

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

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

2081/82 (2024/25)

Nick Simons Institute, Shrawan 2082 (Aug 2025)

Provincial Minimum Service Standard Report: Madhesh

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Nick Simons Institute

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Executive Summary

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

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

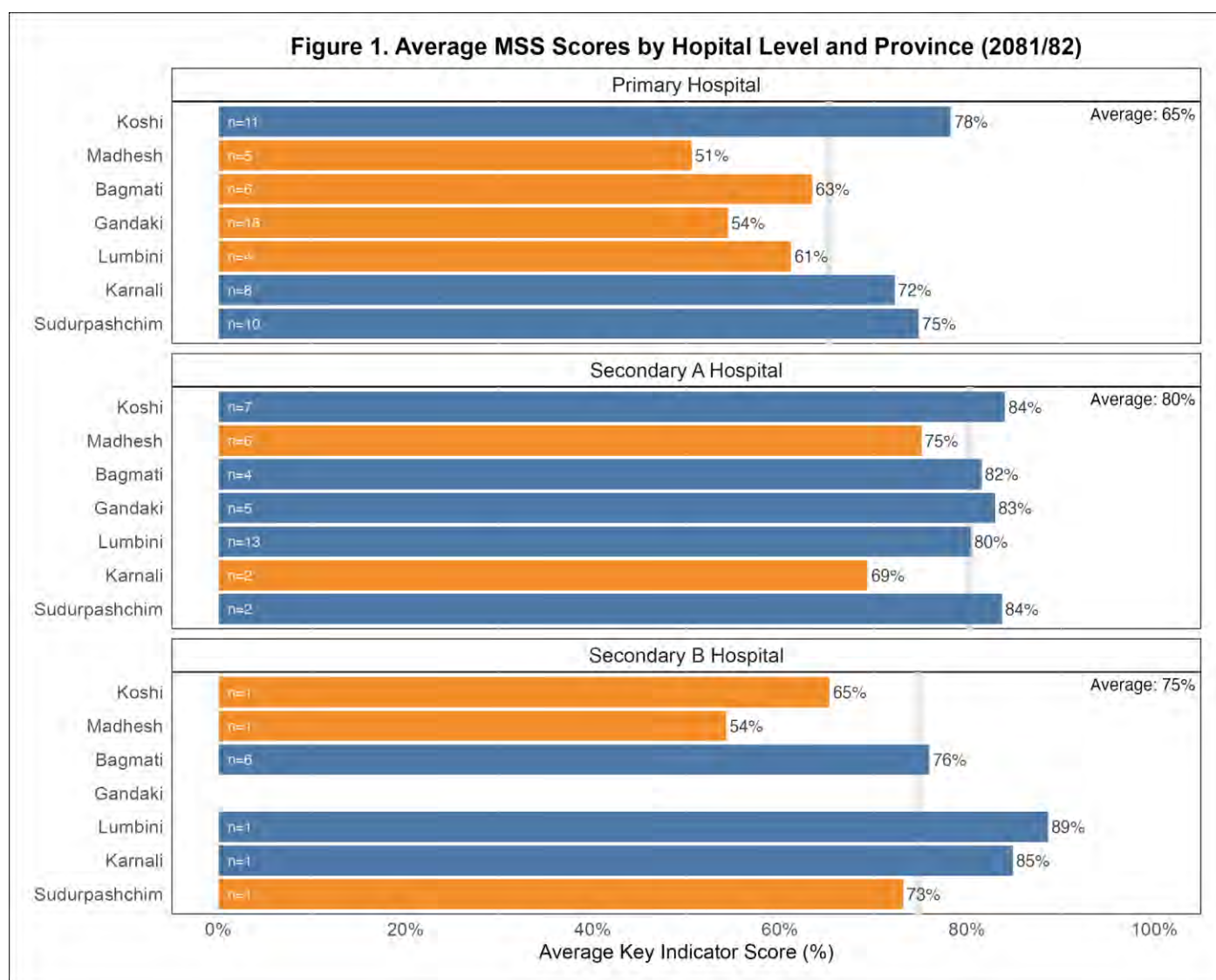


Figure 1. Average MSS Scores of Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals (2081/82). Scores by province. Orange shows below national average, blue shows above national average. N shows the number of hospitals in that province for that hospital level.

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

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

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

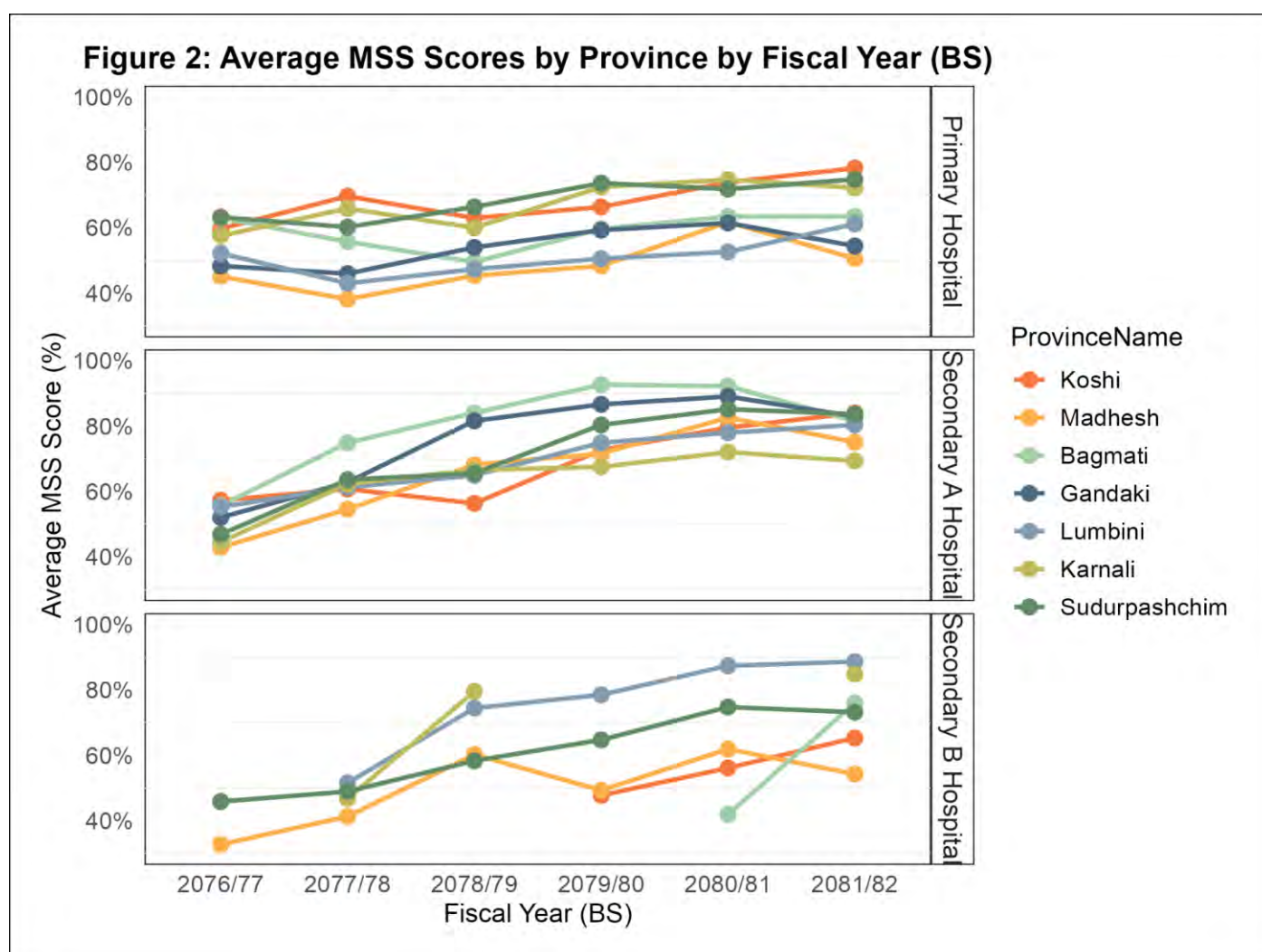


Figure 2. Average MSS Scores by Province over Time for Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals. Color by province.

