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

Bagmati

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: Bagmati

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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.

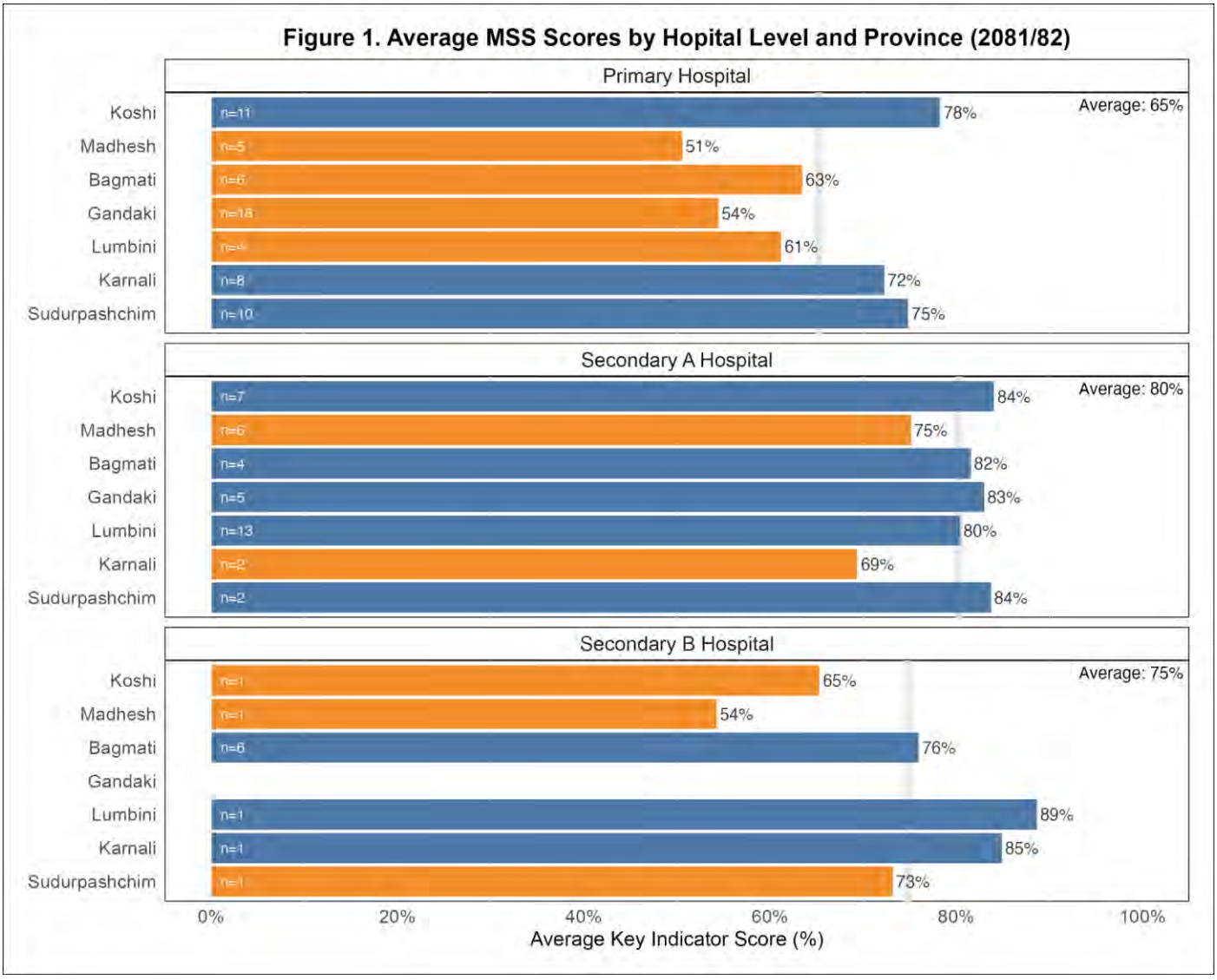

Figure 1. Average MSS Scores of Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals (2081/82). Scores by province. Orange shows below national average, blue shows above national average. N shows the number of hospitals in that province for that hospital level.

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.

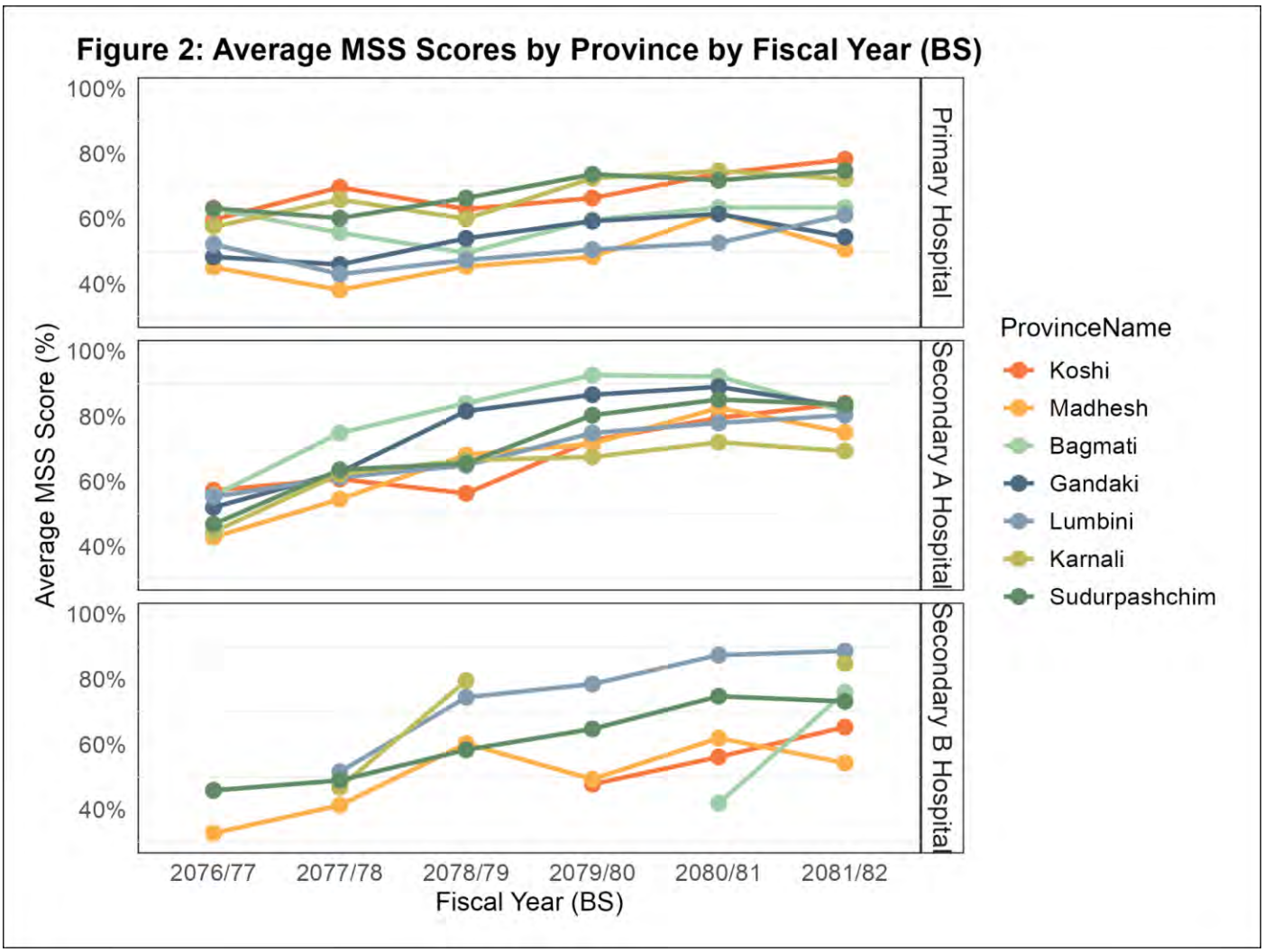

Figure 2. Average MSS Scores by Province over Time for Primary (n=62), Secondary A (n=39), and Secondary B (n=11) Hospitals. Color by province.

