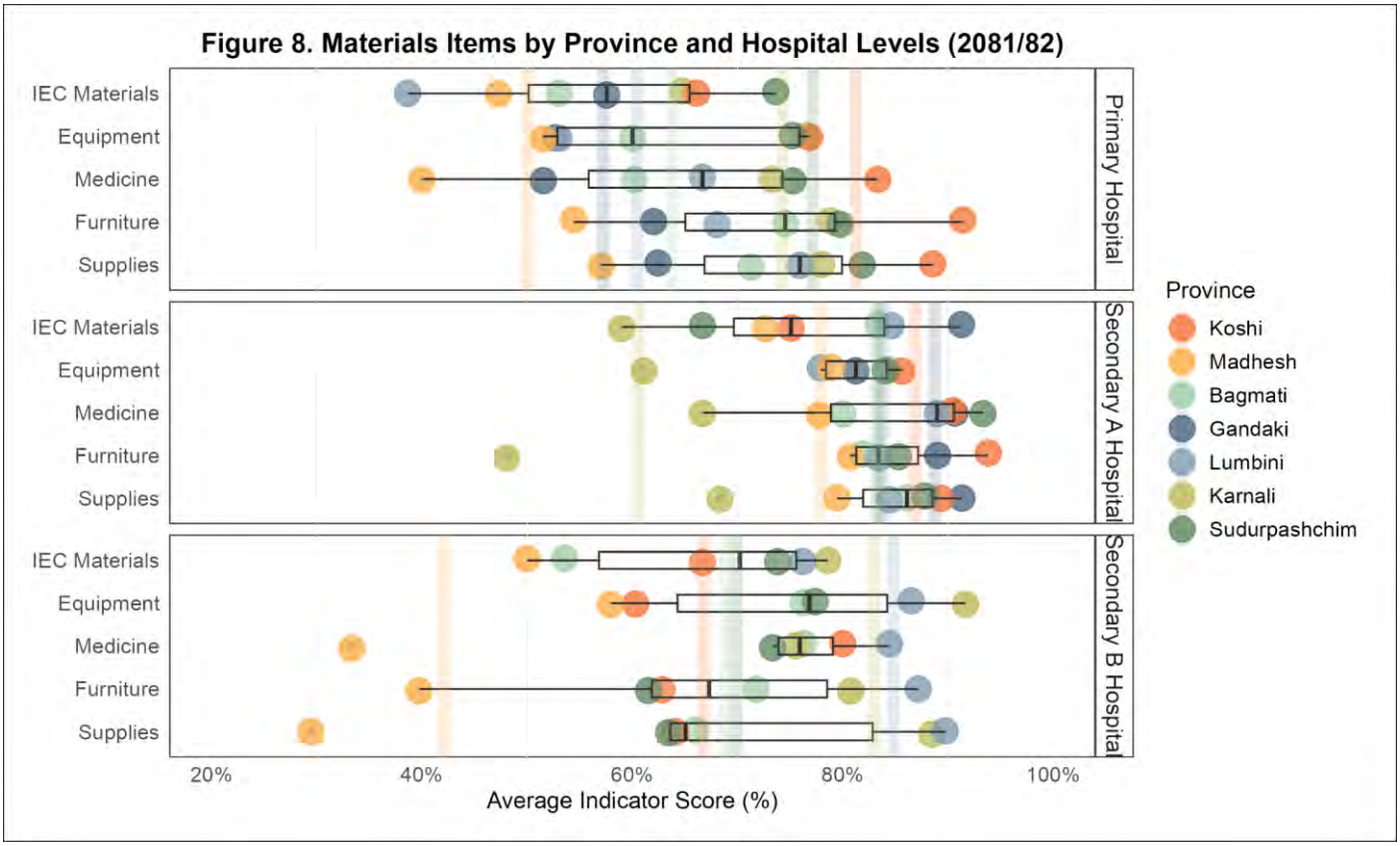

Figure 8. Available Materials by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

Above, Figure 8 shows the average scores of material items within each hospital level and province. Below in Table 6, material KI recommendations are listed by hospital level to identify national-level gaps and highlight areas to address.

Generally, there has been a steady improvement in material availability over time across all hospital levels. However, at a quick glance, IEC materials and equipment remain poorly available across all levels. As in other components, Secondary A has significantly less variability than both Primary and Secondary B hospitals, but Karnali remains a significant outlier to this. Nationally, across all levels, hospitals are lacking **defibrillators** across departments. This may benefit from national support. At Primary and Secondary A hospitals, Waste Management systems remain weak while Secondary B hospitals lack more specialized equipment like a treadmill or audiometer. See Table 6 for individual indicators with national gaps.

Primary Hospitals

Sudurpashchim and Koshi score high across Primary hospitals, but there is room for improvement, especially regarding medicine and equipment. Gandaki and Madhesh lack key resources, and score significantly lower across material items than other provinces. Medicine in Madhesh is especially concerning, with Chandranigahpur Hospital and Bhardaha Hospital only meeting 14% and 11% of medicine indicators, respectively. **Bhardaha Hospital** specifically is very low across all material items, with not a single material item scoring above 28%. In Gandaki, Ramja Deurali, Gaidakot Municipal, Devchuli Nagar, and Sudur Bazar are meeting only 8%, 17%, 19%, 28%, and 28% of medicine indicators,

respectively. Across Gandaki, there are very low material scores. This raises serious concerns as medicines are required for basic case management.

Secondary A Hospitals

Nationally, Secondary A hospitals are meeting the vast majority of material item indicators, with consistently high scores with a few small exceptions. Karnali's Secondary A hospitals are significantly lagging, especially in contrast to Karnali's high scoring Secondary B Provincial hospital. **Jajarkot District Hospital** is the greatest cause for concern, with medicine, IEC materials, and furniture items all being met less than half of the time (≤50%) Also of note is Provincial Hospital Kalaiya in Madhesh, where medicine indicators are being met 54% of the time.

Secondary B Hospitals

Provincial Hospital Janakpur, Madhesh has significant and concerning gaps in materials, which have all decreased substantially since 2080/81. For example, supplies (29%) and medicine (33%) items have both decreased by -31% since the LFY, practically cutting their score in half. This is a significant problem which needs to be addressed as soon as possible so that the hospital can provide basic services. See Figure 19b in the Madhesh provincial report for more details. Although Koshi's provincial hospital is also lower scoring, it has shown substantial improvements since LFY, meeting 80% of medicine items, and from 42% previously, doubling their medicine availability. All material items have increased by at least ≥10%, showing consistent and determined growth.

Table 6. Immediate Key Equipment, Supply, and Medicine Needs by Hospital Level

Hospitals Meeting Standard		Key Equipment Shortages:	Area	Indicator	Annex
no.	%				
A. Primary Hospitals (n=62) (<55%)					
17	27%	Infectious waste is sterilized using autoclave before disposal	Hospital Waste Management	3.6.9.1	
19	31%	Availability of spare parts for repair and maintenance of biomedical equipment and instruments	Repair, Maintenance and Power system	3.4.2.4	
23	37%	At least one defibrillator in immediate accessible area	Inpatient Service (General Ward)	2.6.8.3	
22*	53%	Each operating room has medicines and supplies available	Surgery/Operation Service	2.8.7.3	Annex 2.8e
17*	54%	Equipment and supplies for sterilization available and functional	CSSD	3.1.3	Annex 3.1a
B. Secondary A Hospitals (n=39) (<60%)					
16*	55%	Physiotherapy Instruments and Equipment	Physiotherapy	2.14.7	*Annex 2.14a*
23*	62%	Defibrillator	Inpatient Service	2.6.8.3	*Checklist 2.6*
23*	66%	Pediatrics Furniture and Supplies	Inpatient Service	2.6.2.3.1	Annex 2.6a
27	69%	Autoclave	Hospital Waste Management	3.6.9.1	
24*	70%	Surgery Ward Furniture and Supplies	Inpatient Service	2.6.2.2	Annex 2.6a

A. Secondary B Hospitals (n=11) (<40%)					
2	18%	Cardiac Catheterization Laboratory	Cardiac Catheterization Laboratory	2.16.7.2	Annex 2.16b
3	27%	Airconditioner	Pediatric Intensive Care Unit	2.10.3.2.7	
3	27%	Synchronized Defibrillator	Treadmill (TMT)	2.11.6.4.3	
2*	27%	Defibrillator	Inpatient Service	2.6.8.3	Checklist 2.6
3	27%	Defibrillator	Birthing Center Service	2.7.3.9.3	
4	36%	Treadmill (TMT Machine)	Treadmill (TMT)	2.11.6.4.1	
4	36%	Audiometer	Audiometry	2.11.8.4	

Table 6. Immediate Key Equipment and Supply Needs by Hospital Level. *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting Standard refers to the average MSS score across hospitals.

Key Staffing

Staffing is one of the most critical components of a hospital's foundational readiness. It ensures the right number of health professionals are available to provide quality care. Proper staffing levels, coupled with ongoing training, are essential to delivering effective health services and ensuring that medical staff can meet patient needs efficiently.

Staffing remains a major challenge across Nepal's hospitals. Key positions such as Medical Superintendents, anesthesia providers and supervision, and nursing staff remain unfilled in a majority of facilities. Notably, delivery services, surgical teams, and pharmacy leadership also lack adequate personnel across lower levels. These patterns point to broader systemic gaps in recruitment, retention, and training pipelines, particularly for remote areas. Addressing this will require long-term national strategies in workforce planning, targeted training, and incentives to staff essential posts across all provinces.

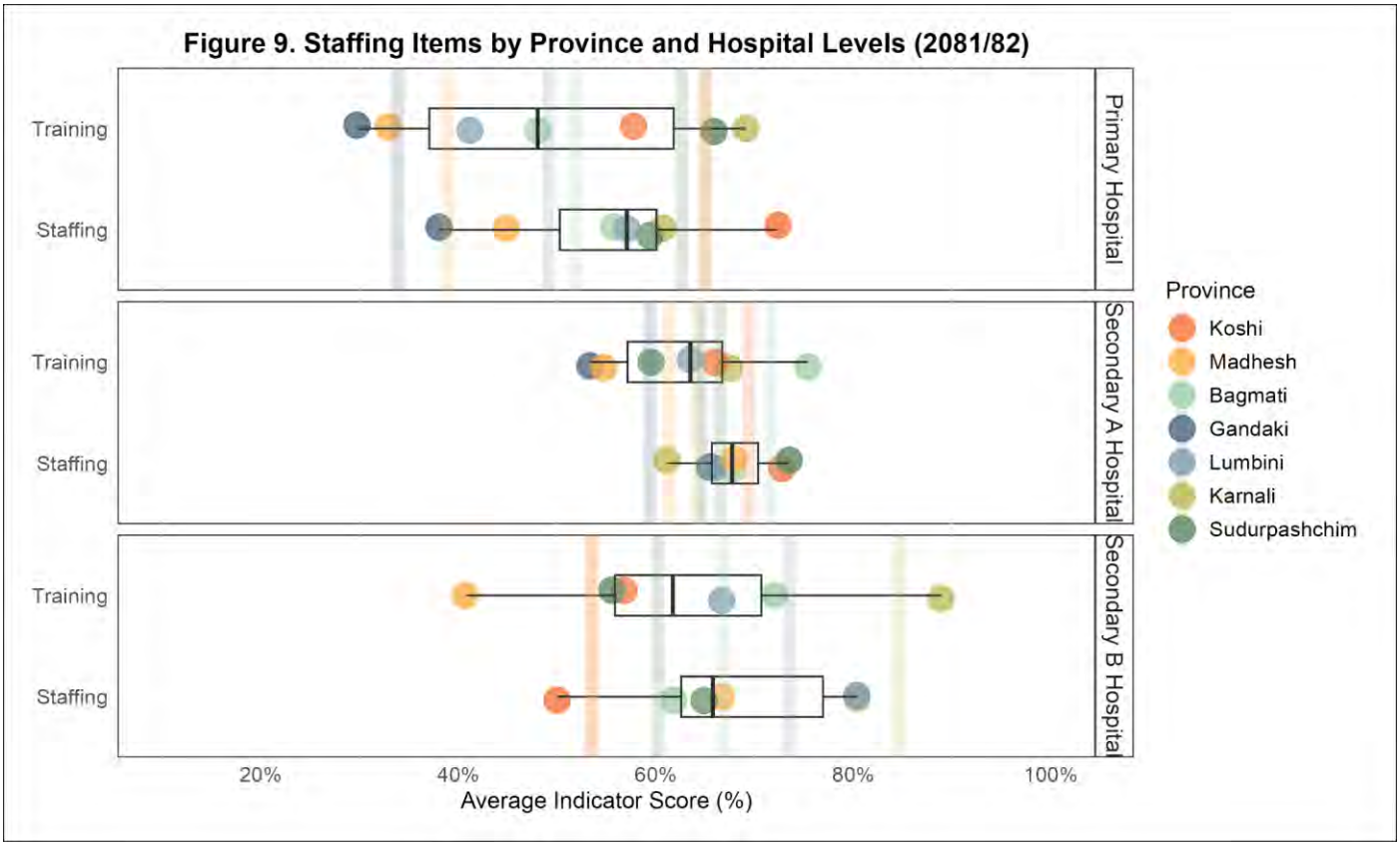

Figure 9. Staffing Items by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 10% - 100%.

Above, Figure 9 shows the average scores of staffing items within each hospital level and province, broken into staffing and training with wide ranges between provinces and hospital levels. See Table 7 and Table 8 for individual, national gaps in staffing and training. Although staffing needs vary by hospital level, with highly specialized staff needed at Secondary B, and general staff at Primary, some trainings align across levels. Only 6%, 13%, and 36% of Primary, Secondary A, and Secondary B hospitals have all security staff trained on hospital codes like 001or 007 (See Table 8). Further, the training gaps at Primary and Secondary A hospitals are almost identical, and may benefit from a grouped approach, so ensure all hospitals are meeting these requirements. Generally, staffing is a nationwide problem and will need long term solutions that may best be initiated at the national level.

Primary Hospitals

Staffing was the third lowest met item, with only half of staffing indicators being met across Primary hospitals. Across provinces, there were big differences with some provinces (Koshi, Lumbini) seeing substantial gains in staffing

indicators, while other provinces (Madhesh, Gandaki) saw significant decreases. Staffing positions remain difficult to fill and retain, especially at Primary hospitals which may be more rural and remote.

- The Medical Superintendent post is only filled at 34% of Primary hospitals (1.1.3).
- Nurses are frequently short, with only 38 Primary hospitals having enough nurses for general inpatient service (2.6.5). Additionally, nursing staff are short in the delivery ward (2.7.1.2.1.1) and for surgery (2.8.2.1).
- Anesthesia supervision posts are only filled at 47% of Primary hospitals and complete surgical teams (2.8.2.2) are available at about half of Primary hospitals.

Secondary A Hospitals

Secondary A hospitals have a unique problem, requiring more specialized healthcare workers while still needing to attract and retain staff in less urban areas. Regardless, dental service staff including a dental hygienist and dentist (2.10.2) are available at 98% of hospitals, with the exception being Pyuthan Hospital. This is a great improvement and shows how services are expanding nationally.

- Nurses are frequently short, with only 12 Secondary A hospitals having enough nurses for general inpatient service (2.6.5). However, this is a significant improvement from the previous 7 hospitals meeting this standard.
- Physiotherapy staffing is almost non-existent, with only 2 Secondary A hospitals having appropriate staff (2.14.3). This will likely require greater investment in education for these positions and create solutions to hire and retain staff.
- MD forensic (44%) and Pharmacists (36%) are also low, and show a slight decrease from LFY.

Secondary B Hospitals

As expected, Secondary B hospitals have a difficult time filling advanced positions such as an ENT specialist or Dieticians. However, they also share similar staffing gaps with lower level hospitals.

