National Minimum Service Standard Report for Primary & Secondary A Hospitals

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

2081 Calendar Year

Nick Simons Institute, Baishakh 2082 (April 2025)

Minimum Service Standard Report: National

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

Executive Summary

Ensuring equitable and high quality health care is a central goal of the Ministry of Health and Population (MoHP) of Nepal. In order to address the gaps in quality of hospitals, the Minimum Service Standards (MSS) was pioneered in 2014 under the Hospital Management Strengthening Program of the MoHP, with support from the Nick Simons Institute.

The purpose of this report is to recommend actionable steps to address gaps in the MSS in health facilities based on the most recent data from 2081 (01/01/2024 - 31/12/2024) (2080/09/13 - 2079/09/13) for 61 Primary hospitals and 40 Secondary A hospitals that have MSS assessments from the last calendar year. Six Primary hospitals and four Secondary A hospitals were excluded from analysis due to missing 2081 MSS assessments. Besides looking at all the MSS indicators, **Key Indicators (KI)** were selected that are foundational to a functioning hospital were selected and analyzed by province through an iterative process, detailed in Annex 1. There were 75 KIs at Primary Hospitals and 88 KIs at Secondary A hospitals due to a wider range of services.

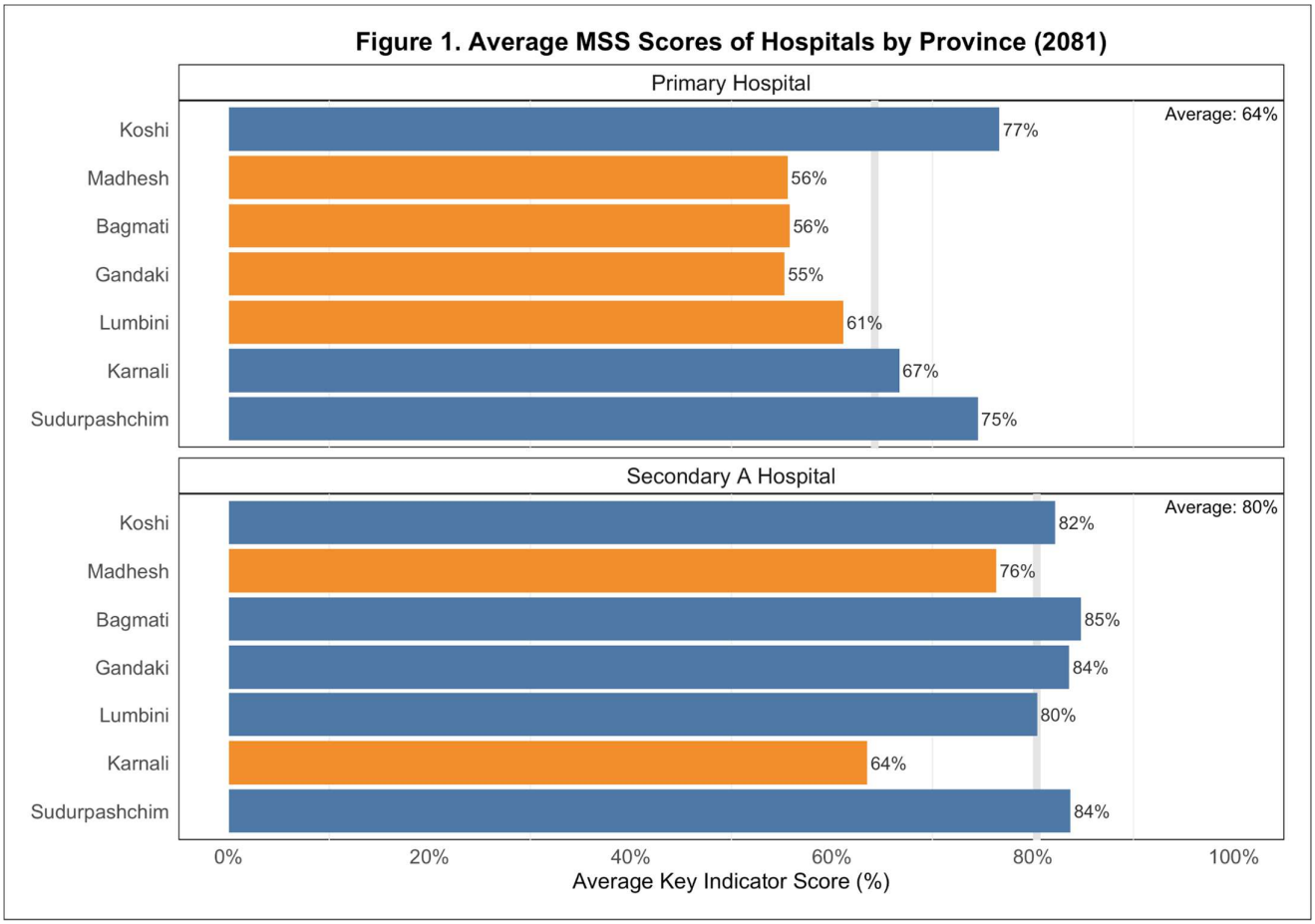


Figure 1. Total Key Indicator Scores of Primary (n=61) and Secondary A (n=40) Scores by province. Orange shows below national average, blue shows above national average.

Progress has continued since MSS implementation, with Secondary A hospitals averaging 80% across key indicators (KIs) and Primary hospitals averaging 64%. However, this overall progress masks significant disparities across provinces, within provinces, and between hospital levels. Routine practice indicators, staffing, training, and governance remain the most underperforming categories nationwide. In contrast, digital systems and basic service availability (e.g., emergency care, family planning) are widely functional. Provinces like Koshi, Sudurpashchim, and Lumbini showed balanced improvements, prioritizing low-scoring hospitals, while Gandaki, Bagmati, and Karnali revealed critical gaps that warrant urgent intervention.

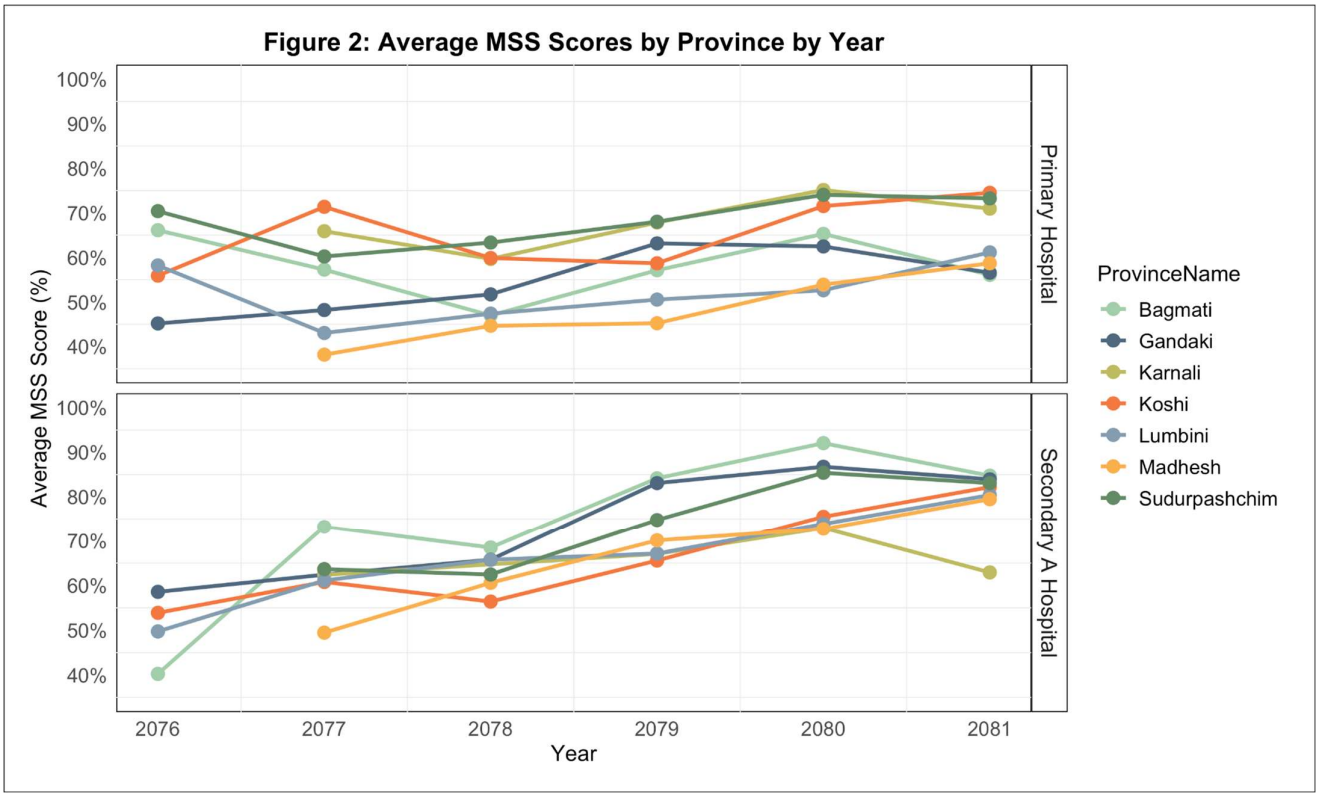


Figure 2. Average MSS Scores by Province over Time for Primary (n=61) and Secondary A (n=40) Hospitals. Color by province.

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 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 Bagmati maintained high standards (>90%), while Karnali experienced a marked decline of over 10% since 2080, seen especially in infection prevention and equipment availability. 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.

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.
- Training scores are lowest nationally, particularly in Basic Life Support (BLS), emergency drills, and disaster protocols, despite being low-cost interventions.
- Governance and waste management remain 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 at the provincial level. Arrows indicate positive, negative, or no change from 2080. 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 2082

Province	MSS Standing		Notable Trends	Notable Gaps	Priorities for 2082
	Prim (n=61)	Sec A (n=40)			
Koshi	High↑	High↕	Strong gains in Primary; consistently high Secondary; training improving.	Physiotherapy, blood bank, declining infrastructure in some Secondary A hospitals; routine practices at Pathari Nagar and Madi Nagar.	Scale physiotherapy, blood bank; address infrastructure at Secondary A hospitals.
Madhesh	Very Low↓↓	Low↕	Primary sees mixed progress but significant declines; routine practices weak; Secondary A okay, but Siraha dropped by 29% to 67%.	Sanitation, waste management, staffing, training, governance.	Target Bhardaha and Chandranigahpur for routine sanitation; strengthen governance; intervention at Siraha.
Bagmati	**Very Low↑**	**Very High↓**	Major Primary deficits; Secondary strong but small decreases.	Governance, infection prevention, staffing; Key services missing at Thansingtar and Badegau PHC.	Balance investment across hospital levels; target Thansingtar and Badegau PHC.
Gandaki	Very Low↓↓	Very High↕	Over half of Primary <50%; Secondary stable; significant imbalance between hospital levels.	Governance, staffing (nursing, anesthesia), privacy, waste management.	Equity-based redistribution plan; governance strengthening at Primary hospitals.
Lumbini	Low↑↑	Very High↕	Major Primary gains; maintaining Secondary >90%; outlier at Lalmatiya (40%).	Low scores in Lalmatiya (40%); Dental service at Primary hospitals; Hospital waste management	Target Lalmatiya (40%); continue to invest in primary hospitals; maintain Secondary quality.
Karnali	Low↓	Very Low↓↓	Decline across both levels; >10% Secondary drop; Humla hospital at 46%.	Equipment, sanitation, training, outliers in infection prevention and hygiene.	Urgent provincial response plan.
Suder-Pashchim	High↕	High↕	Consistently high performance across both levels, but room for growth.	Privacy, pediatric infrastructure, occasional equipment shortages, decrease in training.	Share best practices nationally; invest in Secondary A infrastructure and long term staffing.

Table 1. Provincial Summaries for Primary (n=61) and Secondary A (n=40) Hospitals. Symbols indicate general change in MSS scores from 2080 by hospital level: ↑ increasing; ↓ decreasing; ↕ no change or maintaining; ↑↑ significant increases; ↓↓ significant decreases. Change was determined based on average change across the province and if the change was reflected across multiple hospitals, or just influenced by outliers.

National Report

Introduction

The Minimum Service Standards (MSS) is a standard readiness and service availability tool to measure and assess the needs of health facilities so they can provide a minimum level of services that are expected from them. MSS comes in the form of an indicator checklist whereby gaps in minimum service standards can be identified in Primary, Secondary A, Secondary B, and Tertiary 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 Primary and Secondary A health facilities based on the most recent data in the most recent Nepali calendar year, 2081 (14/04/2024 - 13/04/2025). There were three main methods of analysis:

1. **Categorized Indicators**: Indicators were categorized by digital systems, equipment, governance, infrastructure, services, staffing, supplies, and training to provide actionable steps. This categorical analysis attempted to answer questions such as what are the staffing needs? What are the training needs? See Annex 2 for a complete list of categorized indicators.
2. **Routine Practice Indicators**: Specific indicators were found to be repeated across departments, measuring small but important routine practices such as the use of a needle cutter, handwashing, or the use of a departmental duty roster. These repeated indicators were grouped by Environment, Infection Prevention, and Communication to provide hospital-wide information to help understand the hospital-wide practices that are otherwise difficult to understand using MSS. Routine Practice indicators are often relatively simple to address and require low, but hospital-wide efforts to improve patient care, the ability for staff to practice, and a hospital's broader MSS scores. There are 201 Routine Practice Indicators at Primary hospitals and 231 at Secondary A hospitals, although the items themselves are nearly identical.
3. **Key Indicators:** Key Indicators (KI) were selected and analyzed by province and category. These KIs 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 hospital. There are 75 KIs for Primary hospitals and 88 KIs for Secondary A hospitals.

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.

Primary Hospital Overview

The following section gives a summary of 61 primary hospitals across all provinces that completed an MSS assessment in 2080, with trends assessed by province. Six Primary hospitals did not have 2081 MSS Assessments and were excluded. For more information about the provinces and specific hospitals, see the provincial reports.

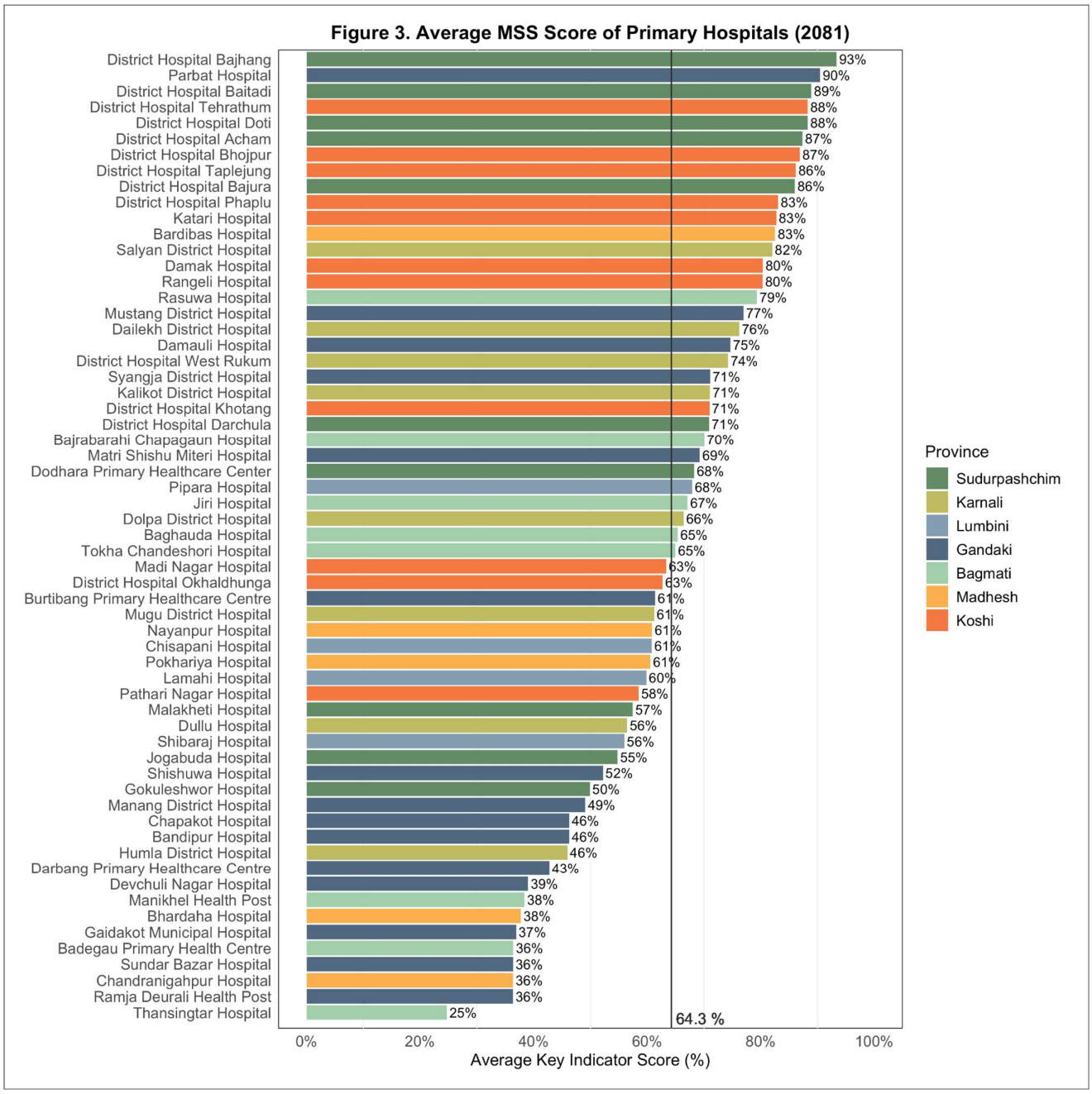


Figure 3a. Average Key Indicator Scores of Primary Hospitals (n=61). The black line shows the national average. Bars are colored by province.

Figure 3a shows the total KI Scores (%) for each Primary hospital colored by province. The average KI score is 64.3%, with the majority of high scoring hospitals from Koshi and Sudurpashchim. More than half of Gandaki's Primary hospitals are below 50%, with the lowest at 36%. Bagmati also has a wide range of scores from 35% to 79%.