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.

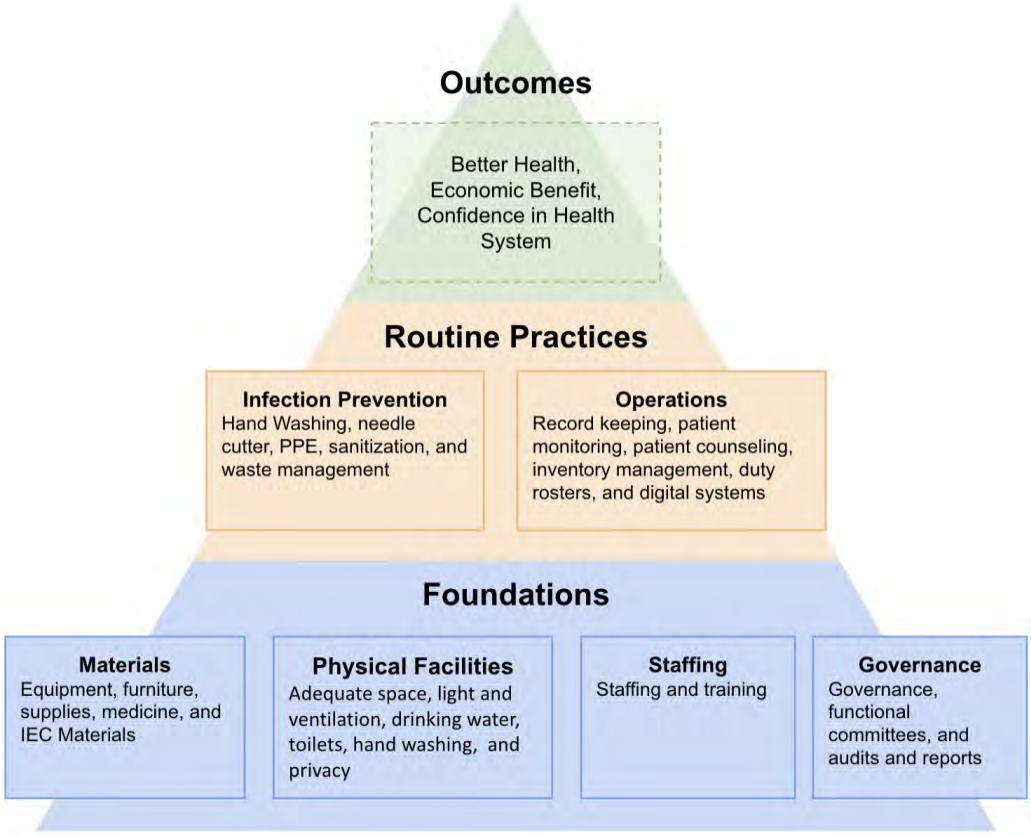

Figure 5. MSS Analysis Conceptual Framework for Hospital Readiness Analysis.

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.

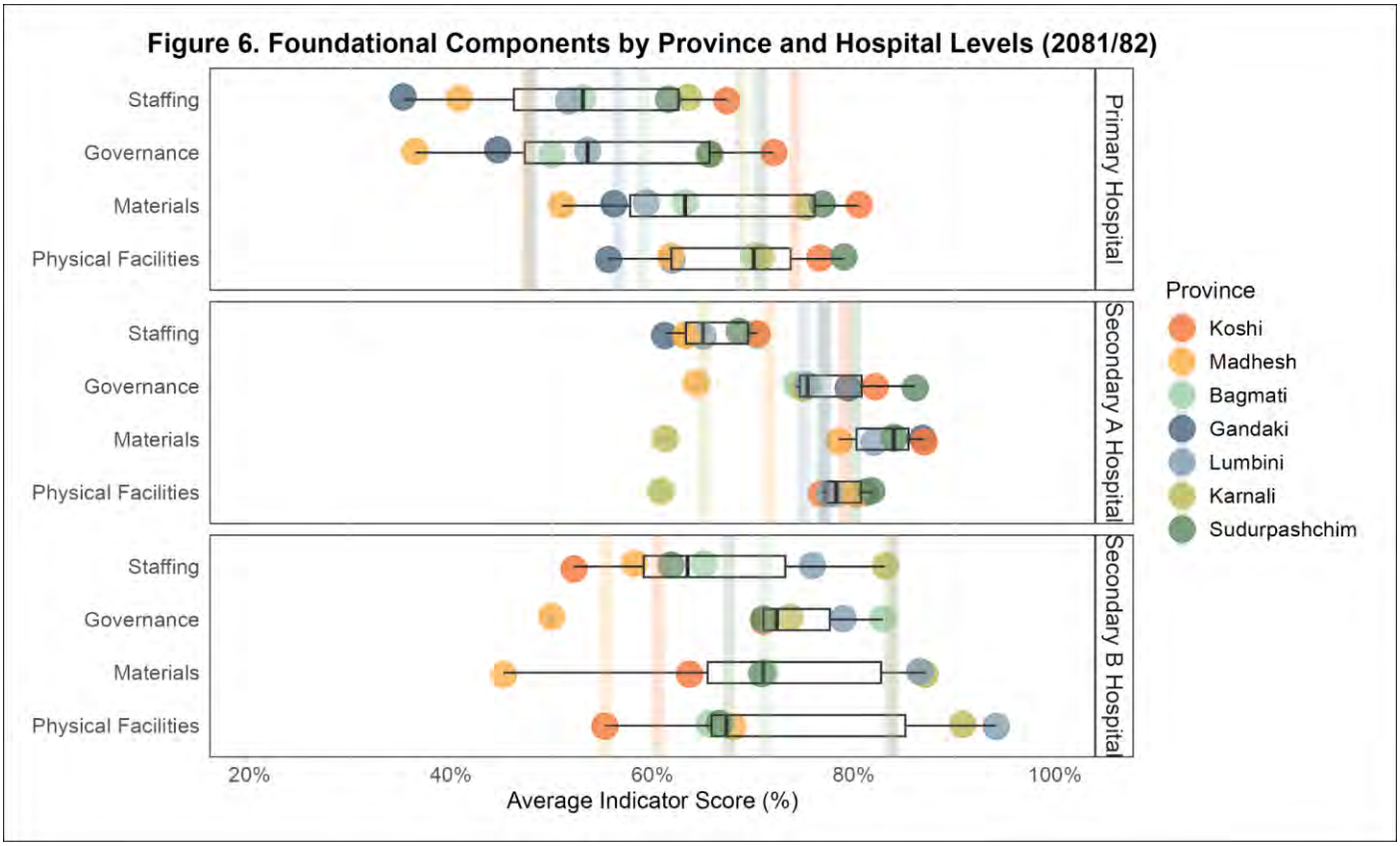

Figure 6. Foundational Components by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

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.