- Nurses, just like at Primary and Secondary A hospitals remain low, with only 18% of Secondary B hospitals meeting the nursing needs in the delivery service (2.7.2.4.1) or birthing center service (2.7.3.6.1). However, it is unclear for specialist services if the limiting factor is the staff, or the entire department, as many Secondary B hospitals do not yet have a Birthing Unit with midwives.
- PICU staffing remains low, but again, many departments may not be up and running. There should be a push to ensure that all Secondary B hospitals can provide PICU services.

Table 7. Immediate Staffing Needs by Hospital Level (≤60%)

Hospitals Meeting Standard		Key Personnel Shortages	Area	Indicator
no.	%			
A. Primary Hospitals (n=62)				
21	34%	Medical Superintendent	Governance	1.1.3
22	35%	Pharmacist	Pharmacy Service	2.5.6.1
38*	39%	Adequate numbers of nursing staff are available in ward per shift	Inpatient Service (General Ward)	2.6.5
29	47%	Anesthesia directed and supervised by anesthesiologists/MDGP	Surgery/Operation Service	2.8.8.4.2
B. Secondary A Hospitals (n=39)				
1	3%	1 Physiotherapist, 2 Bachelors in Physiotherapy,and 2 Certificate or Diploma in Physiotherapy (CPT/DPT) and 1 office assistant treating 20 patients.	Physiotherapy	2.14.3
12	32%	Nurse patient ratio 1:6 in general ward, 1:4 in pediatric ward, 1:2 in high dependency ward one trained office assistant per	Inpatient Service	2.6.5

		shift in each ward (See Checklist 2.6 At the end of this standard for scoring)		
14	36%	Clinical Pharmacist	Pharmacy Service	2.5.6.1
17	44%	MD Forensic	Postmortem	2.11.3
A. Secondary B Hospitals (n=11)				
2	18%	Nurses	Delivery Service	2.7.2.4.1
2	18%	Nurse/Midwife	Birthing Center Service	2.7.3.6.1
2	18%	ENT Specialist	Audiometry	2.11.8.2
2	18%	1 Senior dietitian, 1 dietetic assistant and 1 mid-level health workers trained in nutrition rehabilitation	Dietetics and Nutrition Rehabilitation	2.15.3
2	21%	PICU Staffing (See Annex 2.10.1b)	Pediatric Intensive Care Unit	2.10.3.3

Table 7. Immediate Staffing Needs by Hospital Level (≤60%). *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting Standard refers to the average score of the standard across hospitals. Certain posts were bolded for emphasis.

Primary and Secondary Hospitals

Training needs are similar across Primary and Secondary Hospitals, and may benefit from coordinated efforts to train hospital staff, especially regarding security staff. The majority of training gaps are in Gandaki, which should be targeted to meet training broadly. A full list of training indicators can be found in Annex 2.

- 6% and 13% of Primary and Secondary A hospitals, respectively, have security staffs orientated to hospital codes, such as for a crashing patient or ER disaster (3.7.1.2).
- 18% and 36% of Primary and Secondary hospitals have emergency drills with security staff participation (2.3.10.3)
- 21% and 38% of Primary and Secondary hospitals have carried out an annual mock preparedness drill (2.3.10.3), which evidence shows improves outcomes. This should be addressed broadly, especially considering how prone Nepal's geography is to natural disasters and large traffic accidents.
- 21% and 44% of Primary and Secondary hospitals are trained for BLS and orientated for emergency codes (2.7.2.7.1). This could be paired with security staff to ensure the wider hospital staff are trained in different codes.

Secondary B Hospitals

- Both the PICU training (2.10.3.6.1) and midwifery/skilled birth attendants training (2.7.3.6.4) in the Birthing Unit low scores are more likely due to the lack of a PICU or Birthing Unit department. However, all hospitals that have a PICU do not have staff trained on PICU protocols (2.10.3.6.1), which should be addressed to ensure that the care provided is safe.
- Similar to lower level hospitals, less than half (44%) of Secondary B hospitals have staffs trained for BLS and oriented about emergency codes across wards (2.7.3.9.1). From a provincial perspective, all hospitals could be grouped to ensure widespread training for emergency preparedness.

Table 8. Training Needs by Hospital Level (≤25%)				
Hospitals Meeting Standard		**Training Gaps**	**Area**	**Indicator**
no.	**%**			
A. Primary Hospitals (n=62)				

4	6%	All security staffs are oriented with hospital codes like 001- call for help for crashing patients, 007- call for disaster in ER	Safety and Security	3.7.1.2
11	18%	All security staffs have participated in emergency drills	Safety and Security	3.7.1.3
13	21%	Hospital carries out at least one mock drill and disaster preparedness once a year	Emergency Service	2.3.10.3
13	21%	All staffs in wards are trained for BLCS and oriented about emergency code 001 or blue code	Inpatient Service (General Ward)	2.6.8.1
B. Secondary A Hospitals (n=39)				
5	13%	All security staffs are oriented with hospital codes like 001- call for help for crashing patients, 007- call for disaster in ER	Safety and Security	3.7.1.2
14	36%	All security staffs have participated in emergency drills	Safety and Security	3.7.1.3
15	38%	Hospital carried out at least one mock preparedness once a year	Emergency Service	2.3.10.3
17	44%	All staffs in wards are trained for BLS and oriented about emergency code 001 or blue code	Delivery Service	2.7.2.7.1
A. Secondary B Hospitals (n=11)				
1	9%	PICU must practice given protocols on all given clinical conditions with all staffs in PICU trained in Basic Life Support, Advance Life Support, Critical Care Support, Mechanical Ventilation, Infection prevention	Pediatric Intensive Care Unit	2.10.3.6.1
3	27%	All staffs- nursing, medical practitioner designated for delivery services are trained skilled birth attendants/Midwife	Birthing Center Service	2.7.3.6.4
4	36%	Trained staffs assigned for inpatient nutrition stabilization	Dietetics and Nutrition Rehabilitation	2.15.8.2
4	36%	All staffs in wards are trained for BLS and oriented about emergency code 001 or blue code	Birthing Center Service	2.7.3.9.1

Table 8. Training Needs by Hospital Level (≤25%). *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting Standard refers to the average score of the standard across hospitals. Certain posts were bolded for emphasis.

Key Governance

Governance provides the strategic direction and oversight necessary to ensure hospital operations are efficient, effective, and aligned with quality standards. Strong governance includes systems for management, policy implementation, decision-making, and accountability, all of which help foster a culture of continuous improvement and responsiveness to patient needs.

Governance remains a critical challenge across hospitals, particularly in areas tied to hospital oversight, planning, and waste management. While Secondary A hospitals performed moderately better overall, Primary levels showed similar patterns of weakness. **Waste management is a recurring and urgent issue**: only 24% of Primary, 33% of Secondary A, and 55% of Secondary B hospitals properly dispose of pharmaceutical waste (3.6.10), and few had an implemented waste management work plan. These trends suggest systemic issues that require both provincial and federal support to improve hospital leadership, compliance, and operational governance.

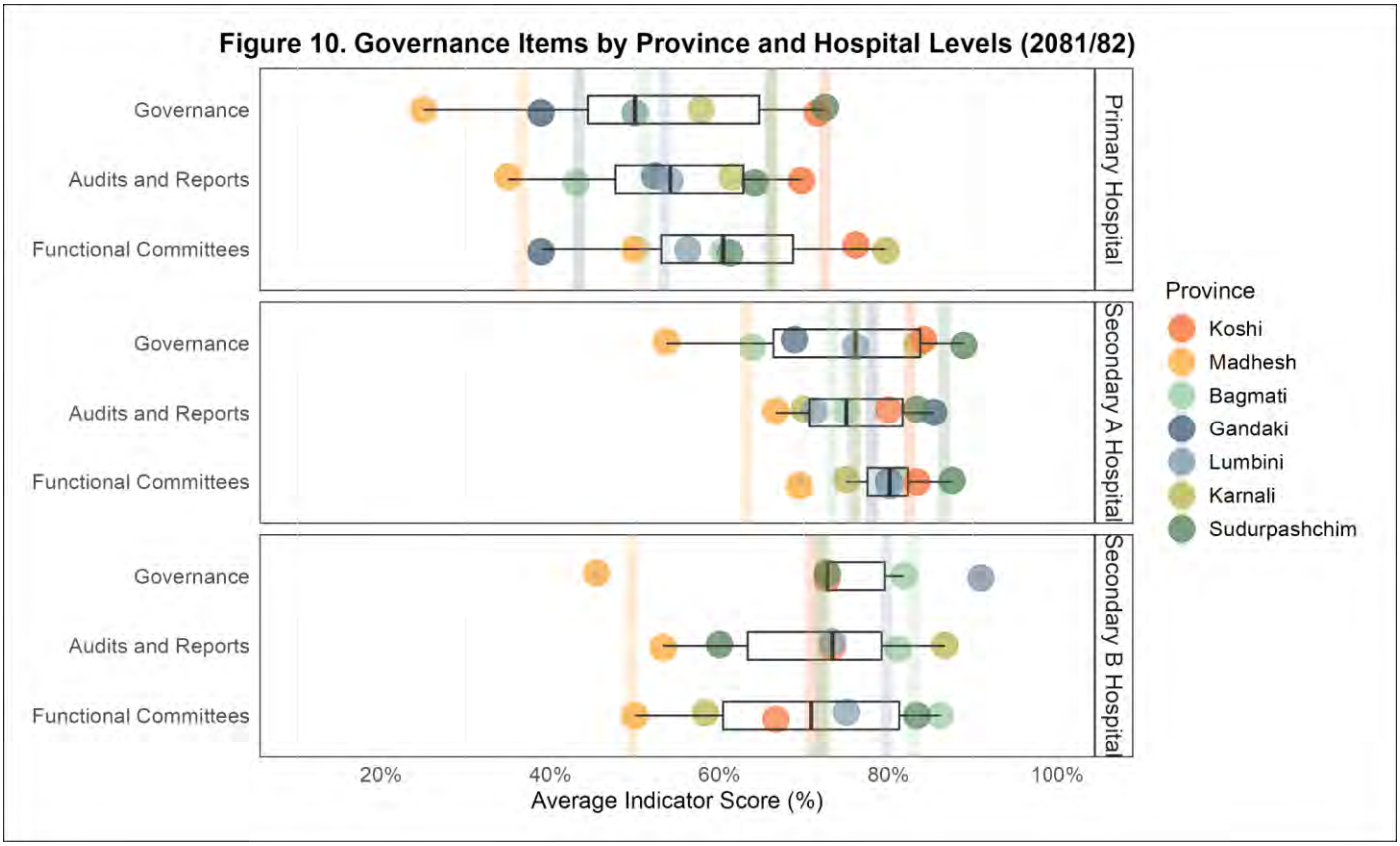

Figure 10. Governance Items by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 10% - 100%.

Above, Figure 10 shows the average scores of governance items within each hospital level and province. Below, governance items for Primary and Secondary A hospitals only are listed, as Secondary B hospitals did not have KI analysis. The largest problem is the dispo

Primary Hospitals

Governance was the second lowest met component after Staffing with Primary hospitals in Madhesh, Gandaki, and Bagmati meeting <50% of governance KIs. Although some KIs were higher, with inventory inspection done at 82% of Primary hospitals, governance indicators were generally very low. See Table 9 for details.

- Internal management processes such as regular quality committee meetings (1.6.1.2), audits (1.4.5.2), and staffing per the organogram (1.3.3.1) were met by fewer than half of Primary hospitals.

- The lowest scoring KIs were centered around **Hospital Waste Management**, as only 23% of Primary hospitals had a work plan prepared and implemented for hospital waste management (3.6.1) and properly disposed of pharmaceutical waste (3.6.10).

Secondary A Hospitals

Generally, Secondary A hospitals have better functioning governance, committees, and provision of reports. However, Madhesh lags behind, especially in governance and Waste management. See Table 9 for details.

- As with all hospital levels, Waste Management is a major concern with only a third (33%) of hospitals properly disposing of pharmaceutical and radiological waste in accordance with national standards (3.6.1), and 56% with a waste management work plan (3.6.1). Given the widespread issues, provinces may benefit from broad strengthening of hospital waste systems.
- **Provincial Hospital Kalaiya**, Madhesh, only has 8% of Functional Committee indicators, and very low governance items generally. This should be further explored and targeted.

Secondary B Hospitals

Generally, Secondary B hospitals have better functioning governance, committees, and provision of reports. However, Madhesh lags behind, especially in governance and waste management. Further, strengthening Secondary B committees could be useful. See Table 9 for details.

- Similarly, Secondary B hospitals struggle with Hospital Waste Management, with only 55% of hospitals properly disposing of pharmaceutical and radiological waste in accordance with national standards (3.6.1).
- Hospital queue/token systems (1.2.4) should be added, as they are missing from Dhading Hospital (Bagmati), Provincial Hospital Bhadrapur (Koshi), and Provincial Hospital Janakpur (Madhesh).

Table 9. Key Governance Needs by Hospital Level

Hospitals Meeting Standard		Training Gaps	Area	Indicator
no.	%			
A. Primary Hospitals (n=62)				
14	23%	There is work plan prepared and implemented by hospital for hospital waste management	Hospital Waste Management	3.6.1
15	24%	Pharmaceutical waste and radiological waste is disposed based on the HCWM guideline 2014 (MoHP)	Hospital Waste Management	3.6.10
34*	35%	There is separate area/space designated for waste storage and management with functional hand washing facility	Hospital Waste Management	3.6.3
31	50%	Hospital QHSDMS committee meetings are held at least every 4 months.	Quality Management	1.6.1.2
B. Secondary A Hospitals (n=39)				
13	33%	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline 2014 (MoHP)	Hospital Waste Management	3.6.10
22	56%	There is work plan prepared and implemented by hospital for hospital waste management	Hospital Waste Management	3.6.1
28	72%	There is separate area/space designated for solid waste storage and management with functional hand washing facility	Hospital Waste Management	3.6.3
30	77%	Annual plan & budget is approved by HMC before the fiscal year starts	Governance	1.1.6
C. Secondary B Hospitals (n=11)				

6	55%	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline 2014 (MoHP)	Hospital Waste Management	3.6.10
7	64%	Internal audit, financial and physical progress review is done at least once each trimester (once in every 4 months).	Financial Management	1.4.5.2
7	64%	Hospital has implemented the specific activities based on the MSS plan.	Quality Management	1.6.7.1
8	73%	Hospital implements token and / or queue system for users (separate for elderly, disable and pregnant)	Organizational Management	1.2.4

Table 9. Key Governance Needs by Hospital Level. *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting Standard refers to the average score of the standard across hospitals. Certain posts were bolded for emphasis.

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.

