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

Koshi

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: Koshi

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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.

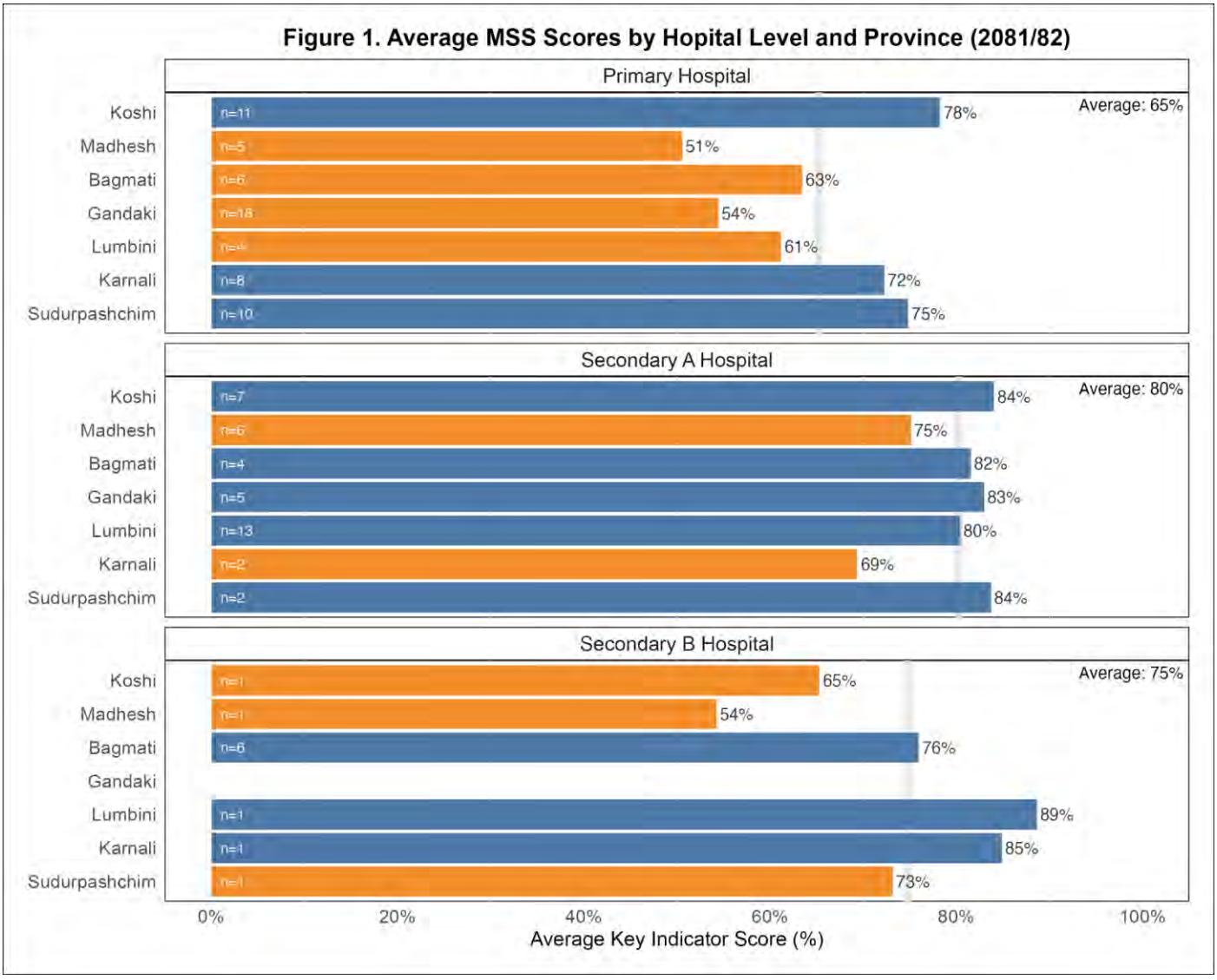

Figure 1. Average MSS Scores of Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals (2081/82). Scores by province. Orange shows below national average, blue shows above national average. N shows the number of hospitals in that province for that hospital level.

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 tools aligned with their current upgraded standard.

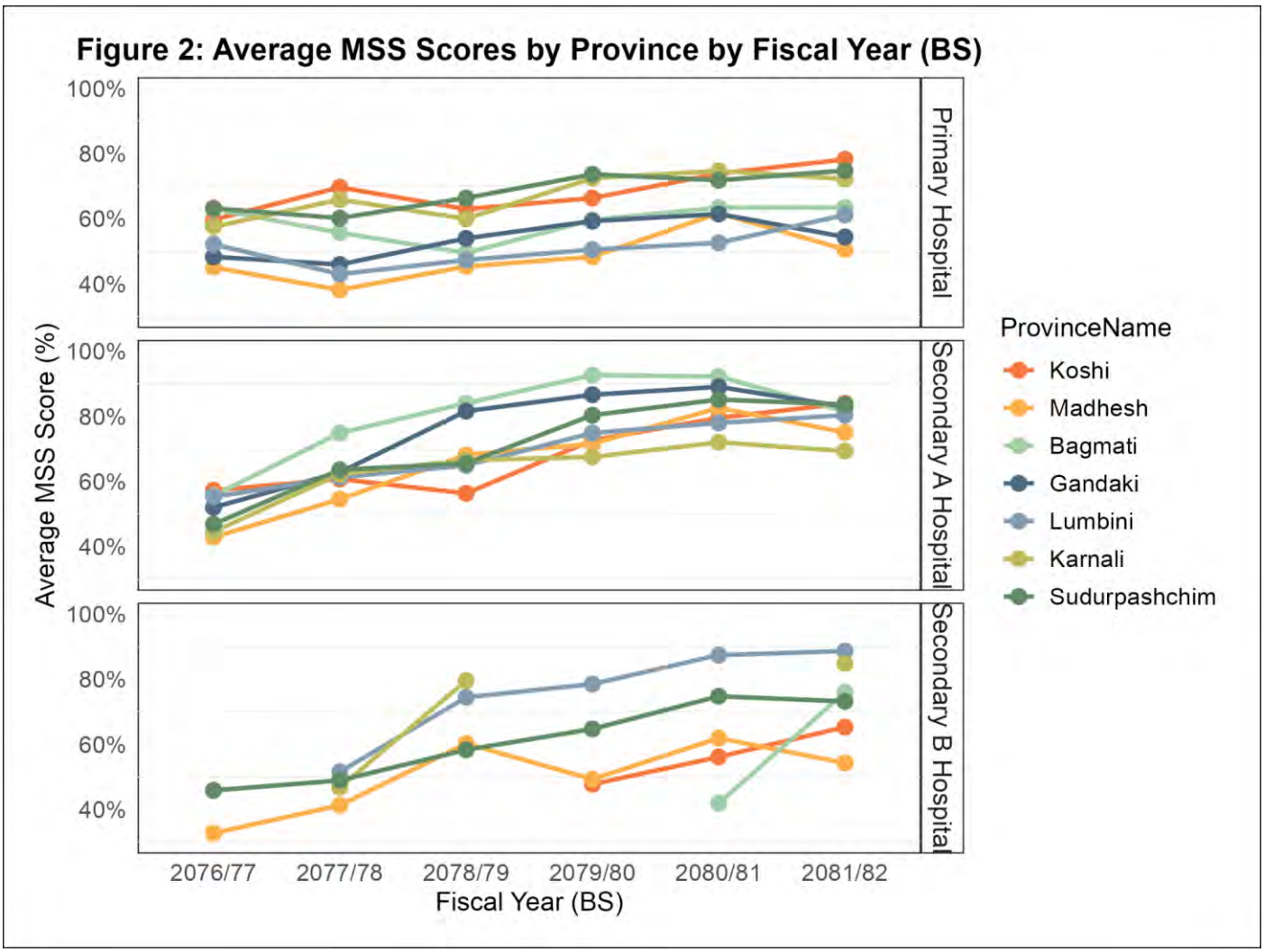

Figure 2. Average MSS Scores by Province over Time for Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals. Color by province.