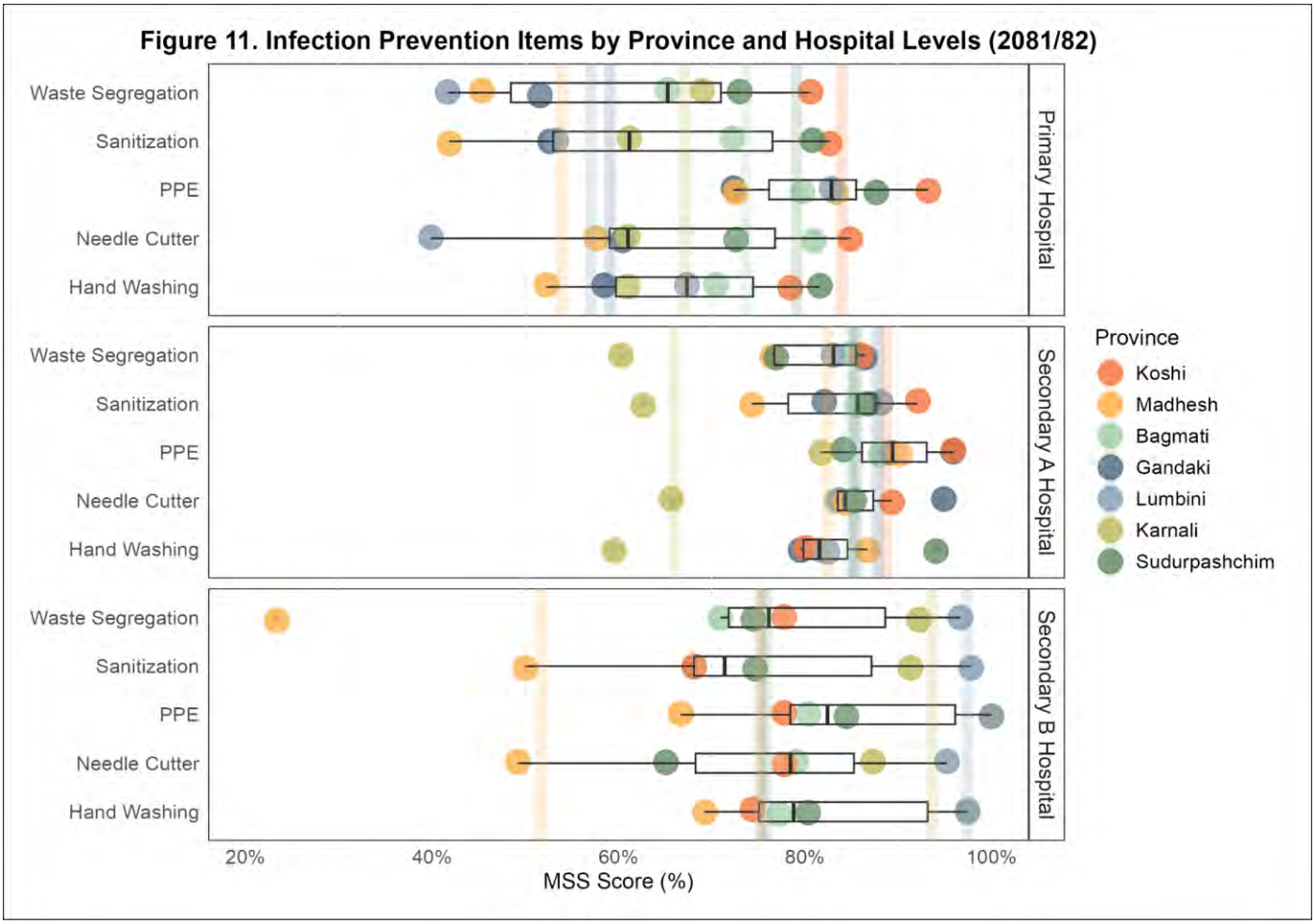

Figure 11. Infection Prevention Compliance by Province (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Colored by Province. Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

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.

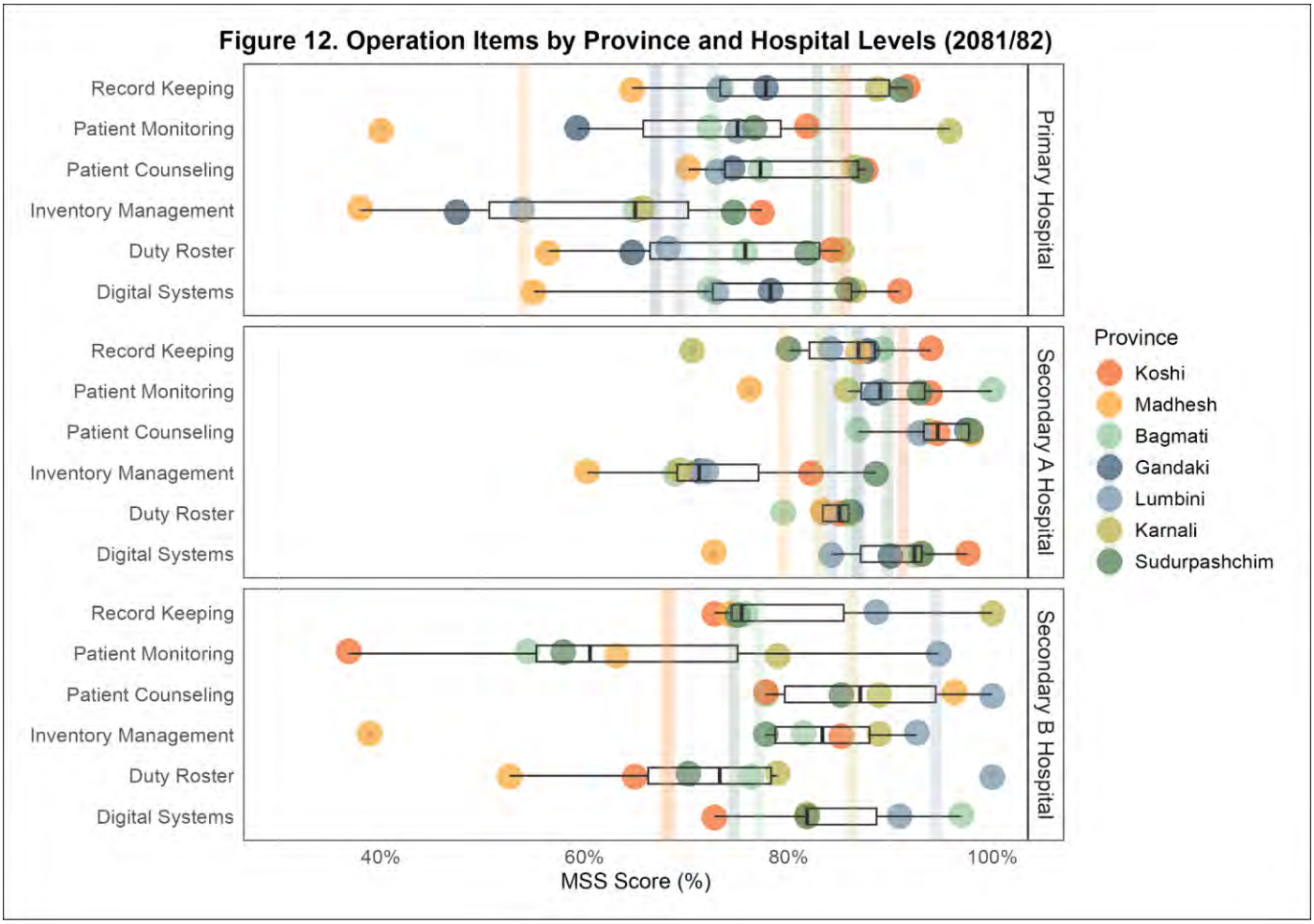

Figure 12. Operations Items by Province and Hospital Levels (2081/82) for Primary (n=62), Secondary A (n=39), and Secondary B (n=11). Vertical lines show provincial averages. Note the x-axis ranges from 30% - 100%.

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.