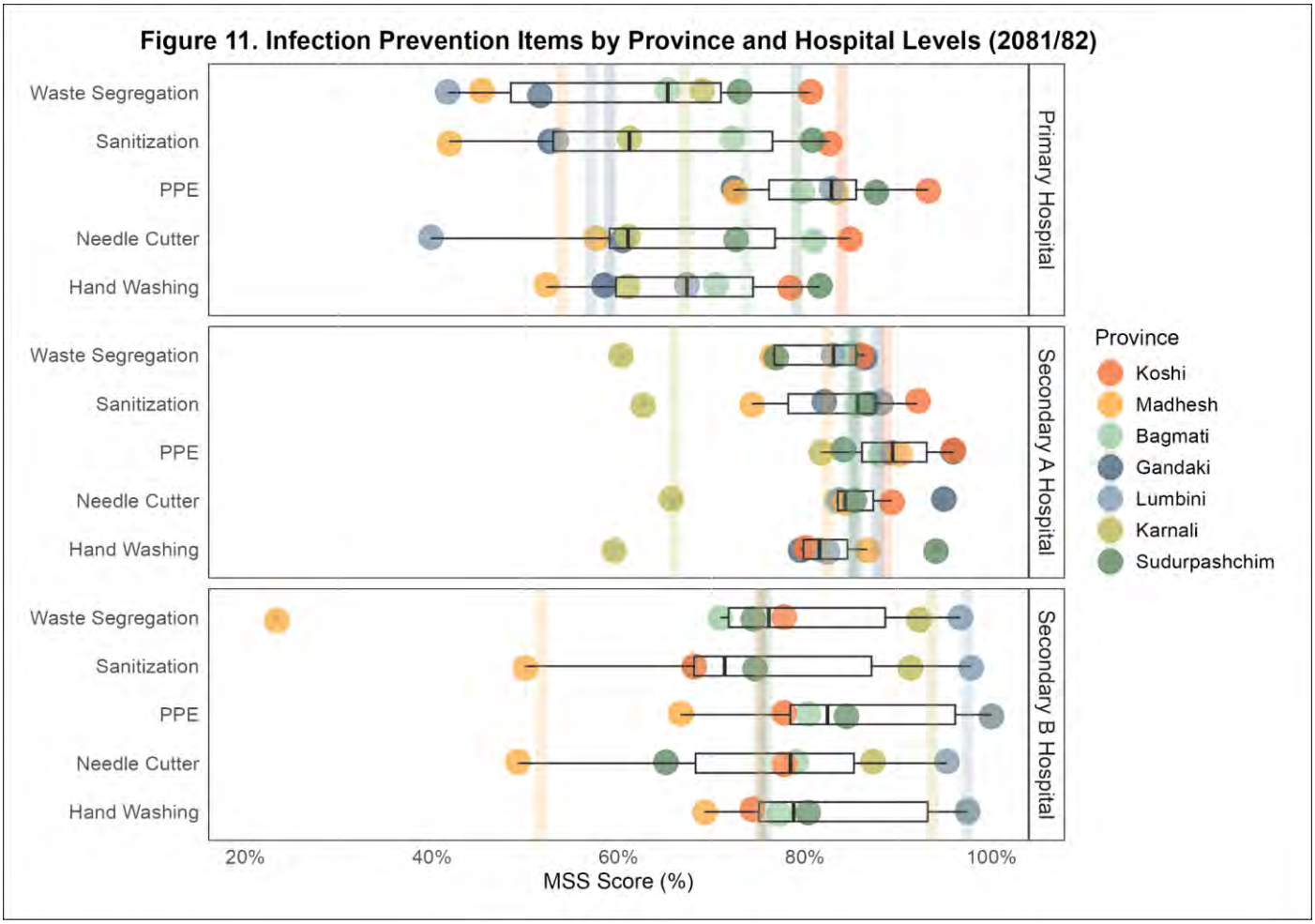

Figure 11. Infection Prevention Compliance by Province (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Colored by Province. Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

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.

Primary hospitals:

- Basic safety practices including **needle cutter use, sanitization, and hand washing** have ranges in scores, with hospitals in Madhesh, Lumbini, and Gandaki concerningly low. Needle cutter use in Lumbini and Sanitization in Madhesh, Lumbini, Gandaki, and Bagmati are very low and should be addressed immediately.
- Koshi and Sudurpashchim have seen significant improvement as well as maintaining higher scores and can be used as a model of success.

- Waste segregation is low in Gandaki especially, with no infection prevention items >32% at both **Chandranigahpur Hospital** and **Bhardaha Hospitals**, with the exception of PPE at Chandranigahpur Hospital at 71%.

Secondary A hospitals:

- Generally, Secondary A hospitals are exceptional, with even low scoring hospitals making infection prevention a priority. However, there are two notable exceptions:
- All of **Bhalubang Hospital** (Formerly Lalmatiya Health Post) (Lumbini) infection prevention items are <50%, with hand washing (33%) and needle cutter use (35%). This should be made an immediate priority given the health risks with poor infection prevention practices.
- Karnali is exceptionally low across all sanitization items, and scores have decreased since LFY. This is a concern for safety and should be addressed as soon as possible. **Jajarkot Hospital** is bringing down averages with waste segregation (54%), Sanitization (48%), and Hand Washing (54%), However, **Mehalkuna hospital** is also generally low, with the highest scoring item barely meeting 80%.
- Waste segregation is lowest among infection prevention routine practices, but has been improving.

Secondary B hospitals:

- Especially notable is the low waste-segregation at Madhesh's Secondary B **Provincial Hospital Janakpur**, which is barely meeting 20% of their waste segregation indicators across departments. This is a serious concern and should be targeted for an intervention. Needle cutter use and sanitization also remain concerningly low.

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.

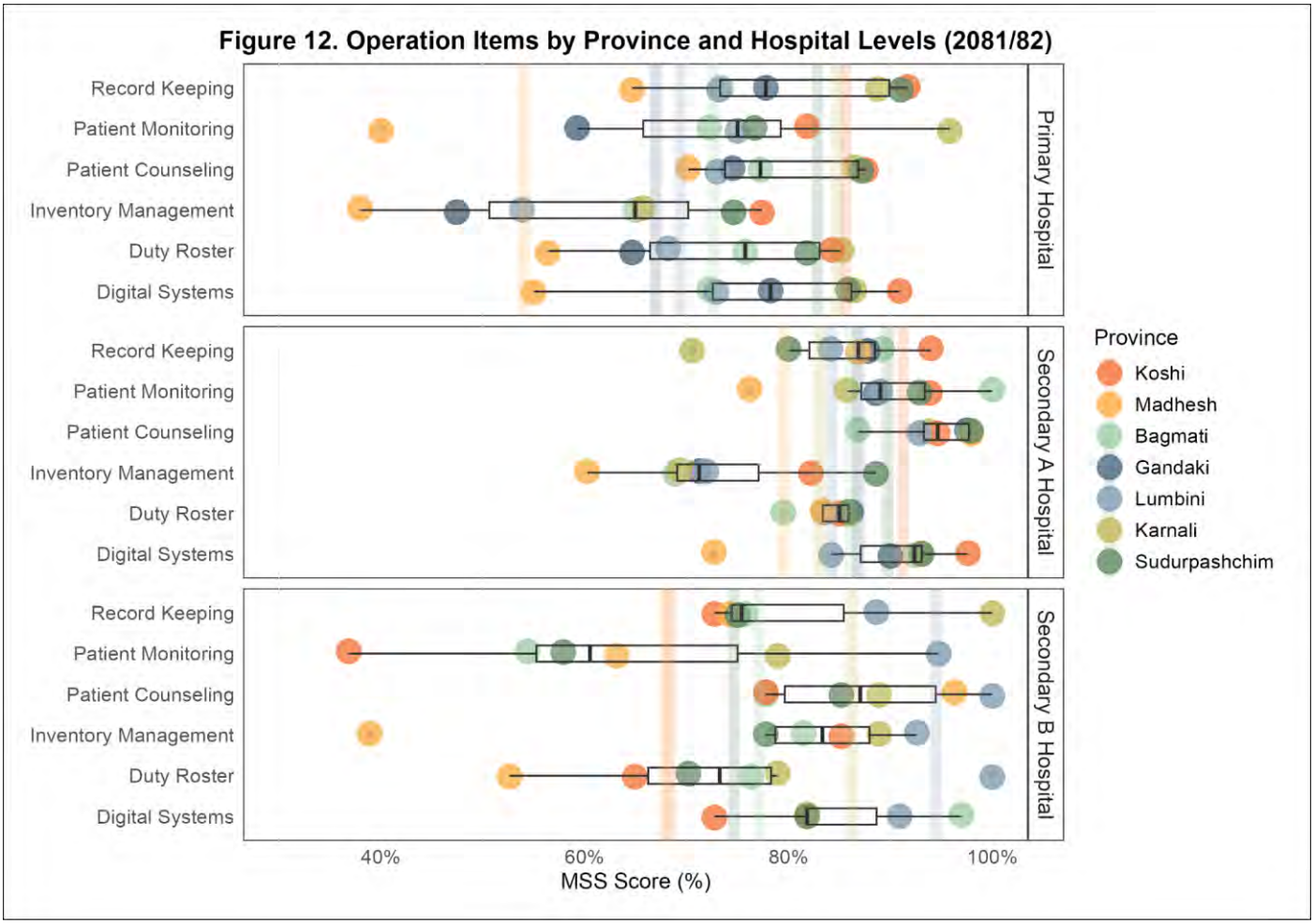

Figure 12. Operations Items by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 30% - 100%.

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.

Primary Hospitals

- Inventory Management is lowest among operational items, even at higher scoring hospitals.
- Similar to other areas, Madhesh and Gandaki score lower, with Koshi scoring high. However, inversely from other components, Karnali is scoring relatively high, an area for success.

Secondary A Hospitals

- Similarly to primary hospitals, **inventory management** is a lower scoring item.
- Duty Roster use, Digital Systems, patient monitoring, and counselling are higher scoring.

Secondary B Hospitals

- Unlike lower level hospitals, **Patient Monitoring** is the lowest item at Secondary B hospitals, partly because there are more intensive units (ICU, NICU, and PICU) that need more intensive patient monitoring. However, this makes it all the more important to ensure that patients are being taken care of, pain managed, and transfers overseen by qualified staff.
- **Provincial Hospital Bhadrapur** (Koshi) has very low patient monitoring, and should be explored and strengthened, as this ensures quality care.
- **Provincial Hospital Janakpur** has very poor inventory management.

Provincial Summaries

The provincial summaries identify areas that need widespread support across the province, and which need to target hospitals specifically. Trends, Hospital Readiness (Foundations, Routine Practices), and almost-completely-met and least-met KIs, changes in KIs, and Ward scores in Secondary B hospitals are explored.

The 2081/82 MSS assessment revealed continued progress in health facility readiness, with notable provincial disparities. Nationally, Secondary A hospitals outperformed Primary hospitals, with average MSS scores of 80%, 65%, respectively, with Secondary B hospitals showing a wide range of readiness with an average of 75%. Koshi and Lumbini led in equitable improvements across lower hospital levels, with Sudurpashchim maintaining high levels of readiness at Primary hospitals. However, Karnali, Madhesh, and Gandaki showed troubling declines, particularly in Primary hospitals. Lumbini and Karnali also show excellence in Secondary B hospitals. However, the density of Secondary B hospitals is vast, with six newly upgraded Secondary B hospitals in Bagmati, none in Gandaki, and only one in every other province. Foundational items were weak, with some provincial Primary hospitals not even meeting 50% of standards for things like toilets, adequate space, medical supplies, or governance. Gandaki especially saw wide spread decreases at their Primary hospitals raising concerns. Routine practice indicators like infection prevention and operations remained weak nationwide, with waste management especially low. Yet, provinces such as Sudurpashchim and Koshi showed promising adherence to routine practices, potentially offering replicable models for others.

Primary hospitals continue to face acute challenges. In Gandaki, 11 Primary hospitals (61%) saw decreased MSS scores ≥5% since the LFY, and 12 of Gandaki's 18 Primary hospitals (66%) scored below 60%. This is a major concern, with low scores getting worse. Despite these concerns, Lumbini and Koshi demonstrated meaningful gains at their lowest-performing Primary facilities, showing an equitable approach and ensuring widespread quality of care. Nationally, critical gaps remain in waste management, staffing (especially nurses, pharmacists, and anesthetic supervision.), and foundational readiness such as adequate space or infrastructure. This has a negative effect on services offered. For example, only 48% of Primary Hospitals scored 3/3 for OPD services from 10am - 3pm, and 17% received a 0. Further, fewer than a third met full operating room standards. Conversely, basic services like emergency care (98%), family planning (98%), and lab services (98%) were widely available and have increased, demonstrating foundational strengths that can be leveraged.

Secondary A hospitals showed strong overall performance but with marked provincial variability. Facilities in Lumbini consistently scored above 90%, while Karnali's Secondary A hospitals saw a decline since 2080/81, although there have been efforts made to improve the scores. Critical gaps persisted in staffing, especially physiotherapy, nursing, and pharmacists, and routine practices such as waste segregation and training. Despite this, 100% of Secondary A hospitals had 24-hour emergency services, emergency X-ray, ATT Clinic, Safe Abortion Services, and Routine Labs available 24/7, a massive achievement. Notable outliers are Lalmatiya Health Post (40%) and Provincial Hospital Kalaiya (56%), signaling a need for targeted, province-led interventions to uphold MSS standards.

Finally, Secondary B hospitals show wide variation, with exception standards in Bhaktapur Hospital, Lumbini Provincial Hospital, and Province Hospital, Karnali Province. There are no Secondary B hospitals in Gandaki, while Bagmati recently upgraded several new Secondary B hospitals, which are expectedly taking time to meet new MSS standards with their corresponding level. However, this raises questions of equitable access with so many speciality hospitals clustered in a single province, while others have none. PICU, Cath Lab Services, Treadmill Service, and 24/hr Echo services are poorly met at Secondary B hospitals and may need more support. Further, specialist staffing positions continue to be poorly filled, such as ENT specialists and Dieticians, but the departments are also taking time to develop as a whole. Notably, Provincial Hospital Janakpur in Madhesh is very low scoring across, especially for smaller items like infection prevention, which should be strengthened.

Koshi

Nineteen Primary and Secondary A hospitals in Koshi Province completed an MSS assessment in the LFY (2081/82); 11 Primary Hospitals, 7 Secondary A Hospitals, and 1 Secondary B Hospital. Among the Primary hospitals, 6 hospitals are governed at the district level and 5 at the local level. There is a significant positive trend across the province, with the majority of gains made by Primary hospitals while Secondary A hospitals remained steady with some improvements. This is an excellent achievement and shows an equitable distribution of resources across hospital levels, especially with the lowest scoring hospitals seeing the greatest gains. Quality concerns include poor privacy and patient monitoring, which are both low and have decreased in the LFY.

Primary hospitals in Koshi are the highest scoring nationally and have shown steady gains overall, particularly in governance and materials, though routine practices and physical facilities remain weak. Madi Nagar Hospital stands out for sustained improvements, increasing its MSS score by 10% since last year, though toilets (14%) remain critically low. Pathari Nagar Hospital (58%) and District Hospital Okhaldhunga (61%) continue to lag with persistent gaps in toilets, patient monitoring (33%), sanitization (40%), and waste segregation (45%). Province-wide, staffing gaps remain acute, with many hospitals lacking key personnel such as Medical Superintendents, accountants, and pharmacists. A notable success this year was a 36% increase in dental staffing and services, though Okhaldhunga lost its dental staff entirely. Strengthening basic practices, filling key staff positions, and targeted support to persistently low-scoring hospitals will be critical to sustaining provincial gains.

Secondary A hospitals in Koshi continue to perform well overall, with most scoring around 80% and consistently meeting core routine practice standards. Notable gains include a 76% province-wide increase in access to defibrillators and major improvements in waste management, with all seven hospitals now sterilizing infectious waste and a 57% increase in proper pharmaceutical waste disposal. However, key gaps remain. District Hospital Dhankuta stands out as persistently low across governance (56%), functional committees (58%), and audits and reports (47%), and several hospitals have critically low toilet scores (e.g., Sankhuwasabha 12%, Inaruwa 38%) and IEC materials. Staffing is a major weakness across the board, with widespread shortages of specialized personnel including Medical Superintendents, pharmacists, anesthesiologists, physiotherapists, MD forensic specialists, and blood bank staff. Physiotherapy services (space, equipment, and certified staff) are notably underdeveloped and should be a province-wide priority. Additionally, two hospitals (Ilam and Inaruwa) have lost scheduled minor surgery services, and X-ray staffing has declined. Addressing these foundational and staffing gaps will be critical to sustain the province's high performance and ensure continued service readiness.

Provincial Hospital Bharadrapur, Koshi's only Secondary B hospital, scored 65%. below the national average for this level, but has shown consistent improvement since 2079. Notable achievements include major expansions in orthopedics, geriatrics, and ENT wards, as well as significant gains in materials (+38%), IEC (+36%), and governance (+27%). Ward performance is particularly strong in geriatrics (0%→89%), orthopedics (+67%), and ENT (+33%), demonstrating impressive service development. However, critical quality gaps remain in patient monitoring (37%; −5%), privacy (55%; −18%), and toilets (25%), which directly affect patient safety and experience. Addressing these areas will be key to consolidating the hospital's progress and raising its overall MSS performance.