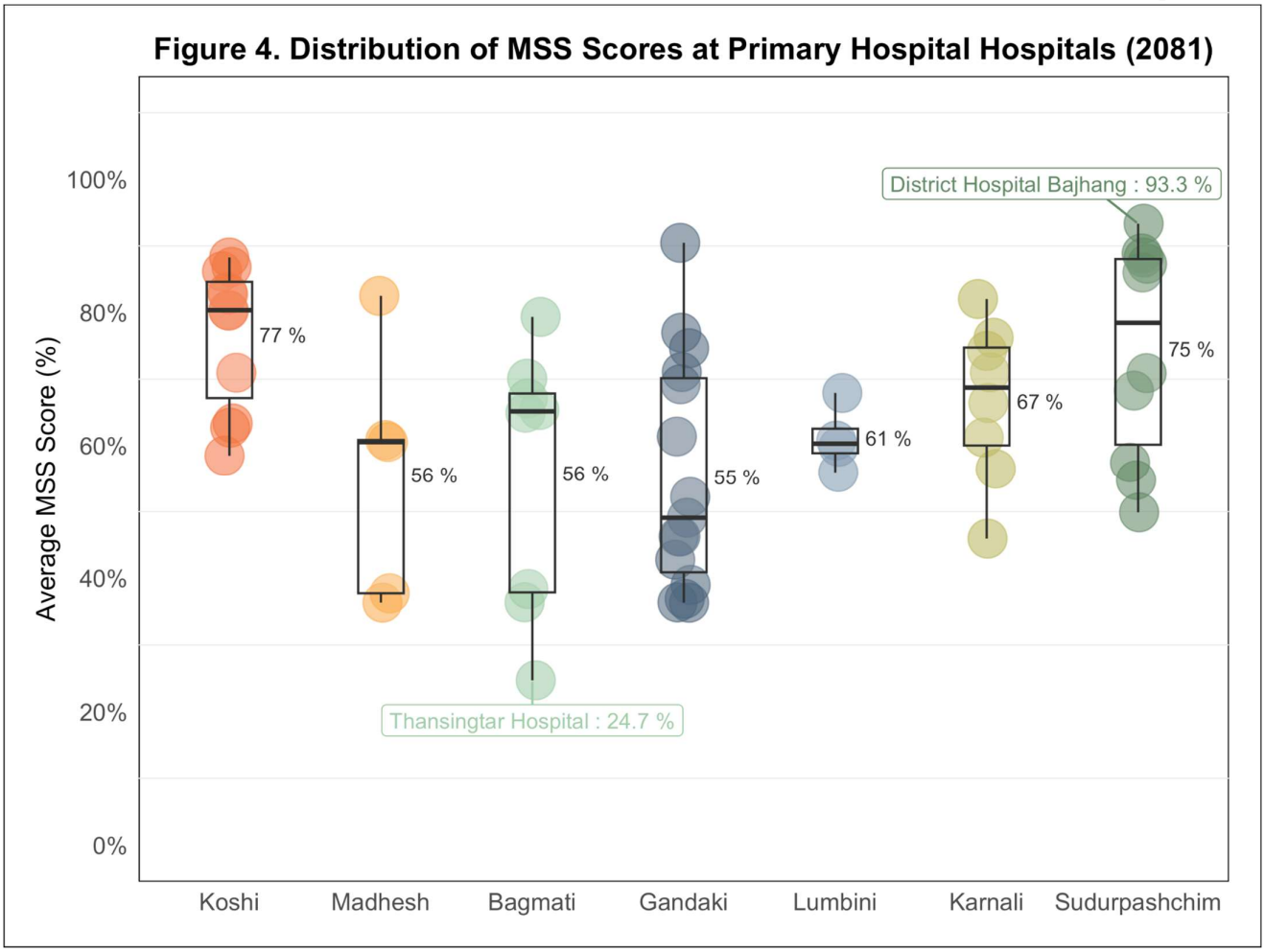


Figure 4a. Distribution of MSS Scores in Primary Hospitals (2081) (n=61). Points colored by province. Lowest and highest scoring hospitals are highlighted. Provincial averages are shown in black text next to the points.

Figure 4a details the distribution of the total KI score by Primary hospital in each province. Overall, Koshi and Sudurpashchim have the most consistently high scoring Primary hospitals with an average of 77%. Madhesh, Bagmati, and Gandaki have a wide range of scores, with Thandingter Hospital meeting 25% of MSS indicators in Bagmati Province. Yet, Gandaki has the most low-scoring hospitals. Lumbini, although with a lower average of 61%, has shown a steady increase across all hospitals suggesting an appropriate distribution of resources.

Table 2a Summary

Table 2a shows KIs being met by less than a third of all Primary hospitals, reflecting the KIs that most Primary hospitals are not meeting. Many of the indicators are related to Hospital Waste Management, reflecting that very Primary hospitals run a functional waste management department, as only 23% (n=14) have a planned and implemented work plan related to waste management (3.6.1). One of the surgical indicators (2.8.1.3) of having at least four functional operating rooms may be beyond reach of these hospitals as only 28% of Primary hospitals are currently able to meet this indicator. OPD Service, with EHS services from 3PM onward are only being provided at 20% (n=12) Primary hospitals., the lowest of any KI, and either the indicator should be adjusted to reflect what should be provided realistically at these hospitals or there should be a national plan to strengthen and provide provincial support to improve OPD service, especially with increasing Non-communicable disease.

Table 2a. Key Indicators for Primary Hospitals (≤33%)				
Hospitals Meeting KI (n=61)		Indicator Code	Area	Standard
no.	%			
12	20%	2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2 PM onwards
14	23%	3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management
14	23%	3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste are disposed based on the HCWM guideline 2014 (MoHP)
14	23%	3.6.9.1	Hospital Waste Management	Infectious waste is sterilized using autoclave before disposal
16	26%	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
16	26%	2.9.1.1.3	Laboratory and Blood Bank	Histopathology service in coordination with other health facilities
17	28%	2.6.8.3	Inpatient Service (General Ward)	At least one defibrillator in immediate accessible area
17	28%	2.8.1.3	Surgery/Operation Service	At least two functional operating rooms/theater
20	33%	1.1.3	Governance	Medical Superintendent is fulfilling as per organogram
7*	34%	1.3.3.1	Human Resource Management and Development	Staffs available for service in hospital as per organogram (See Annex 1.3a Functional Organogram Section I: At the end of this standard)
21	34%	3.4.2.4	Repair, Maintenance and Power system	Availability of spare parts for repair and maintenance of biomedical equipment and instruments

Table 2a. KIs for Primary Hospitals in the bottom third (≤33%). *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting KI refers to the average score of KIs across all Primary hospitals.

Table 3a Summary

Table 3a presents KIs which are largely being met at Primary hospitals. That is, greater than 95% of Primary hospitals are able to meet these indicators. For example, 98% of Primary hospitals have a 24 hour emergency ward (2.3.1), an incredible achievement. The only hospital without 24 hour emergency care is Badegau Primary Health Centre in Bagmati province. Delivery Services are also being met widely across the nation, speaking to the dedication and impact of the Safe Motherhood Programme. To see specific hospital missing these KIs, see Annex 3

Table 3a. Key Indicators for Primary Health Facilities (≥90%)				
Hospitals Meeting KIs (n=61)		Indicator Code	Area	Standard
no.	%			
60	98%	2.3.1	Emergency Service	Emergency room/ward is open 24 hours
58	95%	1.1.5.1	Governance	Hospital implements health insurance program
58	95%	3.4.3.1	Repair, Maintenance and Power system	Hospital has main-grid power supply with three-phase line

57	93%	2.9.1.1.1	Laboratory and Blood Bank	Laboratory is open from 10 AM to 3 PM and emergency laboratory services available round the clock
57	93%	2.9.4.4	Electrocardiogram (ECG)	Functional ECG machine (12 lead with power back up), paper, gel, wipes and hand sanitizer are available in ECG trolley
56	92%	2.7.1.2.2	Delivery Service	All staffs- nursing, medical practitioner designated for delivery services are trained skilled birth attendants
56	92%	3.9.3.1	Store (Medical and Logistics)	Electronic database system is used in the hospital medical store.
55	90%	1.4.6.1	Financial Management	The hospital uses central electronic billing system
55	90%	2.7.1.1.1	Delivery Service	Separate pre-labor room/ labor room with privacy is available.
55	90%	2.9.1.8.1	Laboratory and Blood Bank	At least three months buffer stock of laboratory supplies is available.
55	90%	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

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

Table 4a Summary

Table 4a summarizes the services available across all Primary hospitals. Services were higher than other categories at an average of 69% compared to 62% for all categories and saw a small 2% increase from 2080. Family Planning Services and Emergency Room Services available at 98% of Primary hospitals followed by X-Ray Services available at 95% of Primary hospitals. Family Planning is missing at Tokha Chandeshwori Hospital and Emergency Services are missing at Badegau Primary Health Centre, both in Bagmati province. Badegau Primary Health Centre, Tokha Chandeshori Hospital, and Ramja Deurali Health Post do not have X-Ray services and should be targeted to close remaining gaps in national care. Efforts should be made to address hospital specific and nationwide gaps.

Note that OPD service includes five departments: General Medicine, Obstetrics/Gynecology, Pediatrics, General Surgery, and Orthopedics. Given this, 27 Primary hospitals have all five available as prescribed, and increase from 2080. This does not mean that the other 34 hospitals have nothing available in their OPD.

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

Hospitals Offering Service (n=61)		Indicator Code	Service	Hours
no.	%			
60	98%	2.2.2.1	Family Planning Services	10 AM - 3 PM
60	98%	2.3.1	Emergency Room Service	24 hrs.
58	95%	2.9.2.1.1	X-Ray Services	10 AM - 3 PM
57	93%	2.9.1.1.1	Routine Laboratory Services (Emergency Lab service available 24 hrs.)	10 AM - 3 PM
56	92%	2.2.4.1	Safe Abortion Services	10 AM - 3 PM
55	90%	2.2.3.1	ATT, ART Clinic	10 AM - 3 PM
55	90%	2.9.3.1	Ultrasonography	10 AM - 3 PM
53	87%	2.9.2.1.2	Emergency X-Ray Service	24 hrs.
49	80%	2.2.1.1	Immunization and Growth Monitoring Service	10 AM - 3 PM
49	80%	3.8.1.1	Ambulance Service	24 hrs.

47	77%	2.5.5	Pharmacy Service	24 hrs.
42	69%	2.12.2	Medico-legal Services	24 hrs.
41	67%	2.10.1.1	Dental Services	10 AM - 3 PM
38	62%	2.8.1.2	Emergency Surgeries	24 hrs.
27*	56%	2.1.1.1	OPD Service**	10 AM - 3 PM
33	55%	3.10.1	Hospital Canteen	24 hrs.
30	49%	2.8.1.1.1	Minor and Intermediate Surgeries	Scheduled Days
24	39%	2.8.1.1.2	Major Surgeries	Scheduled Days
20	33%	2.11.5	Mortuary Van	24 hrs.
12	20%	2.1.1.3	EHS Service	3 PM Onward

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

Secondary A Hospital Overview

The following gives a summary of 40 Secondary A hospitals across all provinces that completed an MSS assessment in 2080, with trends assessed by province. Four Secondary A hospitals did not complete an MSS Assessment in 2081 and were excluded from analysis. For more information about the provinces and specific hospitals, see the provincial reports.

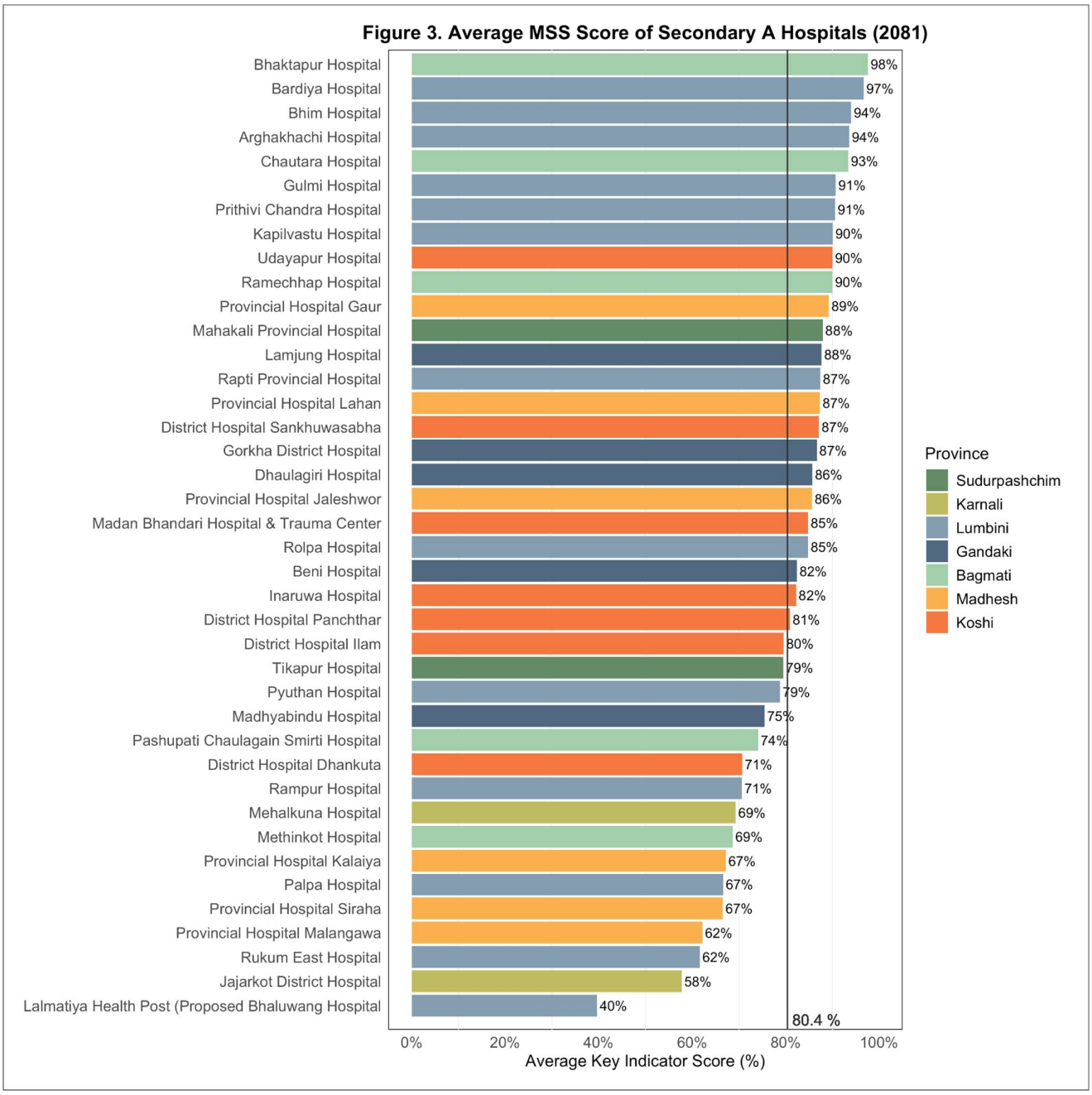


Figure 3b. Average Key Indicator Scores of Secondary A Hospitals (n=40). The black line shows the national average. Bars are colored by province.

Figure 3b shows the total KI Scores (%) for each Secondary A hospital colored by province. The average KI score is 80.4%, significantly higher than the Primary hospital score 64.3%, with the majority of high scoring hospitals from Lumbini and Bagmati. The average score is brought down by Lalmatiya Health Post (40%) and Jajarkot District Hospital (58%), which are the only two Secondary A hospitals <60%. This reflects the tremendous growth and dedication to high quality care across Nepal and areas to target.

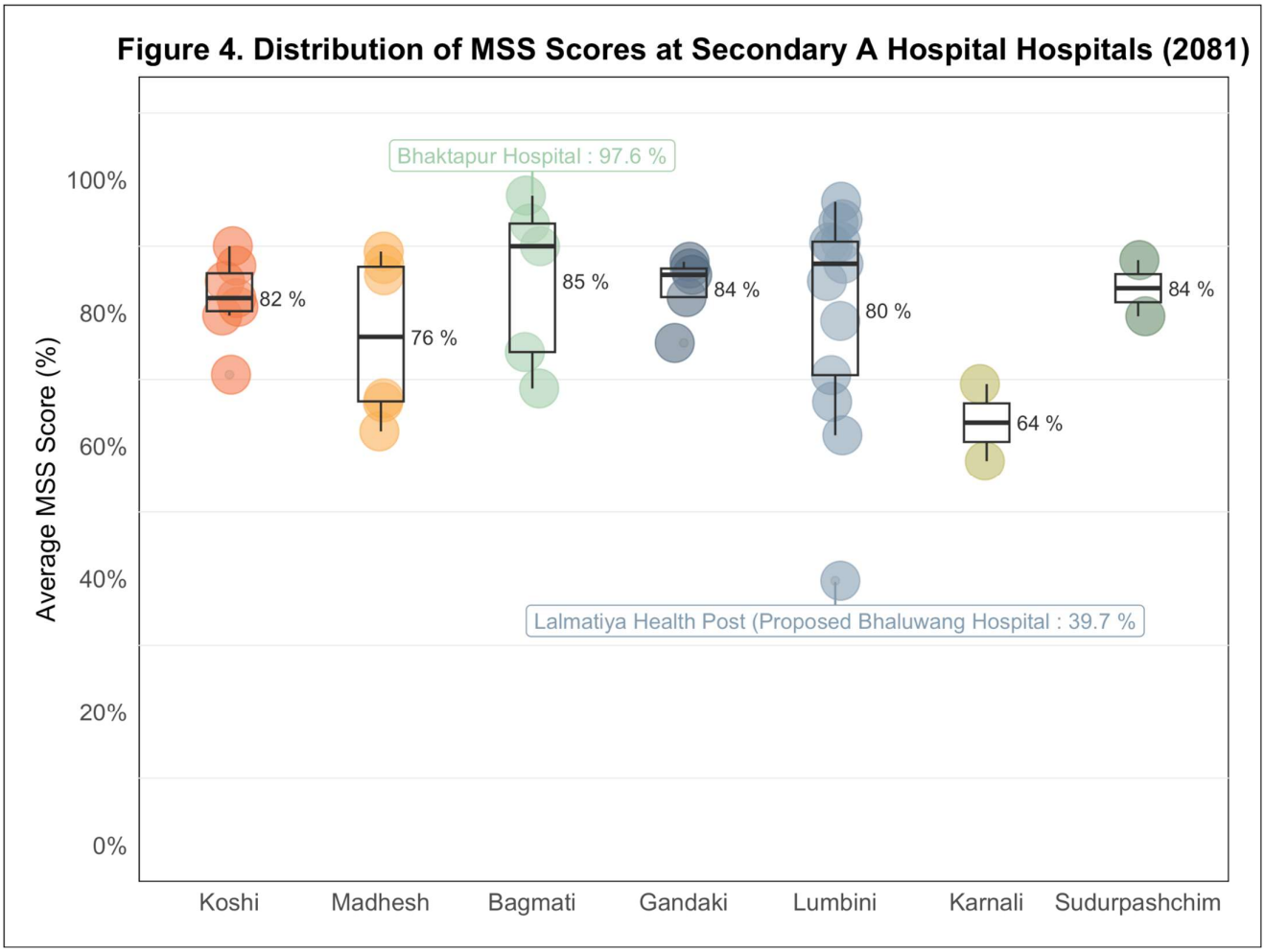


Figure 4b. Distribution of MSS Scores in Secondary A Hospitals (2081) (n=40). Points colored by province. Lowest and highest scoring hospitals are highlighted. Provincial averages are shown in black text next to the points.