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

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

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

Key Findings at a Glance:

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

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

Table 1. Provincial Summaries and Priority Actions for 2081/82

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

				Secondary A Hospitals scored high (72% - 90%), but some small declines.	- Ramja Deurali Health Post lacks basic KIs (24hr X-Ray, health insurance, main-power supply) - Governance, staffing, and training at Secondary A is weak and decreasing.	hospital waste management, supply chain systems (medicine, supplies, equipment), staffing and training, infection prevention, and governance.
Lumbini	Low↑↑	Very High↑	High↑	- All Primary hospitals improved (+1% to +14%), signaling equitable investment in lower-scoring facilities. - Secondary A hospitals continue to excel, with nearly half scoring above 90% and Bardiya Hospital (97%) among the top nationally. - Lumbini Provincial Hospital has achieved remarkable growth, reaching 89% from 49% in 2077, the second-highest among Secondary B hospitals.	- Primary hospitals still average ~61%, with persistent gaps in dental services, hospital waste management, IEC materials, and training. - Province-wide absence of physiotherapy services and staffing shortages in inpatient, maternity, and specialist posts at Secondary A hospitals. - Infrastructure congestion and underdeveloped psychiatry services at Lumbini Provincial Hospital.	- Invest in basic quality services at Primary hospitals (dental, HCWM, IEC, training) to raise scores above 70%. - Address physiotherapy and staffing gaps across Secondary A hospitals. - Expand infrastructure and strengthen pharmacy and psychiatry services at Lumbini Provincial Hospital.
Karnali	High↓	Low↑	High↑	- Uneven progress: Primary and Secondary A lag on basics, while Karnali Provincial Hospital performs strongly. - Primary shows diagnostic gains (USG, X-ray) but loss in infection prevention. - Secondary A mixed, with some improvements and other losses.	- Systemic infection prevention failures, staffing shortages, physiotherapy absent, ER triage not maintained, weak CSSD staffing, inconsistent medicine/supply availability. - Secondary A needs investment in infrastructure, which saw major losses in LFY.	Target Humla, Dullu, and Mugu District Hospitals for basic infection prevention, sanitation, and waste management.
Suder-Pashchim	High↑	High↑	High↑	- Primary hospitals scored well with equitable improvements concentrated in previously low-performing facilities, but growth has stagnated. - Secondary A and Secondary B hospitals maintained relatively high scores, but have not shown much growth.	- Persistent staffing shortages (nurses, physiotherapists, maternity staff), weak governance, and infection-prevention lapses - Malakheti Hospital meets 0% of patient monitoring indicators. - Waste segregation remains inconsistent in higher-level hospitals.	- Institutionalize hospital waste-management protocols province-wide - Target Malakheti and Jogbuda Hospital broadly for basic improvements. - Develop Province-level innovations to address staff recruitment and retention.

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

National Report

Introduction

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

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

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

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

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

Hospital Readiness

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

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

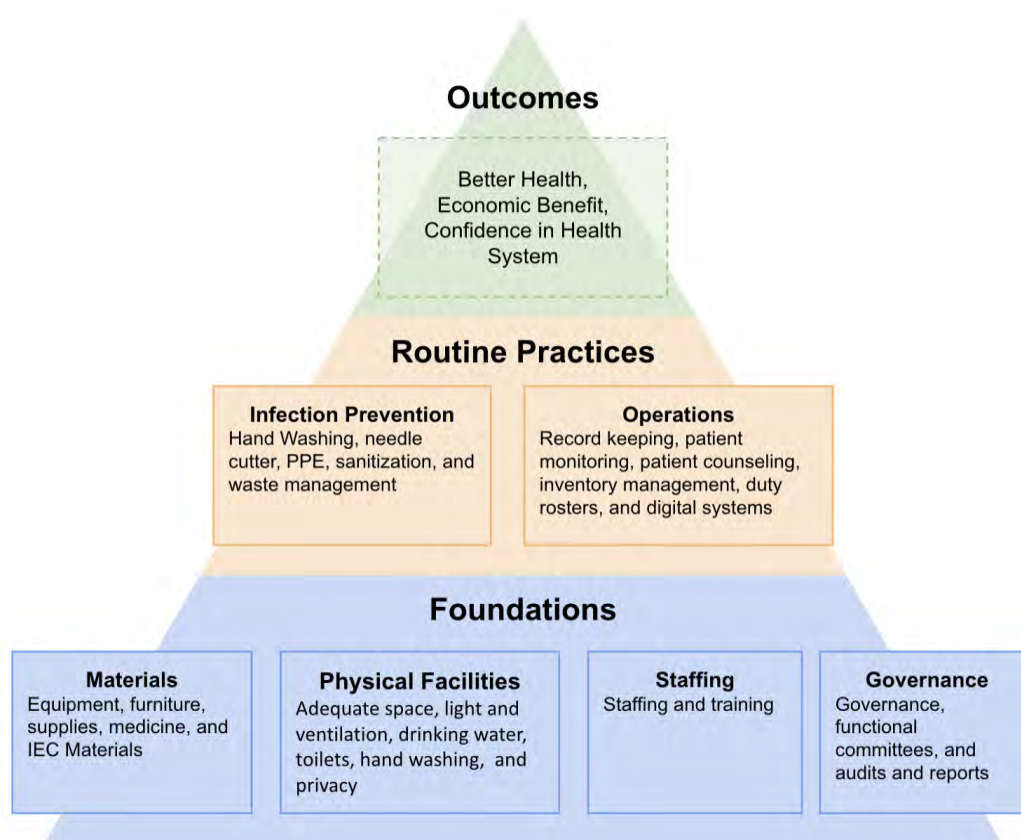


Figure 5. MSS Analysis Conceptual Framework for Hospital Readiness Analysis.

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

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

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

Foundations

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

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

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

Table 5. Foundation Component Items and Example Standards				
Item	No. of Indicators			Example Standard
	Prim.	Sec. A	Sec. B	
A. Foundations: <i>Physical Facilities</i>				
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: <i>Materials</i>				
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: <i>Staffing</i>				
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: <i>Governance</i>				
Audits and Reporting	12	15	15	“Final audit/ external audited accounts are available for last year.” (1.4.5.3)

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

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

Figure 5 Summary

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

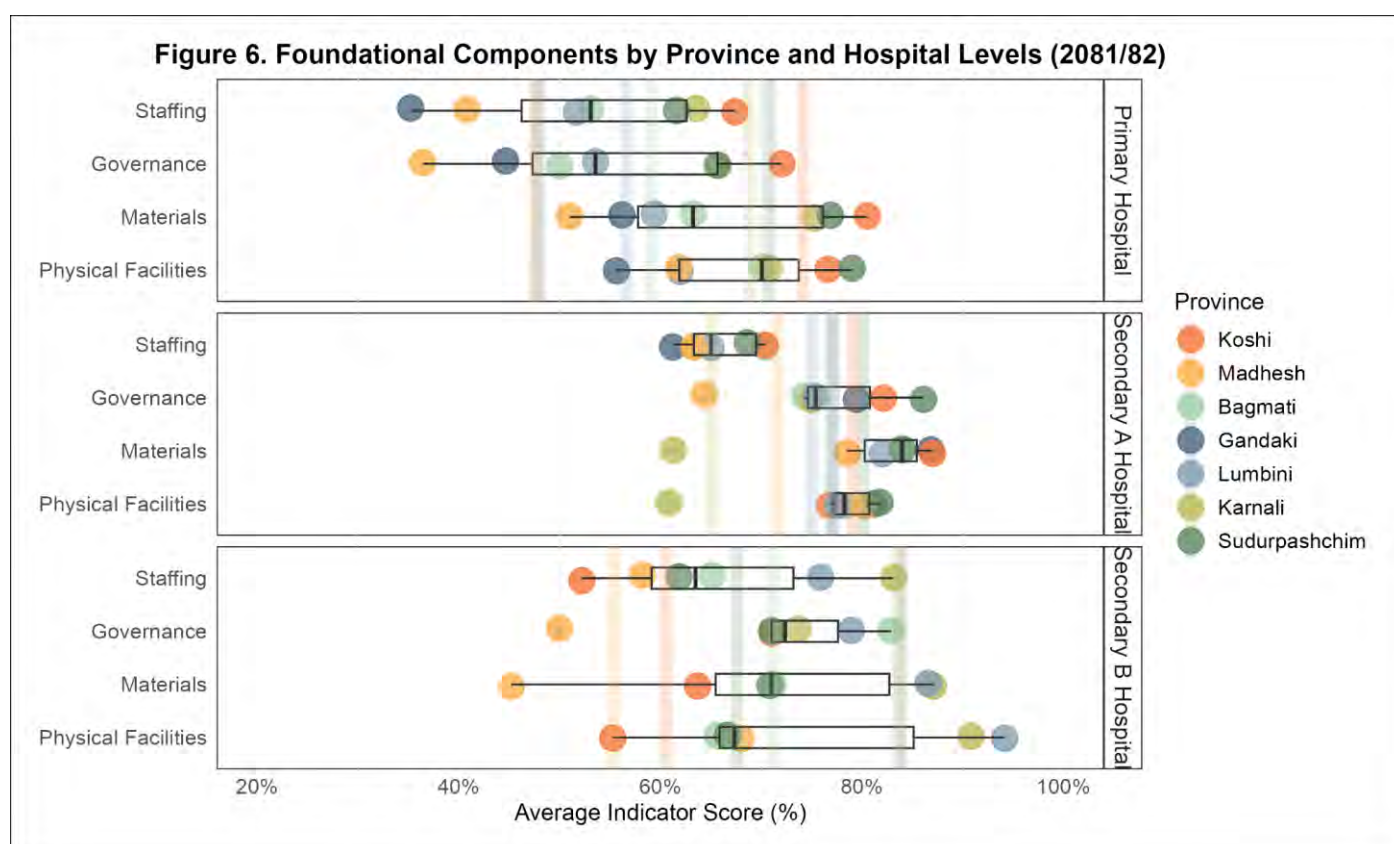


Figure 6. Foundational Components by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