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

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

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

Key Findings at a Glance:

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

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

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

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

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

National Report

Introduction

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

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

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

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

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

Hospital Readiness

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

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

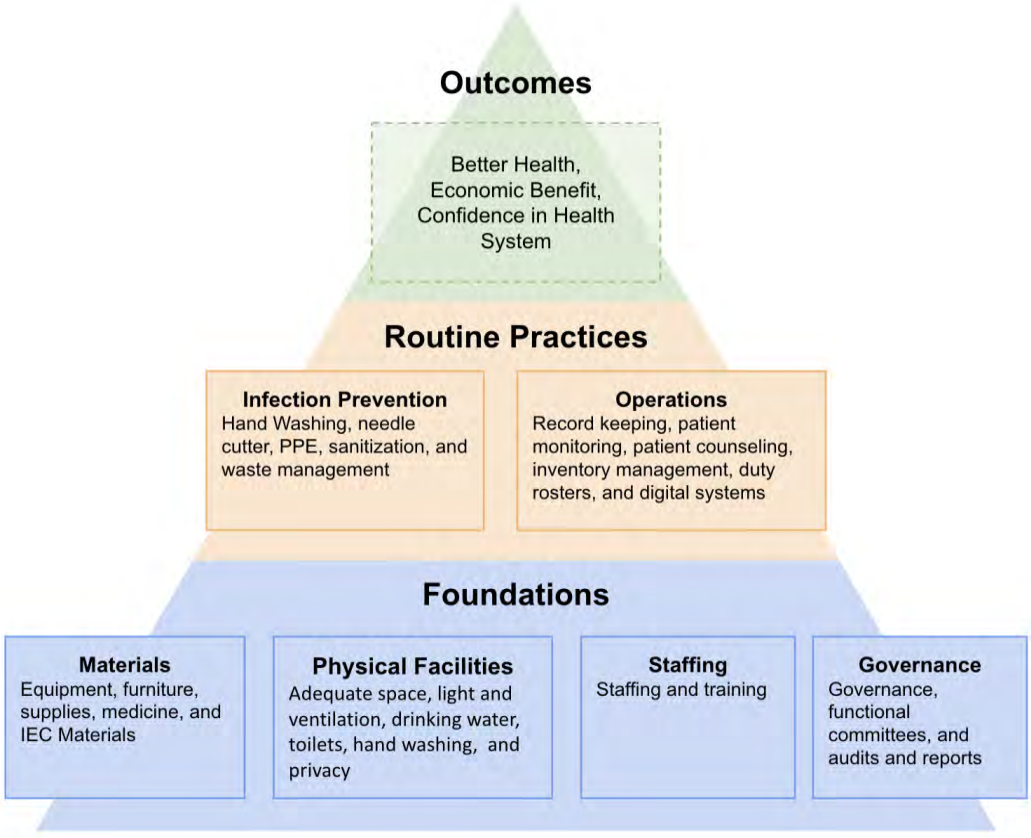

Figure 5. MSS Analysis Conceptual Framework for Hospital Readiness Analysis.

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

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

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

Foundations

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

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

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

Table 5. Foundation Component Items and Example Standards

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

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

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

Figure 5 Summary

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

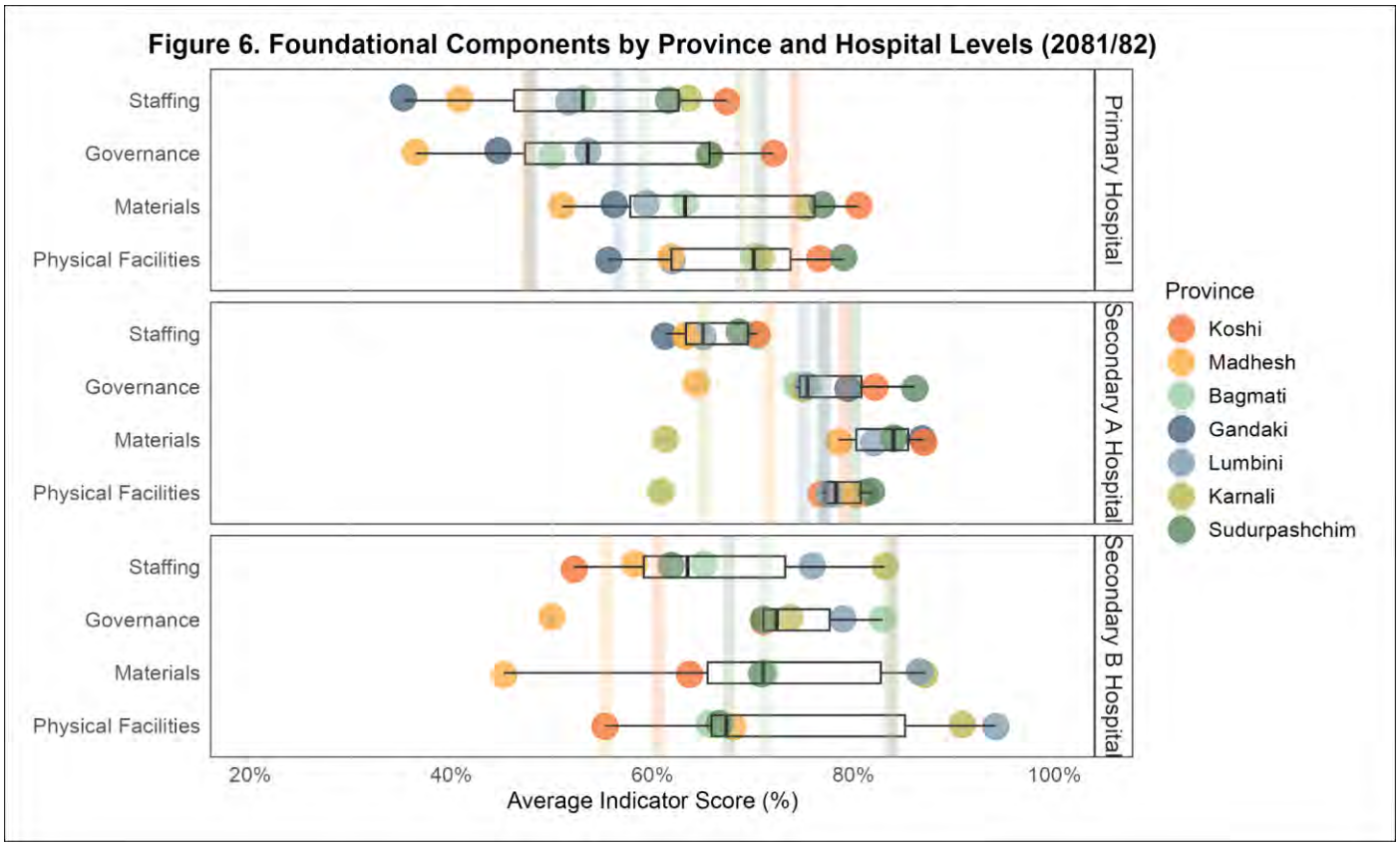

Figure 6. Foundational Components by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