Figure 4b details the distribution of the total KI score by Secondary A hospital in each province. Generally, averages are high although several Secondary A hospitals in Madhesh and both in Karnali are exceptionally low and may need more assistance to meet service standards, especially as Karnali's score has decreased since 2080. Overall, Lumbini and Bagmati have the most consistently high scoring Secondary A hospitals, with the exception of Lalmatiya Health Post. However, Lumbini has seen substantial growth across their lower scoring Secondary A hospitals, while sustaining higher scoring hospitals.

Table 2b Summary

Table 2b shows KIs being met by less than 50% of Secondary A hospitals, reflecting the KIs that most Secondary A hospitals are not meeting. As previously, Physiotherapy departments are understaffed (2.14.3) and under supplied (2.14.1), with only 2 Secondary A hospitals with appropriate physiotherapy staff. Nursing staff is also a national issue with only 7 Secondary A hospitals with adequate nursing staff in the inpatient wards (2.6.5) and 17 Secondary A hospitals with adequate nurses in the maternity ward (2.7.1.2.1.1).

Table 2b. Key Indicators for Secondary A Hospitals (≤50%)				
Hospitals Meeting KI (n=40)		Indicator Code	Area	Standard
no.	%			
2	5%	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
3	8%	2.14.1	Physiotherapy	Separate room for OPD physiotherapy with at least 10 physiotherapy beds with 5 exercise beds and 5 electric beds
7	22%	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)
15	38%	2.9.1.1.1.3	Laboratory	Histopathology service in coordination with other health facilities
15	38%	3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline 2014 (MoHP)
16	40%	2.1.1.3	OPD Service	EHS services from 3PM onwards and tickets available from 2PM onwards
16	40%	2.5.6.1	Pharmacy Service	Pharmacy department is led by at least one clinical pharmacist
17	43%	2.7.1.2.1.1	Maternity Services	Nurse: pregnant women ratio 1:2 in pre-labor; 2:1 per delivery table and 1:6 in post-natal ward
18	45%	1.1.3	Governance	Medical Superintendent is fulfilled as per organogram
18	49%	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)

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

Table 3b Summary

Table 3b presents KIs which are largely being met at Secondary A hospitals. To see specific hospitals missing these KIs.

Table 3b. Key Indicators for Secondary A Health Facilities (≥90%)				
Hospitals Meeting KIs (n=40)		Indicator Code	Area	Standard
no.	%			
40	100%	2.3.1	Emergency Service	Emergency room/ward is open 24 hours
40	100%	2.9.1.1.8.1	Laboratory	At least three months buffer stock of laboratory supplies is available.
40	100%	2.9.2.5.1	X-Ray Service	General X ray unit (with minimum 125KV and 300ma X-ray machine) with floatation tabletop and vertical bucky

40	100%	3.4.3.1	Repair, Maintenance and Power system	Hospital has main-grid power supply with three-phase line
40	100%	3.9.3.1	Store (Medical and logistics)	Electronic database system is used in the hospital medical store.
39	98%	1.4.6.1	Financial Management	The hospital uses central electronic billing system
39	98%	2.10.1.1	Dental Service	Dental service is available from 10 AM to 3 PM
39	98%	2.10.2	Dental Service	Dental Hygienist/Dentist : OPD Patients- 1:20 per day for quality of care
39	98%	2.2.4.3.1	Safe Abortion Services	At least one medical officer or gynecologist trained and certified in first trimester SAS is available
38	98%	2.6.3.1	Inpatient Service	Medicine Ward (See Annex 2.6b medicine and supplies for inpatient wards At the end of this standard)
39	98%	2.7.1.1.1	Maternity Services	Separate pre-labor room/ labor room with privacy is available.
39	98%	2.9.2.1.2	X-Ray Service	Emergency x-ray service is available round the clock
39	98%	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

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

Table 4b Summary

Table 4b summarizes the services available across all Secondary A hospitals. ATT Clinic, Emergency Room, and X-Ray Services are available at all 40 Secondary A hospitals. This is an exceptional achievement. The following services are being met at 98% of hospitals, with only a single hospital missing the service. These should be targeted to ensure consistency and access to care.

- **Dental Service** at Lalmatiya Health Post (Proposed Bhaluwang Hospital)
- **Ambulance Service** at Palpa Hospital
- **Family Planning Service** at Pyuthan Hospital
- **Safe Abortion Service** at Jajarkot District Hospital
- **Emergency X-Ray** at Mehalkuna Hospital

The following are being met by 95% of Secondary A hospitals, with 2 hospitals missing the key services:

- **Ultrasonography** at Lalmatiya Health Post (Proposed Bhaluwang Hospital) & Provincial Hospital Siraha
- **Pharmacy** at Rukum East Hospital & Lalmatiya Health Post (Proposed Bhaluwang Hospital)
- **Routine Laboratory Services** at Gorkha District Hospital & Mehalkuna Hospital

Note that OPD service includes five departments: General Medicine, Obstetrics/Gynecology, Pediatrics, General Surgery, and Orthopedics. Given this, 28 Secondary A hospitals have all five available as prescribed, an increase from 2080. However, this does not mean that the other 12 hospitals have nothing available in their OPD but have areas for improvement to meet all MSS standards.

Table 4b. Services Available as Prescribed at Secondary A Hospitals by MSS Standards

Hospitals Offering Service (n=40)		Indicator Code	Service	Hours
no.	%			
40	100%	2.2.3.1	ATT Clinic	10 AM - 3 PM
40	100%	2.3.1	Emergency Room	24 hrs.
40	100%	2.9.2.1.1	X-Ray Services	10 AM - 3 PM

39	98%	2.10.1.1	Dental Services	10 AM - 3 PM
39	98%	3.8.1.1	Ambulance Service	24 hrs.
39	98%	2.2.2.1	Family Planning Services	10 AM - 3 PM
39	98%	2.2.4.1	Safe Abortion Services	10 AM - 3 PM
39	98%	2.9.2.1.2	Emergency X-ray	24 hrs.
38	95%	2.9.3.1	Ultrasonography	10 AM - 3 PM
38	95%	2.5.5	Pharmacy	24 hrs.
38	95%	2.9.1.1.1.1	Routine Laboratory Services (emergency lab service available round the clock)	10 AM - 3 PM
37	93%	3.11.1.1	Short Stay Unit	8 AM - 7 PM
37	93%	2.8.1.2	Emergency Surgeries	24 hrs.
36	90%	2.13.3.2	Gender Based Violence Services	24 hrs.
36	90%	2.12.2	Medico-legal Services	24 hrs.
34	85%	3.10.1	Hospital Canteen	24 hrs.
34	85%	2.8.1.1.1	Routine Minor and Intermediate Surgeries	Scheduled Days
34	85%	2.8.1.1.2	Major Surgeries	Scheduled Days
28*	80%	2.1.1.1	OPD Service**	10 AM - 3 PM
31	78%	2.2.1.1	Immunization and Growth Monitoring Service	10 AM - 3 PM
30	75%	2.14.2.1	Physiotherapy OPD	10 AM - 5 PM
18	45%	2.11.5	Mortuary Van	24 hrs.

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

Routine Practice Recommendations

Certain indicators reflected repeated routine practices across departments that measure small but important actions such as the use of a needle cutter, handwashing, or the use of a departmental duty roster. These repeated indicators were grouped by Environment, Infection Prevention, and Communication to provide districts with hospital-wide information to inform targeted interventions to improve hospital quality care. Routine Practice indicators are often relatively simple to address and require low, but hospital-wide efforts to improve patient care.

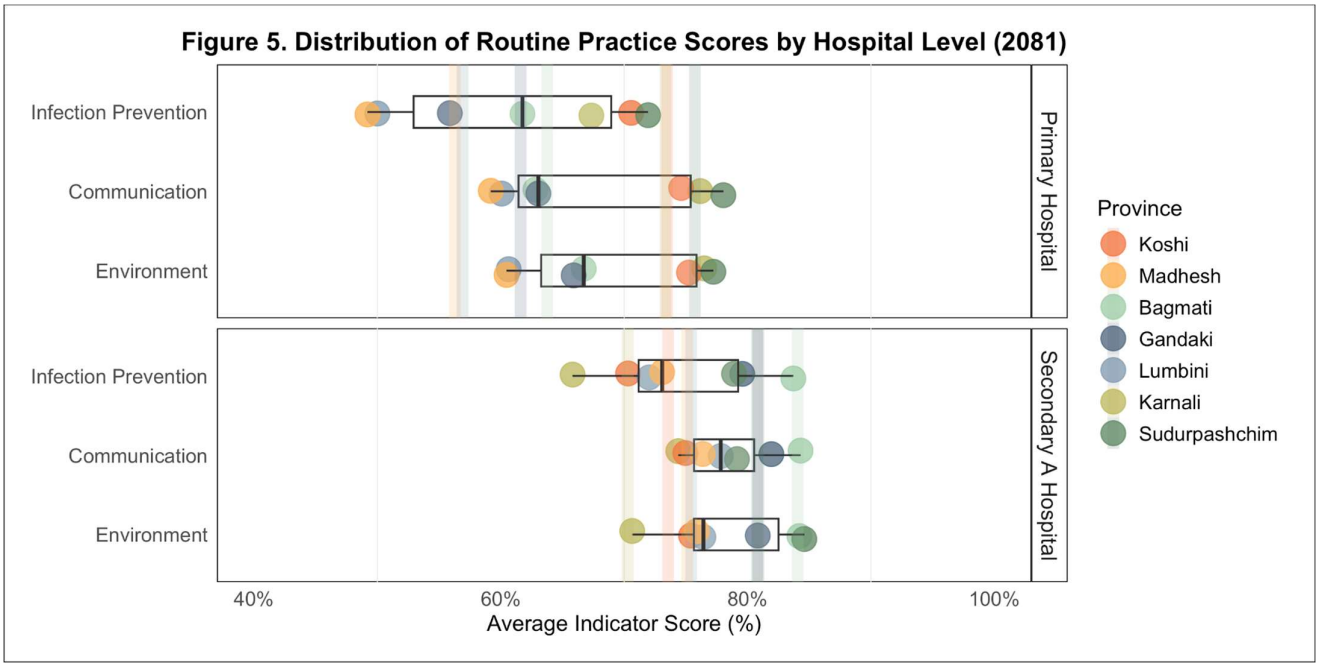


Figure 5. Distribution of Routine Practice Scores by Hospital Level in Primary (n=61) and Secondary A (n=40) Hospitals. Note the x-axis ranges from 40% - 100% for easy reading. Vertical lines show provincial averages.

Routine Practice Highlights:

- **Karnali** shows systemic and worsening gaps across all routine practice areas, especially in Secondary A hospitals. Scores have declined since 2080, highlighting an urgent need for provincial and federal intervention.
- **Madhesh** and **Lumbini** Primary hospitals consistently underperform, especially in critical safety measures such as sanitization, needle cutter use, and basic communication practices like record keeping and duty rosters. These reflect broader governance and systems challenges.
- **Privacy**, space, and **waste segregation** are national weak points, regardless of hospital level or province. Privacy scores are universally low and tied to infrastructure constraints, while waste segregation remains poor even in otherwise high-scoring hospitals. This presents an opportunity for national intervention.
- Bright spots exist in **Sudurpashchim** and **Koshi**, which demonstrate higher adherence to routine practices, especially in infection control and communication. These provinces may serve as models for practical, replicable interventions in similar settings.

Overall, many of these routine practice gaps are low-cost and feasible to address. Prioritizing these items, particularly infection control and communication systems, can yield significant gains in safety and patient experience across both Primary and Secondary A hospitals.

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.** Specific infection prevention measures include waste segregation, sanitization ("Chlorine solution is available and utilized."), needle cutters, masks and gloves, and hand washing.

Table 5. Routine Practice Infection Prevention Items

Item	No. of Indicators		Example Standard
	Primary	Secondary A	
Waste Segregation	20	23	"There are well labeled colored bins for waste segregation and disposal as per HCWM guideline 2014 (MoHP)" (2.1.10.2)
Sanitization	24	26	"Chlorine solution is available and utilized for decontamination" (2.3.16.4)
Needle Cutter	14	17	"Needle cutter is used." (2.13.12.4)
Masks and Gloves	16	21	"Masks and gloves are available and used" (2.2.2.10.1)
Hand washing	25	28	"Hand-washing facility with running water and soap is available for practitioners." (2.2.1.8.3)

Table 5. Routine Practice Infection Prevention Items for Primary and Secondary A hospitals.

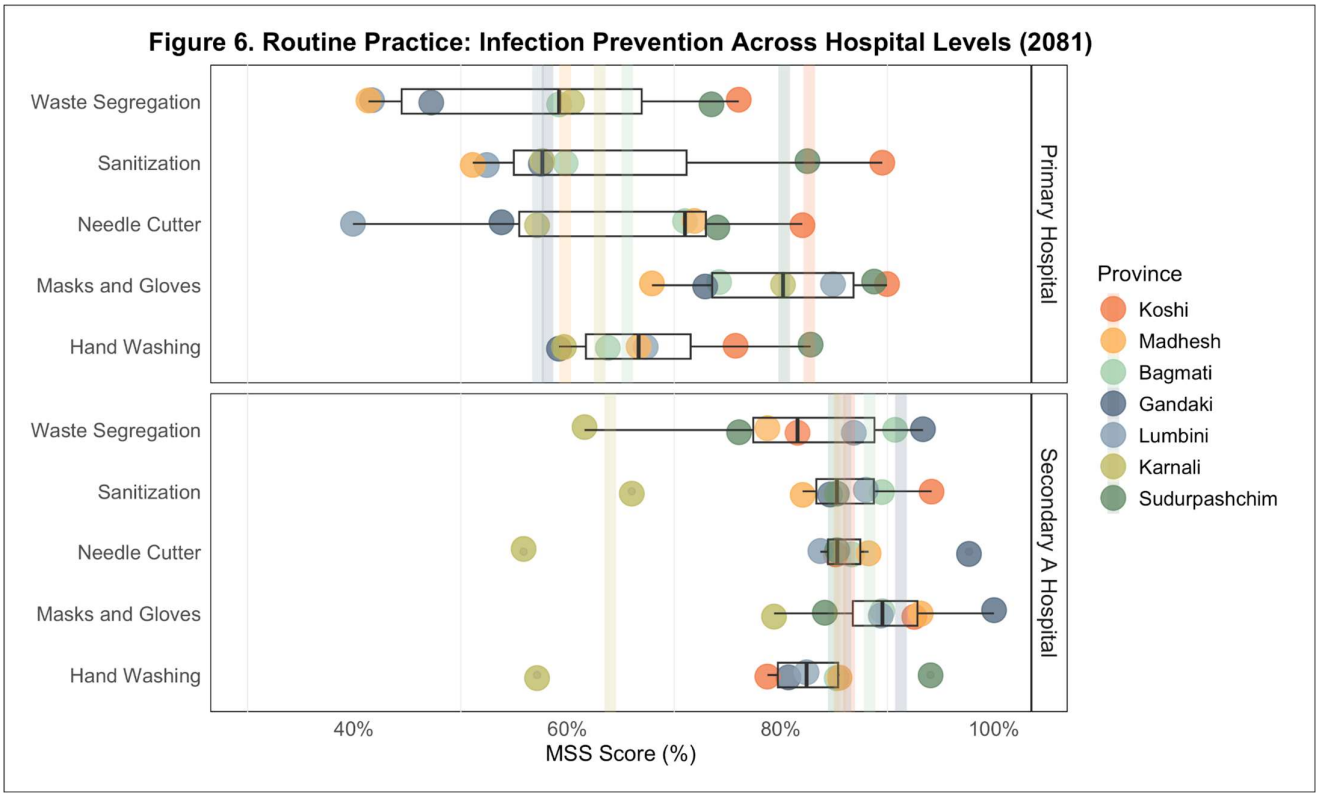


Figure 6. Routine Practice Infection Prevention Across Primary (n=61) and Secondary A (n=40) hospitals. Vertical lines show provincial averages. Note the x-axis ranges from 30% - 100%.

Primary hospitals:

- Basic safety practices including **needle cutter use, sanitization, and hand washing** have ranges in scores, with hospitals in Madhesh, Lumbini, and Gandaki concerningly low. Needle cutter use in Lumbini and Sanitization in Madhesh, Lumbini, Gandaki, and Bagmati are very low and should be addressed immediately.
- Koshi and Sudurpashchim have higher scores and can be used as a model of success.
- Waste segregation is low, even for higher scoring hospitals and may benefit from support.

Secondary A hospitals:

- Karnali is exceptionally low across all sanitization items, and scores have decreased since 2080. This is a concern for safety and should be addressed as soon as possible.
- Waste segregation is lowest among infection prevention routine practices.

Communication

Routine Practice Communication indicators are routine and repetitive indicators across a wide range of departments to ensure that the hospital is communicating effectively with patients and within the hospital systematically. Specific Communication measures across departments include the use of a departmental duty roster, IEC materials (posters, leaflets etc.), internal record keeping, and treatment counseling for patients.

Table 6. Routine Practice Communication Items

Item	No. of Indicators		Example Standard
	Primary	Secondary A	
Duty Roster	11	13	"Duty rosters of all OPDs are developed regularly and available in appropriate location." (2.1.7)
IEC Materials	10	13	"Appropriate IEC/BCC materials on TB, HIV/AIDS (posters, leaflets) are available in the OPD waiting area." (2.2.3.4.2)
Record Keeping	19	27	"Drug resistance, complication and referral to other sites recorded and reported" (2.2.3.9.2)
Treatment Counseling	15	14	"Counseling is provided to patients about the type of treatment being given and its consequences" (2.1.4.1)

Table 6. Routine Practice Communication Items for Primary and Secondary A hospitals.