Routine Practices

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

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

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

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

Table 10. Routine Practice Components and Example Standards				
Item	No. of Indicators			Example Standard
	Prim.	Sec. A	Sec. B	
A. Routine Practice: <i>Infection Prevention</i>				
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: <i>Operations</i>				
Digital Systems	12	12	11	“Pharmacy uses computer with software for inventory management and medicine use” (2.5.10)
Duty Roster	11	13	19	“Duty rosters of all OPDs are developed regularly and available in appropriate location.” (2.1.7)
Inventory Management	13	17	19	“Instrument are maintained and calibrated as per manufacturer instructions” (2.9.1.3.2); “FEFO system is maintained using standard stock book/cards.” (2.5.17)
Patient Counseling	21	21	27	“Counseling is provided to patients about the type of treatment being given and its consequences” (2.1.4.1)
Patient Monitoring	3	7	19	“Patients’ pain management is prioritized, measures well documented and analgesic effect followed up” (2.8.9.4)
Record Keeping	23	26	44	“Drug resistance, complication and referral to other sites recorded and reported” (2.2.3.9.2)

Infection Prevention

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

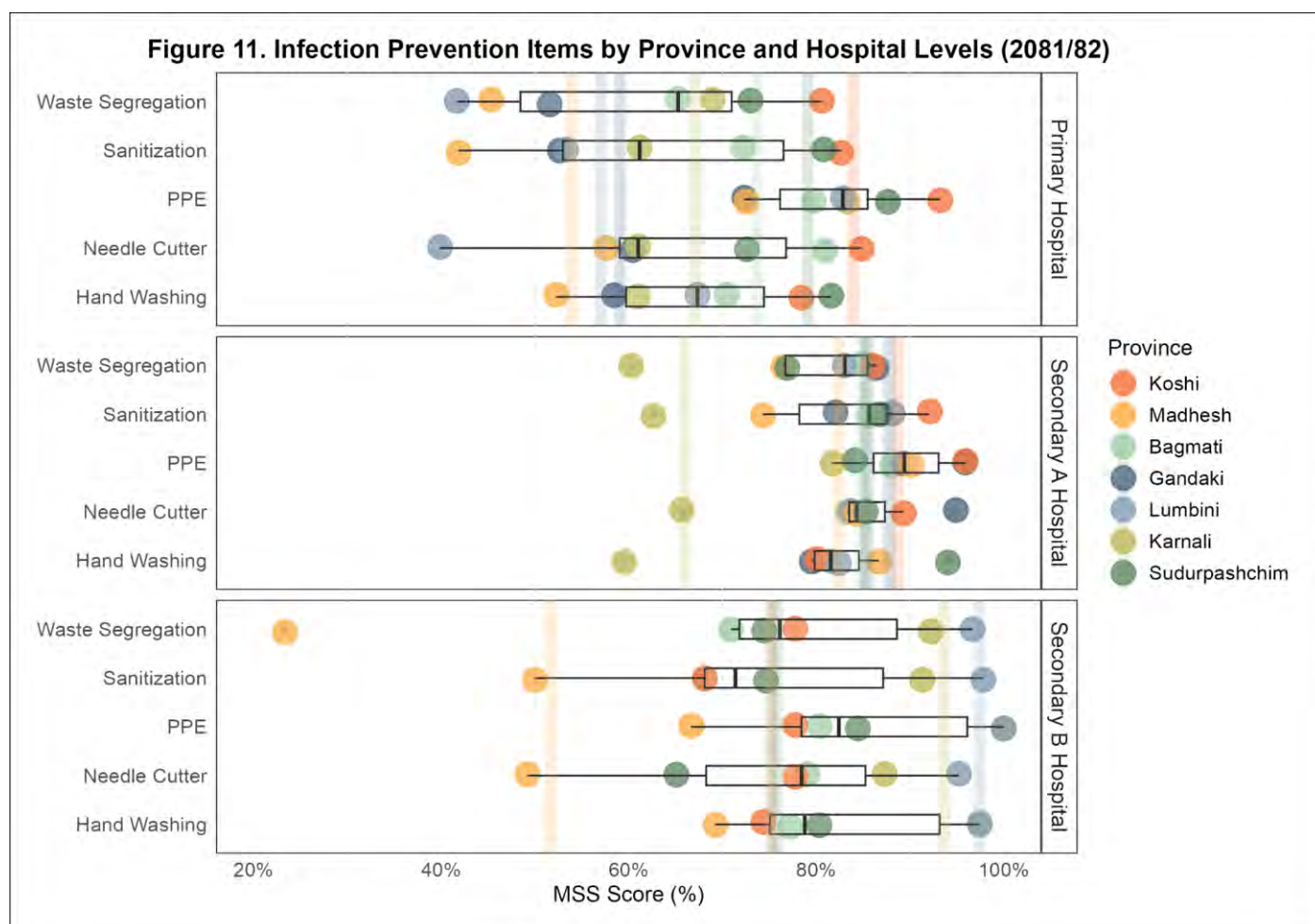


Figure 11. Infection Prevention Compliance by Province (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Colored by Province. Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

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

Operations

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

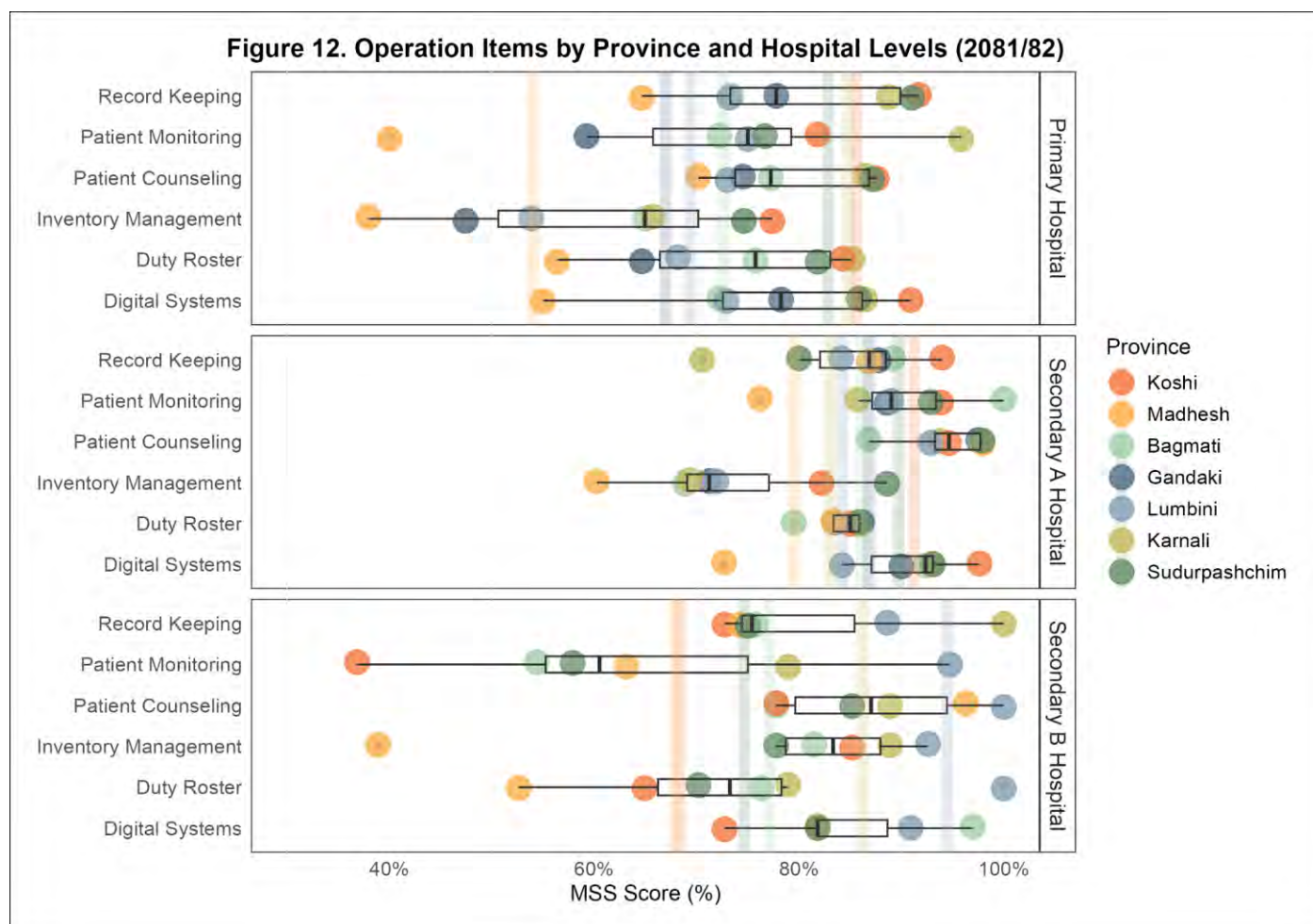


Figure 12. Operations Items by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 30% - 100%.

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

Madhesh Report

Overview

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.