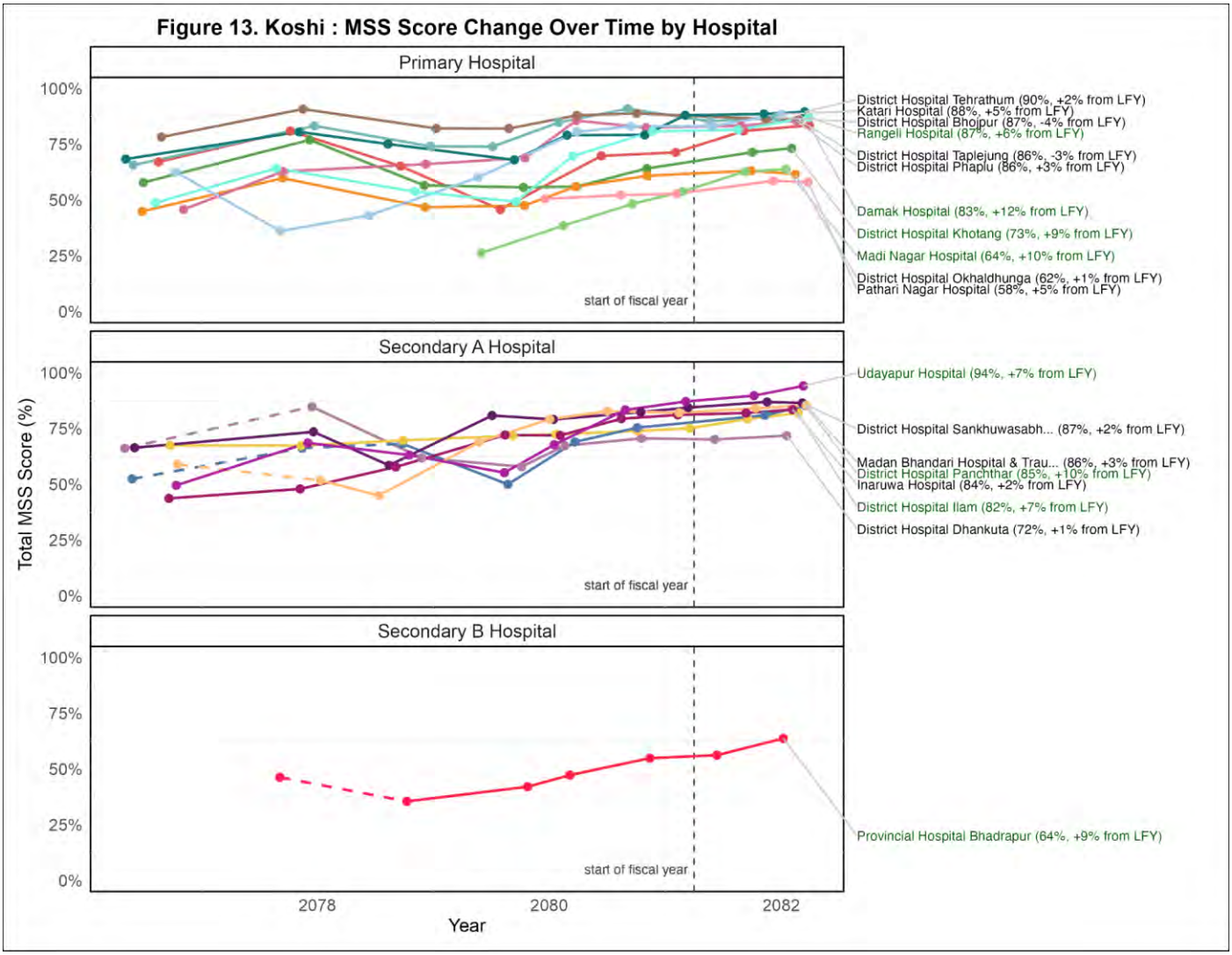

Figure 13a. Koshi: Change in MSS Score Over Time by Hospital (n=19). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease 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.

Koshi saw steady increases in MSS scores across all Primary and Secondary hospitals. Although still a lower scoring Primary hospital (63%), Madi Nagar Hospital has seen substantial and sustained increases since 2079, with a 10% increase since the prior fiscal year. However, Pathari Nagar Hospital (58%) and District Hospital Okhaldhunga (61%) are the lowest Primary scoring hospitals and have seen minimal improvements over the past several years. Higher scoring hospitals, especially Secondary A hospitals, are flattening out in the high 80%, yet even Rengali Hospital saw a +7% increase, an amazing achievement. Targeted approaches to meet remaining gaps should be explored so that those hospitals continue to improve and do not stagnate. Provincial Hospital Bharadrapur (65%)is showing some steady growth. Referral systems should be strengthened to best use appropriate services at each level of hospital.

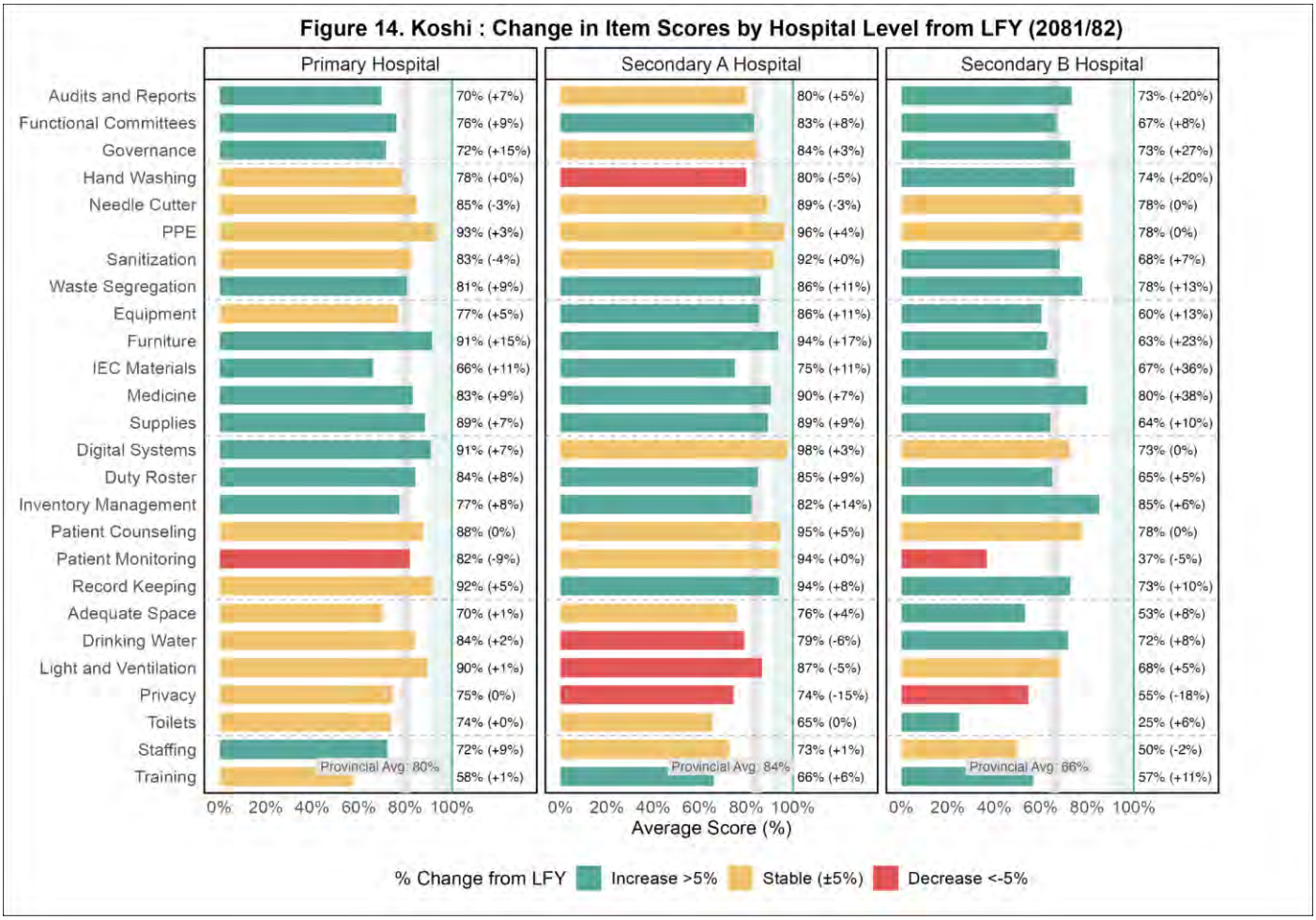

Figure 14a. Koshi: Change in Item Scores by Hospital Level from LFY (2081/82) (n=19). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages shown by the grey vertical line.

Figure 14a shows the change in item scores across the hospital from the prior fiscal year to 2081/82 by Hospital Level. Overall, Primary hospitals saw steady improvement in operations, (15% increase in governance), materials such as furniture, medicines, and supplies, as well as staffing. However, Routine practices and Physical Facilities remained stagnant, despite scoring relatively low. Concerningly, patient monitoring decreased (-9%), and should be addressed as it will impact patient safety.

Secondary A hospitals also saw increases across materials, and even a 17% increase in furniture. Similarly to how Primary hospitals struggled with physical facilities, Secondary A hospitals saw a significant decrease, with a -15% change in Privacy in the LFY. Privacy is closely tied to patient experience and satisfaction with services. This may require investment and will benefit the quality of services.

At Koshi's only Secondary B Hospital, Provincial Hospital Bharadrapur, foundations (staffing, materials, and governance) and routine practice remain strong, with increases across many areas. However, patient monitoring is very low (37%) and decreased by -5% from the previous FY. Further, privacy (55%) and toilets (25%) provide opportunities to improve. These items are closely tied to patient safety and experience and should be prioritized.

Madhesh

Twelve Primary, Secondary A, and Secondary B hospitals in Madhesh Province completed an MSS assessment in 2081/82; 5 Primary, 6 Secondary A, and 1 Secondary B hospital.

Primary hospitals in Madhesh are experiencing a sharp and concerning decline in MSS performance, with four of five hospitals scoring below 60% and widespread decreases across nearly all service areas. Bhardaha (27%; -35%) and Chandranigahpur (35%; -21%) saw dramatic drops, placing them below 40% and raising serious quality concerns. Core functions including patient monitoring (40%; -27%), sanitation (40%; −21%), medicine availability (40%; -17%), hand washing (52%; -16%), and governance (25%; -8%), have deteriorated province-wide. Hospital waste management is universally weak, with no Primary hospital meeting these KIs. Bardibas Hospital remains a notable exception, maintaining strong performance at 85%, and could serve as a model for provincial interventions. Reversing these trends will require urgent, system-wide action to address governance, basic quality practices, and waste management across all Primary hospitals.

Secondary A hospitals in Madhesh continue to perform moderately well overall, with an average score of 77%, but are showing notable declines in several core areas. Governance is weak across more than half of hospitals, with Provincial Hospital Kalaiya performing particularly poorly (22% governance; 8% functioning committees). Province-wide, physiotherapy services, including staffing and space, are nearly absent, and pharmaceutical waste disposal remains inadequate. Staffing gaps persist, especially in inpatient wards and maternity services, with only Provincial Hospital Gaur meeting nurse-to-patient ratios. Although improvements were made in blood bank staffing and infection control infrastructure, medicine and supplies availability in inpatient wards has declined sharply, with only Lahan now fully meeting this indicator. Strengthening governance, physiotherapy, waste management, and staffing will be essential to reverse these downward trends.

Provincial Hospital Janakpur, Madhesh's only Secondary B hospital, scored 54%, the lowest scoring Secondary B hospital nationally, reflecting persistent challenges despite some gains. Improvements were seen in privacy (+15%) and ENT services (+22%), alongside investments in digital systems (+18%). However, severe declines in infection prevention (e.g., PPE -19%, hand washing -18%) and critical supply chain components including materials, medicines, IEC materials, and equipment, pose serious risks to quality of care. Most concerning is the loss or absence of core ward services, with sharp declines in orthopedics, general medicine, surgery, and pediatrics, and no geriatric services at all. Significant structural and procedural investments are urgently needed to bring the hospital up to MSS standards and safeguard patient safety.

Overall, Madhesh has significant potential for top-down, province-wide investments to reverse the widespread declines seen across hospital levels. Primary hospitals face alarming drops in basic quality, requiring urgent, system-wide interventions. Strengthening governance, staffing, physiotherapy, waste management, and infection prevention, particularly at struggling Secondary A hospitals and Provincial Hospital Janakpur will be essential to stabilize performance and build sustainable improvements across the province.

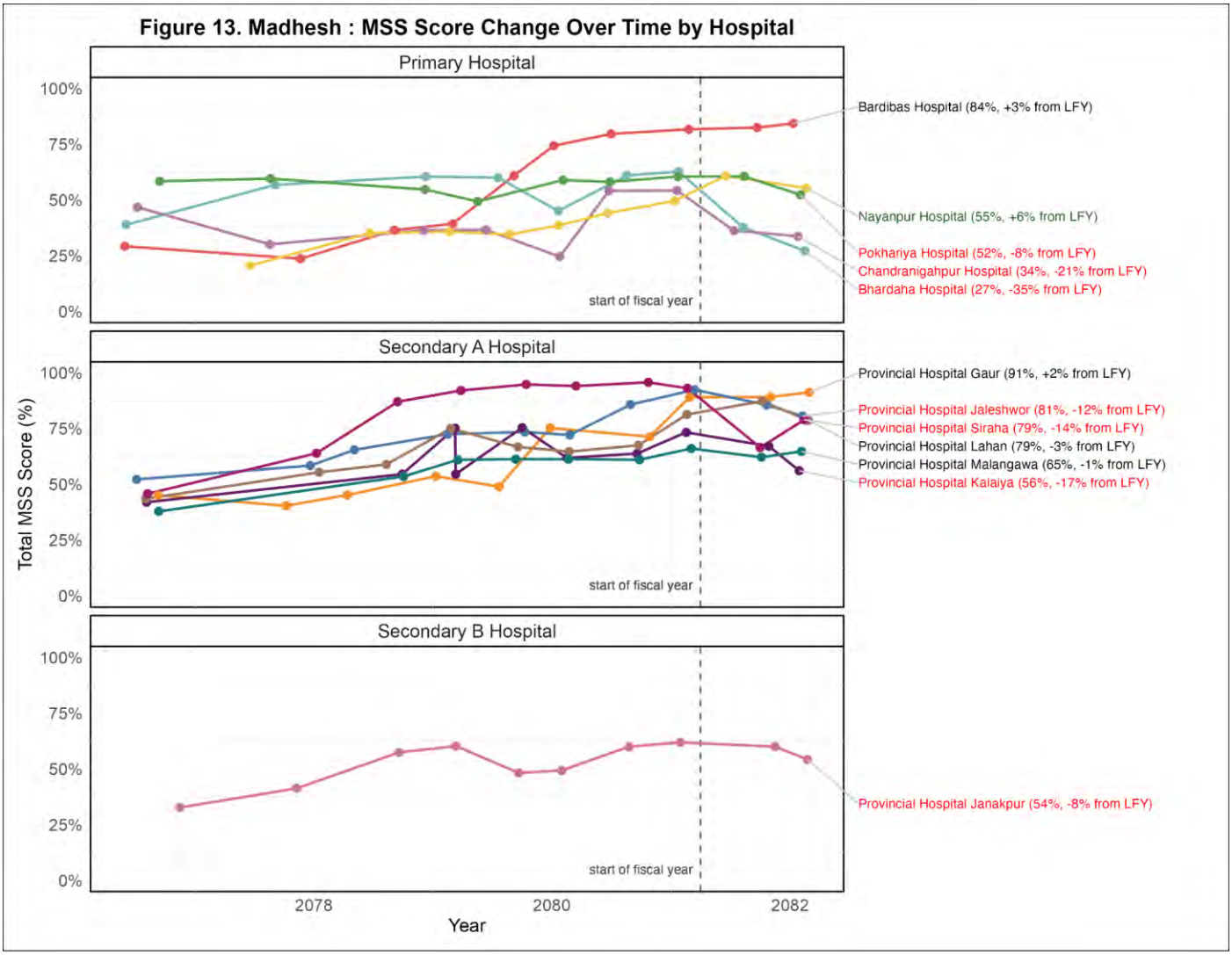

Figure 13b. Madhesh: Change in MSS Score Over Time by Hospital (n=12). Each line is labeled with the hospital name, the most recent MSS score, and the % change in the LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate 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.