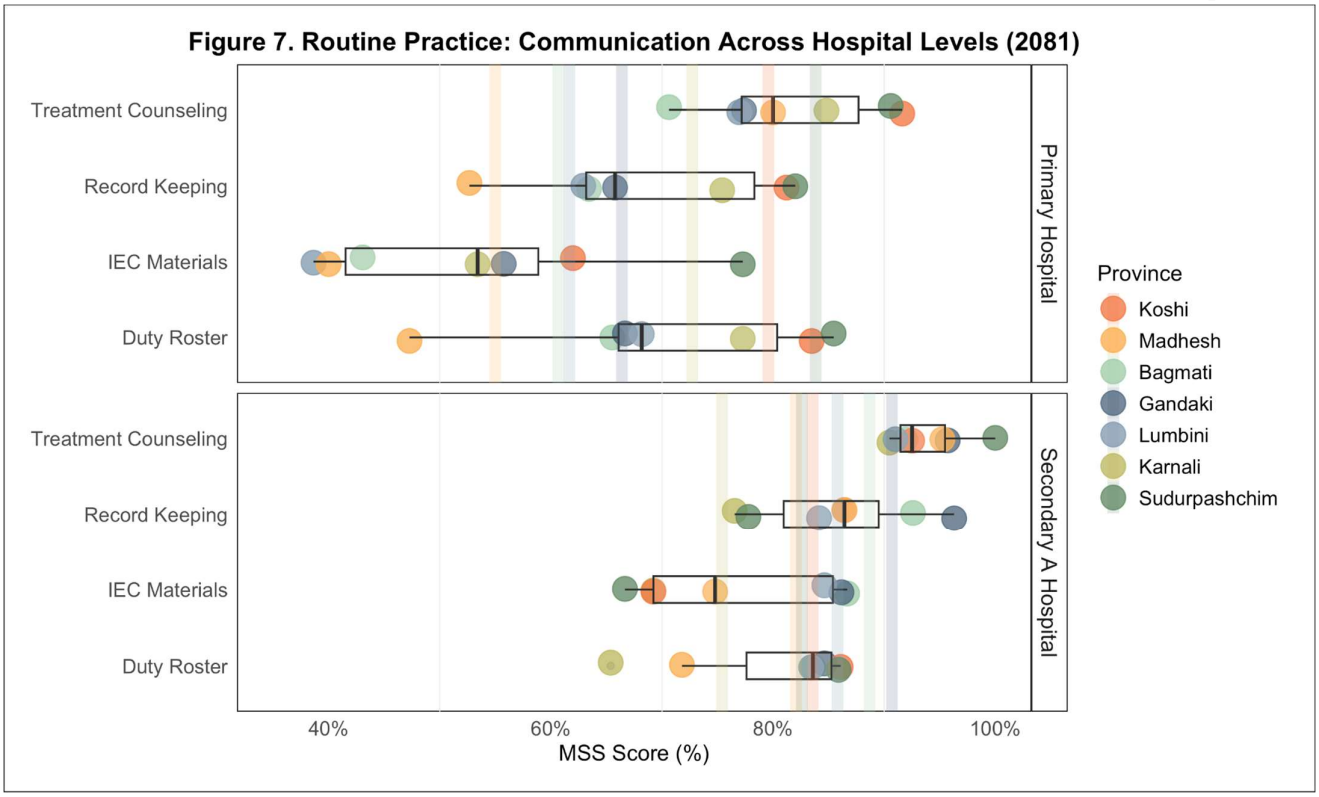


Figure 7. Routine Practice: Communication Across Primary (n=61) and Secondary A (n=40) hospitals. Vertical lines show provincial averages. Note the x-axis ranges from 35% - 100%.

Primary Hospitals

- The availability of IEC materials is low (~40%) in all provinces except Sudurpashchim.
- Record keeping and duty roster use needs to be strengthened in Madhesh. This is likely linked to poor governance.

Secondary A Hospitals

- Karnali is the lowest among Secondary A hospitals, but it is higher for communication than other routine practice categories. However, Duty roster use and record keeping could be strengthened.
- Duty Roster use in Karnali and Madhesh should be targeted.

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.

Environment

Environmental indicators are routine practice indicators across a wide range of departments to ensure that the hospital is providing a safe and healthy environment for patients. Specific environmental measures include patient privacy, light and ventilation, drinking water, and adequate space.

Table 7. Routine Practice Environment Items			
Item	**No. of Indicators**		**Example Standard**
	Primary	**Secondary A**	
Privacy	11	11	"Patient privacy maintained with separate rooms, curtains hung, maintaining queuing of patients with paging system in OPD (See Checklist 2.1 At the end of this standard for scoring)." (2.1.3)
Light and Ventilation	11	14	"Light and ventilation are adequately maintained." (2.2.4.8.2)
Drinking Water	8	10	"Safe drinking water is available 24 hours." (2.7.2.8.3)
Adequate Space	13	14	"Adequate rooms and space for health worker and patients are available with at least one working table, chair for health worker and two patients' chair, one examination bed, one procedure table and one footstep" (2.2.4.8.1)

Table 7. Routine Practice Environmental Items for Primary and Secondary A hospitals.

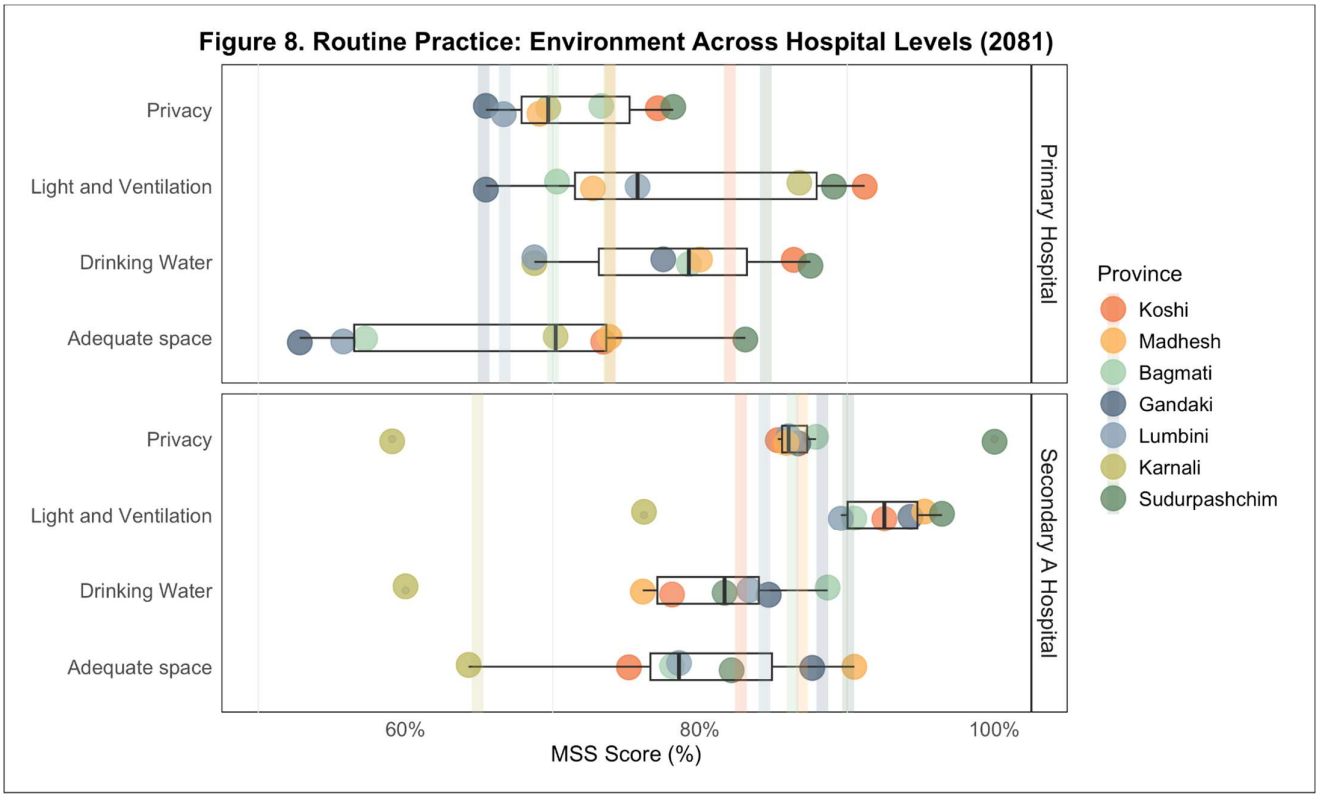


Figure 8. Routine Practice: Environment Across Primary (n=61) and Secondary A (n=40) hospitals. Vertical lines show provincial averages. Note the x-axis ranges from 50% - 100%.

Primary Hospitals

- Koshi and Sudurpashchim have significantly better performing Primary hospitals. There is still room for improvement, especially regarding privacy.
- Gandaki, Lumbini, and Bagmati primary hospitals do not have enough space and may need to invest in infrastructure moving forward. This is likely influencing privacy, light and ventilation, and patient experience.
- Privacy is low across all provinces and should be made a priority given that it influences the quality of care, patient satisfaction, and service utilization. It will also help providers feel that they have their own space as well.

Secondary A Hospitals:

- Karnali is unusually low across all environmental items at their Secondary A hospitals, and scores have decreased significantly since 2080 across all items. An intervention is needed to address these gaps.
- Adequate space is limited across most provinces, and infrastructure investment may be necessary.

Recommended Actionable Steps by Category

Indicators were categorized by digital systems, equipment, governance, infrastructure, services, staffing, supplies, and training. Categories were decided ahead of time and selected through an iterative process with multiple experts. A decided question was: *Could this be solved with hiring this staff member?* (for Staffing), *completing this training?* (for Training), or *purchasing this equipment?* (for Equipment)? etc. For a detailed description of how indicators were categorized, see Annex 1.

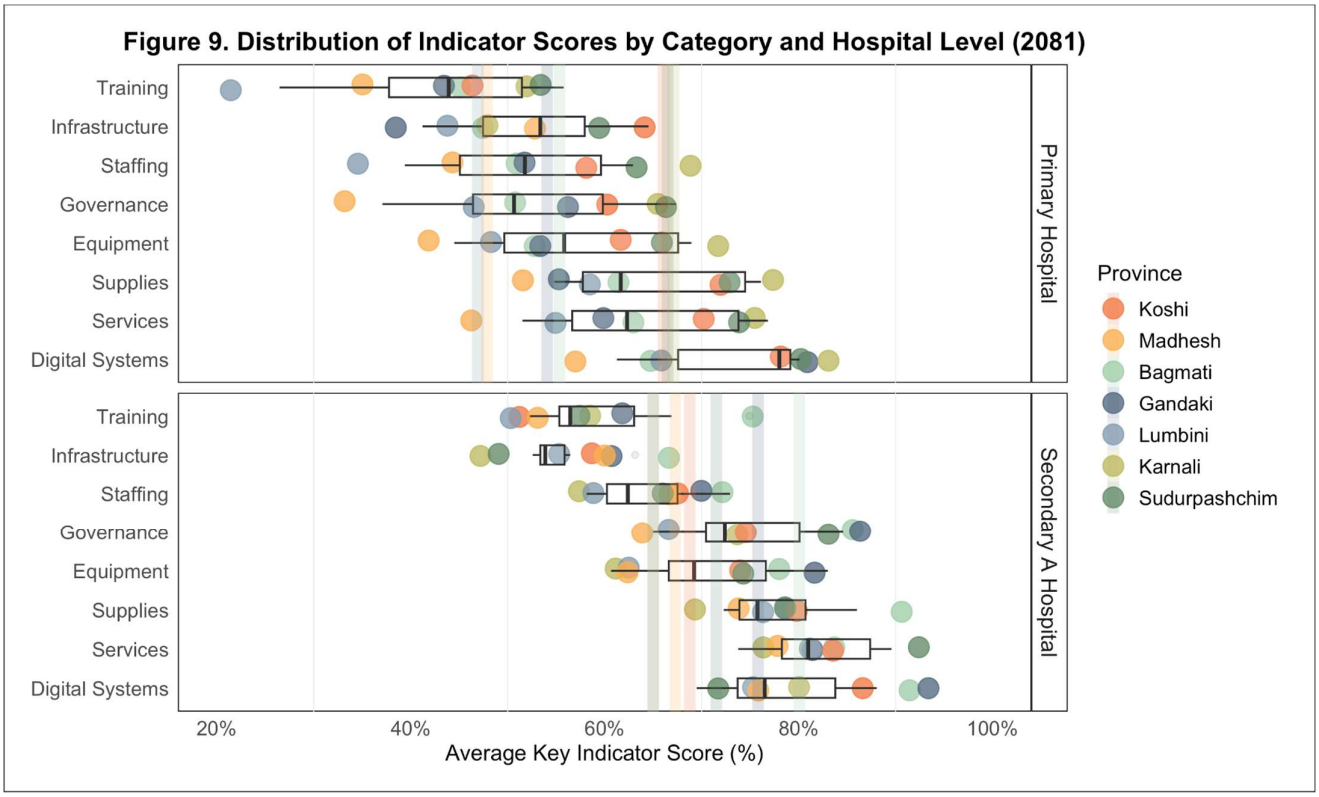


Figure 9. Distribution of Indicator Scores by Category in Primary (n=61) and Secondary A (n=40) Hospitals (2081). Vertical lines show provincial averages. Note the x-axis ranges from 20% - 100%.

Across both Primary and Secondary A hospitals, Nepal's MSS assessment reveals persistent national gaps in hospital readiness, especially between hospital levels, with Primary hospitals being underinvested. Nationally, there are shortages in human resources, emergency preparedness, and basic operational governance. These challenges are especially acute in rural and remote areas, where structural and staffing deficits converge to undermine quality and safety. While Secondary A hospitals show modest gains in training and equipment availability, Primary hospitals have largely stagnated or declined since 2080, pointing to a widening equity gap across the health system.

Provincial variation is stark. Karnali lags behind across nearly all categories, particularly in equipment and environmental conditions at the Secondary A level. Lumbini and Gandaki show consistent underperformance in staffing, governance, and training, especially at the Primary level. Sudurpashchim and Koshi perform relatively well on infection prevention and basic routine practices, although Sudurpashchim needs investment in their Secondary A infrastructure and staffing support.

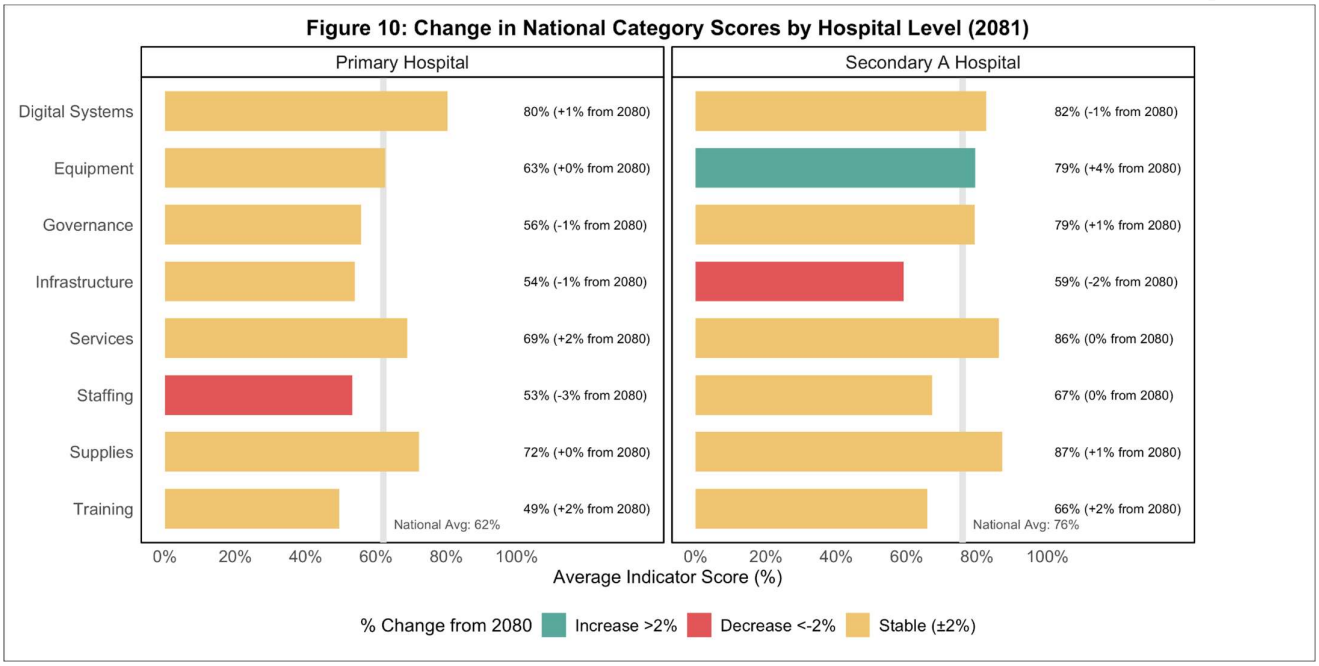


Figure 10. Change in National Category Scores in Primary (n=61) and Secondary A (n=40) Hospitals. Color shows change in categorical scores from 2081 to 2081: positive (+2%), negative (-2%), or neutral change (±2%). Vertical grey lines show hospital level averages. Only hospitals with data for 2080 and 2081 were included.

Key Findings:

- **Staffing remains a major national concern**: Only 26% of Primary and 22% of Secondary A hospitals meet inpatient nursing requirements. Chronic vacancies in key leadership (e.g., Medical Superintendent) and specialized roles (e.g., anesthesiologists, physiotherapists) are consistent across all provinces.
- **Training** is the lowest-performing category nationally, with BLS, BLCS, and emergency drill standards rarely met. This represents a critical, low-cost opportunity for rapid improvement through routine hospital-level training and simulation exercises.
- **Governance** challenges are widespread, particularly in waste management planning, quality committee meetings, and financial oversight, especially in Primary hospitals. Secondary A hospitals perform better but follow a similar pattern.
- **Equipment** availability has improved in Secondary A hospitals, particularly for diagnostic and surgical equipment. However, Primary hospitals still lack essential tools like defibrillators, autoclaves, and anesthesia equipment, affecting clinical safety.
- **Supplies and medicines** are relatively well-stocked, with near-universal 3-month buffer stocks for lab supplies. However, full compliance with essential pharmacy medicines remains low in both hospital types, suggesting supply chain gaps.
- **Digital systems** are a national bright spot, with widespread digitization of billing, admission, and service tracking. However, blood bank digitization remains limited and should be prioritized.