Bagmati Report

Overview

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

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

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

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

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

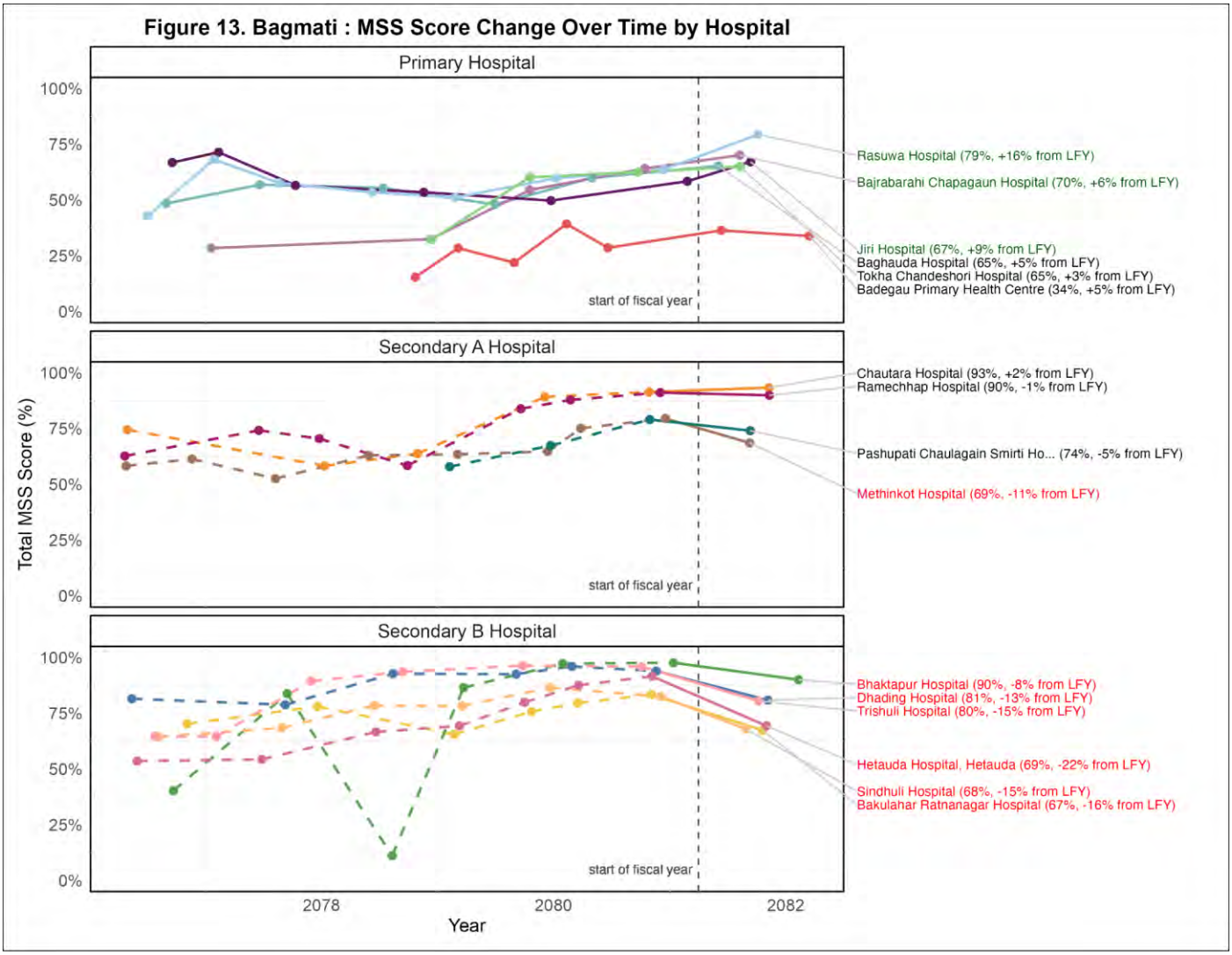

Figure 13c. Bagmati: Change in MSS Score Over Time by Hospital (n=16). Each line is labeled with the hospital name, the most recent MSS score, and the % change since LFY. Vertical dotted line shows the start of 2081/82 FY. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease of greater than -5%. Dashed lines show MSS assessments from a lower level before the hospital was upgraded. Only hospitals with MSS assessments in 2081/82 FY were included.

Figure 13c shows the changes in MSS score overtime by hospitals and hospital level. Here, we can see a small, but steady upward trend of Primary hospitals, with Rasuwa showing a 16% increase, reaching 79%. Even the lowest scoring Primary hospitals (Baghauda, Tokha Chandeshori, and Badegau health facilities) saw slight increases, although minimal. **Badegau Primary Health Center** (34%; +5%) should receive support as it has stagnated around its current score.

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

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

Upgrading all hospitals may not be the best use of resources, and should be questioned, especially when some hospitals are scoring at 34%.