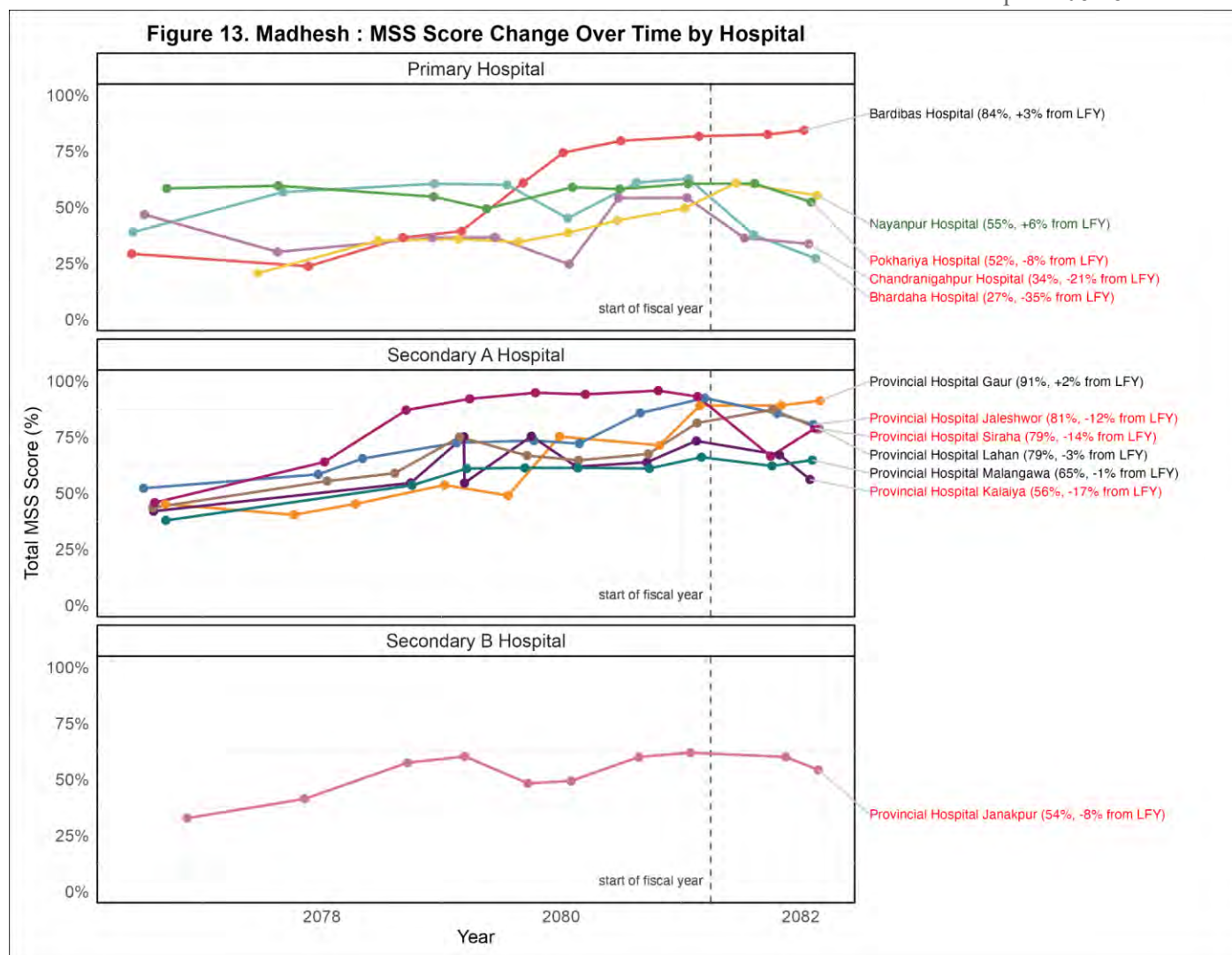


Figure 13b. Madhesh: Change in MSS Score Over Time by Hospital (n=12). Each line is labeled with the hospital name, the most recent MSS score, and the % change in the LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate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

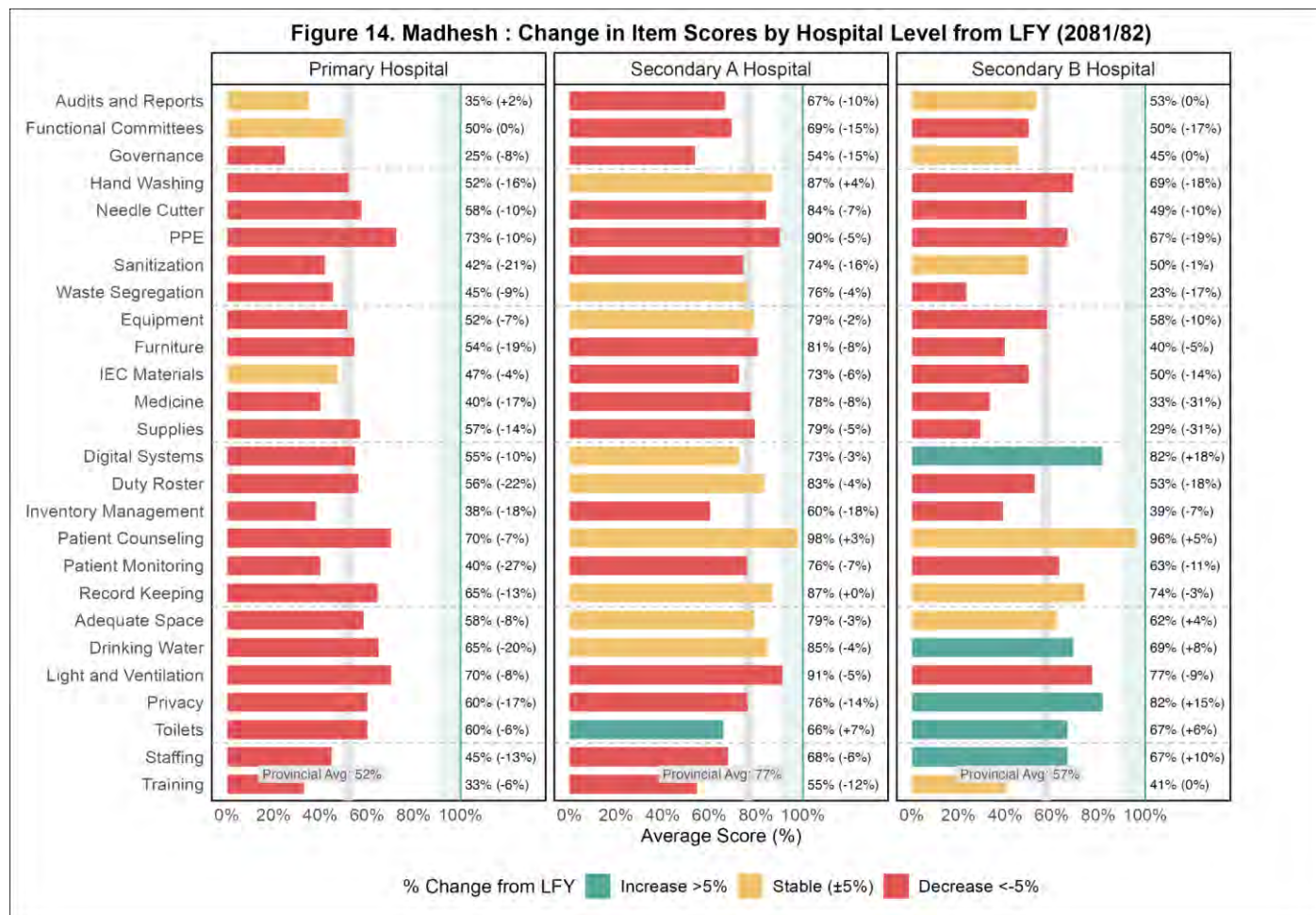


Figure 14b. Madhesh: Change in Item Scores by Hospital Level from LFY (2081/82) (n=12). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages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