Key Governance

Below, Table 8 reports the less met (≤80%) KIs related to Governance by hospital level reporting Primary indicators, and then Secondary A indicators from most- to least-met.

Governance remains a critical challenge across both Primary and Secondary A hospitals, particularly in areas tied to hospital oversight, planning, and waste management. While Secondary A hospitals performed moderately better overall, both levels showed similar patterns of weakness. Waste management is a recurring and urgent issue: only 23% of Primary and 38% of Secondary A hospitals properly dispose of pharmaceutical waste, and few had an implemented waste management work plan. These trends suggest systemic issues that require both provincial and federal support to improve hospital leadership, compliance, and operational governance.

Primary Hospitals

Governance was the second lowest met category after Training, with Primary hospitals only meeting 52% of select governance indicators, 10% below the average of all categories (62%). Although some KIs were higher, with inventory inspection done at 82% of Primary hospitals, governance indicators were generally very low. Internal management processes such as regular quality committee meetings (1.6.1.2), audits (1.4.5.2), and staffing per the organogram (1.3.3.1) were met by fewer than half of Primary hospitals. The lowest scoring KIs were centered around Hospital Waste Management, as only 23% of Primary hospitals had a work plan prepared and implemented for hospital waste management (3.6.1) and properly disposed of pharmaceutical waste (3.6.10).

Secondary A Hospitals

Although some KIs were higher, with inventory inspection done at 95% of Secondary A hospitals, many of the low scoring KIs were centered around Hospital Waste Management, a theme seen throughout this report as only 58% of Secondary A hospitals had a work plan prepared and implemented for hospital waste management (3.6.1) and 38% properly disposed of pharmaceutical waste (3.6.10).

Table 8. Governance KIs by Hospital Level (≤80%)

Hospitals Meeting KIs		Indicator Code	Area	Standard
no.	%			
A. Primary Hospitals (n=61)				
42	69%	1.2.4	Organizational Management	Hospital implements token and / or queue system for users (separate for elderly, disable and pregnant)
41	67%	1.4.7.1	Financial Management	The hospital prepares and keeps monthly financial report.
38	62%	1.1.6	Governance	Annual plan & budget is approved by HMC before the fiscal year starts
38	62%	3.2.9	Laundry	All linens are distributed using a proper method (basket supply system and on-demand supply system).
37	61%	2.8.9.2	Surgery/Operation Service	Separate area designated for post- operative care to stabilize the patient after surgery
36	59%	2.5.2.1	Pharmacy Service	Drug and Therapeutic committee (DTC)
35	57%	1.6.8.1	Quality Management	The hospital has functional MPDSR committee (in program district)
33	54%	2.9.1.9	Laboratory and Blood Bank	List of donors is available in laboratory for contact during emergency need of the blood
30	49%	1.6.1.2	Quality Management	Hospital QHSDMS committee meetings are held at least every 4 months.

27	44%	3.6.3	Hospital Waste Management	There is separate area/space designated for waste storage and management with functional hand washing facility
26	43%	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).
25	41%	3.5.3	Water supply	Water quality test is done every year and report is available as per Nepal Drinking Water Quality Standards, 2005
21	34%	1.3.3.1	Human Resource Management and Development	Staffs available for service in hospital as per organogram (See Annex 1.3a Functional Organogram Section I: At the end of this standard)
14	23%	3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management
14	23%	3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste are disposed based on the HCWM guideline 2014 (MoHP)
B. Secondary A Hospitals (n=40)				
31	78%	1.6.1.2	Quality Management	Hospital (QHSDMS) Committee meetings are held at least every 4 months
31	78%	2.8.9.2	Surgery/ Operation Services	Separate area designated for post-operative care to stabilize the patient after surgery
29	73%	1.1.6	Governance	Annual plan & budget is approved by HMC before the fiscal year starts
29	73%	3.6.3	Hospital Waste Management	There is separate area/space designated for solid waste storage and management with functional hand washing facility
28	70%	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
27	68%	2.3.10.2	Emergency Service	Disaster area identified with adequate furniture to carry out Triage in case of disaster
27	68%	3.5.3	Water supply	Water quality test is done every year and report is available as per Nepal Drinking Water Quality Standards, 2005
23	58%	3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management
15	38%	3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline 2014 (MoHP)

Table 8. Lower Met Governance KIs by Hospital Level (≤80%). *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting KI refers to the average score of KIs across all Primary hospitals.

Key Staffing

Below, Table 9 reports the lowest met staffing needs (≤60%) by hospital level reporting Primary indicators, and then Secondary A indicators from most- to least-met.

Staffing remains a major and worsening challenge across Nepal's hospitals. Both Primary and Secondary A hospitals saw declines in staffing indicators from 2080, signaling persistent national shortages in critical roles. Key positions such as Medical Superintendents, anesthesia providers and supervision, and nursing staff remain unfilled in a majority of facilities. Notably, delivery services, surgical teams, and pharmacy leadership also lack adequate personnel across both levels. These patterns point to broader systemic gaps in recruitment, retention, and training pipelines, particularly for remote or resource-limited areas. Addressing this will require long-term national strategies in workforce planning, targeted training, and incentives to staff essential posts across all provinces.

Primary Hospitals

Staffing was the third lowest met category, with only 54% of staffing indicators being met across Primary hospitals. This was also the only category that saw a significant decrease of -2% from 2080, suggesting that staffing shortages are getting worse. This represents the difficulty to fill and retain staff positions, especially at Primary hospitals which may be more rural and remote. The Medical Superintendent post is only filled at 33% of Primary hospitals (1.1.3). Nurses are frequently short, with only 16 Primary hospitals having enough nurses for general inpatient service (2.6.5). Additionally, nursing staff are short in the delivery ward (2.7.1.2.1.1) and for surgery (2.8.2.1). Anesthesia supervision posts are only filled at 39% of Primary hospitals and complete surgical teams (2.8.2.2) are available at about half of Primary hospitals. Staffing is a nationwide problem and will need long term solutions that may best be initiated at the national level.

Secondary A Hospitals

After infrastructure, staffing was the lowest met category, with only 66% of staffing indicators being met across Secondary A hospitals, even showing a slight (-1%) decrease from 2080, suggesting that staffing shortages will continue to be a challenge. This represents the difficulty to fill and retain staff positions present at all health facilities. However, Secondary A hospitals have a unique problem, requiring more specialized healthcare workers. Regardless, dental service staff including a dental hygienist and dentist (2.10.2) are available at 98% of hospitals, with the exception being Pyuthan Hospital. This is a great improvement and shows how services are expanding nationally.

The Medical Superintendent post is only filled at 45% of Secondary A hospitals (1.1.3), although this was a slight increase from 40% in 2080. Nurses are frequently short, with only 7 Secondary A hospitals having enough nurses for general inpatient service (2.6.5) and 17 in delivery service (2.7.1.2.1.1). As seen in other indicators for the physiotherapy department, physiotherapy staffing is almost non-existent, with only 2 Secondary A hospitals having appropriate staff (2.14.3). This will likely require greater investment in education for these positions and create solutions to hire and retain staff. Anesthesiologists (53%) and Pharmacists (40%) are also low. Staffing is a nationwide problem and will need long term solutions that may best be initiated at the national level.

Table 9. Immediate KI Staffing Needs by Hospital Level (≤60%)

Hospitals Meeting Standard		Key Personnel Shortages	Area	Indicator
no.	%			
A. Primary Hospitals (n=61)				
34	56%	OT nurse (with minimum bachelor's degree) assigned as OT in-charge for overall management of operation theatre	Surgery/Operation Service	2.8.2.1
34	55%	Hospital has trained security personnel round the clock.	Safety and Security	3.7.1.1
32	52%	Nurse: pregnant women ratio 1:2 in pre-labor; 2:1 per delivery table and 1:6 in post-natal ward	Delivery Service	2.7.1.2.1.1
31	51%	At least one accountant available for hospital financial management	Financial Management	1.4.1.2
29	48%	For one surgery, team is composed of: MDGP with one trained MO, 2 OT trained nursing, 1 AA, supervised by MDGP, 2 nurses for pre-anesthesia and postsurgical care, and one office assistant.	Surgery/Operation Service	2.8.2.2
25	41%	Non-physician anesthesiologists directed and supervised by anesthesiologist or MDGP	Surgery/Operation Service	2.8.8.4.2
24	39%	Pharmacy unit is led by at least one pharmacist	Pharmacy Service	2.5.6.1
20	33%	Medical Superintendent	Governance	1.1.3

16	26%	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	Inpatient Service (General Ward)	2.6.5
B. Secondary A Hospitals (n=40)				
24	60%	2 Trained Blood Bank Staff	Blood bank	2.9.1.2.2
21	53%	Anesthesiologist	Surgery/ Operation Services	2.8.8.4
20	50%	MD Forensic	Postmortem	2.11.3
18	45%	Medical Superintendent	Governance	1.1.3
17	43%	Nurse: Pregnant women ratio 1:2 in pre-labor; 2:1 per delivery table and 1:6 in postnatal ward	Maternity Services	2.7.1.2.1.1
16	40%	Clinical Pharmacist	Pharmacy Service	2.5.6.1
7	22%	Nurse patient ratio 1:6 in general ward, 1:4 in pediatric ward, 1:2 in high dependency ward one trained office assistant per shift in each ward (See Checklist 2.6 At the end of this standard for scoring)	Inpatient Service	2.6.5
2	5%	1 Physiotherapist, 2 Bachelors in Physiotherapy, and 2 Certificate or Diploma in Physiotherapy (CPT/DPT) and 1 office assistant treating 20 patients.	Physiotherapy	2.14.3

Table 9. Immediate KI Staffing Needs by Hospital Level (≤60%). *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting Standard refers to the average score of the standard across all Primary hospitals. Certain posts were bolded for emphasis.

Key Equipment

Below, Table 10 reports all KIs related to equipment needs by hospital level reporting Primary indicators, and then Secondary A indicators from most- to least-met based largely on Annexes found in the MSS handbook. Equipment here refers to larger or one-time purchases such as an oxygen concentrator, an IV stand, or a freezer.

While equipment availability has shown modest national improvement, particularly among Secondary A hospitals, persistent gaps remain in essential and lifesaving tools across both hospital levels. Secondary A hospitals met 79% of equipment indicators (+3% from 2080) and nearly 100% now have functioning X-ray, USG, and anesthesia equipment, demonstrating the impact of targeted investment. In contrast, Primary hospitals met only 61% of indicators, with no improvement since 2080. Critical gaps persist in anesthesia equipment, autoclaves, and defibrillators, posing risks to surgical safety and emergency readiness. These findings suggest the need for targeted procurement and maintenance support to meet MSS minimum standards and ensure equitable service delivery.

Primary Hospitals

Nationally, equipment indicators are being met 61% of the time, and there was 0% change since 2080. ECG Machines (2.9.4.4) are functioning at 93% of Primary hospitals, with only 4 hospitals lacking a functional ECG machine (Humla District, Dolpa District, Karati, and Thansingtar Hospitals). All anesthesia equipment, instruments, and supplies are only available at about half of Primary hospitals, even though more are providing some anesthesia services. This should be addressed to minimize risks to patients and ensure a high quality of health.

Secondary A Hospitals

Nationally, equipment indicators are being met 79% of the time, and there was significant, positive +3% increase since 2080. X-Ray machines (2.9.2.5.1) are available and functional at 100% of Secondary A hospitals. The following items are missing at a few hospitals. These hospitals should be targeted to ensure widespread meeting of basic standards of care. Scores out of 3 refer to the individual hospital's MSS score for that indicator out of 3. If no score is given, it is a 0/1.

- **USG** (2.9.3.5) at Lalmatiya Health Post (Proposed Bhaluwang Hospital)
- **Anesthesia Equipment** (2.8.8.2) at Palpa Hospital (0/3), District Hospital Ilam (2/3), and Provincial Hospital Siraha (2/3)
- **Delivery Equipment** (2.7.1.9.2) at Jajarkot District Hospital (1/3), Madhyabindu Hospital (2/3), District Hospital Dhankuta (2/3), and Provincial Hospital Siraha (2/3)
- **ECG Machine** (2.9.4.5) at Lalmatiya Health Post (Proposed Bhaluwang Hospital and Prithivi Chandra Hospital
- **Alternate Power Generator** (3.4.3.2) at Mehalkuna Hospital and District Hospital Dhankuta

Nationally, there should be efforts to address low met indicators including Pediatric equipment (2.6.2.3.1), Physiotherapy instruments and equipment (2.14.7), and inpatient defibrillators (2.6.8.3). Even among well-equipped facilities, pediatric and physiotherapy equipment remain low across both hospital levels, signaling a broader neglect of specialized care areas.

Table 10. Immediate KI Equipment Needs by Hospital Level

Hospitals Meeting Standard		Key Equipment Shortages:	Area	Indicator	Annex
no.	%				
A. Primary Hospitals (n=61)					
57	93%	ECG Machine (12 lead with power back up), paper, gel, and wipes	Electrocardiogram (ECG)	2.9.4.4	
53	87%	Alternate Power Generator	Repair, Maintenance and Power system	3.4.3.2	
49	80%	125KV and 300ma X-Ray Machine minimum	X-Ray Service	2.9.2.5.1	
46	75%	Complete CR system with CR cassette at least 5 of 14 x 17 inch and 3 of 10x12inch.	X-Ray Service	2.9.2.5.2	
44	72%	USG machine with different probes, computer, and printer with USG papers, gel, and wipes	Ultrasonography (USG)	2.9.3.5	
29*	69%	ER Instruments and Equipment	Emergency Service	2.3.4	Annex 2.3b
34*	63%	Dental Equipment, Instruments, and Supplies	Dental Service	2.10.6	Annex 2.10b
38	62%	Emergency crash trolley with emergency lifesaving drugs, cardiac monitor, non-invasive ventilator, oxygen concentrator	Emergency Service	2.3.7.1	
27	53%	Anesthesia Equipment, Instruments, and Supplies	Surgery/Operation Service	2.8.8.2	Annex 2.8g
11*	48%	CSSD Sterilization Equipment and Supplies	CSSD	3.1.3	Annex 3.1a
17	28%	Defibrillator	Inpatient Service (General Ward)	2.6.8.3	
14	23%	Autoclave	Hospital Waste Management	3.6.9.1	
B. Secondary A Hospitals (n=40)					
40	100%	125 KV and 300ma X-Ray Machine minimum	X-Ray Service	2.9.2.5.1	

39	98%	USG machine with different probes, computer, and printer with USG papers, gel, and wipes	Ultrasonography (USG)	2.9.3.5	
37*	96%	Anesthesia Equipment, Instruments, and Supplies	Surgery/ Operation Services	2.8.8.2	Annex 2.8i
36*	96%	Delivery Equipment, Instruments, and Supplies	Maternity Services	2.7.1.9.2	Annex 2.7.1a
38	95%	ECG Machine, paper, gel, and wipes	Electrocardiogram (ECG)	2.9.4.5	
38	95%	Alternate Power Generator	Repair, Maintenance and Power system	3.4.3.2	
34*	94%	Medicine Ward Furniture and Supplies	Inpatient Service	2.6.2.1	Annex 2.6a
37*	93%	Dental Equipment, Instruments, and Supplies	Dental Service	2.10.6	Annex 2.10b
36	90%	CR System with CR Cassette (at least 5 of 14 x 17 inch and 3 or 10 x 12 inch)	X-Ray Service	2.9.2.5.2	
29*	89%	ER Furniture and Supplies	Emergency Service	2.3.4	Annex 2.3b
26*	85%	Sterilization Equipment and Supplies	CSSD	3.1.3	Annex 3.1a
23*	68%	Surgery Ward Furniture and Supplies	Inpatient Service	2.6.2.2	Annex 2.6a
26	65%	Autoclave	Hospital Waste Management	3.6.9.1	
23*	63%	Pediatrics Furniture and Supplies	Inpatient Service	2.6.2.3.1	Annex 2.6a
16*	58%	Physiotherapy Instruments and Equipment	Physiotherapy	2.14.7	Annex 2.14a
18	49%	Defibrillator	Inpatient Service	2.6.8.3	Checklist 2.6

Table 10. Immediate KI Equipment Needs by Hospital Level. *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting Standard refers to the average MSS score across all hospitals.

Key Supplies and Medicines

Below, Table 11 shows the immediate supplies and medicine needs by hospital level reporting Primary indicators, and then Secondary A indicators from most- to least-met based largely on Annexes found in the MSS handbook. Equipment here refers to larger or one-time purchases such as an oxygen concentrator, an IV stand, or a freezer.

Primary Hospitals

Most hospitals have a 3 month buffer stock of laboratory supplies (2.9.1.8.1) and wound dressing sterilization packs (2.4.5.1). Despite this, although some hospitals are partially meeting the required pharmacy medications, only 13 Primary hospitals have all required pharmacy medicines to receive full MSS marks for indicator (2.5.8).

Secondary A Hospitals

Supplies were the highest met category across Secondary A hospitals at 87% (Figure 4). 100% hospitals have a 3 month buffer stock of laboratory supplies (2.9.1.8.1). However, although some hospitals are partially meeting the required pharmacy medications, only 17 Secondary A hospitals have all required pharmacy medicines to receive full MSS marks for indicator (2.5.8). This is a similar trend to Primary hospitals and may warrant a nation-wide intervention at all hospital levels.