Across Madhesh, hospitals continued a decreasing trend, with nine of twelve hospitals significantly decreasing their MSS score since the LFY, with some drops as great at -35%. Drops were seen across hospital levels, with the greatest losses at Primary hospitals. Although some health facilities have maintained MSS scores, and provide high quality services, this should be the goal for all hospitals across the province.

Among Primary hospitals, **Bardibas Hospital** (85%) sustained a strong MSS performance, but this was the exception. Other Primary hospitals are struggling, with **Bhardaha Hospital** (27%; -35%) and **Chandranigahpur Hospital** (35%; -21%) both dropping roughly half of their score. Further, these drops place both hospitals with MSS scores <40%, and four of the five hospitals <60%, raising concerns for basic quality of care. Concerningly, these are not anomalies, but are a continuation of decreases at Primary hospitals, with four of the five Primary hospitals decreasing since their last MSS assessment, and three of the five decreasing since 2080/81.

For Secondary A hospitals, scores remain generally higher (ranging from 56% to 91%) but large fluctuations were observed. **Provincial Hospitals Gaur** showed substantial long-term improvement, now at 91% a sign of consistent excellence, and even increasing slightly. However, there were also wide spread drops, with five of the six Secondary A hospitals showing decreases since LFY, with some significant drops at Provincial Hospital Jaleshwor (81%; -12%), Provincial Hospital Siraha (79%; -14%), and Provincial Hospital Kalaiya (56%; - 17%). This appears to be a

continuation of a longer trend. Although many of Madhesh's Secondary A hospitals reached high scores in the past, to maintain these scores there will need to be continued investment.

Finally, the only secondary B hospital, Provincial Hospital Bharadrapur, saw a modest decline from 62% to 54%. This shows a slight decline after plateauing around 60% since 2080. If Madhesh wants to see an improvement in services at Provincial Hospital Bharadrapur, then they will need a coordinated effort.

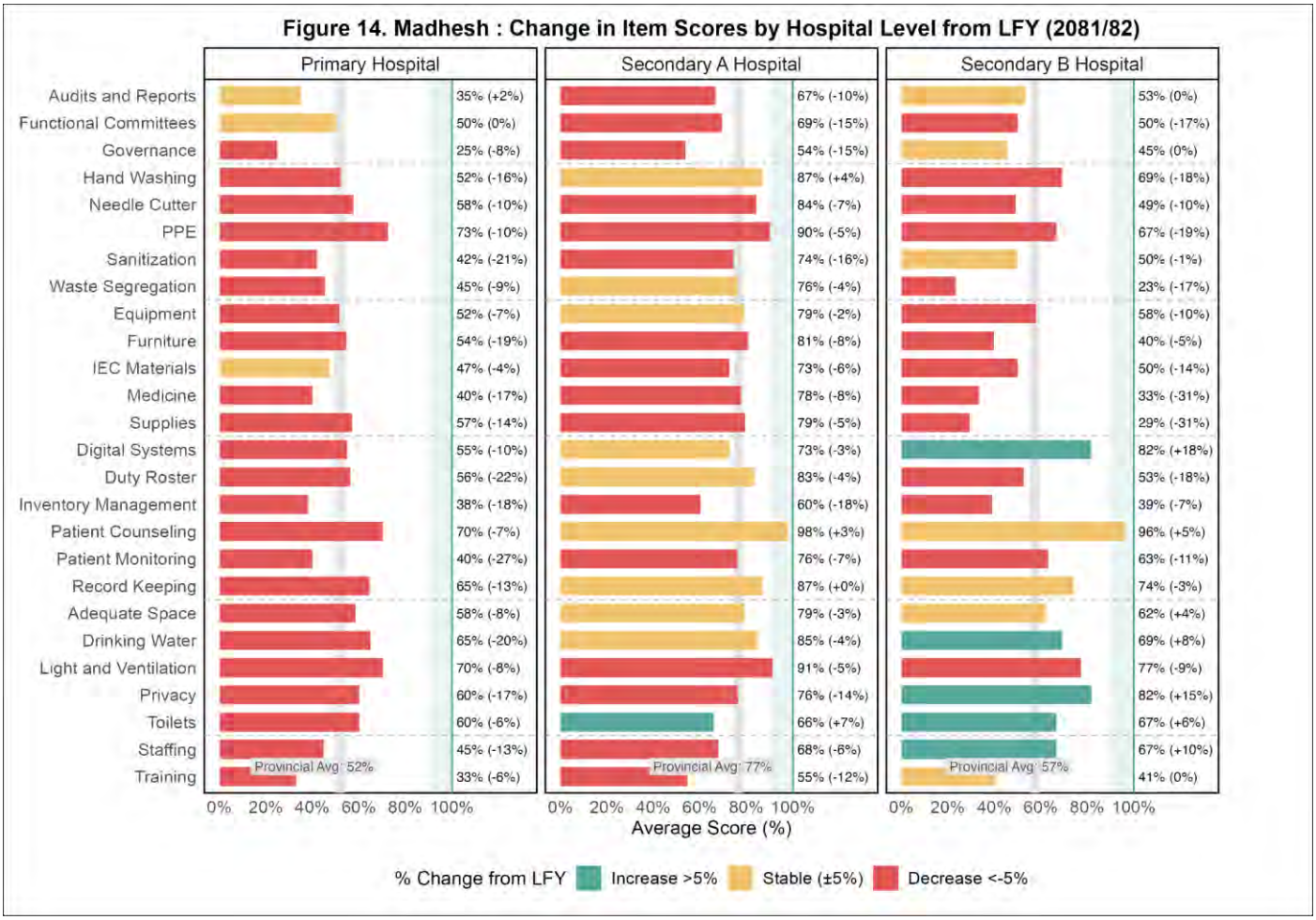

Figure 14b. Madhesh: Change in Item Scores by Hospital Level from LFY (2081/82) (n=12). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages shown by the grey vertical line.

Figure 14b shows the change in items scores across the hospital over the LFY by hospital level. Similar to the overall trend, there are significant drops across hospital levels, but most notably at Primary hospitals, which are already low scoring. To see wide spread drops across all categories is concerning, with all but one item decreasing in the LFY. Largest losses directly related to severe quality concerns include those listed below, but see Figure 14b for details on all losses.

- Patient Monitoring (40%; - 27%)
- Sanitization (40%; -21%)
- Privacy (60%; -17%)
- Medicine (40%; -17%)
- Hand Washing (52%; -16%)

Primary Hospitals cannot function with these losses. This negative trend across Primary hospitals is alarming, and must be addressed. To continue with such high risks to patient safety and quality of care is dangerous at best. Governance is at 25%, and decreased. This may be the first problem to address so that other systems can be addressed. Despite

challenges, this province-wide problem does offer the opportunity for province level support and intervention, and Bardibas Hospital may serve as an example of success for struggling hospitals.

Secondary A hospitals performed better, with an average of 77%, but still seeing substantial decreases across items. Inventory management has seen a significant decrease (-18%), and may be a result of poor governance, which saw decreases across all items. However, Secondary A hospitals are generally stronger with a higher average, even if ther were some decreases. However, if hospitals are strengthened across the board, successes at these hospitals could be used as an example for struggling Primary and Secondary B hospitals. For example, **Waste Segregation** is generally good (76%), compared to other hospital levels. This could be a strength that is shared, with leadership sharing successes at other hospitals.

Madhesh's only Secondary B Hospital, Provincial Hospital Janakpur, scored an average score of 57%, reflecting room for further improvement. However, unlike the other hospital levels, there was **significant improvement in infrastructure**, with +15% in privacy, +8% in drinking water, and +8% in toilets. Although starting low, this is a great achievement. Further, staffing shortages have been addressed, with a 10% increase in the LFY. **Waste segregation should be targeted which is currently at 23%, and decreased by -17% in the LFY. Provincial support to fully** implement a waste segregation system, and incorporate it across the hospital will improve hospital functioning, waste management, and improve systems preparing the hospital to meet MSS. Finally, **improving supply chains**, equipment, materials, and medicine supplies is a necessary step to service provision.

Bagmati

Sixteen Primary, Secondary A, and Secondary B hospitals in Bagmati Province completed an MSS assessment in 2081/82; 6 Primary, 4 Secondary A, and 6 Secondary B hospitals. Five hospitals (Nepal Korea Friendship M, Bishnu Devi, Gokaneshwor, Thangsingtar, and Manikhel Hospital) were not included in the analysis because they did not have an MSS assessment or the MS score was not updated in the MSS database.

Generally, Primary hospitals show lower MSS scores compared to higher-level facilities. Primary Hospitals under local level governance (Baghauda Hospital and Badegaun PHC) showed very low scores, raising serious concern in delivery quality health services. **Badegaun Hospital** (34%) continues to lag behind in critical areas such as waste management and sanitation, with scores of 47% and 40% respectively, highlighting the urgent need for improvement. Further, they are missing basic diagnostic services including USG and X-Rays. Province-wide infrastructure across hospitals appears relatively stable; however, notable progress has been observed in the availability of medicines, equipment readiness, human resources, and staff training. Particularly encouraging are the significant gains in system performance, with inventory management improving by +26% and patient monitoring by +28%.

Although the Secondary A hospitals were upgraded from Primary Hospitals, they were able to maintain the high scores with the exception of Pashupati Chaulagain Smriti Hospital and Methinkot hospitals. However areas like physiotherapy, waste management, financial management systems, pharmacy, and postmortem services show lower MSS scores. On a more positive note, these hospitals demonstrated strong performance in areas such as sterilization and infection control through functional CSSD units, and in diagnostic capacity, with well-functioning laboratories and imaging services including USG, X-ray, and histopathology referrals. Emergency response systems were relatively robust, with the availability of medicines and triage services in some hospitals, and safety and security services were consistently well-established across facilities.

All Secondary B hospitals recorded a decline in their MSS scores, which is expected given that these facilities were recently upgraded from Secondary A and Primary hospitals. Despite the challenges that come with recent upgradation, Secondary B hospitals still managed to perform above the national average, reflecting stronger overall capacity and service delivery compared to hospitals at the same level.

Overall hospitals under Province show continuous progress and upgradation, however hospitals under local level struggle provide basic facilities and services.

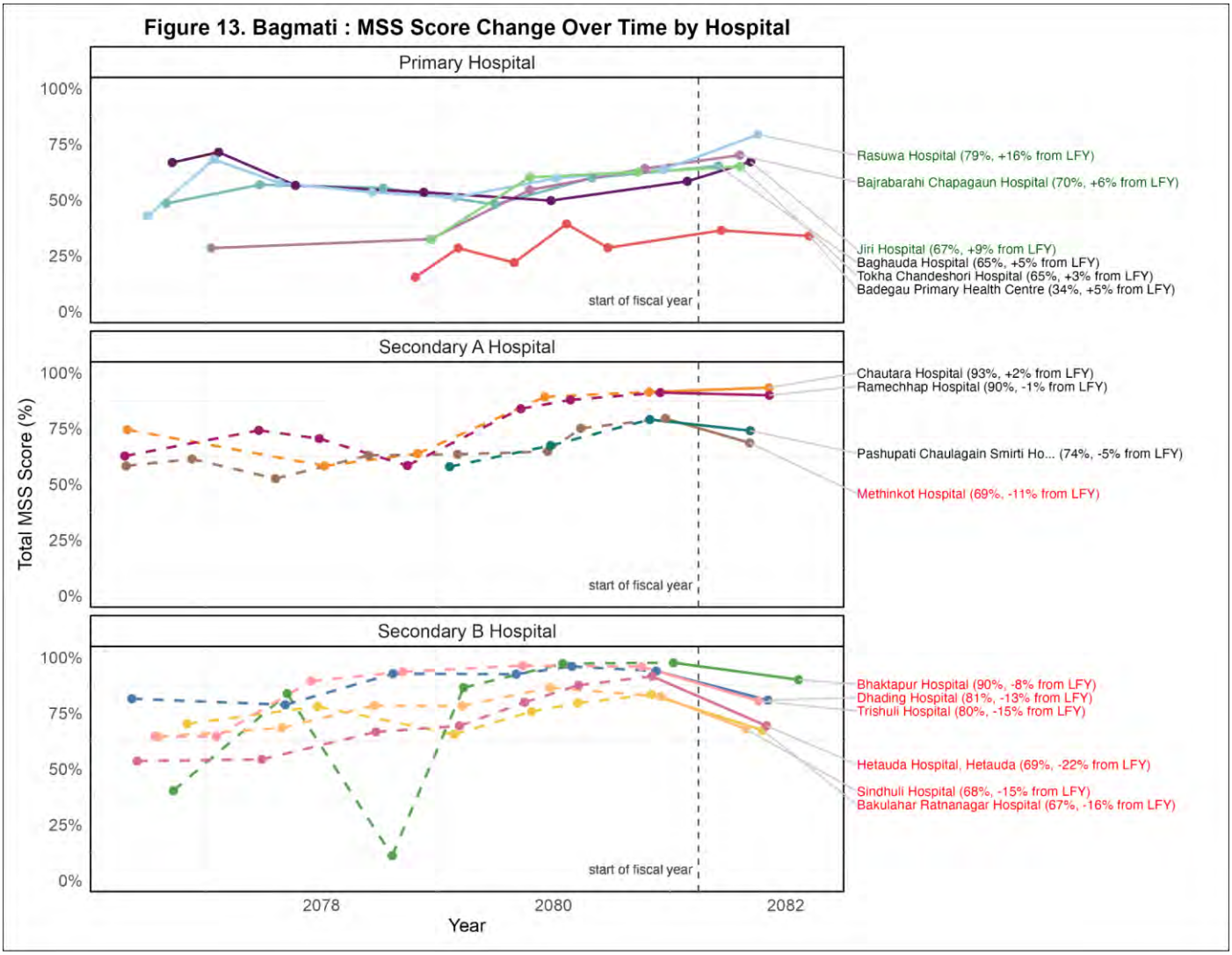

Figure 13c. Bagmati: Change in MSS Score Over Time by Hospital (n=16). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a 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 13c shows the changes in MSS score overtime by hospitals and hospital level. Here, we can see a small, but steady upward trend of Primary hospitals, with Rasuwa showing a 16% increase, reaching 79%. Even the lowest scoring Primary hospitals (Baghauda, Tokha Chandeshori, and Badegau health facilities) saw slight increases, although minimal. **Badegau Primary Health Center** (34%; +5%) should receive support as it has stagnated around its current score.

All Secondary A hospitals have recently been upgraded from Primary and were previously the highest scoring Primary hospitals. Being measured by the more extensive Secondary A MSS tool for the first time, maintaining scores is impressive, and small decreases are expected.

The same is true for Secondary B hospitals, where all six hospitals were recently Secondary A and have been upgraded in the LFY. This explains the drops in scores, ranging from -8% to -22%. However, the use of the new tool explains this loss, and it should not be a concern. Although this all reflects a dedication to improved services, automatically upgrading high scoring hospitals should be questioned. There is no need to have advanced services at every hospital, and maintaining high scoring, quality Primary and Secondary A hospitals without upgrading is also an achievement. Upgrading all hospitals may not be the best use of resources, and should be questioned, especially when some hospitals are scoring at 34%.