Primary Hospitals

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

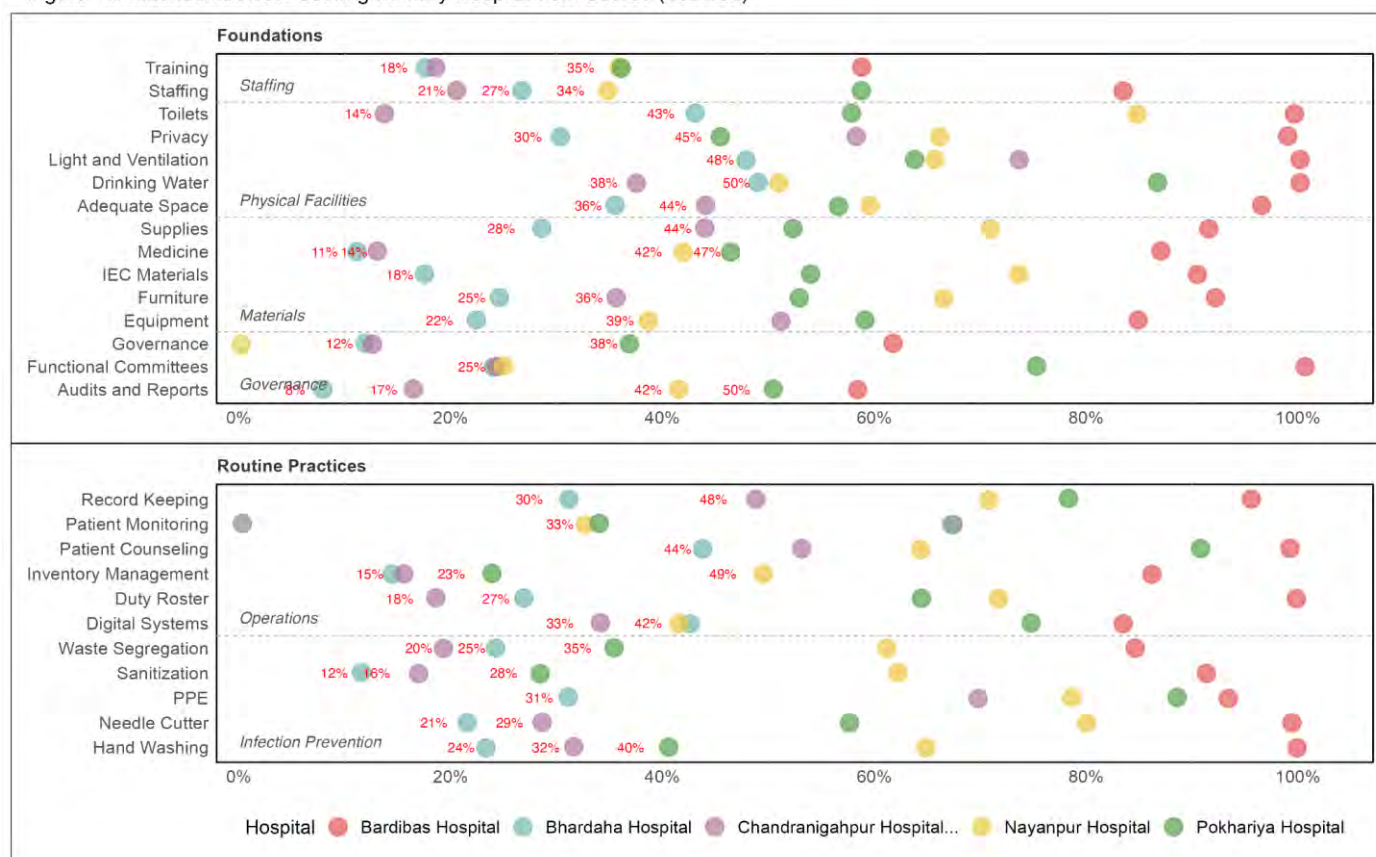


Figure 15b. Madhesh: Lowest-Scoring Primary Hospitals Item Scores (n=5). Only the six lowest-scoring primary hospitals in Madhesh were included. Items below 51% are labelled with their percent.

Primary hospitals remain the lowest performers with an average score of 51%. Certain hospitals scored very poorly and had dramatic decreases. **Chandranigahpur Hospital** only 0% in patient monitoring, 12% in governance, 14% in medicine supplies, and 16% in sanitation. While it performs well in some items (light, ventilation, PPE), critical gaps in sanitation, hand washing, waste segregation, and safe use of masks, gloves, and needle cutters pose serious risks to patient and staff safety. **Bhardaha hospital** scored just 12% in sanitation, raising similar concerns for infection prevention and quality of care. **Pokhariya** and **Nayanpur hospitals** both have noticeable gaps that may be holding back overall service improvement including patient monitoring, inventory management, and governance. Broadly, all hospitals have very poor governance, which may be a root of other issues, with Bardibas and Pokhariya Hospital the only hospitals without multiple items below 25%, and Nayanpur Hospital scoring 0% in governance.

Code	Area	Standard	Hospitals meeting standard				
			1	2	3	4	5
Low scoring indicators							
2.5.3.4	Pharmacy Service	Hospital has all, medicines and supplies available as per approved hospital formulary list	0	0	0	0	0
2.7.1.2.1.1	Delivery Service	Nurse: pregnant women ratio 1:2 in pre-labor; 2:1 per delivery table and 1:6 in post-natal ward	0	0	0	0	0
2.9.1.1.3	Laboratory and Blood Bank	Histopathology service in coordination with other health facilities	0	0	0	0	0

3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management	0	0	0	0	0
3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste is disposed based on the HCWM guideline 2014 (MoHP)	0	0	0	0	0
3.6.3	Hospital Waste Management	There is separate area/space designated for waste storage and management with functional hand washing facility	0	0	0	0	0
3.6.9.1	Hospital Waste Management	Infectious waste is sterilized using autoclave before disposal	0	0	0	0	1
2.8.3.3	Surgery/Operation Service	Orthopedic Surgeries (See Annex 2.8 b List of Minimum Orthopedics Surgeries Available At the end of this standard)	0.7	0	0	0	0
1.3.3.1	Human Resource Management and Development	Staffs available for service in hospital as per organogram (See Annex 1.3a Functional Organogram Section I: At the end of this standard)	0.3	0	0	0.3	1
2.10.6	Dental Service	Equipment, instrument and supplies to carry out Dental Services (See Annex 2.10 b Basic Equipment and Instrument for Dental Services at the end of this standard) are available and functioning	1	0	0	0	0
<i>High scoring indicators</i>							
1.4.1.2	Financial Management	At least one accountant available for hospital financial management	1	0	1	1	1
1.4.6.1	Financial Management	The hospital uses central electronic billing system	1	1	1	0	1
1.5.1.1	Medical Records and Information Management	Client registration is digitalized using standard software	1	1	1	0	1
2.7.2.1.4	Maternity Inpatient Service (General Ward)	Separate space dedicated for pre- labor, labor and postnatal patients	1	0	1	1	1
2.9.1.8.1	Laboratory and Blood Bank	At least three months buffer stock of laboratory supplies is available.	1	0	1	1	1
2.9.2.2	X-Ray Service	Adequate numbers of trained healthcare workers are available in x-ray (at least 2 staffs to cover shifts including ER)	1	1	1	0	1
2.9.2.5.1	X-Ray Service	General X ray unit (with minimum 125KV and 300ma X-ray machine) with tilting table and vertical bucky	1	0	1	1	1
2.9.3.1	Ultrasonography (USG)	USG is open from 10 AM to 3 PM for obstetrics, abdominal, pelvic and superficial structure like testis, thyroid	1	1	0	1	1
2.9.3.2	Ultrasonography (USG)	USG trained medical practitioner and mid-level health worker in each USG room	1	1	0	1	1
3.4.3.1	Repair, Maintenance and Power system	Hospital has main-grid power supply with three-phase line	1	1	1	0	1

Table 12b. Actionable steps for Primary hospitals in Madhesh (n=5). Hospital numbers are as follows: (1) Bardibas Hospital, (2) Bhardaha Hospital, (3) Chandranigahpur Hospital, (4) Nayanpur Hospital, and (5) Pokhariya Hospital. *Standard out of 3 points.

Above, Table 12b shows the 10 *most met* and the 10 *least met* KI scores for all 5 Primary hospitals in Madhesh for the most recent MSS assessment in 2081/82 FY. There are widespread gaps across Primary hospitals, with six KIs missed across all Primary hospitals, specifically in the Laboratory and Blood Bank, and the Hospital Waste Management.

Hospital Waste Management needs immediate support across all Primary Hospitals (3.6.1; 3.6.10; 3.6.3; 3.6.9.1). This is an excellent opportunity for a top-down, province wide intervention to support hospitals developing and

implementing a hospital waste management plan. Successful Secondary A hospitals, such as Provincial Hospitals Gaur, Jelshwor, or Lahan, could be excellent partnerships, sharing expertise.

Other Province-Wide Gaps:

- Hospital has all, medicines and supplies available as per approved hospital formulary list (2.5.3.4)
- Nursing Staff shortages in delivery (2.7.1.2.1.1)

Hospital Level Interventions. (For a full list, see Table 12b.