Table 11. Immediate Key Supplies and Medicines Needs by Hospital Level					
Hospitals Meeting Standard		**Key Supply Kit Shortages:**	**Area**	**Indicator**	**Annex****
no.	**%**				
A. Primary Hospitals (n=61)					
55	90%	3 Month Buffer Stock of Laboratory Supplies	Laboratory and Blood Bank	2.9.1.8.1	
41*	82%	Wound Dressing Sterilization Packs	Dressing Injections and Procedures Room	2.4.5.1	Annex 2.4d
13*	57%	Required Pharmacy Medicines	Pharmacy Service	2.5.8	
21*	51%	Operating Room Medicines and Supplies	Surgery/Operation Service	2.8.7.3	Annex 2.8e
21	34%	Spare Parts for Biomedical Equipment Maintenance and Repair	Repair, Maintenance and Power system	3.4.2.4	
B. Secondary A Hospitals (n=40)					
40	100%	3 Month Buffer Stock of Laboratory Supplies	Laboratory	2.9.1.1.8.1	
38*	98%	Medicine Ward	Inpatient Service	2.6.3.1	Annex 2.6b
37*	97%	ER Medicines and Supplies	Emergency Service	2.3.5.1	Annex 2.3c
35	88%	3 Month Buffer Stock of Medical Store	Store (Medical and logistics)	3.9.2.1	
26*	86%	Operating Room Medicines and Supplies	Surgery/ Operation Services	2.8.7.3	Annex 2.8g
27*	80%	Forensic Instruments and Supplies	Postmortem	2.11.4	Annex 2.11a
29*	74%	Surgery Ward	Inpatient Service	2.6.3.2	Annex 2.6b
17*	71%	Program Specific Medicines in Pharmacy	Pharmacy Service	2.5.8	
26*	67%	Pediatrics Ward	Inpatient Service	2.6.3.3	Annex 2.6b

Table 11. Immediate Supplies and Medicines Needs at Primary Hospitals. Particular posts bolded for emphasis. *Standard out of 3 points, facilities meeting full points were counted. % Hospitals Meeting Standard refers to the average MSS score across all hospitals.

Digital Systems

Digital indicators are from across departments that are related to a functional digital infrastructure at a hospital such as "Client registration is digitized using standard software" (1.5.1.1) or "Admission and discharge registers are available and are being filled completely (HMIS 8.1 and 8.2)" (2.6.13). For a detailed list of indicators, see Annex 2. Below, Table 12 lists the lowest met digital system indicators (≤80%), highlighting potential areas to target to improve health systems.

Supply and medicine availability are one of the stronger performing areas nationally, but serious gaps remain. Secondary A hospitals perform better overall, meeting 87% of indicators, while Primary hospitals meet 63% on average. However, both levels show the same critical trend: very few hospitals meet the full standard for essential pharmacy medications, with only 13 Primary and 17 Secondary A hospitals achieving full compliance (2.5.8). This shared shortfall suggests a systemic issue in procurement or supply chain management that affects hospitals of all levels. While 3-month buffer stocks for laboratory supplies are nearly universally maintained, items tied to clinical readiness such as OR supplies, pediatric ward kits, and biomedical spare parts, are inconsistently available, especially in Primary hospitals. These gaps

pose a direct risk to service delivery and may benefit from federal coordination to ensure consistent stock, especially for essential and program-specific medications and supplies.

Primary Hospitals

Digital indicators are the highest met category at 80%. All 100% of Primary hospitals are submitting monthly reports to the national database every three months. The lowest met group of indicators were for Medical Records and Information Management. Notably, the federal government may be able to support these areas.

Secondary A Hospitals

All 100% of Secondary A hospitals have an electronic database system for the hospital medical store and 98% have an electronic billing system with the exception of Lalmatiya Health Post (Proposed Bhaluwang Hospital). Notably, only 63% of blood banks in hospitals are recording reports in standard registers or NBBTS software, and do not have computerized billing for patients. (2.9.1.2.7.2). This was also found in Primary level hospitals and may require support and guidance from the national level given it is such a widespread problem.

Table 12. Lowest Met Digital Systems by Hospital Level (≤80%)

Hospitals Meeting Standard		Indicator Code	Area	Standard
no.	%			
A. Primary Hospitals (n=61)				
49	80%	1.5.1.1	Medical Records and Information Management	Client registration is digitalized using standard software
48	79%	2.7.2.11	Maternity Inpatient Service (General Ward)	Admission and discharge registers are available and are being filled completely (HMIS 8.1 and 8.2)
46	75%	2.5.16.1	Pharmacy Service	Medicine is dispensed using electronic billing with barcode system
41	67%	1.2.5	Organizational Management	All staffs of hospital use electronic attendance
40	66%	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
39	64%	1.5.1.2	Medical Records and Information Management	Referral in and out records are kept using the standard form (HMIS 1.4) and register.
38	62%	1.5.2.2	Medical Records and Information Management	All patients' records are kept in individual folders in racks or held digitally.
B. Secondary A Hospitals (n=40)				
28	74%	2.6.13	Inpatient Service	Admission and discharge registers are available and are being filled completely (HMIS 8.1 and 8.2) (See Checklist 2.6 At the end of this standard for scoring)
29	73%	2.5.15.1	Pharmacy Service	Medicine is dispensed using electronic billing with barcode system
28	70%	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
25	63%	2.9.1.2.7.2	Blood bank	Standard reporting sheets are being used, and all reports are recorded in a standard register or NBBTS software and computerized bill available to patients
20	50%	3.8.2.2	Transportation and Communication	Internal communication (paging) system has been installed in all major service stations.

Table 12. Lowest Met Digital Systems by Hospital Level (≤80%). *Standard out of 3 points, only facilities meeting full points were counted. % Hospitals Meeting KI refers to the average score of KIs across hospitals at that hospital level.

Trainings

Table 13 shows the *lowest* indicators for training and skill-specific staff by hospital level. reporting Primary indicators, and then Secondary A indicators from most- to least-met.

Training is the lowest-performing domain across Nepal's hospitals, highlighting a major gap in facility readiness that is both low-cost to address and critical for safety and emergency response. Primary hospitals met only 49% of training indicators, while Secondary A hospitals improved to 70%, with a 3% gain since 2080. Despite the difference in performance, both levels struggle with emergency preparedness and basic life-saving protocols. Only 28% of Primary and 38% of Secondary A hospitals reported that staff were trained in Basic Life Support (BLS), and very few had conducted mock drills or oriented staff on emergency response codes. Security staff training was particularly low across both levels, with 8% of Primary hospitals and 23% of Secondary A hospitals meeting standards for staff knowledge of critical codes like "001" for crashing patients. These deficits pose a direct threat to patient survival and disaster response capacity and could be rapidly improved through routine, hospital-led training and simulation exercises without major investment.

Primary Hospitals

Training indicators were the lowest met category at 49%. To meet these indicators and provide safe, quality care does not require significant investments in equipment or infrastructure, but it does reflect challenges related to staffing retention. Each item on this list can be addressed with hospital level training and should be prioritized, especially for BLS (2.7.2.7.1) and BLCS (2.6.8.1) codes as only 28% and 25% of Primary hospitals are meeting these standards, respectively. Hospitals would also benefit from mock drills (2.3.10.3 and 3.7.1.3).

Secondary A Hospitals

Training indicators have been improving, with a significant 3% increase across all Secondary A hospitals since 2080 to 70% in 2081. To meet these indicators and provide safe, quality care does not require significant investments in equipment or infrastructure, but it does reflect challenges related to staffing retention. Each item on this list can be addressed with hospital level training and should be prioritized. The majority of low met training indicators are related to Safety and Security including disaster preparedness (3.7.6.4), emergency drills (3.7.1.3), and crashing patient responses (3.7.1.2). It may be appropriate to address these together.

Table 13. Immediate Training Recommendations by Hospital Level

Hospitals Meeting Standard		Standard:	Area	Indicator
no.	%			
Primary Hospitals (n=61)				
19	31%	Hospital carries out at least one mock drill and disaster preparedness once a year	Emergency Service	2.3.10.3
17	28%	All staffs in wards are trained for BLS and oriented about emergency code 001 or blue code	Maternity Inpatient Service (General Ward)	2.7.2.7.1
15	25%	All staffs in wards are trained for BLCS and oriented about emergency code 001 or blue code	Inpatient Service (General Ward)	2.6.8.1
11	18%	All security staffs have participated in emergency drills	Safety and Security	3.7.1.3
5	8%	All security staffs are oriented with hospital codes like 001- call for help for crashing patients, 007- call for disaster in ER	Safety and Security	3.7.1.2

Secondary A Hospitals (n=40)				
23	58%	The hospital has mass casualty management protocol, and all staffs are updated with well labelled direction, prepositioning clipboards	Emergency Service	2.3.10.1
21	53%	Disaster preparedness orientation has been given to all staff at least every six months.	Safety and Security	3.7.6.4
18	45%	All security staffs have participated in emergency drills	Safety and Security	3.7.1.3
16	40%	Hospital carried out at least one mock preparedness once a year	Emergency Service	2.3.10.3
15	38%	All staffs in wards are trained for BLS and oriented about emergency code 001 or blue code	Delivery Service	2.7.2.7.1
9	23%	All security staffs are oriented with hospital codes like 001- call for help for crashing patients, 007- call for disaster in ER	Safety and Security	3.7.1.2

Table 13. Immediate Training Recommendations by Hospital Level.

Provincial Summaries

The provincial summaries identify areas that need widespread support across the province, and which need to target hospitals specifically. Trends, category differences, ad routine practices, almost-completely-met and least-met KIs, and changes in KIs are explored.

The 2081 MSS assessment revealed continued progress in health facility readiness, with notable provincial disparities. Nationally, Secondary A hospitals outperformed Primary hospitals, with average Key Indicator (KI) scores of 80% and 64% respectively. Koshi and Lumbini led in equitable improvements across both hospital levels, while Karnali, Madhesh, and Gandaki showed troubling declines, particularly in Primary hospitals. Routine practice indicators like infection prevention, environmental hygiene, and communication remained weak nationwide. Yet, provinces such as Sudurpashchim and Koshi showed promising adherence to routine practices, potentially offering replicable models for others.

Primary hospitals continue to face acute challenges. Over half of Gandaki's Primary hospitals scored below 50%, and Bagmati showed similarly poor performance. Despite these concerns, Lumbini and Koshi demonstrated meaningful gains at their lowest-performing Primary facilities. Nationally, critical gaps remain in waste management, staffing (especially nurses and anesthetic supervision), and emergency preparedness. For example, only 20% of Primary hospitals offered OPD services past 3 PM, and fewer than a third met full operating room standards. Conversely, basic services like emergency care (98%), family planning (98%), and lab services (93%) were widely available, demonstrating foundational strengths that can be leveraged.

Secondary A hospitals showed strong overall performance but with marked provincial variability. Facilities in Lumbini and Bagmati consistently scored above 90%, while Karnali's Secondary A hospitals saw a >10% decline since 2080. Critical gaps persisted in staffing—especially physiotherapy, nursing, and anesthesiology—and routine practices such as waste segregation and emergency training. Despite this, 100% of Secondary A hospitals had 24-hour emergency services, functional X-ray machines, and digital systems for billing and inventory. Notable outliers included Jajarkot and Lalmatiya Health Post, which scored under 60%, signaling a need for targeted, province-led interventions to uphold MSS standards.

Koshi

Eighteen Primary and Secondary A hospitals in Koshi Province completed an MSS assessment in 2081; 11 Primary Hospitals. Among the Primary hospitals, 6 hospitals are governed at the district level and 5 at the local level. All governed at the provincial level are 7 Secondary A hospitals. 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. Training across the province significantly improved, but infrastructure at Secondary A hospitals remained low with an 8% decrease since 2080.

At Primary hospitals, some key routine practice indicators should be addressed at Pathari Nagar Hospital and Madi Nagar Hospital, who have exceptionally low scores for hand washing, waste segregation, drinking water, and privacy. Further, significant gains have been made in the dental department across the province, with four Primary hospitals expanding their dental services by improving equipment, supplies, and staffing. However, District Hospital Okhaldhunga lost their dentist and is no longer providing dental services according to MSS.

At Secondary A hospitals, there have been significant gains in the Pediatrics wards. However, Physiotherapy space and basic equipment (2.14.1), as well as certified staff for physiotherapy services (2.14.3) remain non-existent. This should be a province wide goal to develop and address this gap and strengthen physiotherapy services. Further, the Blood Bank needs strengthening across hospitals, with the exception of lnaruwa and Madan Bhandari Hospital & Trauma Center, as no Secondary A hospitals in Koshi are meeting both basic blood bank indicators. This is a key function that should be prioritized at missing hospitals.

Finally, both Primary and Secondary A hospitals are missing KIs that should be addressed including a defibrillator in an immediately accessible area for inpatient services (2.6.8.3), and a water quality test every year with report (3.5.3).

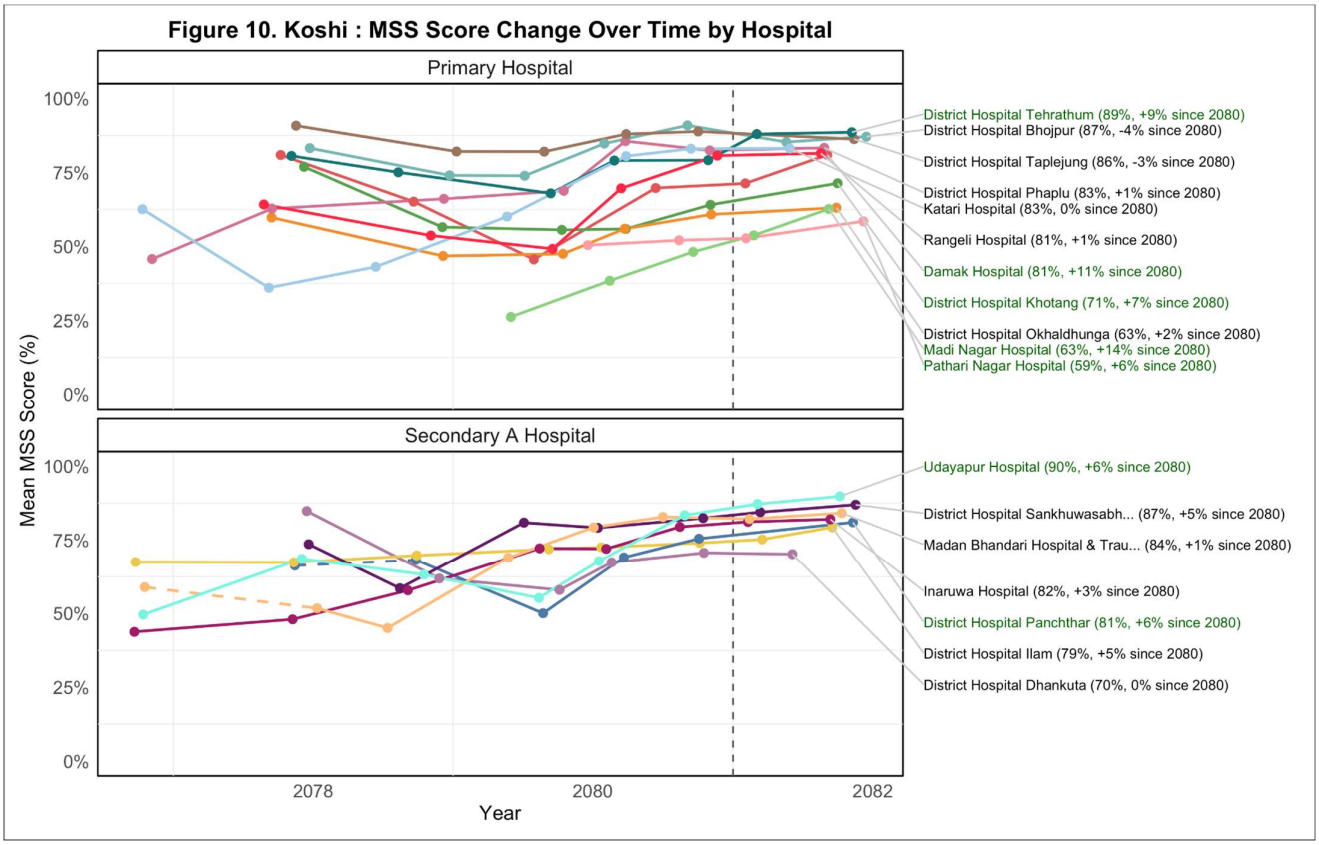


Figure 10a. Koshi: Change in MSS Score Over Time by Hospital (n=18). Each line is labeled with the hospital name, the most recent MSS score, and the % change since 2080. Vertical dotted line shows the start of 2081. Red labels indicate

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 were included.

Koshi saw increases in their MSS scores across Primary and Secondary hospitals. Most increases were seen in the Primary hospitals, whereas most Secondary A hospitals remained relatively stagnant with small increases. Although still a lower scoring Primary hospital (63%), Madi Nagar Hospital has seen substantial and sustained increases since 2079, with a 14% increase since 2080. This is a wonderful achievement. Only District Hospital Bhojpur and Taplejung saw small decreases of less than 5%. Higher scoring hospitals are flattening out in the high 80%, so targeted approaches to meet remaining gaps should be explored so that those hospitals continue to improve and do not stagnate.

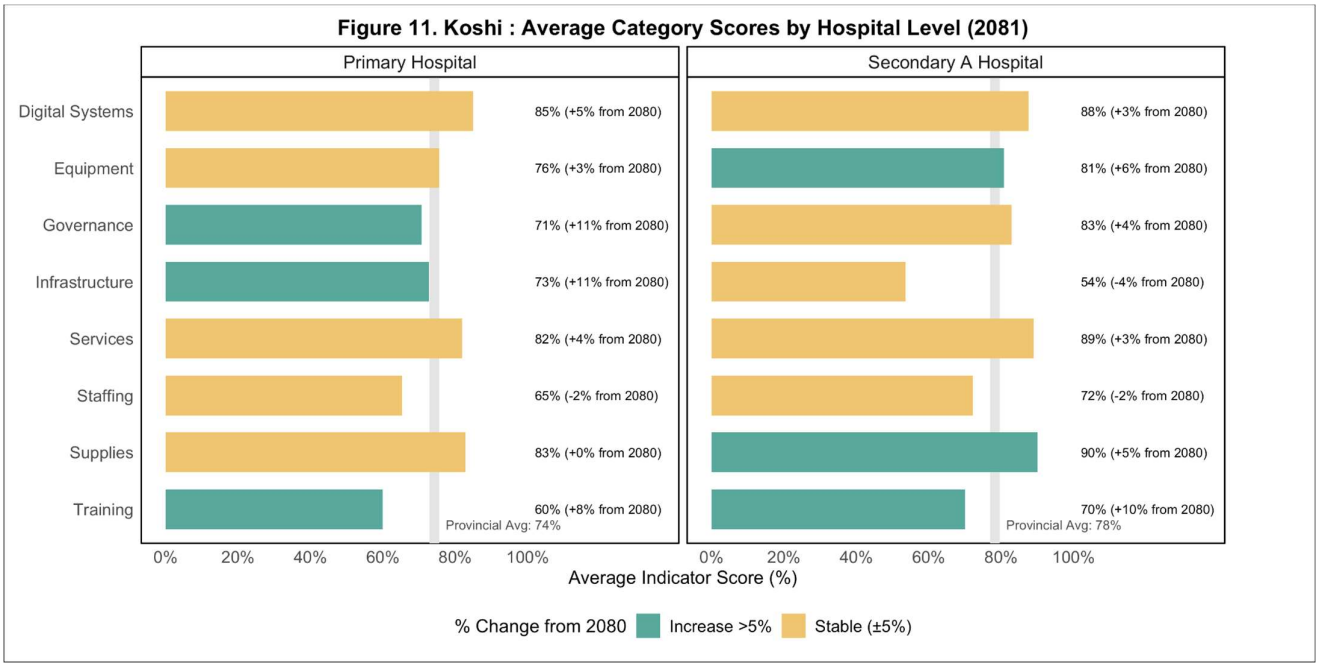


Figure 11a. Koshi: Average Category Scores by Hospital Level (2081) (n=18). Color indicates the change in the categorical score from 2080 to 2081. Provincial Averages shown by the grey vertical line. Only hospitals with data in both 2080 and 2081 were included.