Routine Practices

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

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

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

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

Table 10. Routine Practice Components and Example Standards

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

Infection Prevention

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

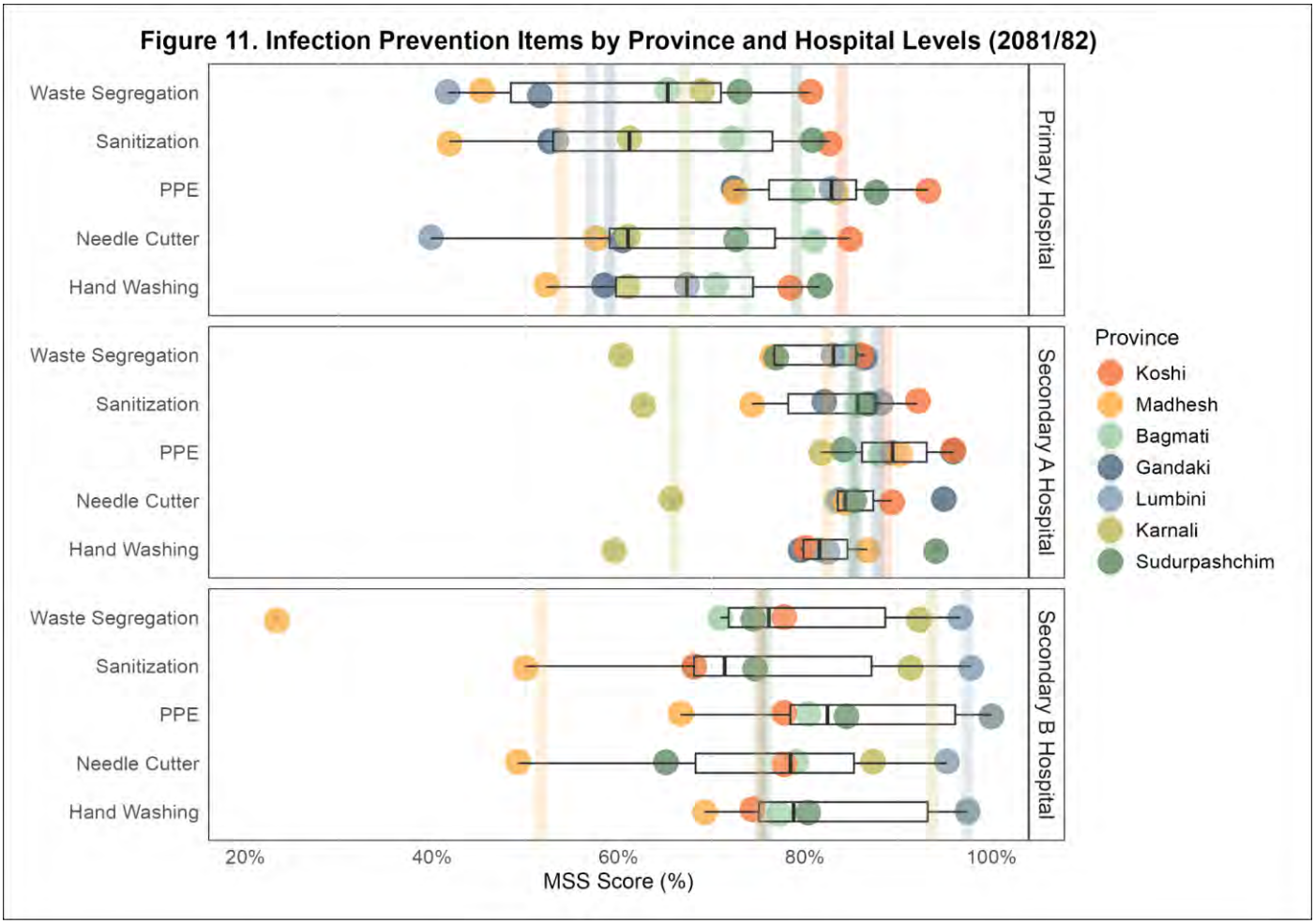

Figure 11. Infection Prevention Compliance by Province (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Colored by Province. Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

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

Operations

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

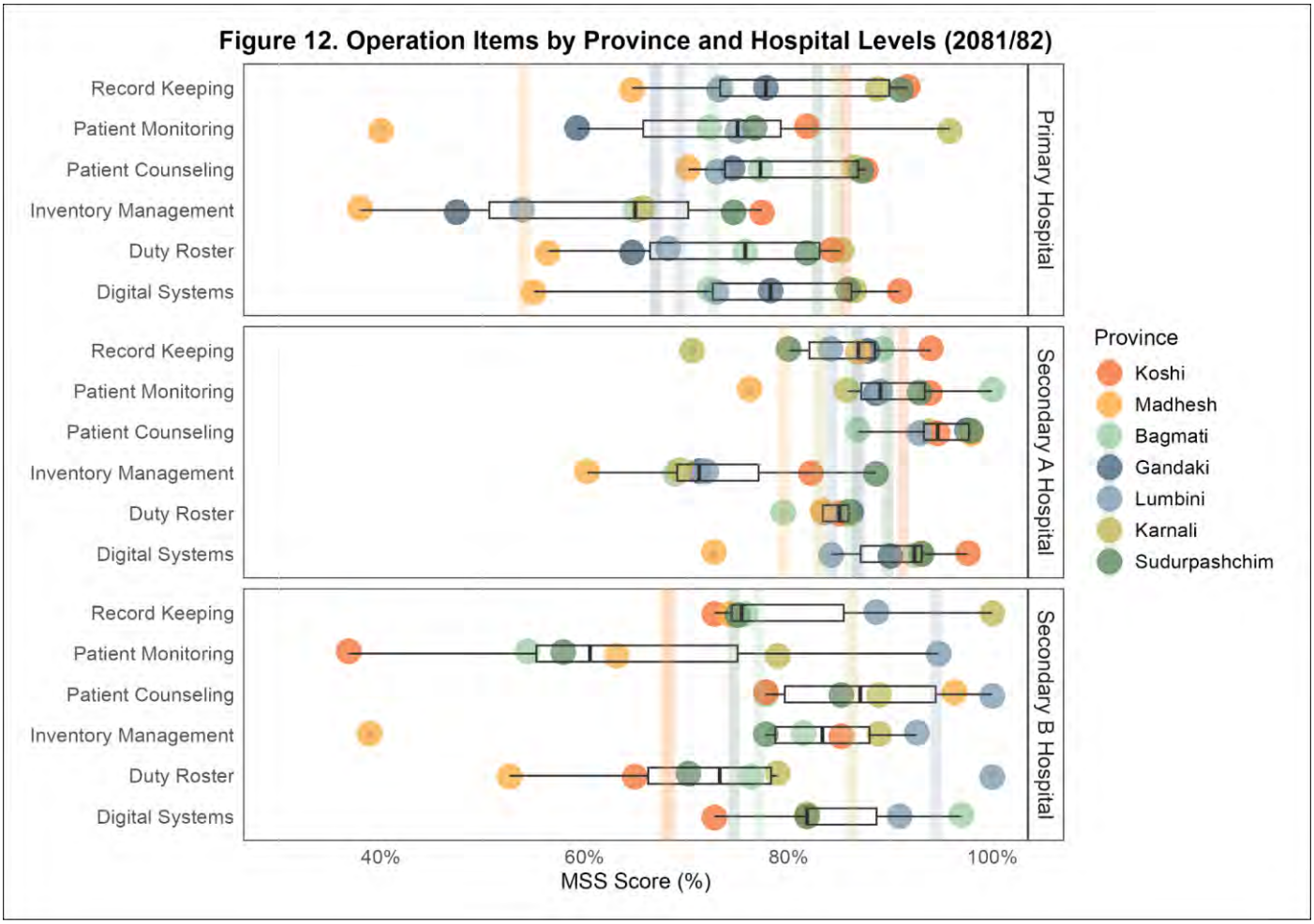

Figure 12. Operations Items by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 30% - 100%.

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

Koshi Report

Overview

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.