- **Chandranigahpur Hospital** needs a functional USG service (2.9.3.1) and staff (2.9.3.2).
- **Nayanpur Hospital** needs:
 - A main-grid power supply with three-phase line (3.4.3.1)
 - Adequate numbers of trained healthcare workers are available in x-ray (2.9.2.2)
 - Electronic central billing system (1.4.6.1)
 - Digitalized client registration software (1.5.1.1)
- **Bhardaha Hospital** needs:
 - General X ray unit (with minimum 125KV and 300ma X-ray machine) (2.9.2.5.1)
 - Three months buffer stock of laboratory supplies (2.9.1.8.1)
 - Separate space dedicated for pre- labor, labor and postnatal patients (2.7.2.1.4)
 - An accountant (1.4.1.2)

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

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

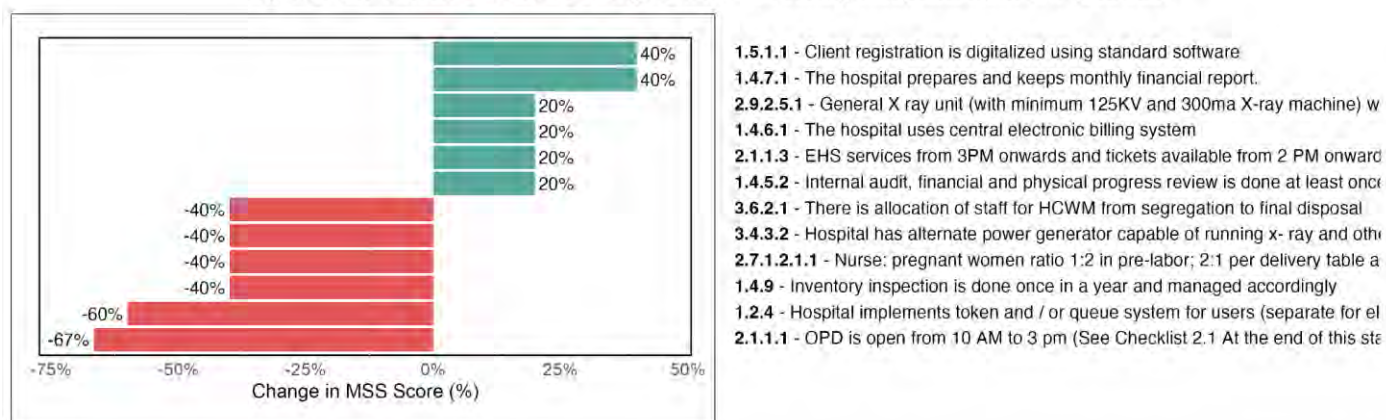


Figure 16b. Madhesh: Greatest Changes in Key Indicators at Primary Hospitals from LFY (2081/82) (n=5). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

Figure 16b shows the greatest positive and negative changes in KIs at Primary hospitals in Madhesh province in the LFY. The greatest improvements were seen in Governance (1.5.1.1 and 1.4.7.1) and X-Ray equipment (2.9.2.5.1), a wonderful achievement. Specifically, both Bardibas and Bhardaha Hospital digitized client registration (1.5.1.1), and only Nayanpur Hospital has yet to meet this KI.

The greatest loss was OPD service. Previously, 100% of primary hospitals had OPD service from 10AM to 3PM (2.1.1.1). In the LFY, Chandranigahpur and Pokhariya Hospital are no longer meeting this indicator, and Bhardaha and Nayanpur Hospital are only partially meeting this indicator. Similarly, Bhardaha, Chandranigahpur, and Nayanpur Hospital all no longer have the token and or queue system (1.2.4)

Secondary A Hospitals

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



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

More than half of the Secondary A hospitals in Madhesh (Kalaiya, Jaleshwor, Malangawa and Siraha) scored <56% in governance. Among them, Provincial hospital Kalaiya showed particularly weak results in governance accountability, with only 8% of committees functioning and 22% in overall governance performance. Professional development was also limited, with only 33% of staff receiving training. At the same time, Kalaiya performed relatively well in record keeping and patient counseling, which can be built upon as a strength.

Key areas needing improvement (<61%)

- **Training:** regular staff training is required in Kalaiya (Malangawa, Siraha and Lahan Hospitals).
- **IEC materials:** Availability and use of information, education and communication (IEC) materials need improvement in Kalaiya and Malangawa hospitals.
- **Waste segregation:** proper waste segregation practices should be strengthened in Malangawa hospital.

Table 13b. Actionable Steps for Secondary A Hospitals: Madhesh (n=6)

Table 13b. Actionable Steps for Secondary A Hospitals: Madhesh (n=6)								
Indicator Code	Area	Standard	Hospitals meeting standard					
			1	2	3	4	5	6
Low scoring indicators								
2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2PM onwards	0	0	0	0	0	0

2.14.3	Physiotherapy	At least 1 physiotherapist trained in Masters in Physiotherapy (MPT), 2 trained in Bachelors in Physiotherapy (BPT), and 2 Certificate in physiotherapy (CPT) or Diploma in physiotherapy (DPT) and 1 trained office assistant treating 20 patients per day on OPD basis	0	0	0	0	0	0
3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline 2014 (MoHP)	0	0	0	0	0	0
2.6.5	Inpatient Service	Adequate numbers of nursing staff are available in ward per shift (nurse patient ratio 1:6 in general ward, 1:4 in pediatric ward, 1:2 in high dependency or intermediate ward or post-operative ward or burn/plastic) and at least one trained office assistant/ward attendant per shift in each ward (See Checklist 2.6 At the end of this standard for scoring)	1	0	0	0	0	0
1.5.1.3	Medical Records and Information Management	Electronic health record system that generates the HMIS monthly report (HMIS 9.4) is in place	0	0	0	0	1	0
2.5.3.3	Pharmacy Service	Hospital has all medicines and supplies available as per approved hospital formulary list	1	0	0	0	0	0
2.5.6.1	Pharmacy Service	Pharmacy department is led by at least one clinical pharmacist	0	0	0	0	0	1
2.9.1.1.1.3	Laboratory	Histopathology service in coordination with other health facilities	1	0	0	0	0	0
2.14.1	Physiotherapy	Separate room for OPD physiotherapy with at least 10 physiotherapy beds with 5 exercise beds and 5 electric beds	0	1	0	0	0	1
2.7.1.2.1.1	Maternity Services	Nurse: pregnant women ratio 1:2 in pre-labor; 2:1 per delivery table and 1:6 in post-natal ward	1	1	0	0	0	0
<i>High scoring indicators</i>								
2.3.4	Emergency Service	Instruments and equipment to carry out the ER works are available and functioning (See Annex 2.3b ER Instruments and Equipment At the end of this standard)	1	0.7	0.3	1	1	1
2.7.1.1.1	Maternity Services	Separate pre-labor room/ labor room with privacy is available.	1	1	0	1	1	1
2.8.11.4	Surgery/ Operation Services	High Level Disinfection (e.g. Cidex) facility is available and being practiced.	1	1	1	1	1	0
2.8.7.3	Surgery/ Operation Services	Each operating room has medicines and supplies available (See Annex 2.8e General Medicine and Supplies for OT At the end of this standard)	1	0.7	1	1	0.7	0.7
2.9.3.1	Ultrasonography (USG)	USG is open from 10 AM to 3 PM for obstetrics, abdominal, pelvic and superficial structure like testis, thyroid	1	1	0	1	1	1
3.1.1.2	CSSD	There are separate rooms designated for dirty utility, cleaning, washing and drying and sterile area for sterilizing, packaging and storage	1	1	0	1	1	1
3.4.2.3	Repair, Maintenance and Power system	Separate room for storage of repairing tools and instrument	1	1	0	1	1	1
3.9.2.1	Store (Medical and logistics)	A separate hospital medical store with 3 months' buffer stock is available	1	1	0	1	1	1
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	1	1	1	1	1	0.7
2.9.1.1.1.2	Laboratory	Basic investigations are available (See Annex 2.9.1a List of investigations for Laboratory At the end of this standard)	1	1	1	1	0.7	1

Table 13b. Actionable steps for Secondary A hospitals in Madhesh (n=6). Hospital numbers are as follows: (1) Provincial Hospital Gaur, (2) Provincial Hospital Jaleswor, (3) Provincial Hospital Kalaiya, (4) Provincial Hospital Lahan, (5) Provincial Hospital Malangawa, and (6) Provincial Hospital Siraha *Standard out of 3 points.

The most recent MSS assessment (2081/82) of six Secondary A hospitals in Madhesh shows that many KIs are being met across the province, but there are several critical gaps that require attention. **Physiotherapy services**, including dedicated space and basic equipment (2.14.3), are missing in all hospitals, marking this a key province-wide priority. Similarly, pharmaceutical and radioactive waste management (3.6.10) remains weak, highlighting the need for improved systems for safe disposal. Another major concern is inadequate human resources in inpatient wards, where required nurse- patient ratios and the presence of trained office assistants or ward attendants per shift (2.6.5) are only being met at Provincial Hospital Gaur.