Table 11c. Bagmati Hospitals Missing 2081/82 MSS Assessment (n=4)			
Hospital	**Hospital Level**	**Date of Last MSS Assessment**	**Score**
Bishnu Devi hospital	Primary Hospital	2082-02-16	31%*
Gokaneshwor Hospital	Primary Hospital	2082-03-10	67%*
Thangsingtar Hospital	Primary Hospital	2081-02-08	24%
Manikhel Hospital	Primary Hospital	2081-02-11	36%

Table 11c. Bagmati Hospitals Missing 2081/82 MSS Assessment (n=4). *The MSS assessment was carried out manually in FY 2081/82; however, the data has not been entered into or is missing in the MSS database.

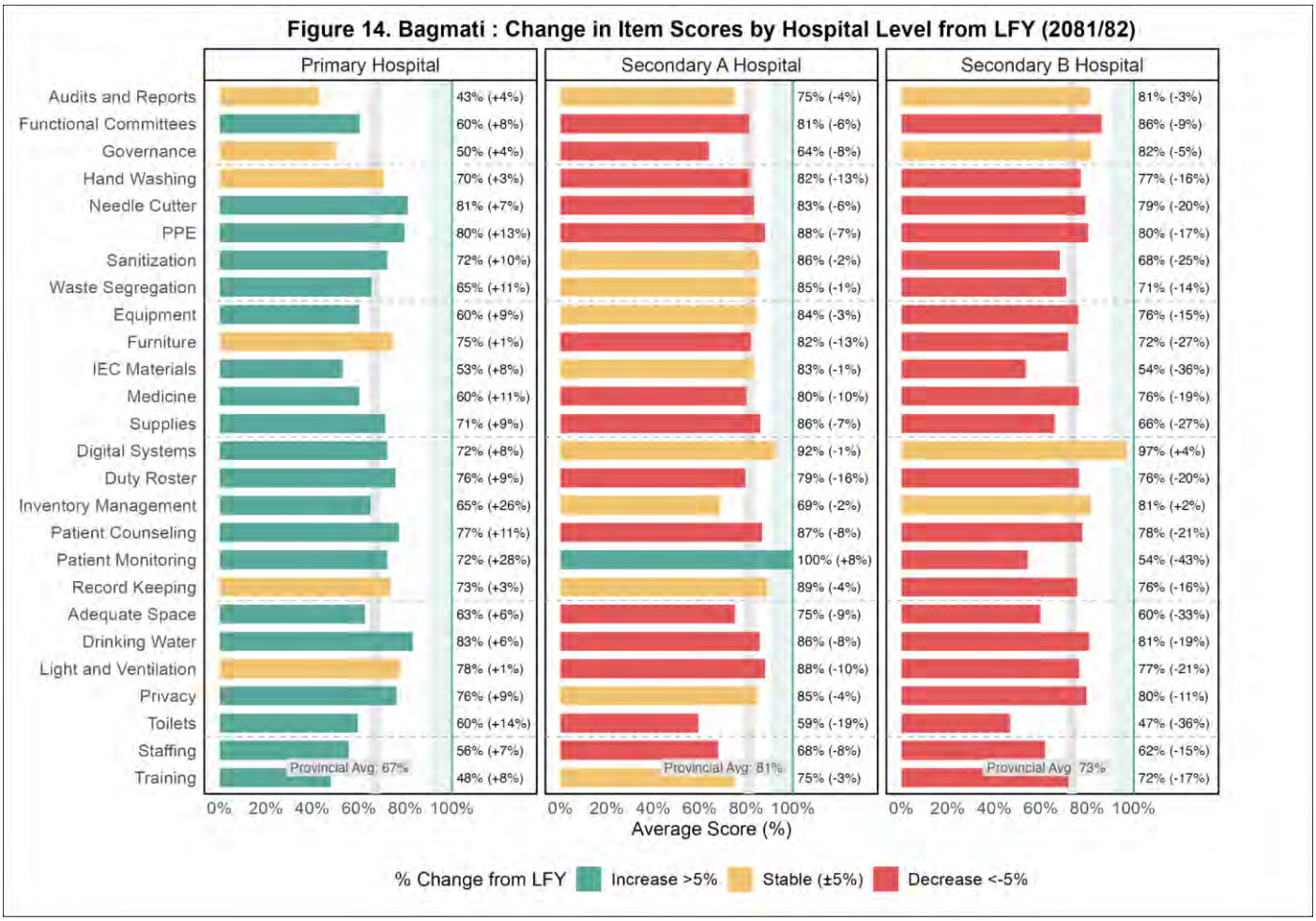

Figure 14c. Bagmati: Change in Item Scores by Hospital Level from LFY (2081/82) (n=16). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages shown by the grey vertical line.

Figure 14c shows the change in item scores across the hospital in the LFY by hospital level. Overall, Primary hospitals recorded an average of around 67%, the lowest among levels, but also seeing the greatest improvements, particularly in Patient Monitoring (+28%), Inventory Management (+26%), and availability of toilets (+14%). However, their absolute scores remain low. Governance remains a weak area especially and should be targeted.

Secondary A hospitals in Bagmati recorded an average MSS score of 82%, with several indicators showing a decline compared to the previous MSS score, particularly availability of toilets (-19 %), Duty roster development (-16%), hand washing and availability of furniture (-13%). On the other hand, patient monitoring reached 100%, improving by 8%. These changes are largely attributed to the recent upgrades of hospitals from Primary to Secondary A levels.

Nevertheless, maintaining an average score above 80% is a positive outcome and can be considered a baseline score for Secondary A hospitals in the province.

Bagmati's Secondary B Hospitals average score stood at 76%, even after upgrading in the LFY and being assessed with the Secondary B tool for the first time. When compared to their previous Secondary A assessments, most indicators showed declines, particularly patient monitoring (-43%), availability of IEC materials and toilets (-36%), and adequate space (-33%). Despite these drops, digital systems (+4%) and inventory management (+2%) remained stable. Given the recent transition and the introduction of a new tool, this score also serves as the baseline for Secondary B hospitals in the province.

Gandaki

Eighteen Primary hospitals and five Secondary A Hospitals in Gandaki Province completed an MSS assessment in FY 2081/82. Broadly, Primary hospitals are struggling (28% - 90%) and showing significant decreases up to -22% in the LFY. In contrast Secondary A hospitals score well (72% - 90%), although some hospitals have seen small decreases. There must be a coordinated provincial and local-governance to address gaps at Primary Hospitals, as scores below 55% are a serious risk to basic safety for patients and providers, and erodes public trust in government services.

There were dramatic decreases province-wide at Primary hospitals, with 67% of Primary hospitals scoring below 55%, and 67% of Primary Hospitals with lower MSS scores this LFY. The average score of Primary hospitals in Gandaki province is 53%. Primary Hospitals are low scoring with significant losses in Governance and Hospital Support Services. Due to the wide-spread losses, there should be a strong provincial wide effort to strengthen basic services at hospitals to ensure basic provision of quality, safe services. The basic functions of the **Hospital Waste Management departments** are nonexistent across the province with the exception of few hospitals including Parbat Hospital. **Ramja Deurali Health Post** (28%) is missing basic KIs and should be directly targeted to meet basic MSS expectations. Finally, Sundar Bazar, Gaidakot Muncial, and Ramja Deurali (Health Post) Hospitals should be jointly targeted for extensive routine practice indicators such as sterilization, handwashing, and needle cutter use that bring up concerns of patient and provider safety.

Secondary A hospitals in Gandaki show gradual improvement demonstrating strong recovery from previous declines. **Beni Hospital** and **Madhyabindhu Hospital** showed negative shifts exceeding 5%, indicating areas that require targeted interventions. The standards met by the physiotherapy departments across hospitals remain poor and could use support from the province to ensure staffing, training, equipment, and supply needs. Pharmaceutical waste and radiological waste treatment as well as Physiotherapy human resources remain non-existent at Gandaki's Secondary A Hospitals. This should be a province wise goal to manage pharmaceutical and radiological waste and develop physiotherapy services across Secondary A hospitals.

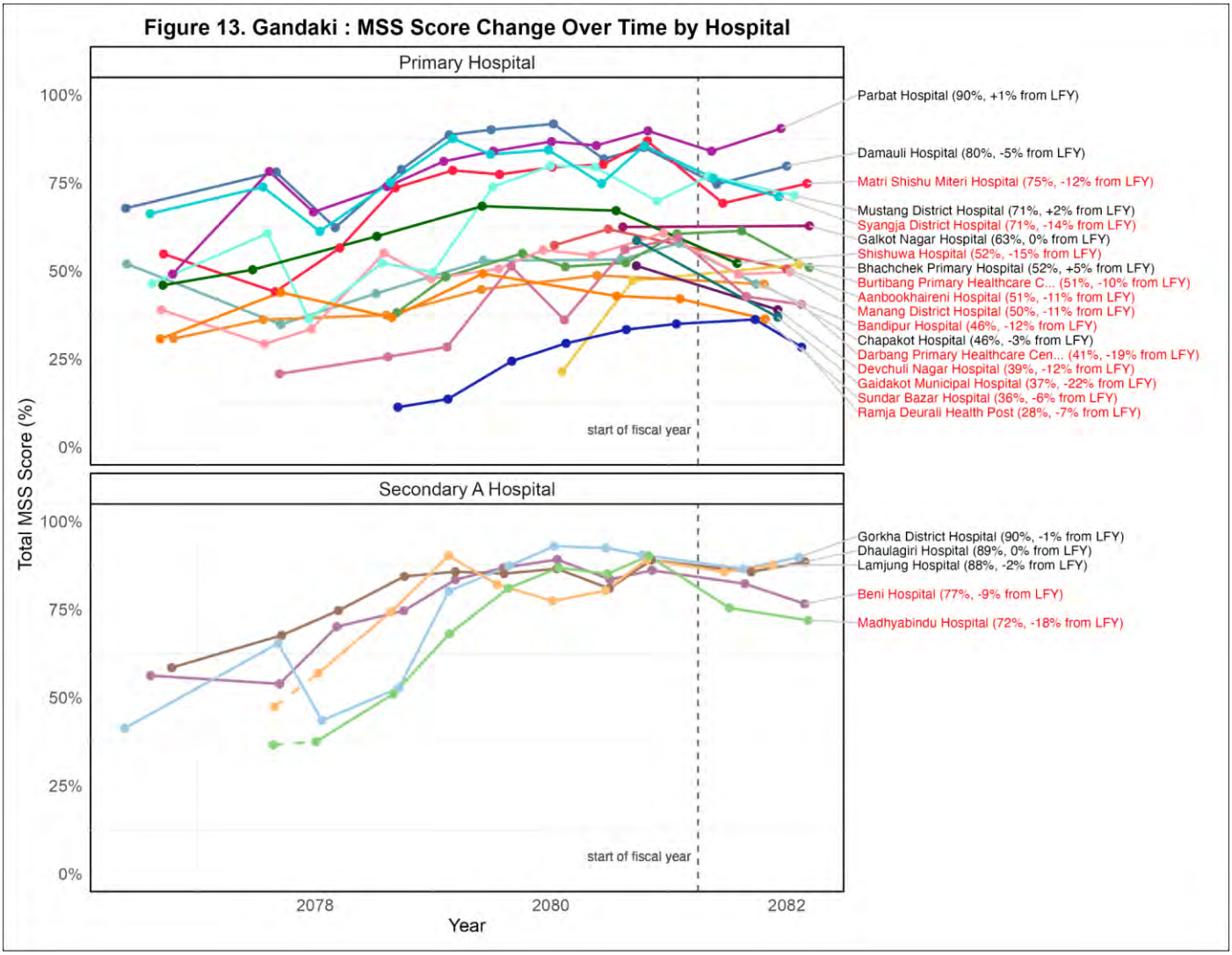

Figure 13d. Gandaki: Change in MSS Score Over Time by Hospital (n=23). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a 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 13d shows that of Grandaki's 18 Primary hospitals, 14 have decreased significantly in the LFY, continuing a downward trend that started in 2080. Further, the majority of Gandaki's Primary hospitals are below 55%, raising widespread concerns for quality. Parbat (90%), Damauli (80%) and Mustang (71%) Hospitals remained steady with small improvements, which should be celebrated. However, Shishuwa Hospital (52%; -15%), Darbang Basic Hospital (41%; -19%), and Gaidakot Municipal Hospital (37%; -22%) had large decreases since LFY. This means Primary hospitals under local government are meeting less than 55% of MSS which should be the joint concern and need prompt intervention.

Secondary A hospitals in Gandaki have remained steady, although there have been small losses in the LFY. **Gorkha Hospital** (90%)**, Dhaulagiri Hospital** (89%)**, and Lamjung Hospital** (88%) demonstrating strong recovery from previous declines. **Beni Hospital** and **Madhyabindhu Hospital** showed negative shifts exceeding 5%, indicating areas that require targeted interventions.

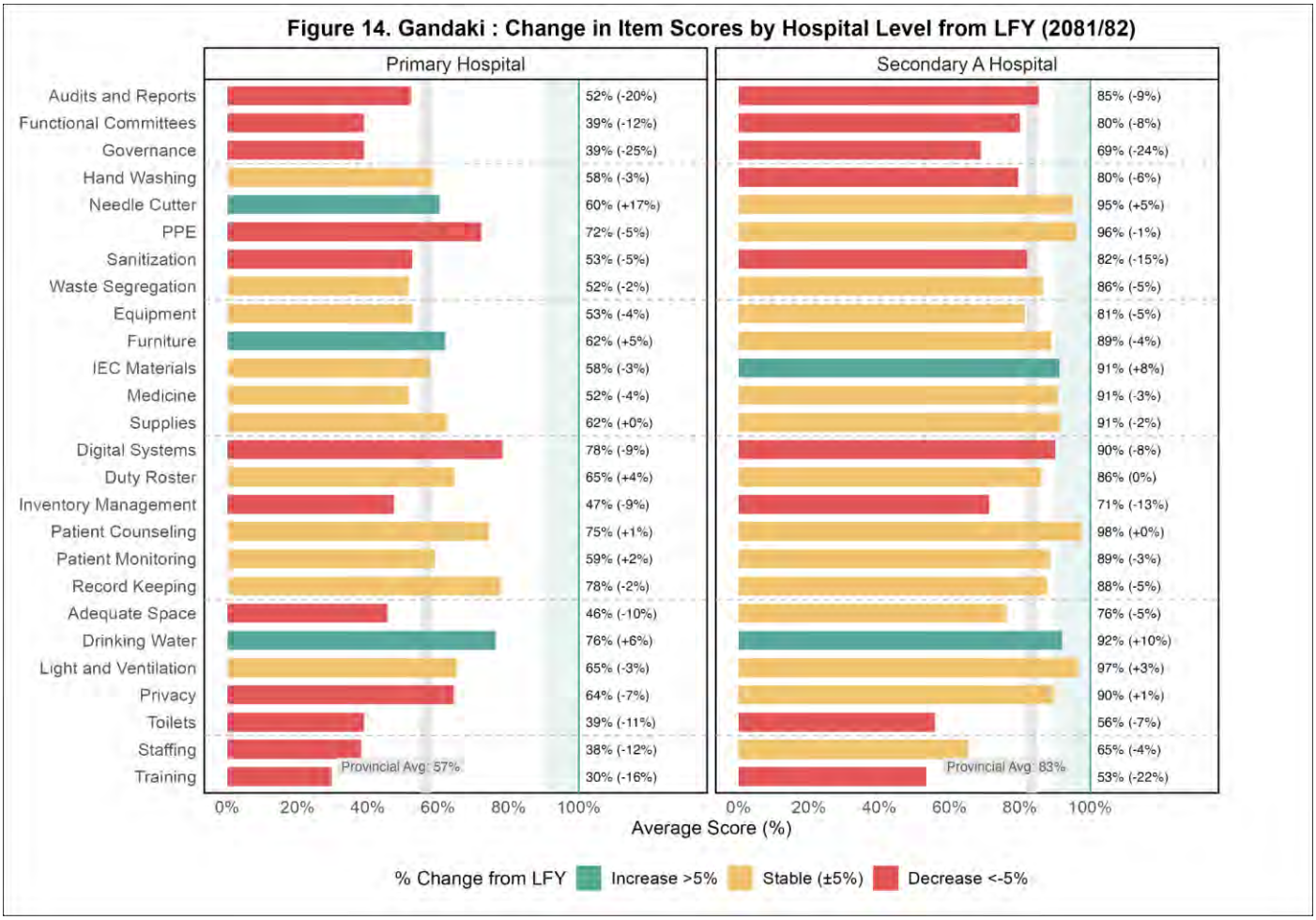

Figure 14d. Gandaki: Change in Item Scores by Hospital Level from LFY (2081/82) (n=23). Color indicates the change in the categorical score in the LFY. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from the LFY, the bar is grey. Provincial Averages shown by the grey vertical line.