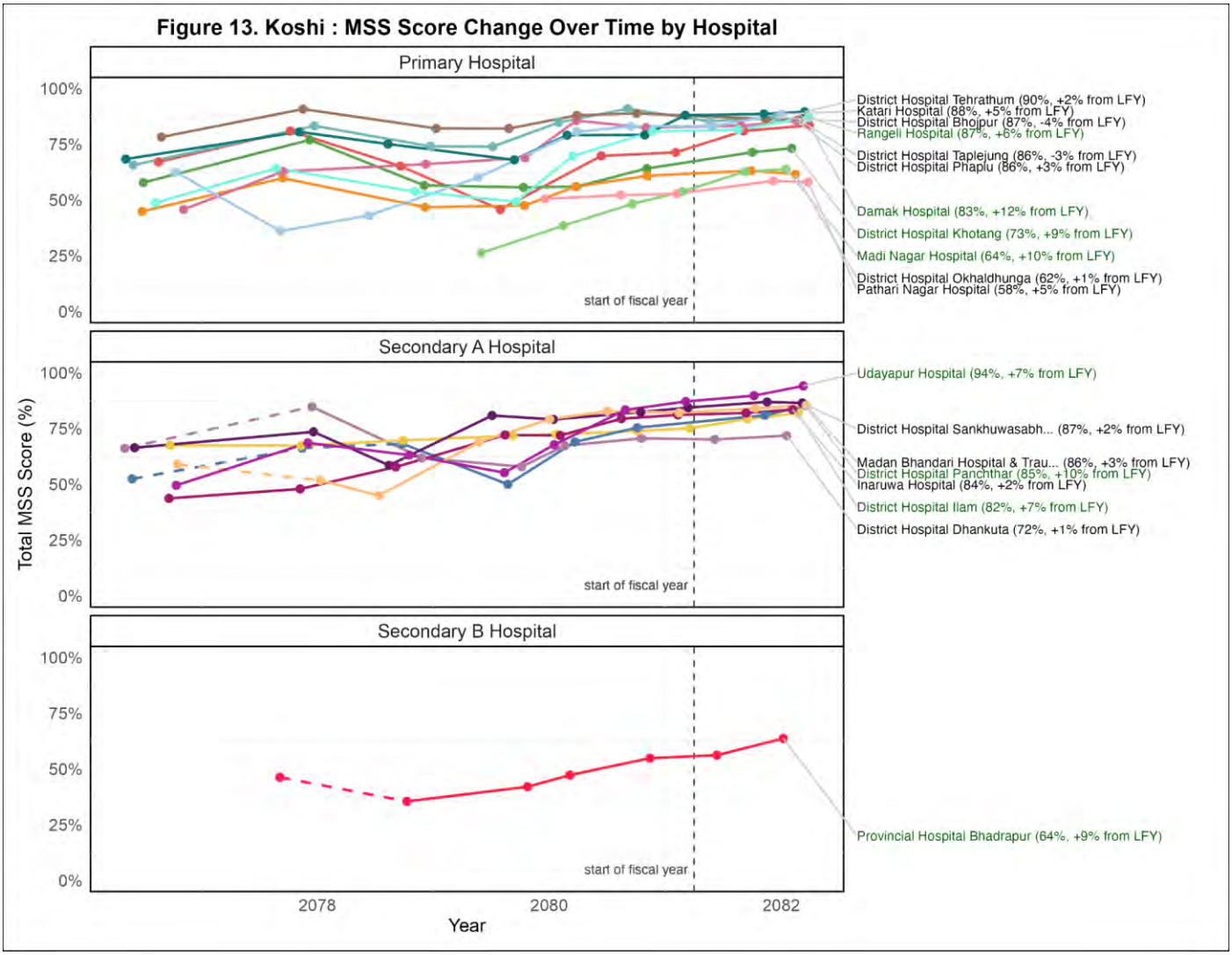

Figure 13a. Koshi: Change in MSS Score Over Time by Hospital (n=19). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease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

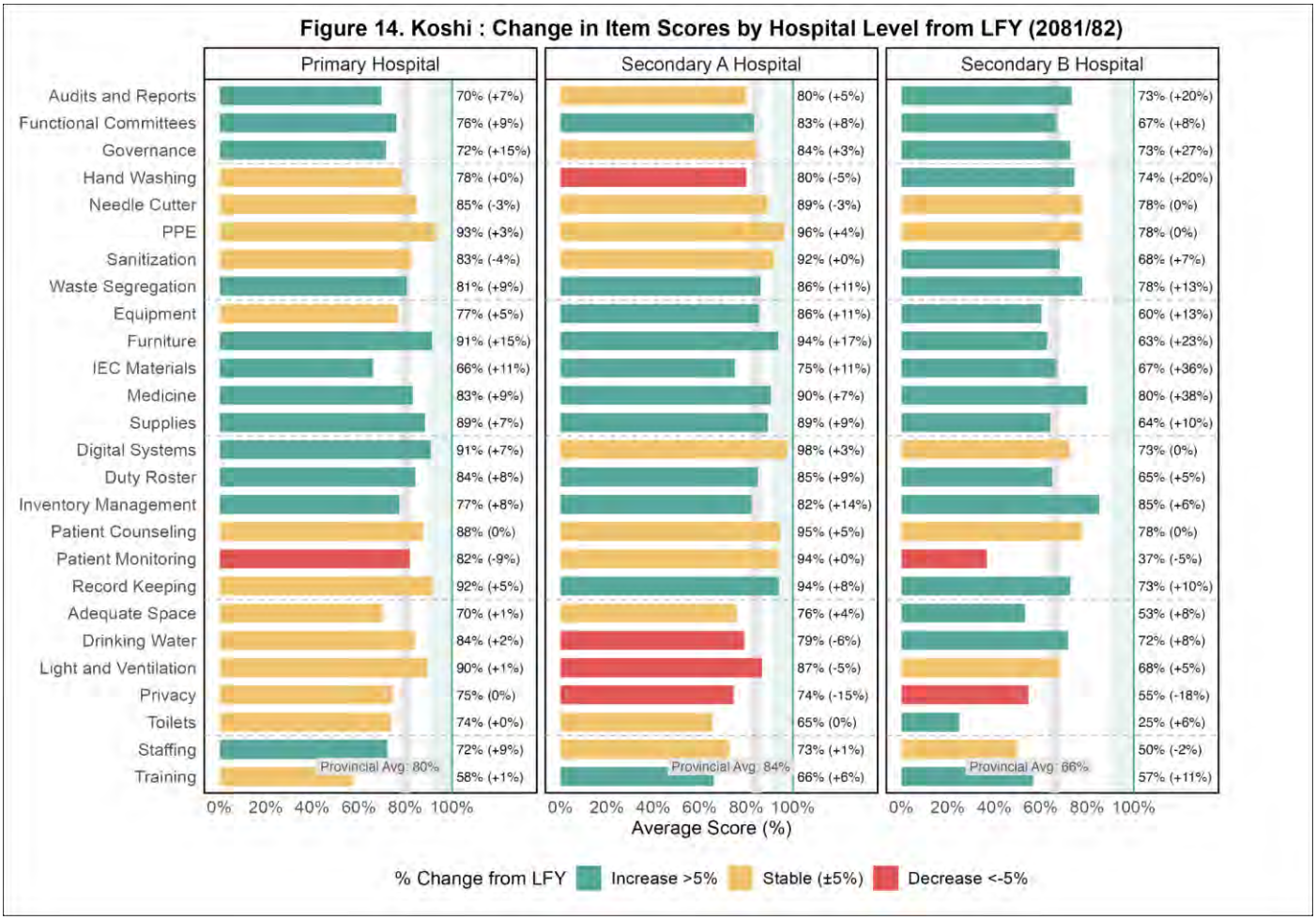

Figure 14a. Koshi: Change in Item Scores by Hospital Level from LFY (2081/82) (n=19). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages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

Figure 14a shows the change in items 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 BharadrapurFoundations (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.