Province Wide Action Points:

- **Physiotherapy** staffing (2.14.3) and space 2.14.1)
- Disposal of pharmaceutical waste (3.6.10)
- **Nurse shortages** in the inpatient ward (2.6.5) and maternity ward (2.7.1.2.1.1)
- **Pharmacy** departments need to be led by a clinical pharmacist (2.5.6.1) and need to improve availability of medicines and supplies from the hospital formulary list (2.5.3.3)

Provincial Hospital Kalaiya needs:

- To expand **USG service** from 10 AM to 3 PM (2.9.3.1)
- Improved space and storage for **hospital support services**:
 - Separate room for storage of repairing tools and instruments (3.4.2.3)
 - A separate hospital medical store with 3 months' buffer stock (3.9.2.1)
 - Separate rooms designated for dirty utility, cleaning, washing and drying and sterile area for sterilizing, packaging and storage in the CSSD (3.1.1.2)
- **Separate pre-labor room/** labor room with privacy (2.7.1.1.1)

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

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

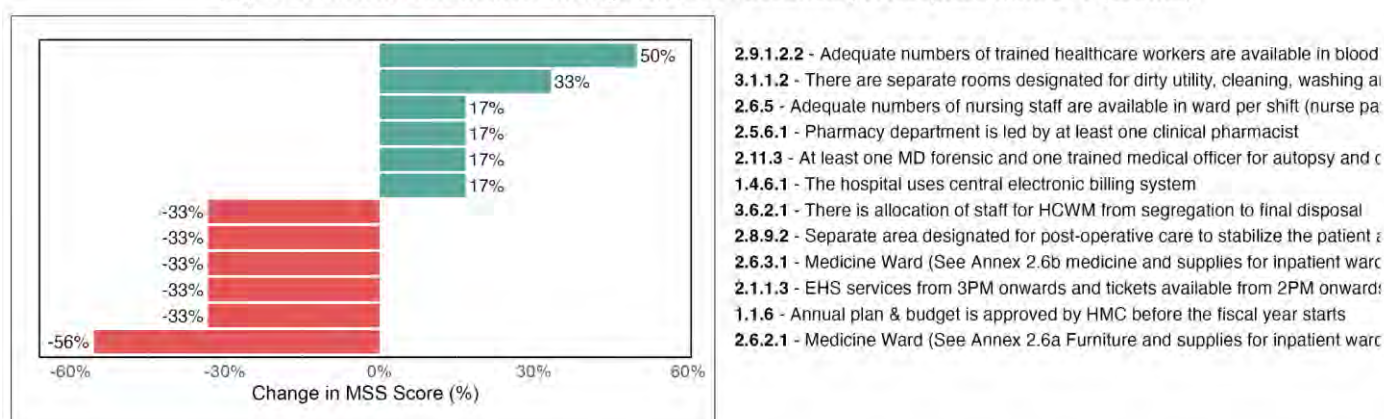


Figure 18b. Madhesh: Greatest Changes in Key Indicators at Secondary A Hospitals from LFY (2081/82) (n=6). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

Figure 18b shows the greatest positive and negative changes in KIs at Secondary A hospital in Madhesh province from LFY to 2081/82 FY. The most significant improvement was in the availability of trained health workers in blood banks

(2.9.1.2.2), ensuring safe and more reliable blood services. Five hospitals (excluding Kalaiya) now have a separate dirty utility and sterile area (3.1.1.2) for sterilization, packaging, and storage, an important step for infection control. Half of the hospitals have appointed at least one MD forensic specialist and trained medical officers (2.11.3) for autopsy and medio-legal services, strengthening legal and clinical accountability.

Successfully, **100% of Secondary A hospitals have adequate trained healthcare workers for the blood bank** (2.9.1.2.2), with three hospitals (Provincial Hospital Lahan, Malangawa, and Siraha) meeting this indicator this LFY, a major success!

The largest loss was seen in the medicine available in the inpatient ward (2.6.2.1), which was previously met by 100% of Secondary A hospitals, and is now only fully met by Provincial Hospital Lahan. All other Secondary A hospitals are now not meeting this indicator completely (Provincial Hospital Kalaiya and Siraha), or only partially meeting this indicator (Provincial Hospital Gaur, Jaleswor, and Malangawa). Further, Provincial Hospital Kalaiya and Siraha are also no longer meeting the medicine and supplies for the inpatient wards (2.6.2.1), showing a dramatic loss in the quality of services and minimum services being met at these hospitals.

Weak governance persists in Provincial Hospital Malangawa and Siraha (1.6.6) which lack an approved annual plan and budget from the hospital management committee before the start of the fiscal year.

Secondary B Hospitals

The only Secondary B hospital in Madhesh is Provincial Hospital Janakpur. Which scored 54% during the last MSS assessment, and is the lowest scoring Secondary B hospital nationally. Although there were slight decreases, Provincial Hospital Janakpur has shown significant improvements in physical facilities and meeting ENT services. However, infection prevention decreases, and the loss of, or complete absence of ward services (orthopedics, pediatrics, surgery, and geriatrics) remains a major concern. Although Provincial Hospital Janakpur has maintained its' MSS score, serious investments are needed to improve its standing, safety, and quality of care.

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

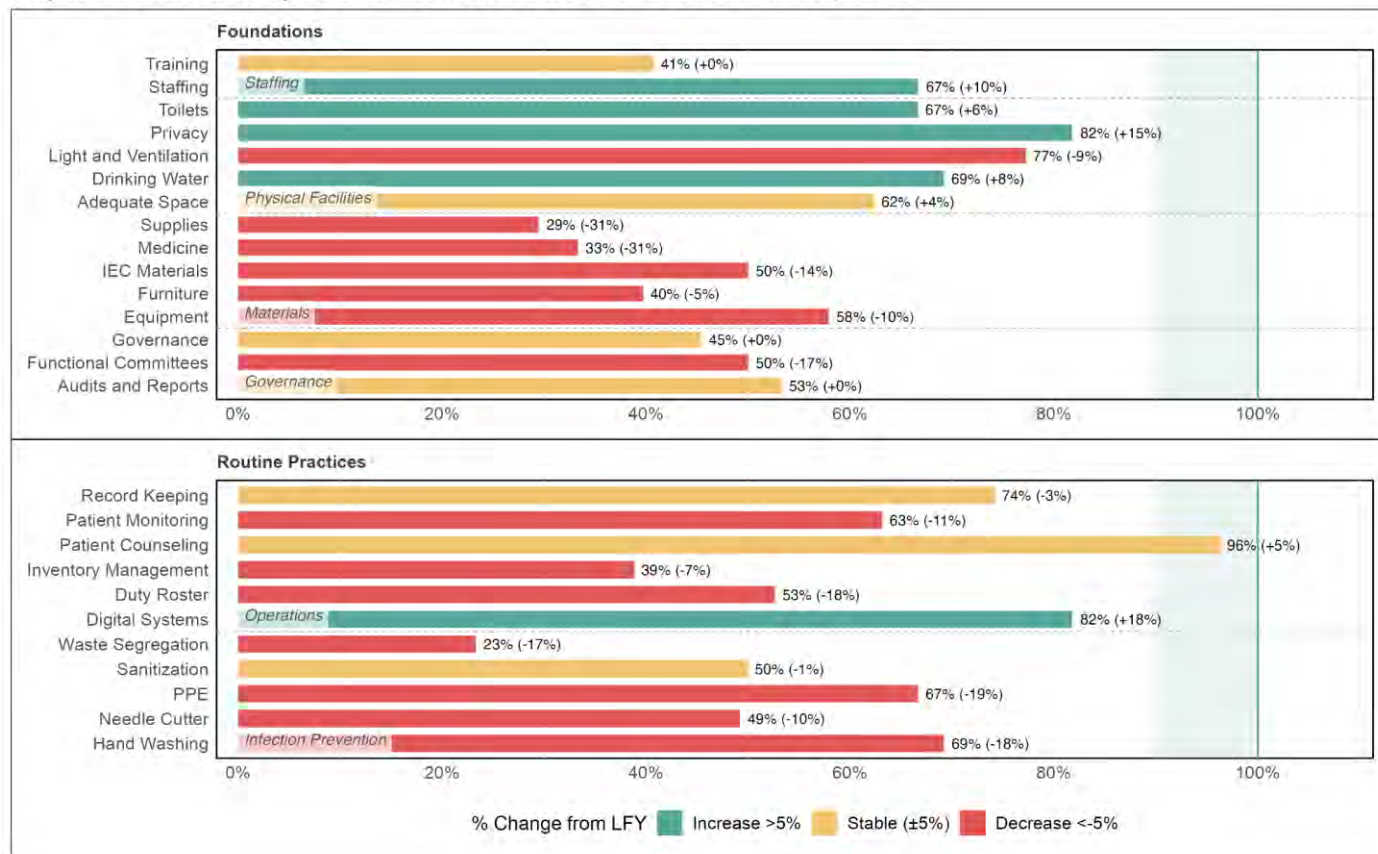


Figure 19b. Madhesh: Changes in Provincial Hospital Janakpur Item Scores from LFY (2081/82) (n=1). Bars labeled with component average and % change from LFY. Color indicates the change in the MSS score for that item. The green area items >90%.

Generally, Provincial Hospital Janakpur is low scoring, but has been able to maintain some items and increase in others. For example, privacy, closely tied to patient experience and quality of care, increased by +15%, and digital system investments are being seen, with a +18% increase in the LFY.

Action points for Provincial Hospital Janakpur are:

- **Waste Segregation** (23%; -17%) - this is an opportunity to learn from successful Secondary A hospitals in Madhesh and share expertise.
- **Improve procurement of materials and inventory management**, to improve supplies (29%; -31%), medicines (33%; -31%), IEC materials (50%; -14%), and equipment (58%; -8%) - all of which are low, and have decreased this past year.
- **Infection Prevention** is necessary to provide quality services and keep both providers and patients safe. PPE (67%; -19%), Needle cutter use (49%; -10%), and Hand Washing (69%; -18%) have all decreased dramatically. Addressing the procedural and structural processes to improve infection prevention and patient safety is a necessary step.