Figure 14d shows the change in item scores across the hospital from LFY 2081/82 by Hospital Level. Provincial averages, marked by the grey vertical line, indicate that while some hospitals exceed standards, others remain below expectations. This figure can be used to see areas of weakness at specific levels, and target level-specific and province wide problems.

Primary hospitals have shown small improvements in basic service delivery items such needle cutter use and drinking water availability. Governance is especially weak, and has seen substantial losses, with Governance (39%) having dropped -25%, and Audits and Reports (52%) dropping -20% in the LFY. Similar to national trends, Staffing (38%; -12%) and Training (30%; -16%) remain weak, and could benefit from provincial support. Training is especially important as it ensures hospital staff are equipped to handle emergencies and provide appropriate, quality care.

Secondary A hospitals have a much higher baseline of service compared to Primary hostpails, and have maintained several items >90%, including Medicine and Supplies, Light and Ventilation, and needle cutter and PPE use. However, there are some key gaps that need to be addressed. Similar to Primary hospitals, Secondary A hospitals have weak governance and staffing items, which have all decreased in the LFY. Training specifically dropped by -22% in the LFY. Sanitization also dropped by -15%, a concern for patient safety.

Lumbini

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.

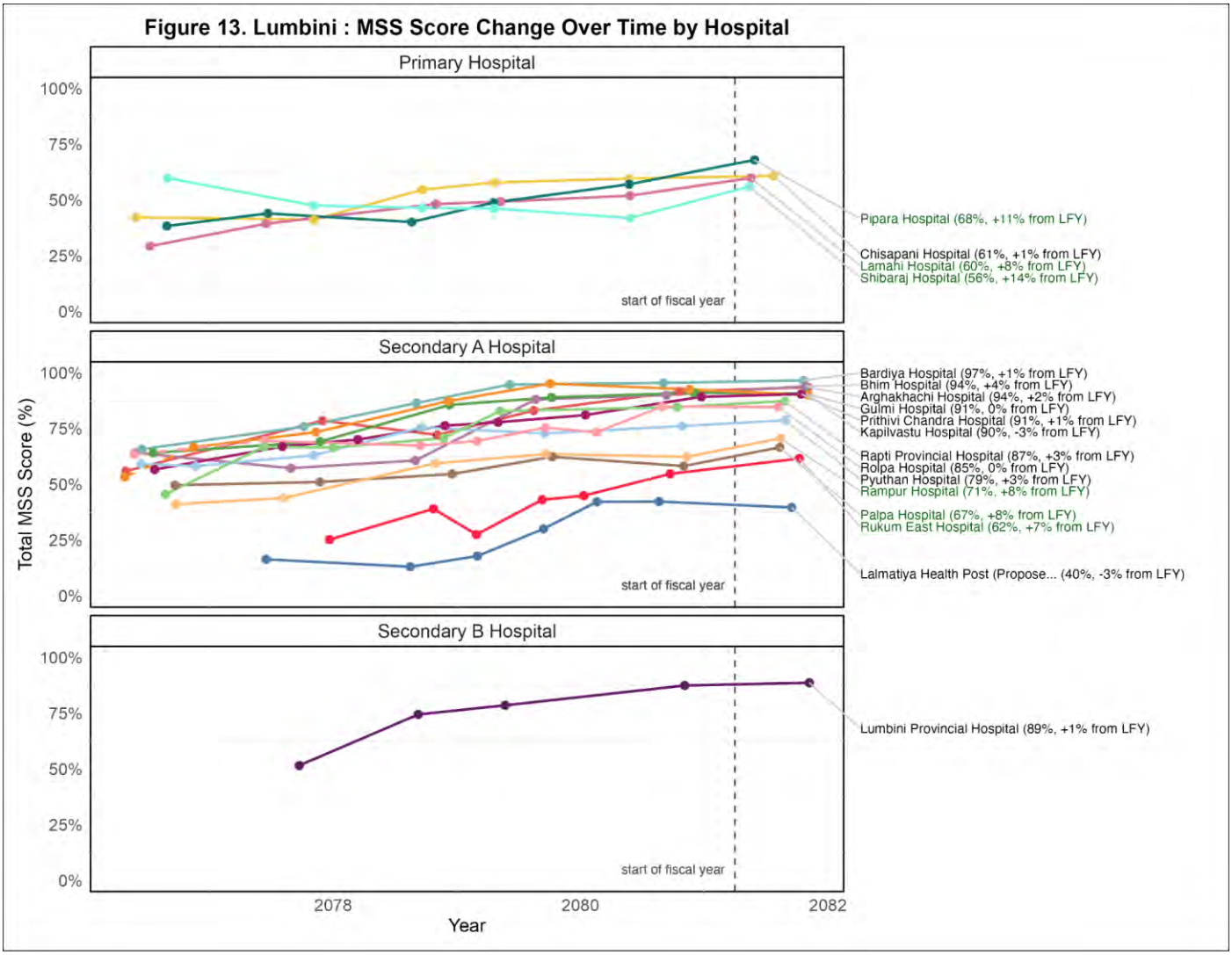

Figure 13e. Lumbini: Change in MSS Score Over Time by Hospital (n=18). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a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

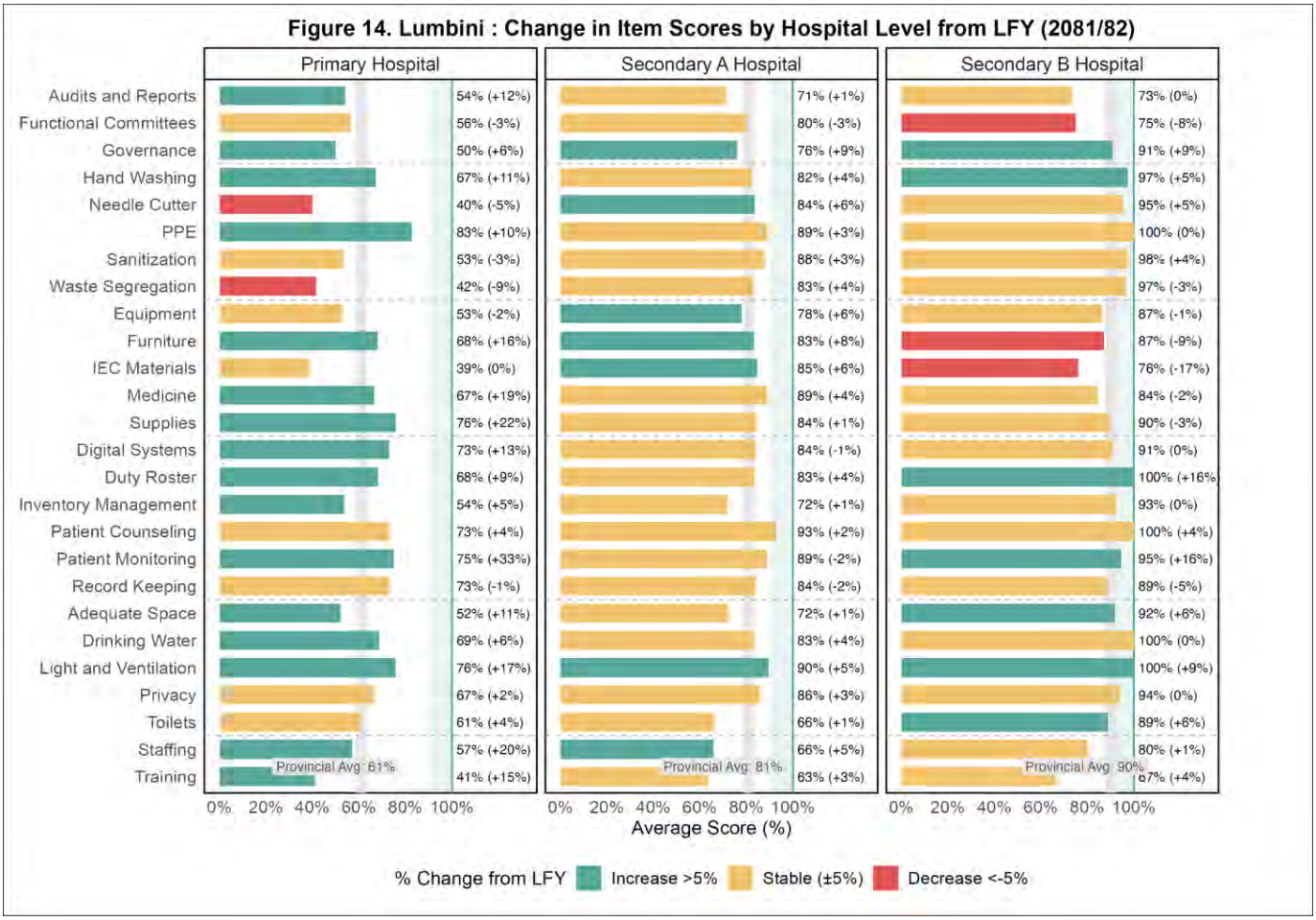

Figure 14e. Lumbini: Change in Item Scores by Hospital Level from LFY (2081/82) (n=18). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages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

Karnali

Eleven Primary, Secondary A, and Secondary B hospitals in Karnali Province completed an MSS assessment in 2081/82; 8 Primary, 2 Secondary A, and 1 Secondary B hospital. Among the Primary Hospitals, Seven Hospit;s are governed by Karnali Province and 0ne Dullu Hospital at the local level.

Primary hospitals in Karnali are facing significant foundational and operational challenges, with many failing to meet even minimum standards for safe and respectful care. Critical gaps include basic WASH infrastructure, infection prevention and control, staffing, and governance. Facilities such as **Humla**, **Dullu**, and **Mugu District Hospitals** scored alarmingly low in sanitation, waste segregation, and hand hygiene, posing direct risks to patient and staff safety. Governance and leadership are weak, with few hospitals having appointed Medical Superintendents or functioning oversight mechanisms. Despite some improvements in diagnostic and surgical readiness, such as increased availability of X-ray and USG equipment, the overall quality of care remains compromised by systemic issues. Strengthening hospital waste management, staffing CSSD units, improving nursing ratios, and enforcing governance standards should be immediate provincial priorities to restore safety and functionality in Karnali's primary hospitals.

Secondary A hospitals in Karnali show moderate overall performance but remain constrained by weak infrastructure, limited staffing, and foundational service gaps, particularly at Jajarkot District Hospital. Both hospitals lack critical systems such as emergency triage, adequate inpatient ward staffing, and physiotherapy services, which are entirely absent across facilities. Governance and human resource shortfalls are severe, with unfilled Medical Superintendent and pharmacist positions undermining hospital functionality. Despite improvements in infection prevention, CSSD operations, and orthopedic surgical readiness, significant declines in emergency preparedness, medicine availability, and staffing indicate fragile service delivery systems. Provincial-level investment in staffing, physiotherapy, and hospital management, alongside technical upgrades in emergency and inpatient services, will be crucial to bring Karnali's Secondary A hospitals up to MSS standards.

Provincial Hospital Surkhet (Karnali Provincial Hospital) continues to perform strongly, scoring 85% in the most recent MSS assessment and ranking third nationally among Secondary B hospitals. The hospital demonstrates high-quality service delivery, with several wards, including Pediatrics, Ob/Gyn, Geriatrics, General Medicine, and Dental, achieving 100%. However, gaps remain in governance and management oversight. Patient monitoring and duty roster systems (79%) and partial implementation of digital systems (82%) also require attention. As Karnali's only referral center, ensuring consistent supply chains, reinforcing governance, and upgrading underperforming wards such as Orthopedics, Surgery, and Psychiatry will be key to sustaining high-quality care and advancing toward national excellence standards.

Overall, Karnali Province demonstrates steady but uneven progress across hospital levels. While Provincial Hospital Surkhet has emerged as a provincial and national leader in quality service delivery, Primary and Secondary A hospitals continue to face widespread challenges in governance, staffing, and basic infrastructure. With targeted support and sustained investment, Karnali has the potential to transform its health facilities into safe, functional, and resilient hospitals capable of delivering consistent, high-quality care across all levels.

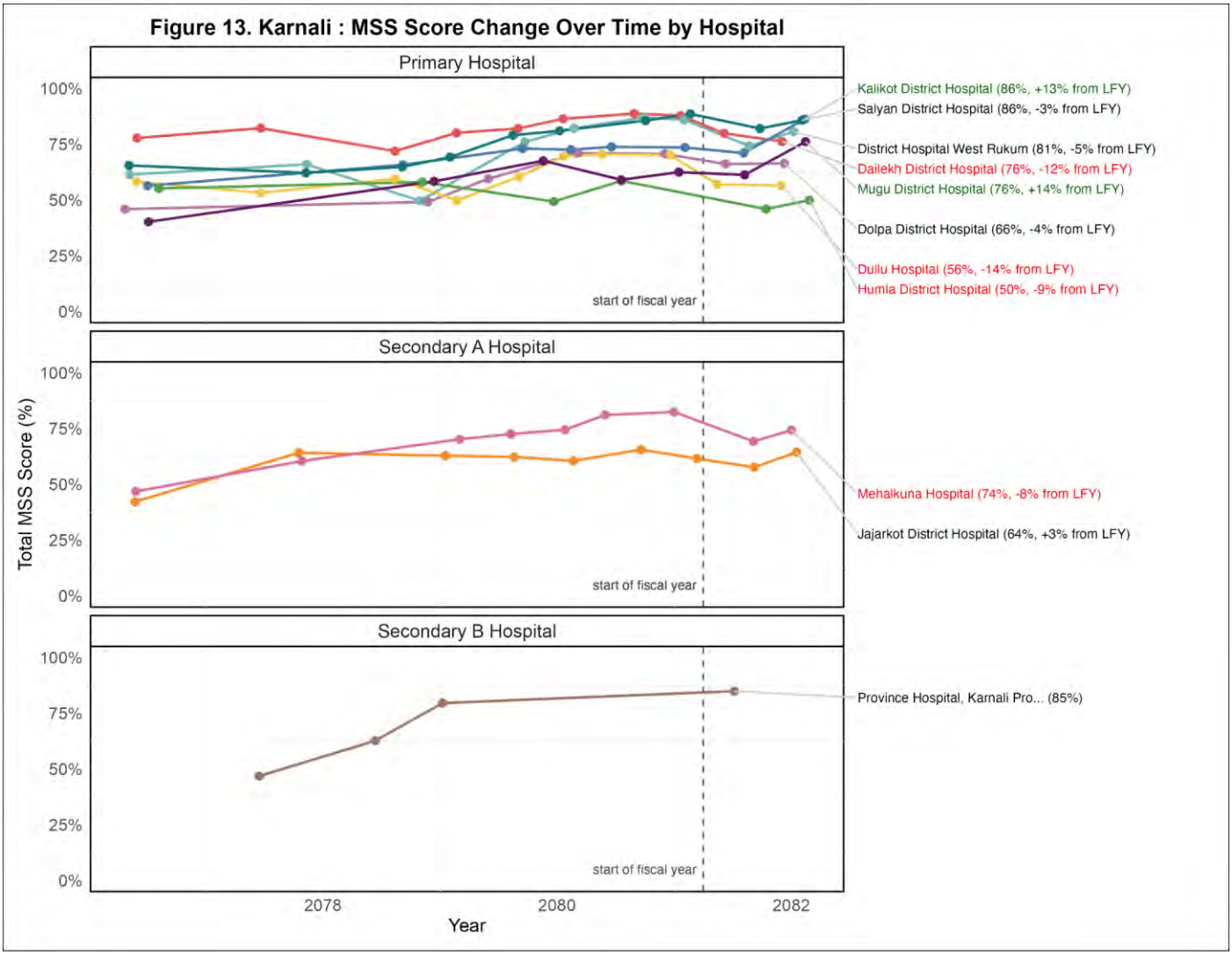

Figure 13f. Karnali: Change in MSS Score Over Time by Hospital (n=11). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a 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.