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

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

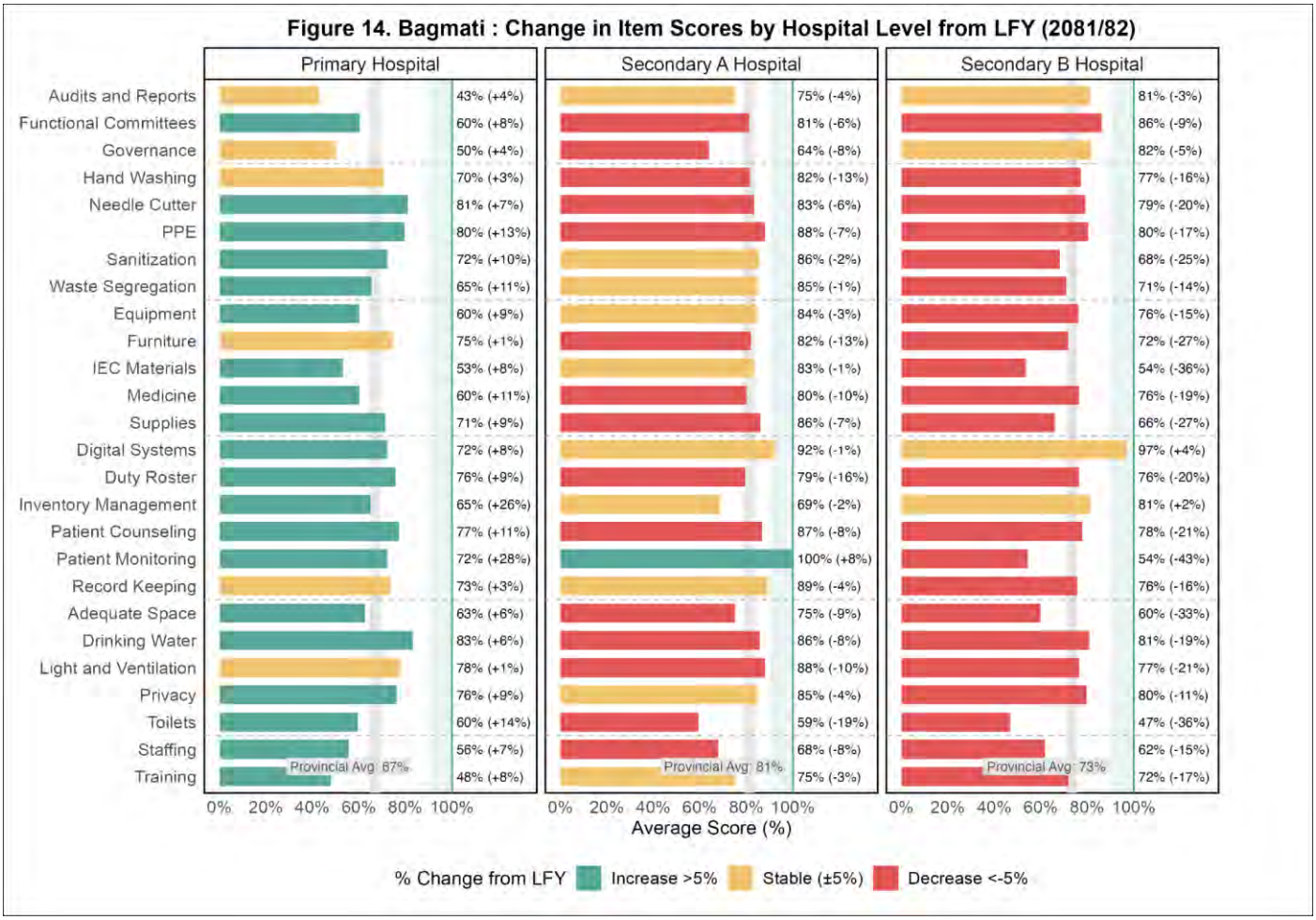

Figure 14c. Bagmati: Change in Item Scores by Hospital Level from LFY (2081/82) (n=16). Color indicates the change in the categorical score from LFY to 2081/82. Labels show the current % MSS score for that item and % change from LFY. If there was no MSS data from LFY, the bar is grey. Provincial Averages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

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

Secondary A hospitals in Bagmati recorded an average MSS score of 82%, with several indicators showing a decline compared to the previous MSS score, particularly availability of toilets (-19 %), Duty roster development (-16%), hand

washing and availability of furniture (-13%). On the other hand, patient monitoring reached 100%, improving by 8%. These changes are largely attributed to the recent upgrades of hospitals from Primary to Secondary A level. Nevertheless, maintaining an average score above 80% is a positive outcome and can be considered a baseline score for Secondary A hospitals in the province.

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

Primary Hospitals

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

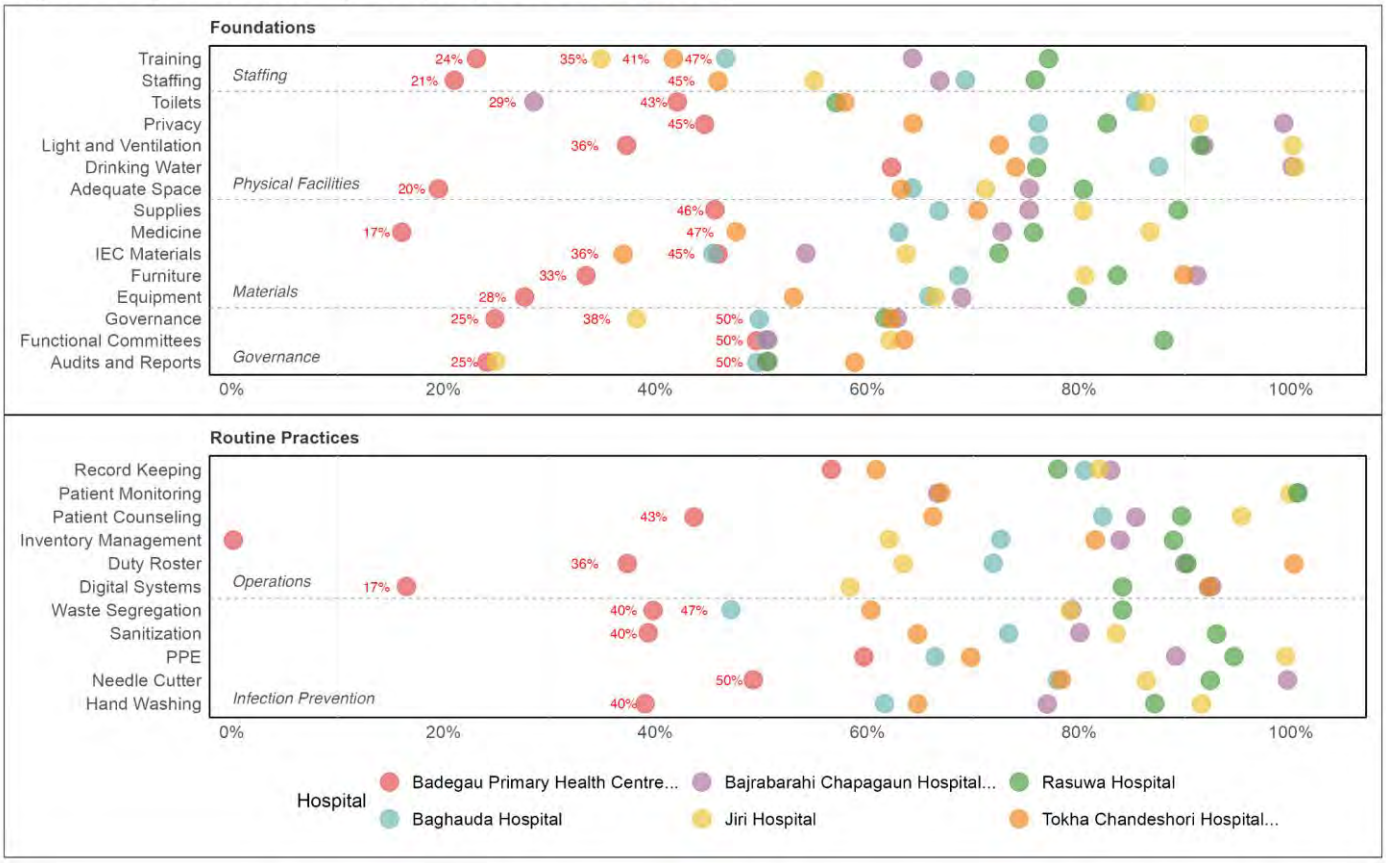

Figure 15c. Bagmati: Lowest-Scoring Primary Hospitals Item Scores (n=6). Only the six lowest-scoring primary hospitals in Bagmati were included. Items below 51% are labelled with their percent.

Primary hospitals in Bagmati Province have several items scoring below 51%, reflecting critical weaknesses in core service delivery. Generally Primary hospitals under local level show critically low scores with a major concern in health of staff and patients. Badegaun PHC was lowest across most of the routine practices including inventory management (0%), digital systems (17%), duty roster use (36%), and waste segregation, sanitation and hand washing all at 40%. **Badegaun PHC needs a hospital-level intervention, with significant investments.**All the routine practices need to be addressed to ensure quality of care and patient and provider safety.

Province wide investments:

- **Training** is weak across.
- **Governance** (governance, functional committees, and audits and reporting)

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 2 PM onwards	0	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	0

2.8.3.1	Surgery/Operation Service	General Surgeries (See Annex 2.8 a List of Minimum Surgeries Available At the end of this standard)	0	0.3	0	0.3	0	0
2.8.1.3	Surgery/Operation Service	At least two functional operating rooms/theater	0	0	0	1	0	0
3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management	0	0	1	0	0	0
3.6.9.1	Hospital Waste Management	Infectious waste is sterilized using autoclave before disposal	0	0	1	0	0	0
1.4.5.2	Financial Management	Internal audit, financial and physical progress review is done at least once each trimester (once in every 4 months).	0	0	0	0	0	1
1.6.8.1	Quality Management	The hospital has functional MPDSR committee (in program district)	0	0	0	0	1	0
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	0	0	0	0	1	0
2.8.1.1.2	Surgery/Operation Service	Routine major surgeries available on scheduled days	0	1	0	0	0	0
High scoring indicators								
2.8.11.4	Surgery/Operation Service	High Level Disinfection (e.g. Cidex) facility is available and being practiced.	0	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)	0.7	0.3	1	1	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	1	1	1	1
2.9.2.1.2	X-Ray Service	Emergency x-ray service is available round the clock	0	1	1	1	1	1
2.9.2.5.1	X-Ray Service	General X ray unit (with minimum 125KV and 300ma X-ray machine) with tilting table and vertical bucky	0	1	1	1	1	1
2.9.3.1	Ultrasonography (USG)	USG is open from 10 AM to 3 PM for obstetrics, abdominal, pelvic and superficial structure like testis, thyroid	0	1	1	1	1	1
2.9.3.2	Ultrasonography (USG)	USG trained medical practitioner and mid-level health worker in each USG room	0	1	1	1	1	1
2.9.3.5	Ultrasonography (USG)	USG machine (advanced) with different probes, computer and printer with USG papers , gel and wipes is available and functional	0	1	1	1	1	1
3.1.2	CSSD	Separate staffs assigned for CSSD and is led by CSSD trained personal	0	1	1	1	1	1
3.4.3.1	Repair, Maintenance and Power system	Hospital has main-grid power supply with three-phase line	0	1	1	1	1	1