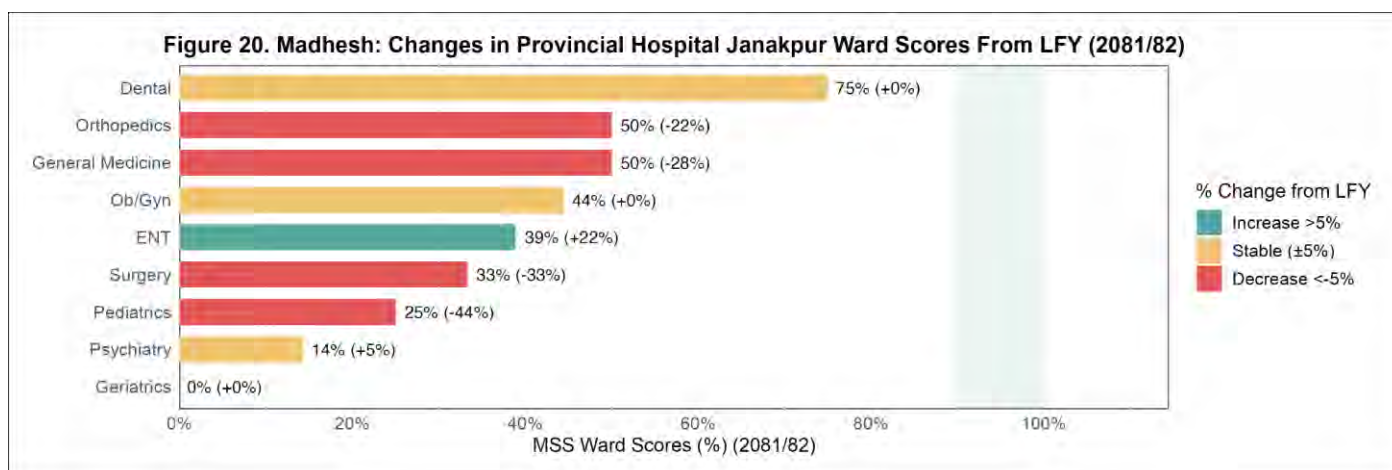


Figure 20b. Madhesh: Change in Provincial Hospital Janakpur Ward Scores from LFY (2081/82) (n=1). Bars labeled with component average and % change from LFY. Color indicates the change in the ward MSS score. Labels show the current % MSS ward score and % change from LFY. The green area shows Wards >90%.

At Provincial Hospital Janakpur wards are generally low, with no wards scoring above 80%, with Dental services meeting 75%, and holding steady. ENT services have improved, seeing a +22% increase, a significant improvement as this is the only provincially-run health facility to offer these services in the province. This fact makes missing services all the more serious. Thus, the larger concern is the significant loss in the following wards, some of which lost half or more of their score in the LFY.

- Orthopedics (50%; -22%)
- General Medicine (50%; -28%)
- Surgery (33%; -33%)
- Pediatrics (25%; -44%)

Further, there are no geriatric services, a must at the only provincially-run health facility expected to offer these services in the province.

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

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

					Koshi	Madhesh	Bagmati						Lumbini	Karnali	Sudur. P.
					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
Table	Indicator Code	Area	Standard	Max Score											
4c - Basic	2.1.1.3	OPD Service	EHS services from 3PM on	1	0	0	0	1	1	1	1	1	1	0	1
4c - Basic	2.1.1.1.2.1	Blood bank	Blood bank is open / facility	1	1	0	1	1	1	1	1	1	1	1	0
4c - Basic	2.1.1.3.1	Ultrasonography (I	USG is open from 10 AM to	1	0	1	1	1	1	1	1	1	1	1	1
4c - Basic	3.1.1.1.1	Social Service Unit SSU	open from 8am to 7pm	1	1	1	1	1	1	1	1	1	1	0	1
4c - Basic	2.1.1.1	OPD Service	OPD is open from 10 AM to	3	1	0.7	1	1	1	1	1	1	1	1	1
4c - Basic	3.8.1.1	Transportation and	24-hour ambulance service	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.1.1.2.1.2	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	2.1.1.1.1.1.1	Laboratory	Laboratory is open from 10	1	1	1	1	1	1	1	1	1	1	1	1
4c - Basic	2.3.1	Emergency Service	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/ Operator	ENT surgeries available (Ar	3	1	1	0.7	1	0	0.3	0	0	1	1	1
4c - Surgical	2.8.3.1	Surgery/ Operator	General Surgeries (See Ann	3	1	1	1	1	1	0.7	1	0.7	1	1	1
4c - Surgical	2.8.3.2	Surgery/ Operator	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/ Operator	Routine minor and intermed	1	1	0	1	1	1	1	1	1	1	1	1
4c - Surgical	2.8.1.1.2	Surgery/ Operator	Routine major surgeries ava	1	1	0	1	1	1	1	1	1	1	1	1
4c - Surgical	2.8.3.3	Surgery/ Operator	Orthopedic Surgeries (See	3	1	1	0.7	1	1	1	1	1	1	1	1
4c - Surgical	2.8.1.2	Surgery/ Operator	Emergency surgeries availa	1	1	1	1	1	1	1	1	1	1	1	1
4c - Specialty	2.1.6.1.2	Cardiac Catheteriz	Emergency procedures ava	1	0	0	0	0	0	0	0	0	1	0	0
4c - Specialty	2.1.1.6.1	Treadmill (TMT)	Treadmill (TMT) service is a	1	0	0	0	0	0	0	0	0	1	1	0
4c - Specialty	2.1.1.8.1	Audiometry	Audiometry service is availa	1	0	0	0	1	0	0	0	0	1	1	1
4c - Specialty	2.1.1.5.1.1	Echocardiogram	Echo service is available fro	1	0	0	1	1	0	0	1	1	1	1	1
4c - Specialty	2.1.5.2.1	Dietetics and Nutriti	Dietetics and Nutrition rehat	1	1	1	0	1	1	0	0	0	1	1	1
4c - Specialty	2.1.1.9.1.2	CT Scan	Emergency CT Scan servic	1	1	0	0	1	0	1	1	1	1	1	1
4c - Specialty	2.1.4.2.1	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	2.1.1.7.4	Endoscopy	Counseling is provided to pa	1	1	1	1	1	0	1	1	1	1	1	1
4c - ICU	2.1.0.3.1.1	Pediatric Intensive	PICU service is available fo	1	0	0	0	1	0	0	0	0	1	1	0
4c - ICU	2.1.0.2.1.1	Neonatal Intensive	NICU service is available fo	1	0	1	1	1	1	0	0	1	1	1	1
4c - ICU	2.1.0.1.1.1	Intensive Care Ser	ICU service is available for	1	1	1	1	1	1	1	1	1	1	1	1
4c - Other	3.1.0.1	Hospital Canteen a	Hospital has canteen in its p	1	0	0	0	1	1	1	1	0	1	1	1
4c - Other	2.1.2.1.5	Postmortem	Mortuary van is available 24	1	1	1	1	1	1	1	1	1	0	1	0
4c - Other	2.1.3.3.2	One Stop Crisis M:	Treatment for GBV survivor	1	1	1	0	1	1	1	1	1	1	1	1
4c - Other	2.1.3.8.1	One Stop Crisis M:	Mental health and psychosc	1	1	1	0	1	1	1	1	1	1	1	1
4c - Other	3.1.1.1.1	Social Service Unit SSU	open from 8am to 7pm	1	1	1	1	1	1	1	1	1	1	0	1
4c - Other	3.8.1.1	Transportation and	24-hour ambulance service	1	1	1	1	1	1	1	1	1	1	1	1
4c - Other	2.1.2.2.2.1	Medico-Legal Serv	Medico-legal services are a	1	1	1	1	1	1	1	1	1	1	1	1
5c	2.1.6.7.2	Cardiac Catheteriz	General equipment, instrum	3	0	1	0	0	0	0	0	0	1	0	0
5c	2.1.0.3.2.7	Pediatric Intensive	PICU must have air conditio	1	0	0	0	1	0	0	0	0	1	1	0
5c	2.1.1.6.4.3	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	Birth Center Ser	At least one defibrillator in in	1	0	0	0	1	0	0	0	0	1	1	0
5c	2.1.1.6.4.1	Treadmill (TMT)	Functional TMT machine wi	1	0	1	0	0	1	0	0	0	1	1	0
5c	2.1.1.8.4	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 nursi	1	0	0	1	0	0	0	1	0	0	0	0
7c	2.7.3.6.1	Birth Center Ser	Nurse/Midwife: pregnant wo	1	0	0	0	1	0	0	0	0	0	1	0
7c	2.1.1.8.2	Audiometry	ENT specialist is available fo	1	0	0	0	1	0	0	0	0	1	0	0
7c	2.1.5.3	Dietetics and Nutriti	1 Senior dietitian (Masters in	1	0	0	0	1	0	0	0	0	1	0	0
7c	2.1.0.3.3	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
8c	2.7.3.6.4	Birth 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	Birth Center Ser All staffs in wards are traine	1	0	0	0	1	1	0	0	0	1	1	0