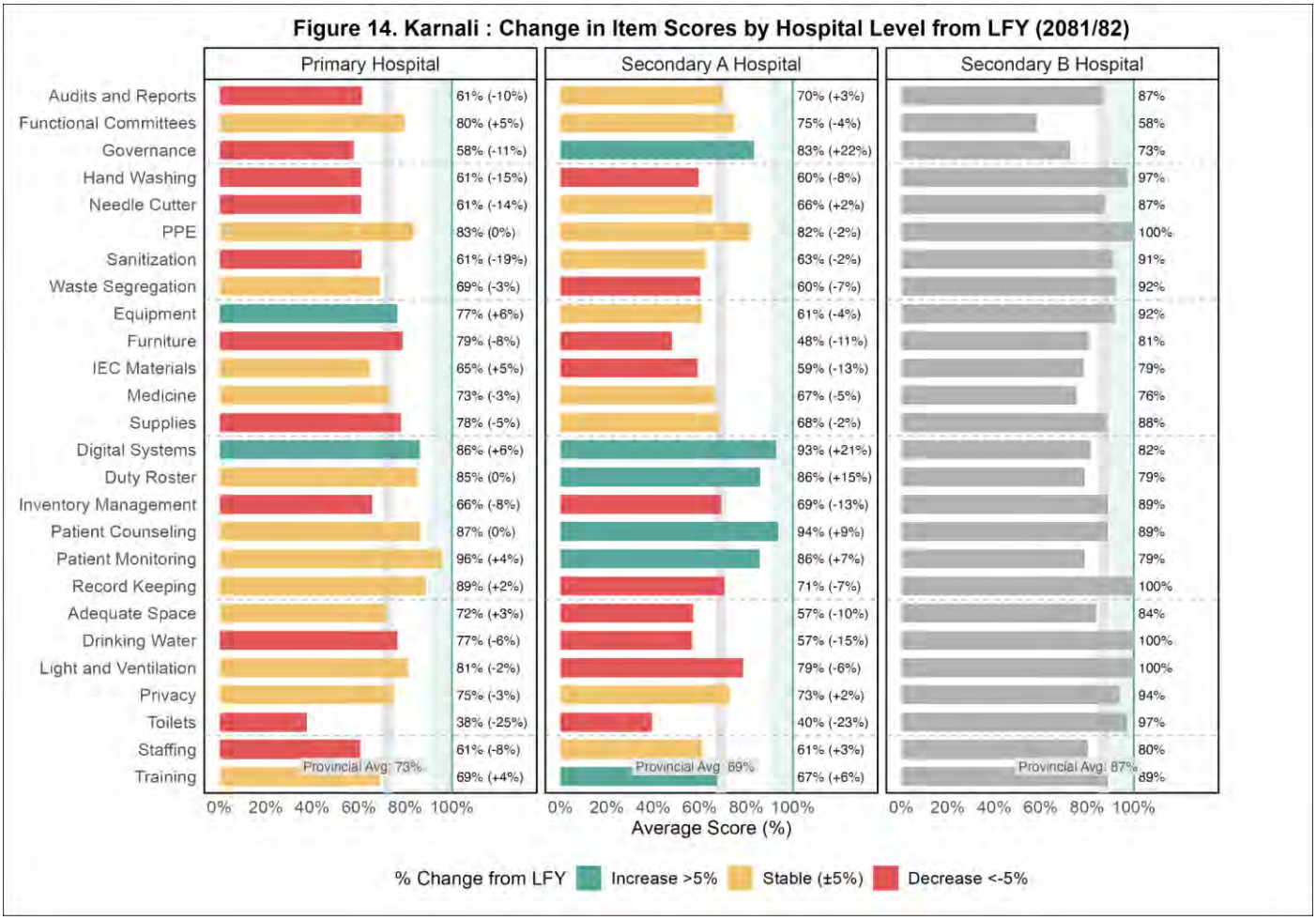

Figure 14f. Karnali: Change in Item Scores by Hospital Level from LFY (2081/82) (n=11). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages shown by the grey vertical line.

Figure 14f shows the change in item scores across the hospital in the LFY by Hospital Level. Primary hospitals (73%) and Secondary A hospitals (69%) show relatively similar average scores, while Secondary B hospitals (87%) are significantly higher. This indicates a clear gap in performance between higher-level and lower-level facilities, unlike some provinces where levels are more comparable.

Although **Primary hospitals**, most categories are stable, several areas experienced notable decreases. Hand Washing (-15%), Needle Cutter (-14%), Sanitization (-19%), Toilets (-25%), and Governance (-11%) are the most concerning drops, reflecting challenges in basic infection prevention and infrastructure. Equipment (+6%) and Digital Systems (+6%) are among the few areas that improved, but the sharp declines in WASH-related services (water, sanitation, hygiene) highlight systemic weaknesses. However, as all areas are lower, there is a need for hospital-wide interventions to improve scores.

In **Secondary A hospitals**, changes are more mixed, with improvements in Digital Systems (+21%) and Duty Roster (+15%), but significant declines in Governance (-11%), IEC Materials (-13%), Inventory Management (-13%), and Adequate Space (-10%). Patient Monitoring (+7%) and Training (+6%) are encouraging, but the overall balance still trends toward stagnation or decline in many critical areas.

By contrast, **Provincial Hospital Surkhet (Karnali Provincial Hospital)** consistently performs the best, with scores above 70% in all categories, many reaching above 90–100% (e.g., Sanitization, Waste Segregation, Drinking Water, Light and Ventilation, Record Keeping). Most of the categorical scores are high but still need to focus on Governance, Availability of IEC materials and Medicine, Patient Monitoring, and staffs' duty roster preparation. This suggests that higher-level facilities are better equipped, staffed, and managed, while Primary and Secondary A hospitals lag behind.

The lowest-scoring areas remain Toilets in Primary (38%) and Furniture (48%) at Secondary A hospitals. Governance is weak in both Primary (58%, -11%) and Secondary A (48%, -11%), indicating systemic administrative challenges. The biggest drops were observed in Toilets (-25%) in Primary, Hand Washing (-15%), and IEC Materials (-13%) in Secondary A.

Overall, the results show a performance divide between hospital levels in Karnali. While Secondary B facilities are strong, Primary and Secondary A hospitals face declines in governance, infrastructure, sanitation, and infection control. Addressing these gaps is critical for equitable service delivery. Provincial authorities have the opportunity to focus resources on upgrading WASH facilities, governance systems, and staffing in primary and secondary A hospitals to bring them closer to the standards already achieved by Secondary B hospitals.

Sudurpashchim

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. Bot**h 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.

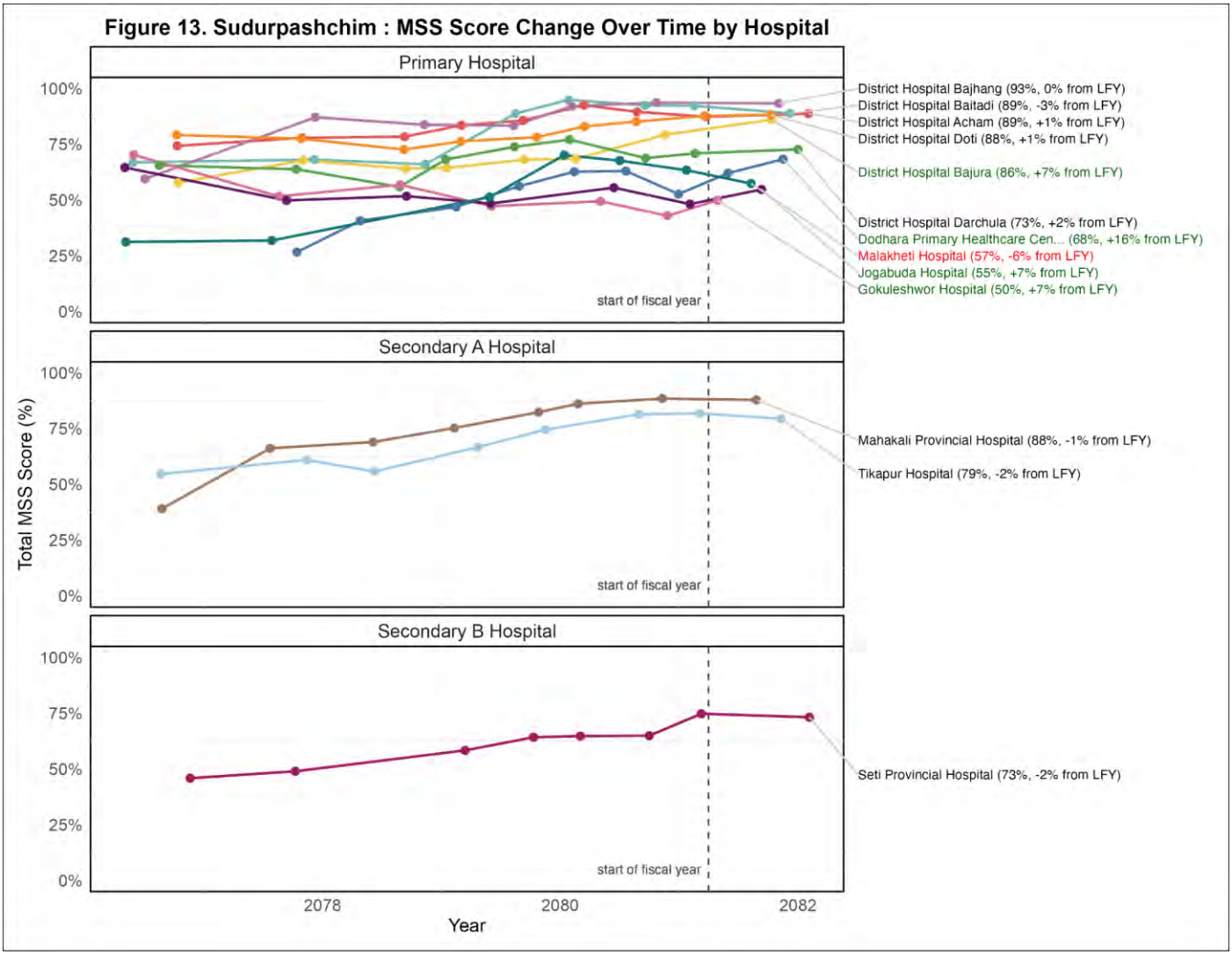

Figure 13g. Sudurpashchim: Change in MSS Score Over Time by Hospital (n=13). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate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

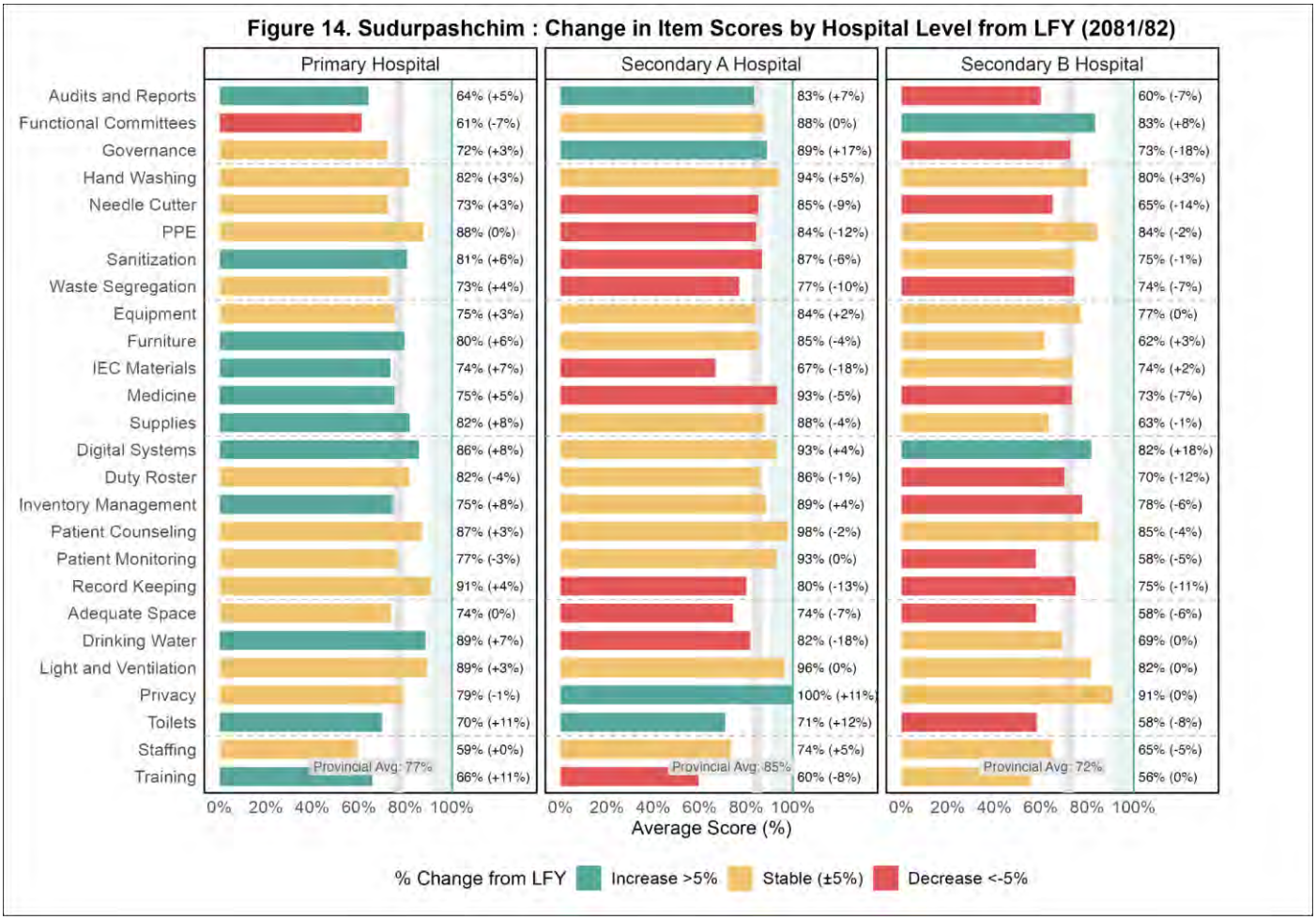

Figure 14g. Sudurpashchim: Change in Item Scores by Hospital Level from LFY (2081/82) (n=13). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial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

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 Mar	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 Plannii	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 gro	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, 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	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	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 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)

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	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	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	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	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	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	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	1
3b	2.3.5.1	Emergency S	Medicines and supplies to cam	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	1
3b	1.4.6.1	Financial Mar	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	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	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	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	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	1
3b	1.4.9	Financial Mar	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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 fro	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 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 anc	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 Mi	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 Mi	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 anc	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 Nutri 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	