Table 12c. Actionable steps for Primary hospitals in Bagmati (n=6). Hospital numbers are as follows: (1) Badegau Primary Health Centre, (2) Baghauda Hospital, (3) Bajrabarahi Chapagaun Hospital, (4) Jiri Hospital, (5) Rasuwa Hospital, and (6) Tokha Chandeshori Hospital. *Standard out of 3 points.

Above, Table 12c shows the 10 *most met* and the 10 *least met* KI scores for all 6 Primary hospitals in Bagmati for the most recent MSS assessment in 2081/82 FY. There are widespread gaps across Primary hospitals, with only Baghauda Hospital providing routine major surgeries available on scheduled days (2.8.1.1.2) and Jiri Hospital with two functional operating rooms/theater (2.8.1.3). Further, only Bajrabarahi Chapagaun Hospital is sterilizing waste with an autoclave (3.6.9.1) and completed their annual water quality test (3.5.3).

Province Wide Action Points:

- **Surgical Services** are weak:
  - only two hospitals partially meeting general surgery service standards (2.8.3.1)
  - Only one hospital provided major surgeries on scheduled days (2.8.1.1.2)
  - the need for at least two functional operating rooms/theater (2.8.1.3)
- **Hospital Waste Management** workplans (3.6.1), sterilization (3.6.9.1) and managing pharmaceutical waste and radiological waste (3.6.10).

Badegau Primary Health Centre needs immediate, intensive provincial support. It is providing few services with questionable quality, and besides proving suboptimal care, will erode public trust in government health facilities. Severe gaps include,

- **Ultrasonography** services (2.9.3.1), staff (2.9.3.2), and a machine (2.9.3.5).
- **X-Ray Service** around the clock (2.9.2.1.2) and equipment (2.9.2.5.1)
- **Main-grid power supply** with three-phase line (3.4.3.1)
- **CSSD trained staff** (3.1.2)

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

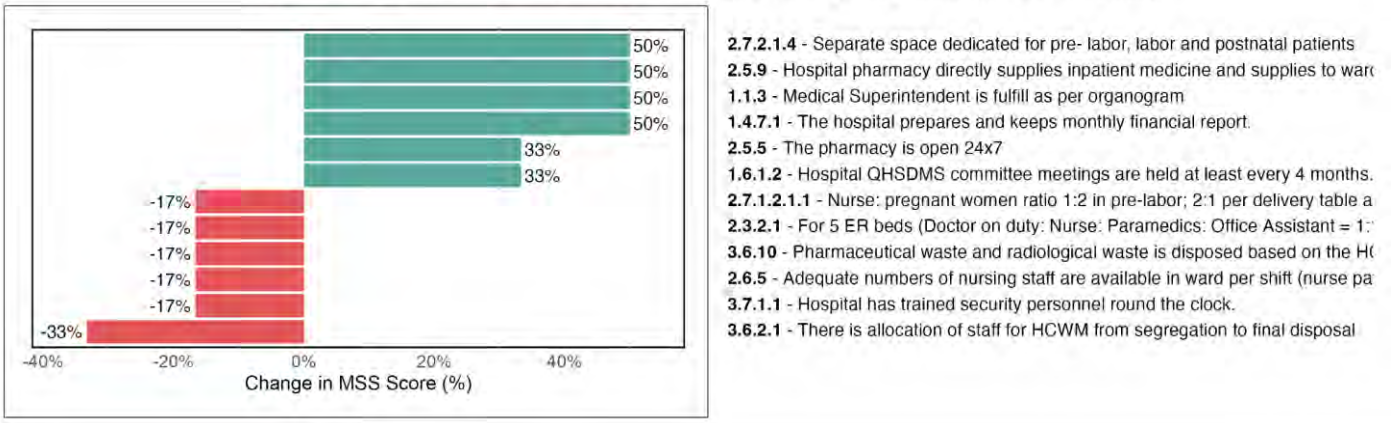

Figure 16c. Bagmati: Greatest Changes in Key Indicators at Primary Hospitals from LFY (2081/82) (n=6). The indicator code and the beginning of each standard is written to the right of the graph. For the full standard, see the MSS book using the indicator code. Only hospitals with data for both FYs were included.

Figure 16c shows the greatest positive and negative changes in KIs at Primary hospitals in Bagmati province from LFY to 2081/82. The labour and delivery department show widespread positive change, with 5 hospitals now meeting the standard of separate space dedicated for pr-labor, labor and postnatal patients (2.7.2.1.4) and four hospitals preparing and keeping monthly financial reports (1.4.7.1). The other successes were hospital pharmacies directly supplying inpatient medicines to wards (2.5.9) and medical superintendent is fulfilled as per organogram (1.1.3).

The greatest province-wide problem is the lack of **availability of nursing staff in the maternity ward** (2.7.1.2.1.1) and **general ward** (2.6.5). 43% of Primary hospitals in Bagmati (n=4) who had appropriate nursing staff in 2080 no longer do as of 2081. These four hospitals will need to address their nursing shortage:

- Bajrabarahi Chapagaun Hospital
- Badegaun PHC
- Rasuwa Hospital
- Tokha Chandeshori Hospital