Primary Hospitals

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

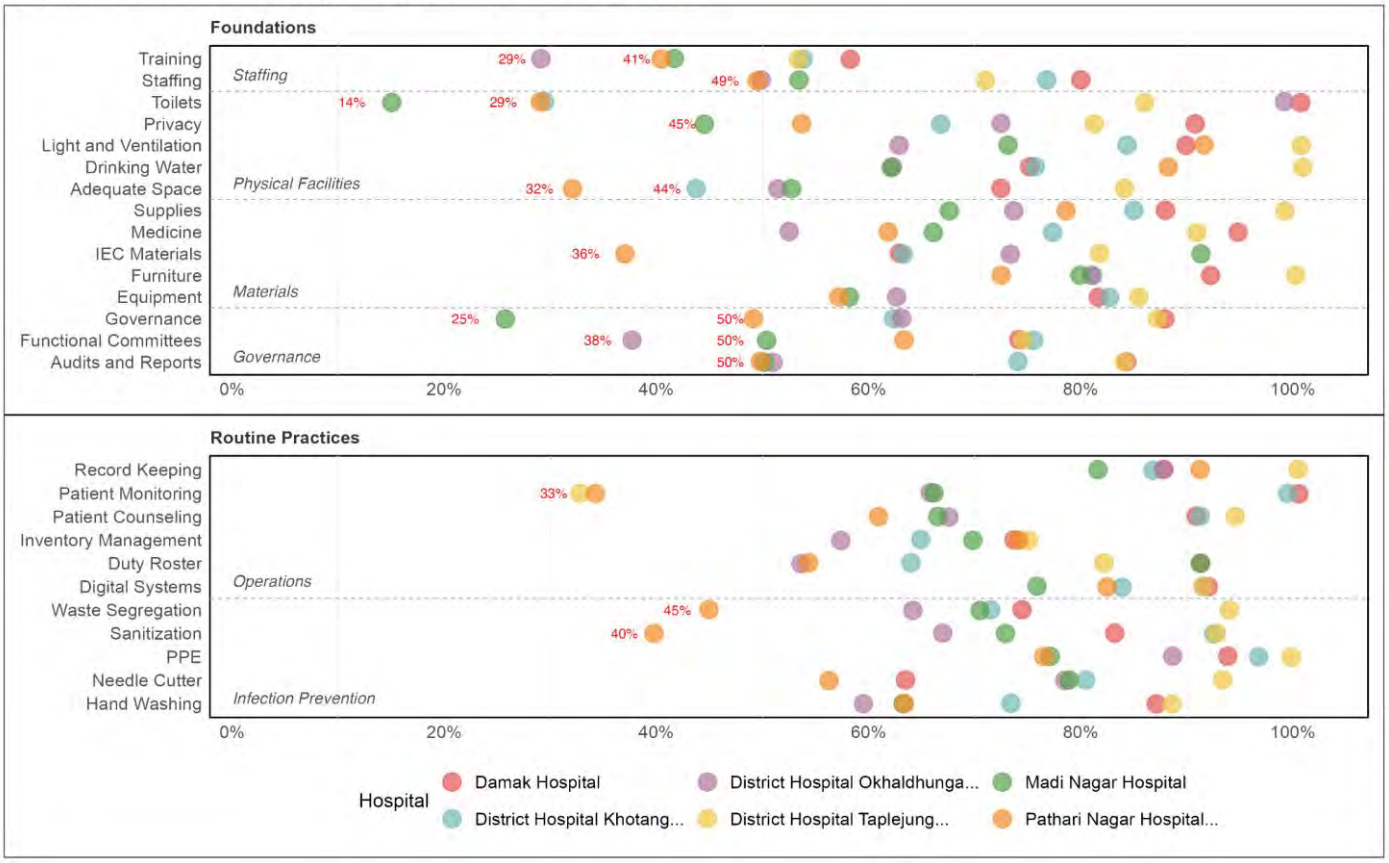

Figure 15a. Koshi: Lowest-Scoring Primary Hospitals Item Scores (n=6). Only the six lowest-scoring primary hospitals in Koshi were included. Items below 51% are labelled with their percent.

Staffing and Governance are both weaker areas across Primary Hospitals in Koshi, with few hospitals scoring well. Province wide, there may be benefits supporting training, as well as support hospitals with their auditing and reporting.

Pathari Nagar Hospital is low across multiple areas, specifically toilets (29%), adequate space (32%), IEC materials (36%), patient monitoring (33%), waste segregation (45%), and sanitization (40%). Although these indicators seem small, they have large impacts on safety and patient experience. Patient monitoring and sanitization are fundamental to quality care, and should be addressed immediately.

Additional items to address:

- **Trainings** at District Hospital Okhaldunga (29%), Pathari Nagar Hospital (41%), and Madi Nagar Hospital (41%).
- **Toilets** at Madi Nagar Hospital (14%), Pathari Nagar Hospital (29%), and District Hospital Khotang (29%).
- **Patient Monitoring** at District Hospital Taplejung (33%) and Pathari Nagar Hospital (33%)
- **Sanitization** at Pathari Nagar Hospital (40%)
- **Waste Segregation** at Pathari Nagar Hospital (45%)

Code	Area	Standard	Hospitals meeting standard										
			1	2	3	4	5	6	7	8	9	10	11
Low scoring indicators													

1.1.3	Governance	Medical Superintendent is fulfill as per organogram	0	1	0	0	0	0	0	1	1	0	0
1.4.1.2	Financial Management	At least one accountant available for hospital financial management	0	0	1	0	0	0	0	0	0	1	1
2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2 PM onwards	0	1	0	0	0	0	1	0	0	1	0
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)	1	0	0	0	0.7	0.7	1	0.3	0	0	0
2.8.1.3	Surgery/Operation Service	At least two functional operating rooms/theater	1	1	0	0	1	0	1	1	0	0	0
2.5.9	Pharmacy Service	Hospital pharmacy directly supplies inpatient medicine and supplies to wards and OT	1	1	0	0	1	0	0	0	0	1	1
2.9.1.9	Laboratory and Blood Bank	List of donor is available in laboratory for contact during emergency need of the blood	0	1	0	0	0	1	1	1	0	0	1
3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste is disposed based on the HCWM guideline 2014 (MoHP)	1	0	0	0	0	1	1	0	1	0	1
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	1	1	1	1	0	1	0	0	1	0
2.5.6.1	Pharmacy Service	Pharmacy unit is led by at least one pharmacist	1	1	1	0	1	0	0	0	0	1	1
High scoring indicators													
2.10.2	Dental Service	Dental Hygienist/Dentist: OPD Patients- 1:20 per day for quality of care	1	1	1	0	1	1	1	1	1	1	1
2.3.6.1	Emergency Service	Hospital maintains a triage system in the ER with 24 hours triage service	1	1	1	0	1	1	1	1	1	1	1
2.3.7.1	Emergency Service	In red area one of the bed is Resuscitation bed with availability of emergency crash trolley with emergency lifesaving drugs, cardiac monitor, non-invasive ventilator, oxygen concentrator	1	1	1	1	1	1	1	1	0	1	1
2.4.5.1*	Dressing Injections and Procedures Room	Adequate quantity of sterilized packs for wound dressing are available (See Annex 2.4d Sterile Supplies for DIRP At the end of this standard)	1	1	0.7	1	1	1	1	1	1	1	0.3
2.6.5	Inpatient Service (General Ward)	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) and at least one trained office assistant/ward attendant per shift in each ward	1	1	1	1	1	0	1	1	1	1	1
2.7.1.2.2	Delivery Service	All staffs- nursing, medical practitioner designated for delivery services are trained skilled birth attendants	1	1	1	1	1	1	1	1	0	1	1
2.7.2.1.4	Maternity Inpatient Service (General Ward)	Separate space dedicated for pre- labor, labor and postnatal patients	1	1	0	1	1	1	1	1	1	1	1
2.9.1.1. 2*	Laboratory and Blood Bank	Basic investigations are available See Annex 2.9.1a List of investigations for Laboratory At the end of this standard)	1	1	1	0.7	0.7	1	1	1	1	0.7	1

2.9.3.2	Ultrasonography (USG)	USG trained medical practitioner and mid-level health worker in each USG room	1	1	1	0	1	1	1	1	1	1	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	1	1	0.7	1	1	1	1	1	1	1

Table 12a. Actionable steps for Primary hospitals in Koshi (n=11). Hospital numbers are as follows: (1) Damak Hospital, (2) District Hospital Bhojpur, (3) District Hospital Khotang, (4) District Hospital Okhaldhunga, (5) District Hospital Phaplu, (6) District Hospital Taplejung, (7) District Hospital Tehrathum, (8) Katari Hospital Madi, (9) Nagar Hospital, (10) Pathari Nagar Hospital, and (11) Rangeli Hospital *Standard out of 3 points.

Above, Table 12a shows the 10 *most met* and the 10 *least met* KI scores for all 11 Primary hospitals in Koshi for the most recent MSS assessment in the LFY.

Province wide gaps include staffing a Medical Superintendent (1.1.3) across all hospitals, except for District Hospital Bhojpur, Katari Hospital, and Nagar Hospital should be a priority. Additional posts that need to be filled broadly include an accountant (1.4.1.2) and a pharmacist (2.5.6.1). See Table 12a for details.

Other Province Wide Gaps:

- Orthopedic surgeries should be taken across the province, as only Damak and District Hospital Tehrathum are meeting 2.8.3.3 completely.
- List of donor is available in laboratory for contact during emergency need of the blood (2.9.1.9)
- Hospital pharmacy directly supplies inpatient medicine and supplies to wards and OT (2.5.9)

Hospital level interventions for each hospital can be decided based on Table 14a where only one or two hospitals are not fully meeting a standard. Contact each hospital to identify the exact problem. For example,

- **District Hospital Okhaldhunga** needs:
    - 24 hour triage service in the ER (2.3.6.1)
    - A trained USG staff (2.9.3.2)
    - Dental services (2.10.6) and staff (2.3.10.2)
- **District Hospital Taplejung** needs more nursing staff are available in ward per shift (2.6.5)
- **Nagar Hospital** needs skilled birth attendant training for delivery staff (2.7.1.1.2)

Above, Table 12a shows the highest and lowest scoring KIs by hospital. Below, Figure 16a 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.

Below, Figure 16a shows the greatest positive and negative changes in KIs at Primary hospitals in Koshi province from 2080/81 to the LFY (2081/82). The dental department saw widespread positive change, with a 36% increase in hospitals with a dental hygienist and dentists in the OPD (2.10.2). However, District Hospital Okhaldhunga lost their dental staff and no longer provides dental services. The greatest success across the province was a 36% increase in hospitals allocating a separate area/space designated for waste storage and management (3.6.3). Otherwise, KIs were spread across departments with few major decreases.