Koshi saw stable and positive improvements across categories shown in Table 12a, with the greatest increase in Infrastructure from 62% in 2080 to 73% in 2081, and Governance from 60% in 2080 to 71% in 2081 at the Primary level. Secondary A hospitals saw little change, with slight decreases in Staffing (-2%) and (Infrastructure). However, the staff they did have were more trained (+10%). Additionally, supplies saw an increase to 90%. Similar to Figure 12a, this suggests that Primary hospitals are improving across Koshi whereas Secondary A hospitals remain stable.

Madhesh

Eleven Primary and Secondary A hospitals in Madhesh Province completed an MSS assessment in 2081; 5 Primary Hospitals, and 6 Secondary A hospitals.

Primary hospitals are broadly low scoring with a -8.0% drop in MSS scores since 2080. With the exception of Bardibas Hospital (83%), Primary hospitals in Madhesh range from 36% - 61%, raising concerns for the availability and quality of services provided. Chandranigahpur and Bhardaha Hospitals should be targeted as soon as possible to address gaps in routine sanitation, hand washing, waste segregation, and use of masks and gloves and needle cutters to improve risks to safety and health outcomes. At the provincial level, there are opportunities to meet province-wide needs including coordinating histopathology services with other health facilities (2.9.1.1.3) and implementing an electronic health record system that generates the HMIS monthly report (HMIS 9.4) (1.5.1.3). Given the wide gaps in the minimum standards for service, province wide steps should be taken to improve primary hospitals generally and identify causes that led to substantial drops in MSS scores between 2080 and 2081.

Secondary A were generally higher scoring (63% - 89%) and saw a small increase on average (+5.0%), although the consistently highest scoring hospital, Provincial Hospital Siraha, saw a dramatic decrease from 96% to 67% between 2080 and 2081. This should be explored given that Siraha has maintained a score above 80% since 2079. Province wide, there is room to improve physiotherapy and pediatric inpatient departments. See Table 16b for details. Broadly, Madhesh has seen continuous growth across all Primary and Secondary A hospitals in the past five years. However, 2081 saw dramatic decreases in both Primary and Secondary A hospitals. Improvements only are important if they are sustained. Sustainability should be explored to identify causes and solutions to the drops in 2081.

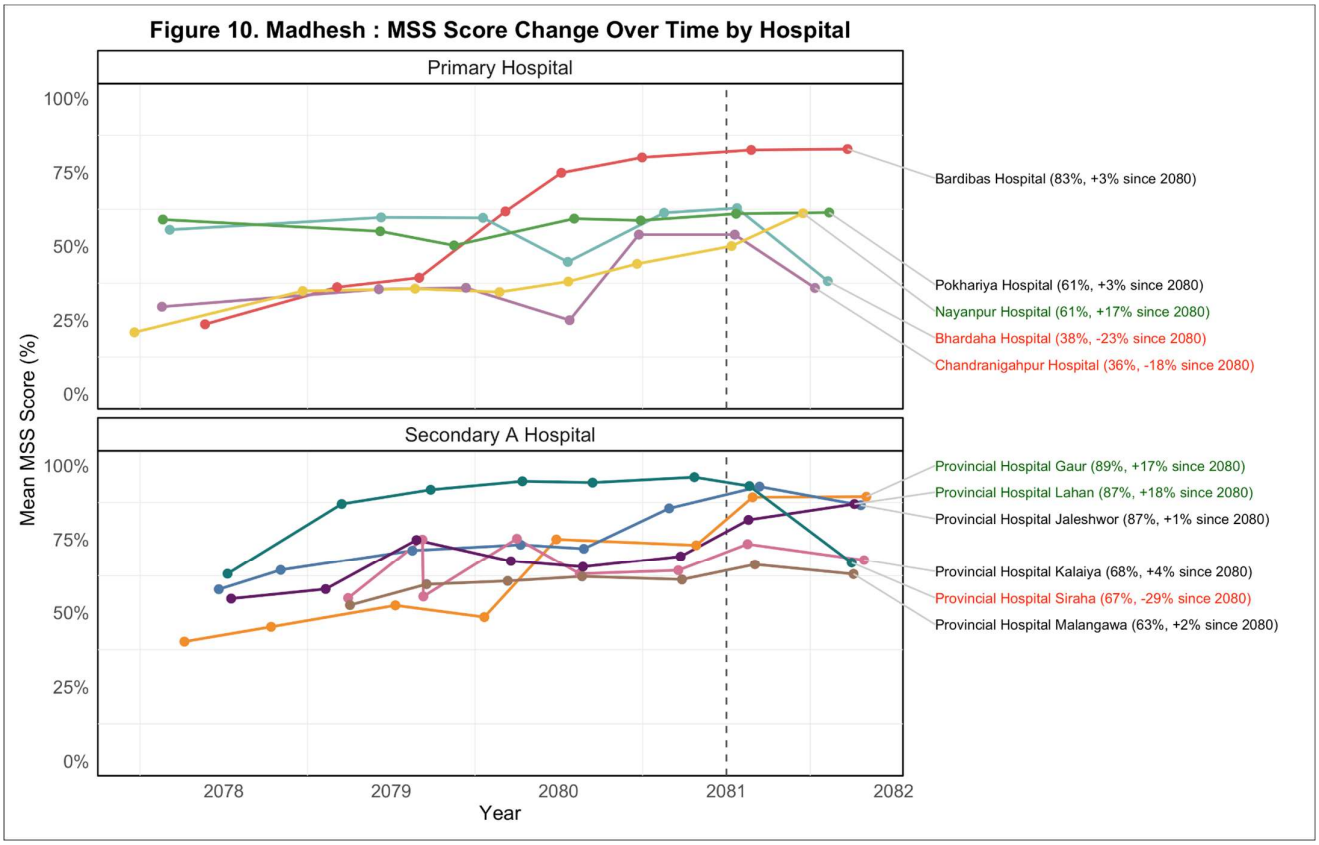


Figure 10b. Madhesh: Change in MSS Score Over Time by Hospital (n=11). Each line is labeled with the hospital name, the most recent MSS score, and the % change since 2080. Vertical dotted line shows the start of 2081. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease of greater than -5%. Only hospitals with MSS assessments in 2081 were included.

Across Madhesh, there was a wide range in growth and reduced MSS scores. Certain hospitals had substantial growth up to 18% in 2081, while others had an equal if not greater loss as great as 29%. Now, four out of five Primary hospitals are below 61%, and half of Secondary A hospitals below 70%.

For Primary hospitals, Bardibas Hospital has sustained their MSS score consistently since their substantial growth in 2079, a significant success. Further, Nayanpur Hospital saw a 17% increase in MSS score, bringing them to 61%. However, this was matched by two significant decreases in Bhardaha Hospital (-23%) and Chandranigahpur Hospital (-18%), who are both now below 40%, bringing concerns for quality of care. These issues should be addressed immediately to ensure patient safety, satisfaction, and cost effectiveness of the hospitals that people rely on for care. Given the significant decreases, Bardibas Hospital could serve as a roadmap for success for other struggling hospitals in the province. Finally, although Pokahriya Hospital stayed relatively stable (+3%), they have stagnated around 60% since 2078. They should be targeted for improvements.

Although Secondary A hospitals are generally higher scoring (63% - 89%) than Primary hospitals, they also saw significant increases and decreases. Provincial Hospitals Gaur and Lahan saw substantial increases, with current scores of 89%, and 87%, respectively, following a long trend of improvement and excellence. Surprisingly, Provincial Hospital Siraha, consistently the highest scoring Secondary A hospital in Madhesh has fallen from 96% in 2080 to 67% in 2081.

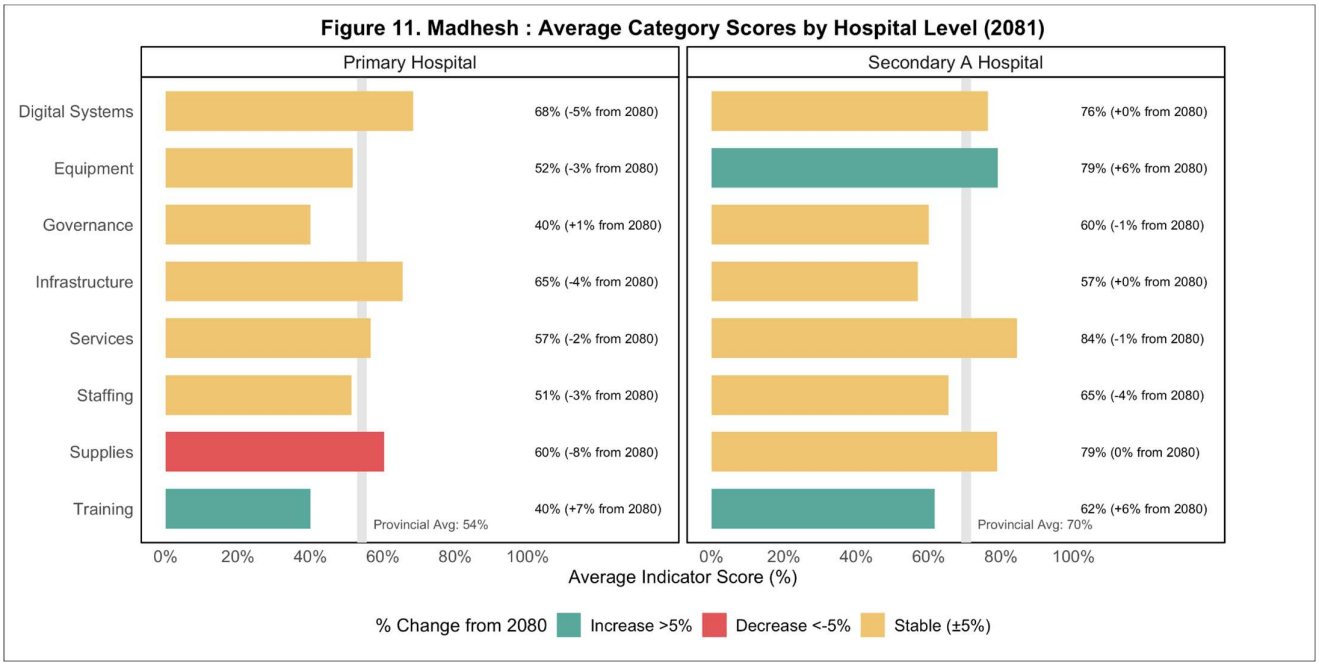


Figure 11b. Madhesh: Average Category Scores by Hospital Level (2081) (n=11). Color indicates the change in the categorical score from 2080 to 2081. Provincial Averages shown by the grey vertical line.

Figure 11b shows the change in categorical scores across the hospital from 2080 to 2081. Overall, Primary hospitals are scoring much lower, with an average of 54% with most categories remaining steady. However, Supplies (-8%) and Infrastructure (-4%) both saw decreases, while Training (+7%) improved. Given the large positive and negative changes across the province, it is likely that improvements and losses across hospitals are cancelling out. This calls for province wide interventions to improve hospitals across the province to ensure widespread growth instead of focusing on individual hospitals which may leave other hospitals behind.

Although Secondary A hospitals have a higher scoring with an average of 72%, they saw similar trends holding steady across the province, likely muted by increases and decreases across different hospitals.

Bagmati

Thirteen Primary and Secondary A hospitals in Bagmati Province completed an MSS assessment in 2081; 8 Primary Hospitals, and 5 Secondary A hospitals. Six hospitals did not complete an MSS assessment in 2081, meaning they were missing from the majority of the assessment and may skew results. Generally, there is a positive trend across the province for Primary hospitals (+9.5%), and a negative trend for the Secondary A hospitals (-4.3%) that did complete a 2081 MSS Assessment. However, it should be considered that four of the Secondary A hospitals had recently upgraded from a Primary hospital. Further, Primary gains were unevenly distributed, with two hospitals making significant gains (Badegau PHC and Rasuwa Hospital), while the rest seeing little to no change.

Primary hospitals are very low scoring and basic services unavailable, raising serious concerns regarding the quality of care. Although low across most hospitals, in particular Manikhel Health Post and Thansingtar Hospital are extremely low across routine practice indicators meeting only 8% and 25% of sanitization standards across the hospital, respectively. Further, Thansingtar Hospital does not have a functioning USG department, equipment, or trained staff and their nurses in the Maternity ward are not trained Skilled Birth Attendants. Province wide, there has been a substantial decrease in nursing staff availability in the inpatient and maternity wards, with four hospitals no longer meeting these indicators compared to 2080.

Secondary A hospitals were extremely high scoring and were able to maintain their high scores from 2080 and very little change from 2080 to 2081 given their high scores. Given the disparity between Primary and Secondary A hospitals, there should be a concerted effort to continue efforts to address gaps in Primary hospitals and direct resources to meet basic services expected at the Primary level.

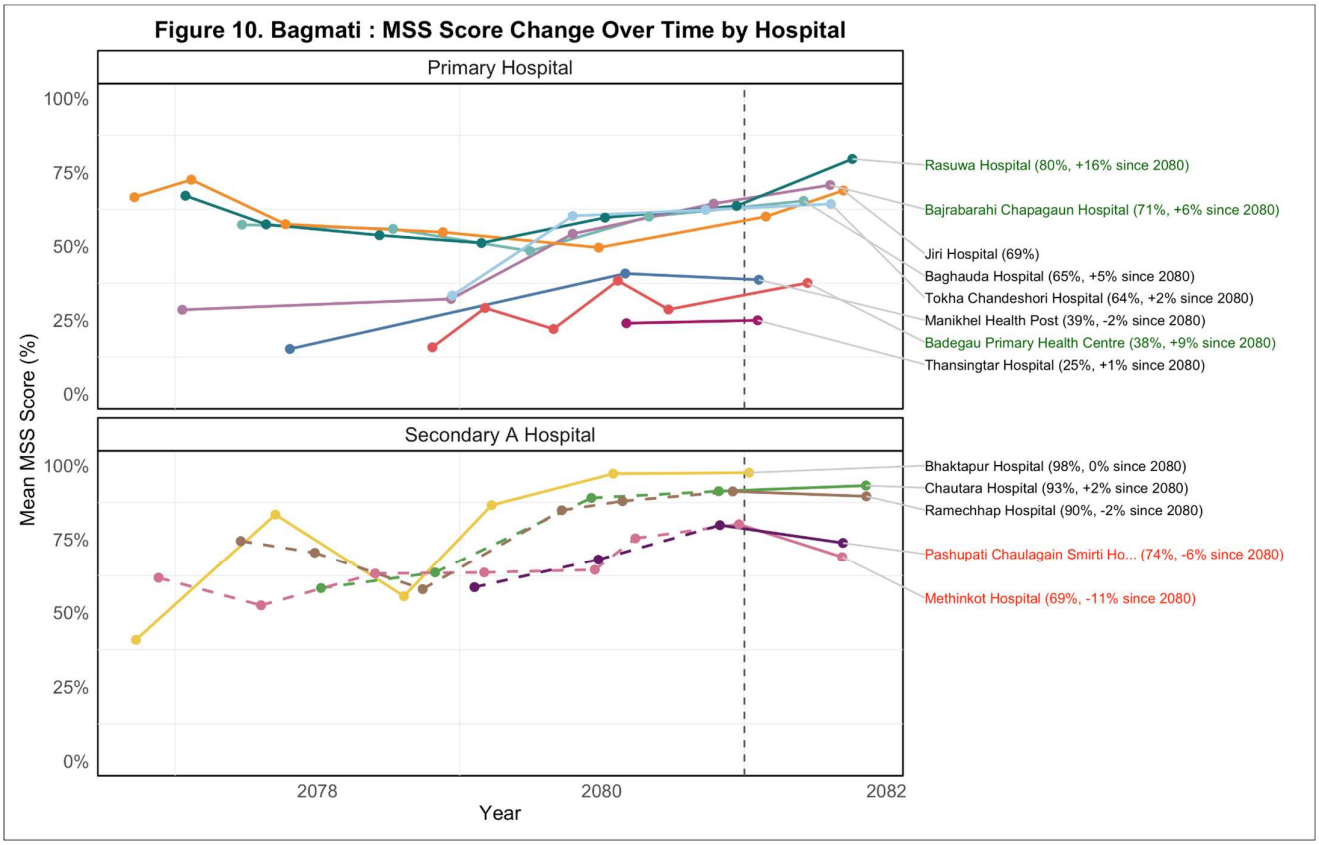


Figure 10c. Bagmati: Change in MSS Score Over Time by Hospital (n=13). Each line is labeled with the hospital name, the most recent MSS score, and the % change since 2080. Vertical dotted line shows the start of 2081. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease 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 were included.

Bagmati saw small increases in their MSS scores across Primary hospitals, with small decreases seen at two Secondary A hospitals. However, Primary hospitals were generally lower scoring (25% - 80%) compared to Secondary A hospitals which were very high scoring (69% - 98%). Rasuwa Hospital saw the greatest increase of 16% from 2080, and it is the highest scoring Primary hospital in Bagmati at 80%. Although still a very low scoring Primary hospital (38%), Badegau Primary Health Centre has increased by 9% since 2080, a substantial improvement. This is a wonderful achievement.

Concerningly, Methinkot Hospital saw an 11% decrease from 2080 and is now at 69%. Pashupati Chaulagain Smirti Hospital also saw a decrease, but it was small. However, four hospitals have recently upgraded from Primary to Secondary A, which may explain the lower scores. Further, four Secondary A hospitals were not included in the analysis as they did not complete an MSS assessment in 2081 as shown in Table 15c. These were generally high scoring hospitals (82% - 94%) as of their last assessment, and this may skew results. Completing MSS assessments at all Secondary A hospitals should be prioritized.