Secondary A Hospitals

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

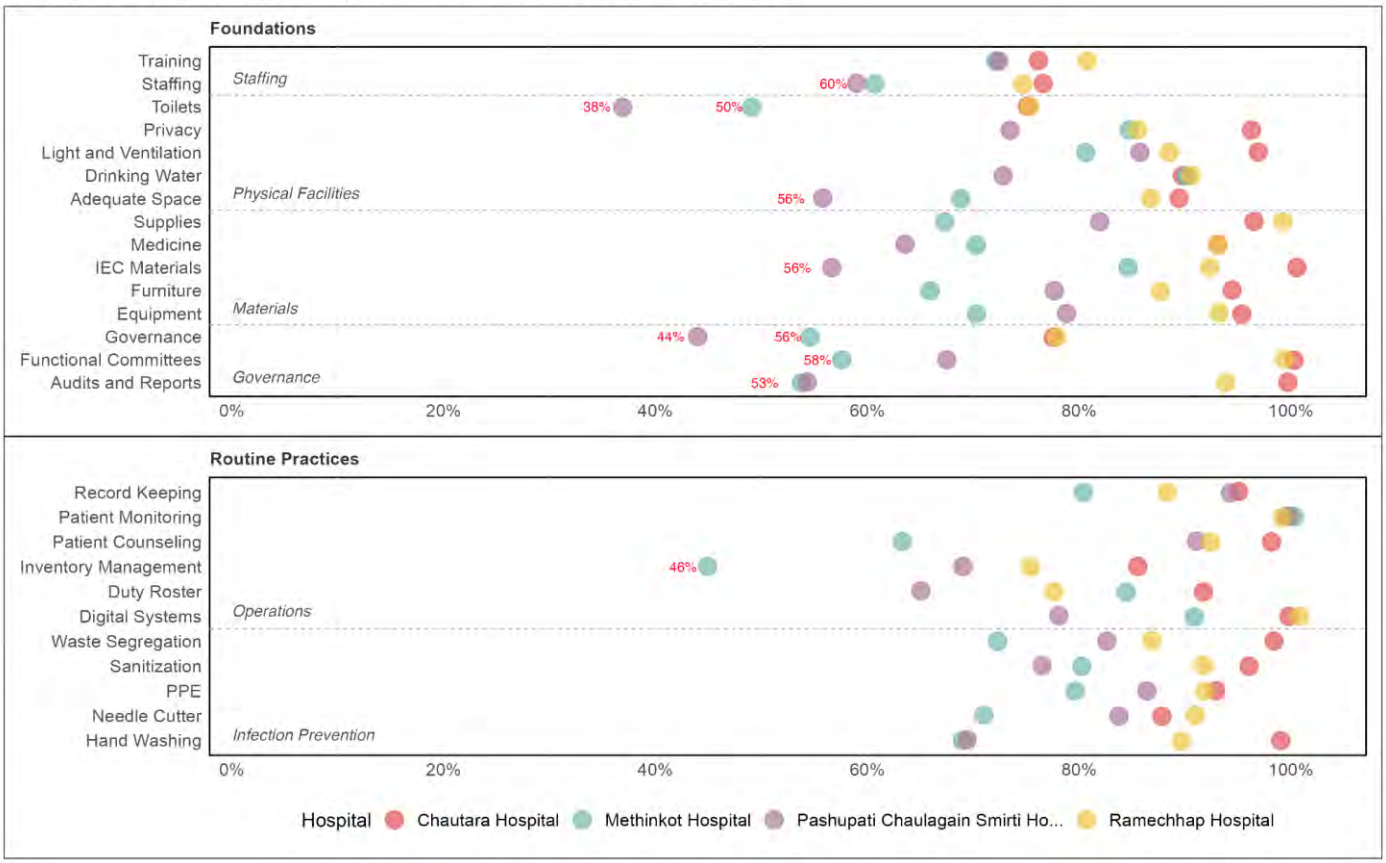

Figure 17c. Bagmati: Lowest-Scoring Secondary A Hospitals Item Scores (n=4). Items below 61% are labelled with their percent. Only hospitals with 2081 MSS assessments were included.

Secondary A hospitals in Bagmati are performing well, even after recently upgrading. However, Pashupati Chaulagain Smriti Hospitals and Methinkot Hospital have specific gaps that need to be improved. Chautara Hospital stands at 80% - 100% and can be an example for other hospitals.

Table 13c. Actionable Steps for Secondary A Hospitals: Bagmati (n=4)

Indicator Code	Area	Standard	Hospitals meeting standard			
			1	2	3	4
Low scoring indicators						
2.14.1	Physiotherapy	Separate room for OPD physiotherapy with at least 10 physiotherapy beds with 5 exercise beds and 5 electric beds	0	0	0	0
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
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

1.4.5.2	Financial Management	Internal audit, financial and physical progress review is done at least once each trimester (once in every 4 months).	1	0	0	0
2.11.3	Postmortem	At least one MD forensic and one trained medical officer for autopsy and clinical medico-legal services	0	0	1	0
2.14.7	Physiotherapy	Instruments and equipment to carry out Physiotherapy works are available and functioning (See Annex 2.14a Instruments and equipment physiotherapy At the end of this standard).	1	0	0	0
2.3.6.1	Emergency Service	Hospital maintains a triage system in the ER with 24 hours triage service	0	1	0	0
2.5.6.1	Pharmacy Service	Pharmacy department is led by at least one clinical pharmacist	1	0	0	0
2.5.8	Pharmacy Service	All of the required medicines and supplies for specific programs are available in pharmacy (less than 50%= 0; 50-70 =1, 70-85=2 85-100= 3)	0.3	0	0.3	0.3
2.9.1.1.1.3	Laboratory	Histopathology service in coordination with other health facilities	1	0	0	0
High scoring indicators						
2.9.3.2	Ultrasonography (USG)	USG trained medical practitioner and midlevel health worker in each USG room	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	0	1	1
3.4.2.3	Repair, Maintenance and Power system	Separate room for storage of repairing tools and instrument	1	0	1	1
3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management	1	1	0	1
3.6.3	Hospital Waste Management	There is separate area/space designated for solid waste storage and management with functional hand washing facility	1	0	1	1
3.7.1.1	Safety and Security	Hospital has trained security personnel round the clock.	1	1	1	0
2.3.5.1	Emergency Service	Medicines and supplies to carry out the ER works are available (See Annex 2.3c Medicines and Supplies for ER At the end of this standard)	1	1	0.3	1
2.3.4	Emergency Service	Instruments and equipment to carry out the ER works are available and functioning (See Annex 2.3b ER Instruments and Equipment At the end of this standard)	1	1	0.7	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	0.7	1
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	0.7	1

Table 13c. Actionable steps for Secondary A hospitals in Bagmati (n=4). Hospital numbers are as follows: (1) Chautara Hospital, (2) Methinkot Hospital, (3) Pashupati Chaulagain Smirti Hospital, and (4) Ramechhap Hospital. *Standard out of 3 points.

Above, Table 13c shows the 10 *most met* and the 10 *least met* KI scores for all 4 Secondary A hospitals in Bagmati for the most recent MSS assessment in 2081/82. **Physiotherapy** space and basic equipment (2.14.1), instruments (2.14.7), and certified staff for physiotherapy services (2.14.3) are only available at none of the hospitals. This should be a province wide goal to develop and strengthen physiotherapy services across Secondary A hospitals.

Further, the **Pharmacy** needs strengthening across hospitals, with a pharmacist (2.5.6.1) and Histopathology service in (2.9.1.1.1.3) needed at all hospitals except Chautara Hospital. This should be prioritized province wide.

Province Wide Action Points:

- **Physiotherapy services** remain weak, as no hospitals have a separate room for OPD physiotherapy (2.14.1), supplies and equipment (2.14.7) or adequate staff (2.14.3).
- **Pharmacy departments** need pharmacists (2.5.6.1) and required medicines and supplies for specific programs (2.5.8)
- **Triage system in the ER** with 24 hours triage service (2.3.6.1)

See Table 13c for hospital level interventions. **Pashupati Chaulagain Smirti Hospital** needs support across various departments.

Secondary B Hospitals

There are six Secondary B hospitals in Bagmati province upgraded from Primary and Secondary A Hospital in the fiscal year 2081/82 out of which Bhaktapur Hospital and Hetauda hospitals are upgraded to 300 beds and Dhading , Trishuli, Sindhuli, and Bakulahar Ratnanagar Hospital upgraded to 100 Beds. For the first time the Secondary B assessment tool was applied in the province.