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

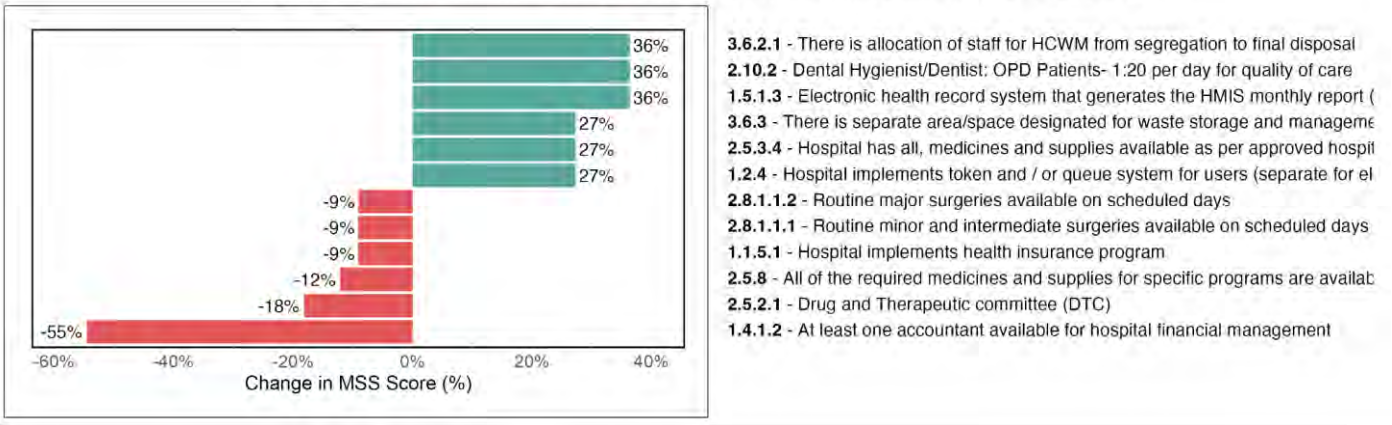

Figure 16a. Koshi: Greatest Changes in Key Indicators at Primary Hospitals from LFY (2081/82) (n=11). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

The greatest province wide problem is the lack of **accountants available for hospital financial management** (1.4.1.2). 55% of the Primary hospitals in Koshi (n=6) who had an accountant in 2080/81 no longer do as of 2081/82, and two hospitals still do not have an accountant.

- Damak Hospital
- District Hospital Bhojpur
- District Hospital Okhaldhunga
- District Hospital Phaplu
- District Hospital Taplejung
- District Hospital Tehrathum
- Katari Hospital
- Madi Nagar Hospital

Secondary A Hospitals

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

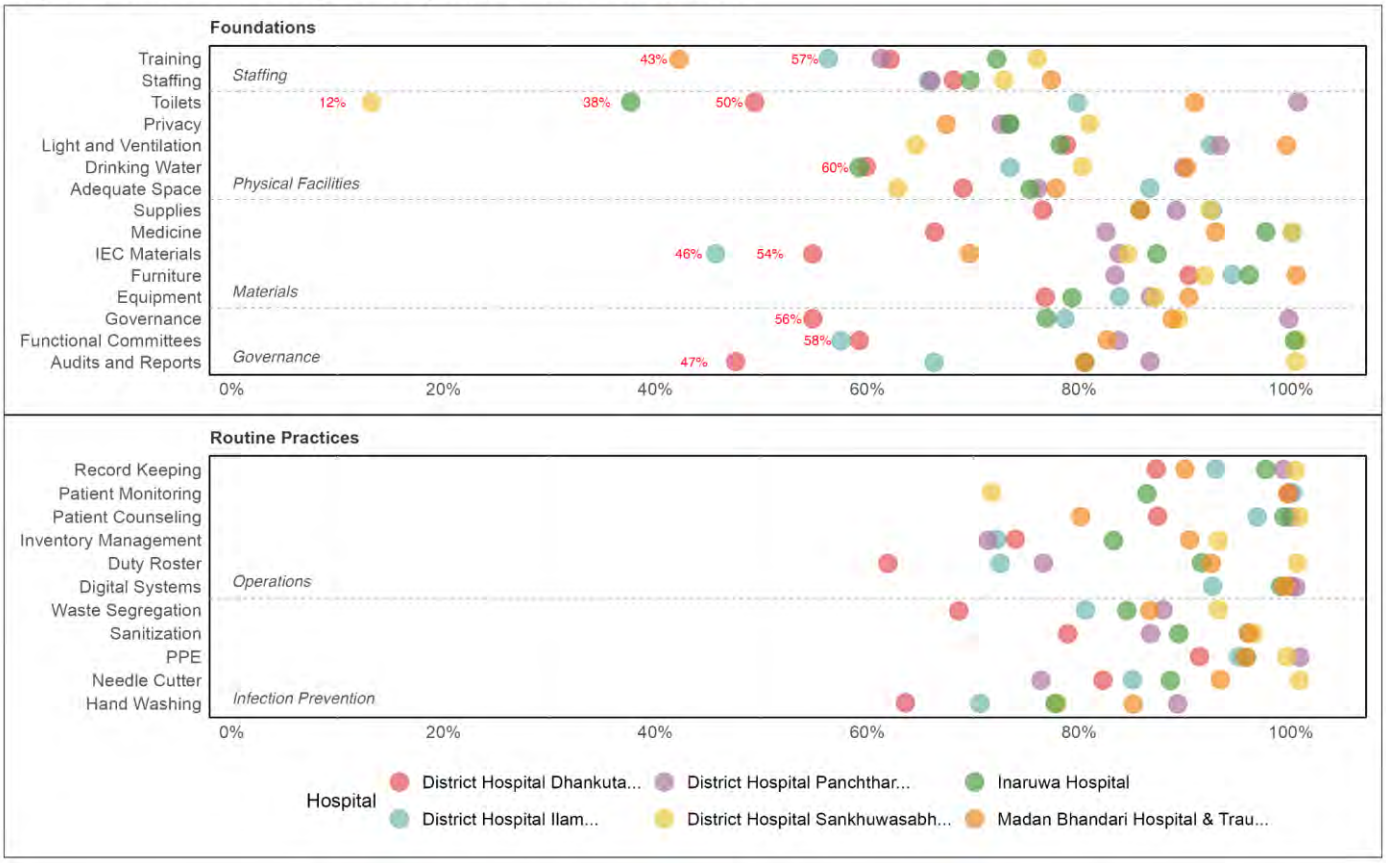

Figure 17a. Koshi: Lowest-Scoring Secondary A Hospitals Item Scores (n=6). Items below 61% are labelled with their percent. Only hospitals with 2081 MSS assessments were included.

Secondary A hospitals in Koshi are generally doing very well, with the majority scoring about 80%. Routine Practices are being met widely, with a few expectations, District Hospital Dhankuta generally is scoring lower and may benefit from support, specifically in Foundations. Staffing is the lowest section in the province and could benefit from hospital wide support.

- **Toilets** at District Hospital Sankhuwasabha (12%) and Inaruwa Hospital (38%)
- **IEC Materials** at District Hospital Ilam (38%) and District Hospital Dhankuta (54%)
- **Governance** at District Hospital Dhankuta including Governance (56%), Functional Committees (58%), and Audits and Reports (47%).

Table 13a. Actionable Steps for Secondary A Hospitals: Koshi (n=7)

Indicator Code	Area	Standard	Hospitals meeting standard						
			1	2	3	4	5	6	7
Low scoring indicators									
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	1	0
2.5.6.1	Pharmacy Service	Pharmacy department is led by at least one clinical pharmacist	0	0	0	0	1	1	0

2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2PM onwards	0	0	0	1	0	1	1
2.14.7*	Physiotherapy	Instruments and equipment to carry out the Physiotherapy works are available and functioning (See Annex 2.14a Instruments and equipment physiotherapy At the end of this standard).	0	0	0.3	1	0.3	1	1
1.1.3	Governance	Medical Superintendent is fulfill as per organogram	1	1	0	0	0	1	1
2.11.3	Postmortem	At least one MD forensic and one trained medical officer for autopsy and clinical medico-legal services	1	0	0	1	0	1	1
2.13.5.2	One Stop Crisis Management Center (OCMC)	At least two Staff nurse working in the hospital and 1 trained psycho social counselor	1	1	0	0	1	0	1
2.14.1	Physiotherapy	Separate room for OPD physiotherapy with at least 10 physiotherapy beds with 5 exercise beds and 5 electric beds	0	0	1	1	0	1	1
2.8.8.4	Surgery/ Operation Services	Anesthesia should be provided, led, or overseen by an anesthesiologist	1	0	1	0	0	1	1
2.9.1.2.2	Blood bank	Adequate numbers of trained healthcare workers are available in blood bank (at least 2 blood bank staffs to cover shifts including ER)	0	0	0	1	1	1	1
High scoring indicators									
3.9.2.1	Store (Medical and logistics)	A separate hospital medical store with 3 months' buffer stock is available	0	1	1	1	1	1	1
2.6.2.3.1*	Inpatient Service	Pediatrics Ward (See Annex 2.6a Furniture and supplies for inpatient wards At the end of this standard)	0.7	0.3	1	1	1	1	1
2.6.3.2	Inpatient Service	Surgery Ward (See Annex 2.6b medicine and supplies for inpatient wards At the end of this standard)	1	1	0	1	1	1	1
2.6.3.3	Inpatient Service	Pediatrics Ward (See Annex 2.6b medicine and supplies for inpatient wards At the end of this standard)	1	0	1	1	1	1	1
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	1	1	1	1	1
2.6.8.3	Inpatient Service	At least one defibrillator in immediate accessible area (See Checklist 2.6 At the end of this standard for scoring)	1	0	1	1	1	1	1
2.3.4*	Emergency Service	Instruments and equipment to carry out the ER works are available and functioning (See Annex 2.3b ER Instruments and Equipment At the end of this standard)	0.7	1	1	1	0.7	1	1
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	1	1	1	0.7	0.7	1
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)	1	0.7	1	1	1	1	1
3.1.3*	CSSD	Equipment and supplies for sterilization available and functional round the clock (See Annex 3.1a CSSD Equipment and Supplies At the end of this standard)	0.7	1	1	1	1	1	1

Table 13a. Actionable steps for Secondary A hospitals in Koshi (n=7). Hospital numbers are as follows: (1) Damak Hospital, (2) District Hospital Bhojpur, (3) District Hospital Khotang, (4) District Hospital Okhaldhunga, (5) District Hospital Phaplu, (6) District Hospital Taplejung, (7) District Hospital Tehrathum, (8) Katari Hospital Madi, (9) Nagar Hospital, (10) Pathari Nagar Hospital, and (11) Rangeli Hospital *Standard out of 3 points.

Above, Table 13a shows the 10 *most met* and the 10 *least met* KI scores for all 7 Secondary A hospitals in Koshi for the most recent MSS assessment in 2081/82. **Physiotherapy** space (2.14.1) and basic equipment (2.14.7), as well as certified staff for physiotherapy services (2.14.3) broadly absent at Koshi's Secondary A hospitals, although there have been improvements. This should be a province wide goal to develop and strengthen physiotherapy services across Secondary A hospitals. Further, the **Blood Bank** needs strengthening across hospitals. This is a key function that should be expected at Secondary A hospitals and should be made a priority and will need staff training (2.9.1.2.2).

As in Primary hospitals, **staffing** is a national area for improvement. Broadly at Koshi's Secondary A hospitals, specialized staff missing across the majority of hospitals include the following. To see exactly which hospitals are missing these items, see Table 13a.

- Medical Superintendent (1.1.3)
- Pharmacist (2.5.6.1)
- Anesthesiologist (2.8.8.4)
- Physiotherapist (2.14.3)
- MD forensic (2.11.3)
- Blood bank staff (2.9.1.1.2)

Hospital Level Interventions:

- **District Hospital Bhojpur** needs support strengthening their inpatient wards:
  - Pediatrics Ward for furniture and supplies (2.6.2.3.1) and medicine (2.6.3.3)
  - Adequate nursing staff (2.6.5)
  - Defibrillator (2.6.8.3)
- **Damak Hospital** needs A separate hospital medical store with 3 months' buffer stock is available (3.9.2.1)
- **District Hospital Phaplu** needs complete sets of supplies:
  - ER Instruments and equipment (Annex 2.3b ER Instruments and Equipment) (2.8.7.3)
  - OT Room medicines and supplies (2.8e General Medicine and Supplies for OT) (2.3.4)

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

Figure 18. Koshi : Greatest Changes in KIs at Secondary A Hosptials from Last Fiscal Year (2081/82)

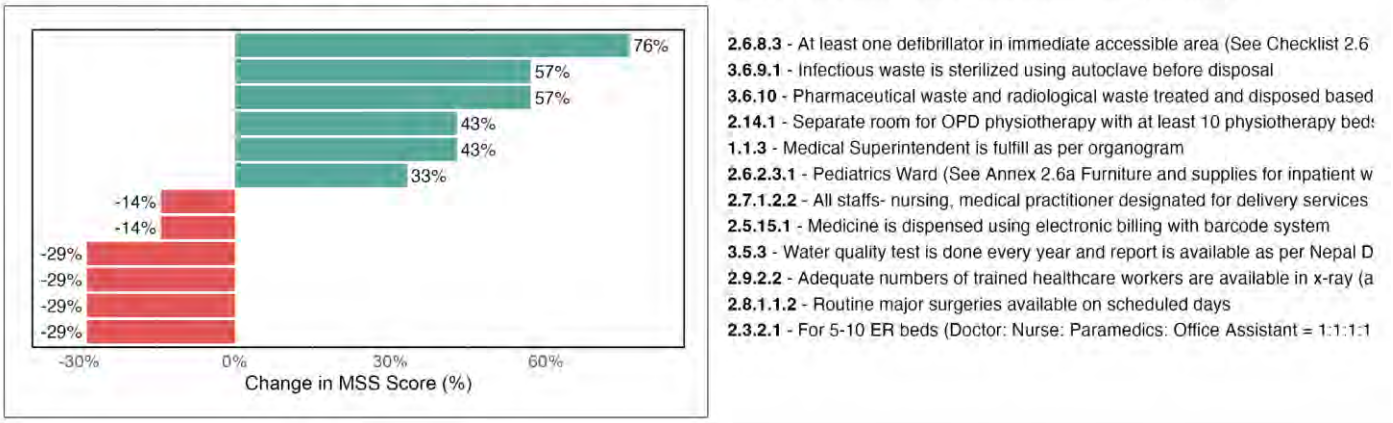

Figure 18a. Koshi: Greatest Changes in Key Indicators at Secondary A Hospitals from LFY (2081/82) (n=7). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

Figure 18a shows the greatest positive and negative changes in KIs at Secondary A hospitals in Koshi province from LFY to 2081/82 FY.

Figure 18a shows the greatest positive and negative changes in KIs at Secondary A hospitals in Koshi province from 2080/81 to the LFY. Broadly speaking, there were significant gains across the province, with few losses. The greatest gains were made in the **defibrillator access** (2.6.8.3), with a 76% increase. Only District Hospital Ilam is not meeting this standard, which should be addressed so it is met across the province..

Waste segregation increased for both sterilizing infectious waste (3.6.9.1) increased, and is being met by all seven Secondary A hospitals! Properly disposing of pharmaceutical waste (3.6.10) also increased, with an average 57% increase across the province. However, the following hospitals are still not meeting this KI and could be targeted:

- District Hospital Dhankuta
- District Hospital Ilam
- Inaruwa Hospital

There were small losses in KIs as well. In 2080/81, all Secondary A hospitals in Koshi were providing minor surgeries of scheduled days (2.8.1.1.2). However, in the LFY, District Hospital Ilam and Inaruwa Hospital no longer meet this KI. This is a significant loss of basic services and should be addressed.

Adequate X-Ray staff (2.9.2.2) has decreased substantially, with last year 6/7 Secondary A hospitals meeting this KI. However, in the LFY, three hospitals have lost this, and should be targeted to meet this.

- District Hospital Dhankuta
- District Hospital Panchthar
- Udayapur Hospital

Secondary B Hospitals

The only Secondary B hospital in Koshi is Provincial Hospital Bharadrapur scored 65% during the last MSS assessment and is a lower scoring Secondary B hospital when compared to national averages. However, it has shown steady improvement. Specific accomplishments include developing the orthopedics, geriatrics, and ENT wards. Further, material availability has been increasing significantly. Areas of concern are patient monitoring (37%) and privacy (55%), both areas of quality.