Figure 19. Bagmati Lowest-Scoring Secondary B Hospital Item Scores (2081/82)

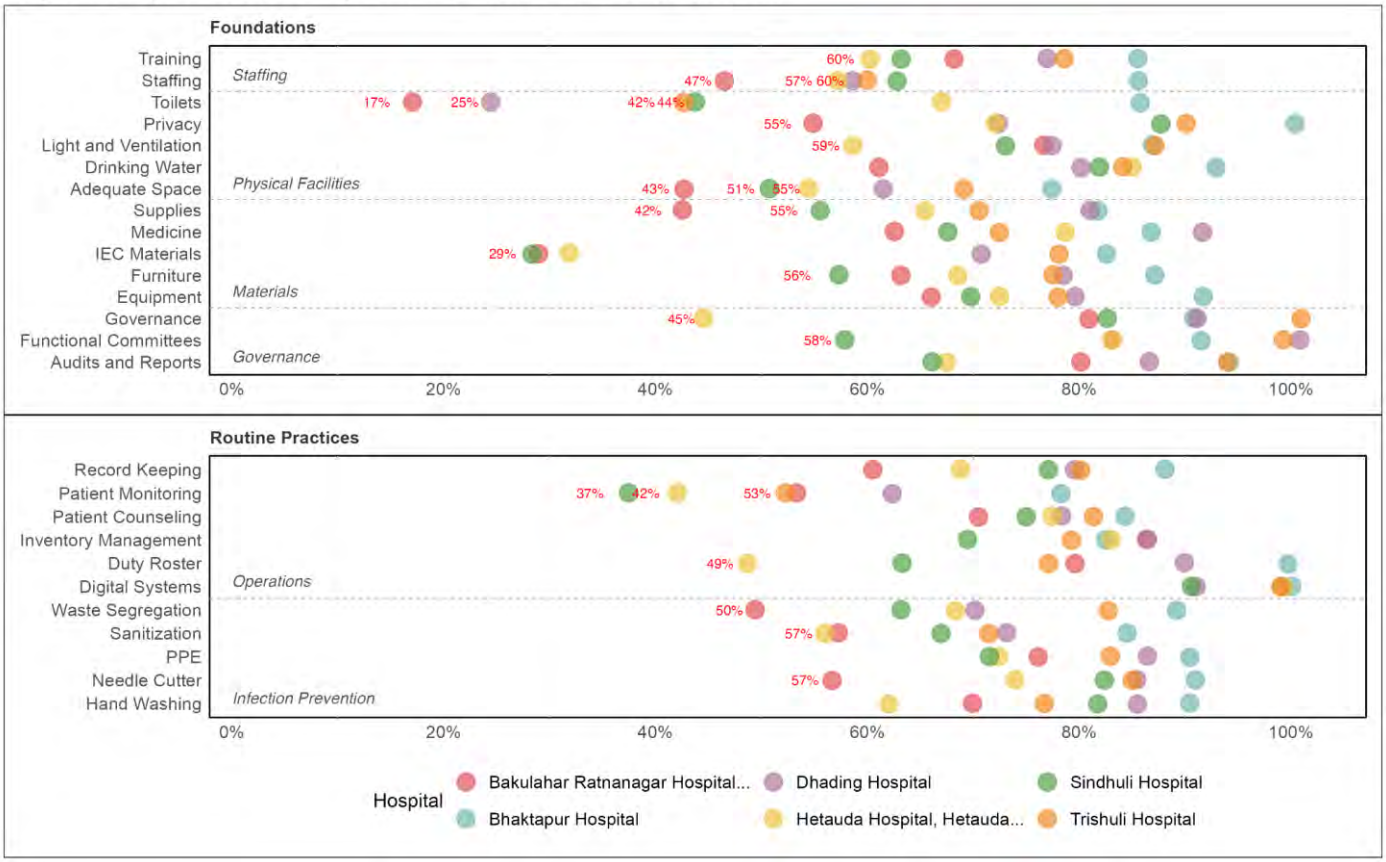

Figure 19c. Bagmati: Lowest-Scoring Secondary B Hospitals Item Scores (n=6). Items below 61% are labelled with their percentage. Only hospitals with 2081 MSS assessments were included.

Despite recent upgradation of the hospitals, Secondary B Hospitals meeting average score in routine practices. Bakulahar Ratnagar, Sindhuli, and Hetauda Hospitals need improvement in both the foundation and routine practice. Interestingly Bhaktapur Hospital scored around 90 % in most of the indicators and 100% in Privacy, Duty roster and Digital System, this could be an example for other hospitals.

Gaps that stand out include:

- Toilets (Bakulahar Ratnanagar (17%), Dhading (35%), Trishuli (42%), and Sindhuli Hospital (44%))
- `IEC Materials (Sindhuli, Bakulahar Ratnanagar, and Hetauda Hospitals all ≤35%)`
- Patient Monitoring (Sindhuli (37%) and Hetauda Hospital (42%).

Action points for Secondary B hospitals include:

- Setup and Functionality of Physiotherapy Department
- Provision of MD Forensic in Secondary A and B hospitals.
- Physical Setup and Supplies for newly upgraded Secondary B hospitals particularly Bakulahar Ratnagar, Sindhuli and Dhading Hospitals.
- Pharmaceutical and Radiological waste management.

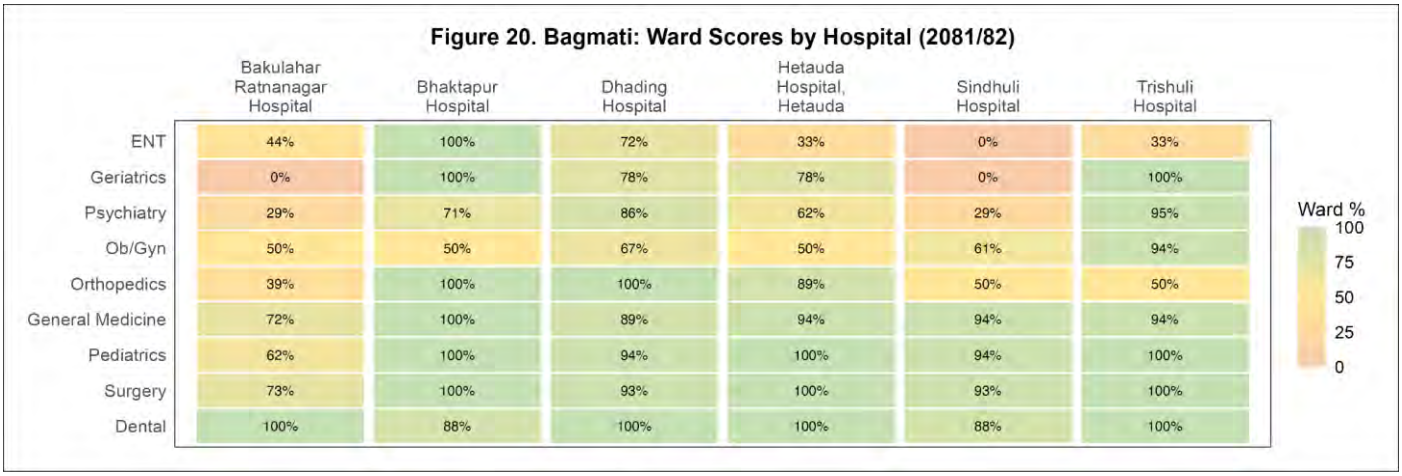

Figure 20c. Bagmati: Ward Scores by Hospital (2081/82) (n=6). Color corresponds to % score. Wards ordered from lowest to highest scores nationally. Ward scores include indicators across the OPD, IPD, and surgical ward.

Generally, Secondary B hospitals are meeting a wide range of indicators across wards, providing advanced and high-quality services. The exemption of Sindhuli Hospital, which does not meet any indicators for the ENT (0%) or the Geriatrics (0%) ward. Further, although meeting at least some indicators across wards, Bakulahar Ratnanagar Hospital's wards rarely meeting more than 60% of the ward-specific indicators.

Provincially, ENT wards are the weakest, with only Bhaktapur Hospital meeting 100% of indicators, but Geriatrics are completely absent from both Sindhuli and Bakulahar Ratnanagar Hospital. However, just meeting ward indicators to meet Secondary B standards, although a good step, should be a lower priority than increasing the access to basic services and quality of care at Primary hospitals.

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

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

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

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

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

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

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

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

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