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

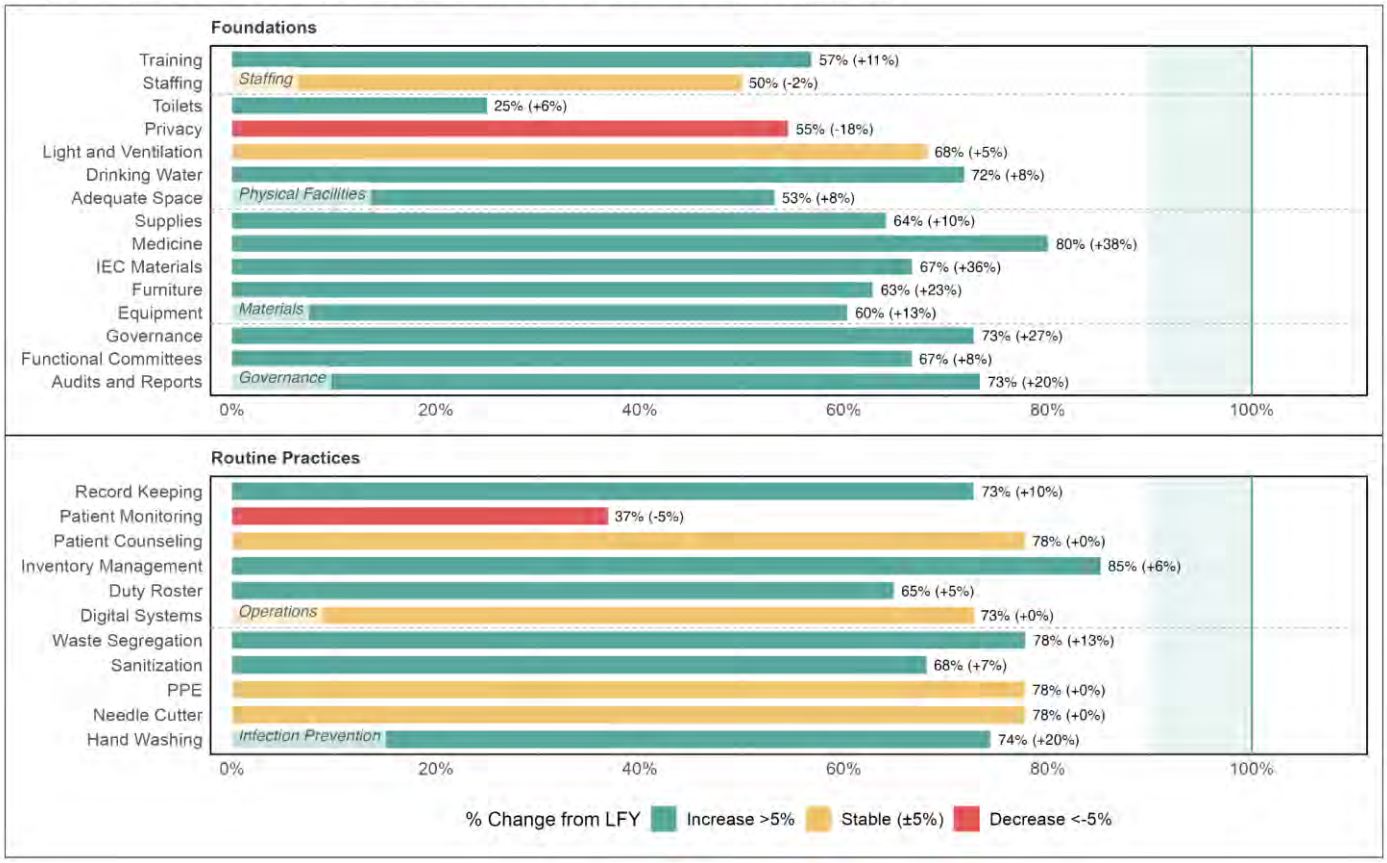

Figure 19a. Koshi: Changes in Provincial Hospital Bharadrapur Item Scores from LFY (2081/82) (n=1). Bars labeled with component average and % change from LFY. Color indicates the change in the MSS score for that item. The green area items >90%.

Generally, Provincial Hospital Bharadrapur has shown steady improvements since 2079, and has shown significant jumps in specialized wards. Foundations, specifically materials and governance, are showing increases across items, with significant jumps in supplies (+38%), IEC materials (+36%), governance (+27%). This progress is important, but the score itself is still relatively low (60%-75%).

Action points for Provincial Hospital Bharadrapur are:

- **Patient Monitoring** (37%; -5%) is a large concern. Please see Annex 2C. Secondary B Hospital Category and Item Indicator List so see exact indicators. This is a concern for quality and can be addressed with improved processes.
- **Privacy** (55%; -18%) is closely linked to patient experience and satisfaction, contributing to people's trust of the health system. Addressing privacy may seem "extra", but is necessary to provide quality of care.
- **Toilets** (25%; + 6%) is low, and should be addressed to meet MSS standards.

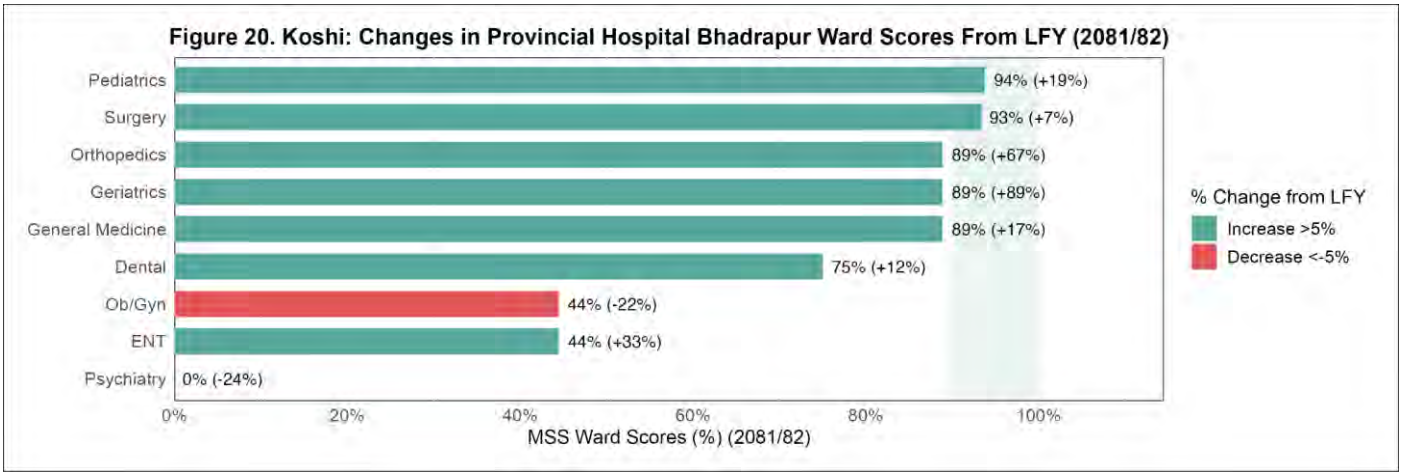

Figure 20a. Koshi: Change in Provincial Hospital Bharadrapur Ward Scores from LFY (2081/82) (n=1). Bars labeled with component average and % change from LFY. Color indicates the change in the ward MSS score. Labels show the current % MSS ward score and % change from LFY. The green area shows Wards >90%.

At Provincial Hospital Bharadrapur, pediatrics, surgery, orthopedics, geriatrics, and general medicine are meeting nearly all indicators (≥89%). Specifically, Geriatrics has gone from 0% to 89% in a single year, a major accomplishment! Similarly, orthopedics increased by 67%, pediatrics by 19%, and ENT by 33%. Although a lower scoring Secondary B hospital nationally, Provincial Hospital Bharadrapur is steadily increasing its specialty services. However, Ob/hyn has decreased by 44%.

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

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

8a	3.7.1.3	Safety and S	All security staffs have	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
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
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
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
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
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
9a	1.6.1.2	Quality Mana	Hospital QHSDMS con	1	0	1	1	0	1	1	1	1	0	0	1	1	0	0	0	1	1	1	1	0	1	1

8a	3.7.1.3	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	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	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	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	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	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	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	1	1	0	1	1	1	1	1	1	1	1	0	1	1	0	0	0

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

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

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

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