Table 15c. Bagmati Hospitals Missing 2081 MSS Assessment (n=6)			
Hospital	**Hospital Level**	**Date of Last MSS Assessment**	**Score**
Bakulahar Ratnanagar Hospital	Primary Hospital	11/4/80	83%
Bishnudevi Hospital	Primary Hospital	3/21/79	32%
Dhading Hospital	Secondary A Hospital	11/19/80	94%
Hetauda Hospital, Hetauda	Secondary A Hospital	11/6/80	92%
Sindhuli Hospital	Secondary A Hospital	12/4/80	82%
Trishuli Hospital	Secondary A Hospital	10/4/80	96%

Table 15c. Bagmati Hospitals Missing 2081 MSS Assessment (n=6).

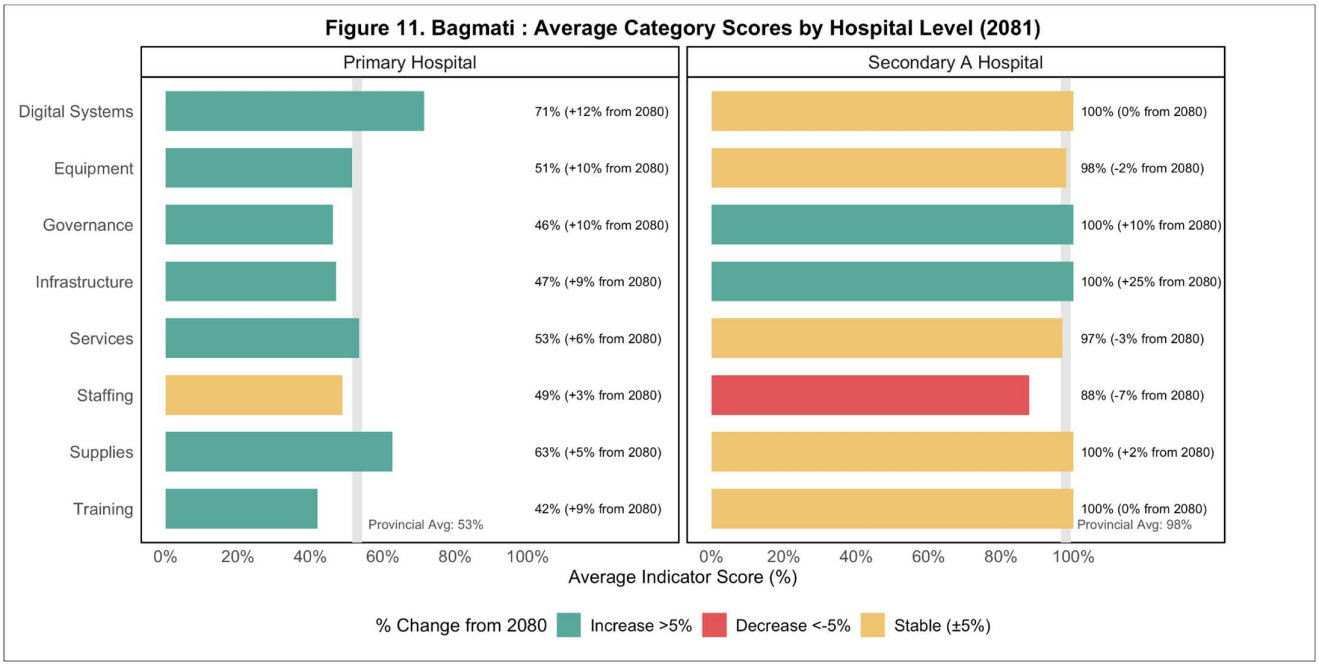


Figure 11c. Bagmati: Average Category Scores by Hospital Level (2081) (n=13). Color indicates the change in the categorical score from 2080 to 2081. Provincial Averages shown by the grey vertical line. Only hospitals with data in both 2080 and 2081 were included.

Figure 11c shows the change in categorical scores across the hospital from 2080 to 2081. Overall, Primary hospitals are scoring much lower, with an average of 53%. However, Primary also saw the greatest improvements across all

categories, with the biggest differences in Digital systems (12%), Governance (12%), and Equipment (11%). However, the scores themselves remain low.

In contrast, Secondary A hospitals are very high scoring with an average of 98%. Given this, holding stable for the majority of categories is a significant achievement, including maintaining Digital systems at 100% from 2080. Governance and Infrastructure saw a 13% and 10% increase, respectively and both hit 100%. This speaks to widespread excellence across Secondary A hospitals in Bagmati. However, there was a small 7% decrease in staffing, which is a national challenge, but something that should be targeted.

Gandaki

Twenty Primary and Secondary A hospitals in Gandaki Province completed an MSS assessment in 2081; 15 Primary Hospitals, and 5 Secondary A hospitals. Four Primary hospitals did not complete an MSS Assessment in 2081 and were excluded from analysis, shown in Table 15d. Across Gandaki, Secondary A hospital MSS scores remained steady with a slight decrease (-4.7%), with all hospitals remaining above 77%. However, there were dramatic, province-wide decreases across Primary hospitals, with 10 of 15 losing more than 5% since 2080 and an average decrease of -10.0%.

Primary hospitals are low scoring, with significant losses in Governance and Hospital Support Services across hospitals. This may explain the drop in MSS scores given lacking administration support to sustain hospital services. Due to the broad decreases, there should be a provincial wide effort to strengthen Governance at Gandaki Primary hospitals. In particular, the basic functions of the Hospital Waste Management departments are nonexistent across the province (with the exception of Parbat Hospital) and could benefit from central support. Ramja Deurali Health Post (36%) is missing basic KIs and should be directly targeted to meet basic MSS. Finally, Sundar Bazar, Gaidakot Municipal, and Ramja Deurali (Health Post) Hospitals should be jointly targeted for extensive routine practices reforms across all departments due to extremely low safety routine practice indicators such as sterilization, hand washing, and needle cutter use that bring up concerns of patient and provider safety.

At Secondary A hospitals remained steady with no large trends between hospitals. The standards met by the physiotherapy departments across hospitals remain poor and could use support from the province to ensure staffing, equipment, and supply needs are met. Further, the province could support coordination of histopathology services between facilities.

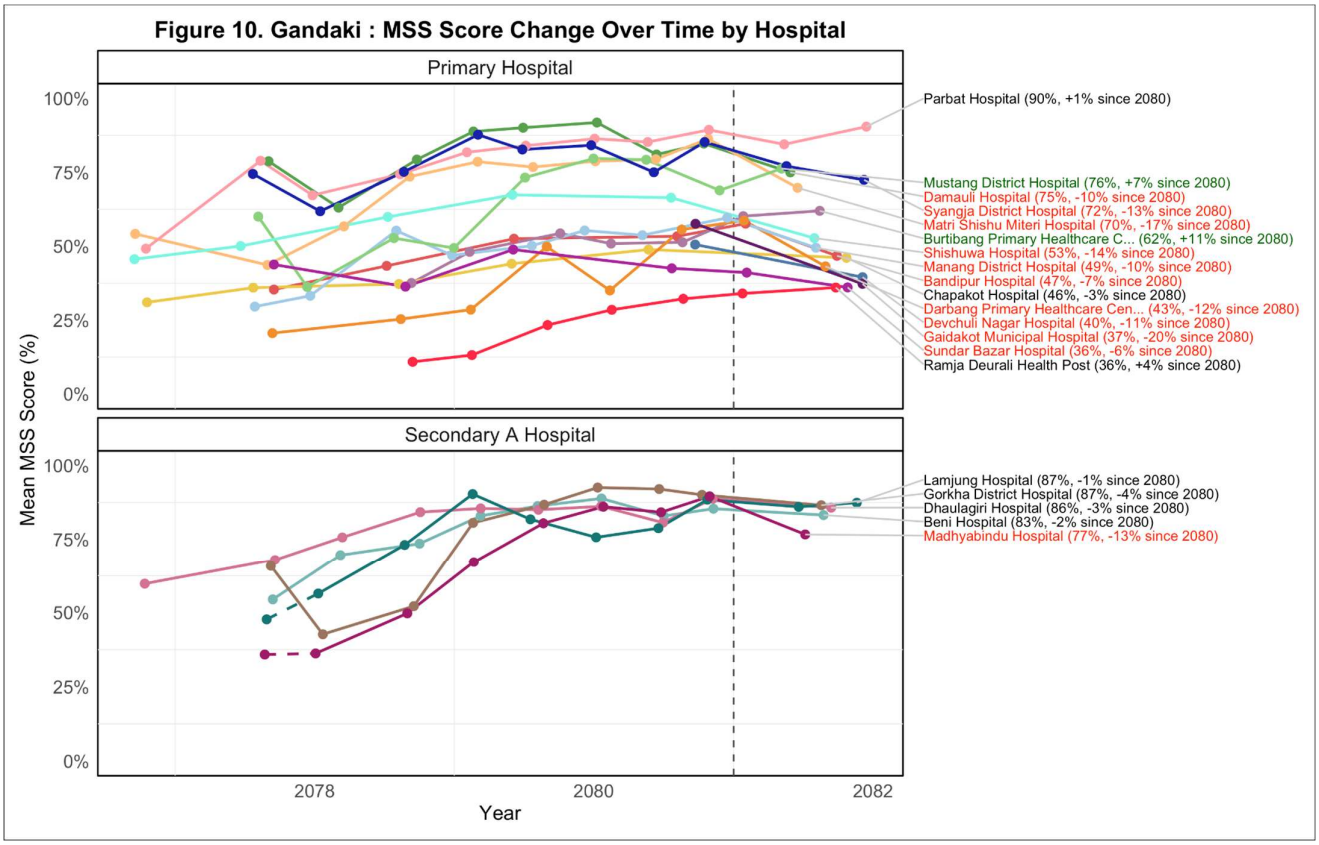


Figure 10d. Gandaki: Change in MSS Score Over Time by Hospital (n=20). Each line is labeled with the hospital name, the most recent MSS score, and the % change since 2080. Vertical dotted line shows the start of 2081. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease 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 were

included. This analysis did not include four Primary hospitals who have not had an MSS assessment in 2081, but whose last scores range from 37% - 63% (Table 15d.), suggesting a similar problem.

The average MSS score for Primary Hospitals in Gandaki is 55%, the lowest nationally. Although two Primary hospitals saw improvements, which should be celebrated, there were substantial decreases across the majority of Primary hospitals, with 10 of 15 hospitals decreasing more than 5% since 2080. The largest decrease was at Gaidakot Municipal Hospital, which has dropped from 57% to 37% since 2080, and Matri Shishu Miteri Hospital, which dropped from 87% to 70%. This means that more than half of Primary hospitals in Gandaki are meeting less than 50% of MSS, which are the minimum standards for service.

Secondary A hospitals in Gandaki have remained steady in Gandaki since 2079, with minimal changes in scores from 2080 to 2081. Madhyabindu Hospital did see a 13% decrease, and although an outlier, should be explored to ensure the trend is reversed.

Table 15d. Gandaki Hospitals Missing 2081 MSS Assessment (n=4)

Hospital	Hospital Level	Date of Last MSS Assessment	Score
Aanbookhaireni Hospital	Primary Hospital	6/27/80	62%
Baglung Municipal Hospital	Primary Hospital	9/16/80	37%
Bhachchek Primary Hospital	Primary Hospital	9/11/80	47%
Galkot Nagar Hospital	Primary Hospital	8/11/80	63%

Table 15d. Gandaki Hospitals Missing 2081 MSS Assessment (n=4).

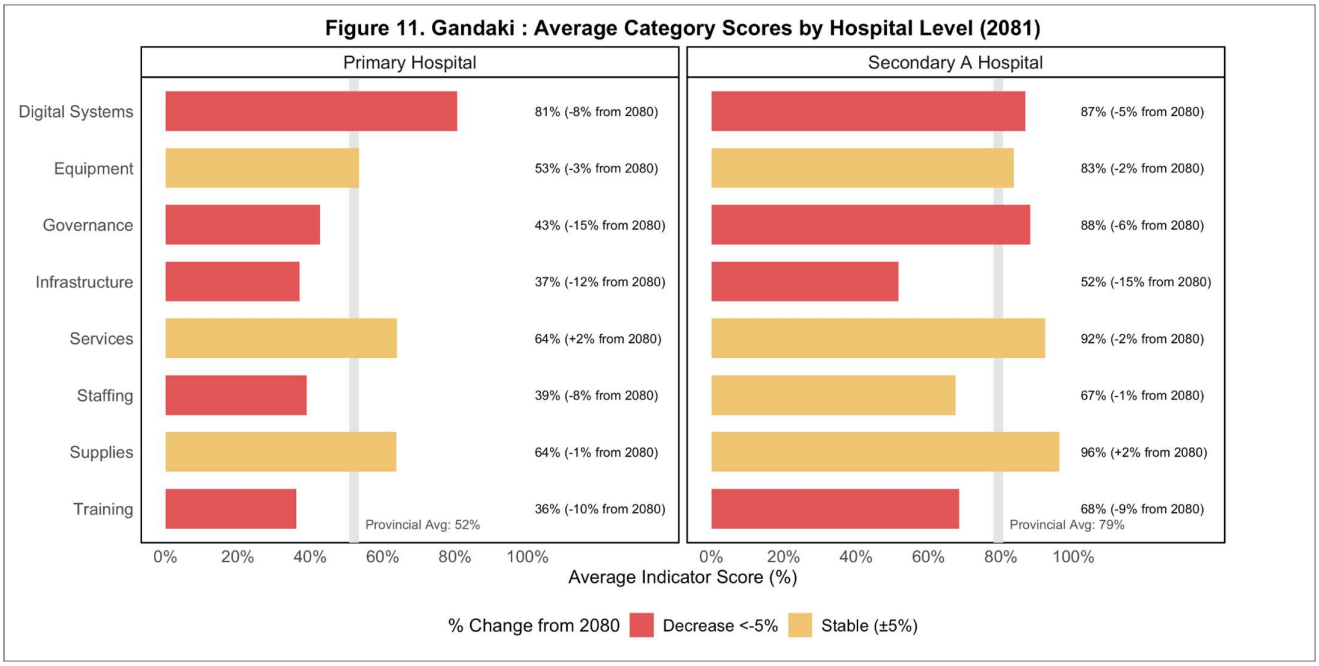


Figure 11d. Gandaki: Average Category Scores by Hospital Level (2081) (n=20). Color indicates the change in the categorical score from 2080 to 2081. Provincial Averages shown by the grey vertical line. Only hospitals with data in both 2080 and 2081 were included.

Figure 11d shows where the majority of MSS losses were. Although some sections remained stable, there were decreases in Digital Systems, Governance, Infrastructure, and Training across Primary and Secondary A hospitals, with additional losses in Staffing in Primary hospitals. In Primary hospitals, although Digital Systems decreased (-5%) from 2080, it is exceptionally high at 81%, especially compared to other provinces. This is an area of success that can be built on.

However, Governance saw the largest decrease, with a 12% decrease from 49% to 37% in 2081. Without a functioning administration, wider changes will be unlikely to be initiated or implemented effectively. This must be the first area to strengthen.

In Secondary A hospitals, Supplies (96%), Services (92%), and Digital Systems (87%) are all exceptionally high and held steady, a great success. However, Staffing (-1%), which is a challenge nationally, saw the biggest decrease. Strategies to target and retain staff should be prioritized.

Lumbini

Seventeen Primary and Secondary A hospitals in Lumbini Province completed an MSS assessment in 2081; 4 Primary Hospitals, and 13 Secondary A hospitals. There is a positive trend across the province with exceptional growth in lower scoring hospitals. No hospitals saw a significant decrease in score from 2080, with Shibaraj Hospital gaining 14% and Rampur Hospital gaining 10% from 2081. Besides substantial growth, high scoring Secondary A hospitals have maintained scores above 90%, with nearly half (6 of 13) scoring ≥90%. This is an exceptional achievement and shows dedication to improving healthcare services across the province, investing in lower scoring hospitals to ensure quality, and sustaining a high quality of care once achieved. Next steps should focus on improving Primary hospitals across the province to improve trust and consistency of services across government hospitals and investing in long term strategies to address the staffing shortages.

Primary hospitals are generally lower scoring (56% - 68%) but are showing significant and steady improvement, with an average increase of 17.4% since 2080. There are similar gaps across hospitals with Waste Management Systems and Dental Services essentially non-existent across all Primary hospitals. Further, all hospitals showed low scores for routine practice indicators such as needle cutter use, sanitation, and waste segregation. These gaps provide an excellent opportunity for a province-wide intervention to improve service quality across all hospitals. Individually, Sibiraj Hospital could do with some additional support to improve services (See Table 14e), although Chisapani Hospital has not seen any significant improvement since 2080, despite having a low score of 60%. Continuous improvement should be the goal.

The majority of Secondary A hospitals are maintaining scores above 90% with a small, but positive change (+3.9%) since 2080, with lower scoring hospitals maintaining significant improvements. The only exception in Lalmatiya Health Post (40%), which has stagnated and seen a slight decrease (-3%) since 2080. This is in contrast to Rukum East Hospital, which used to be low scoring but has substantially improved in the last two years. Physiotherapy departments need strengthening across all hospitals. In addition, inadequate staffing across the hospital remains a significant challenge. Lumbini has the opportunity to invest in long term interventions to improve the quantity and quality of the healthcare workforce. Evidence based interventions, specifically those looking at education back to the secondary level, should be explored.

Below, Figure 10e shows substantial and sustained improvement in lower scoring hospitals and sustained quality at higher scoring hospitals across the province. However, Primary hospitals are lower scoring (56% - 68%) and provide opportunities to improve quality of services. Given that there are only four Primary hospitals, a province-wide effort to increase their scores dramatically may be warranted, especially given the success at Secondary A hospitals, where nearly half (n=6) are scoring at 90% or greater.

An area for concern is Lalmatiya Health Post (40%), which has stagnated and even slightly decreased since 2080, and is lower than all Primary hospitals. It is an outlier and should be targeted for an intervention and evaluated to best understand why it is lagging behind when so many other Lumbini hospitals are improving consistently. Although Rukum East Hospital also used to be an area of concern, it has shown sustained growth and continues to increase, leaving Lalmatiya as the sole remaining concern. Addressing gaps at Lalmatiya would improve the provincial average drastically.

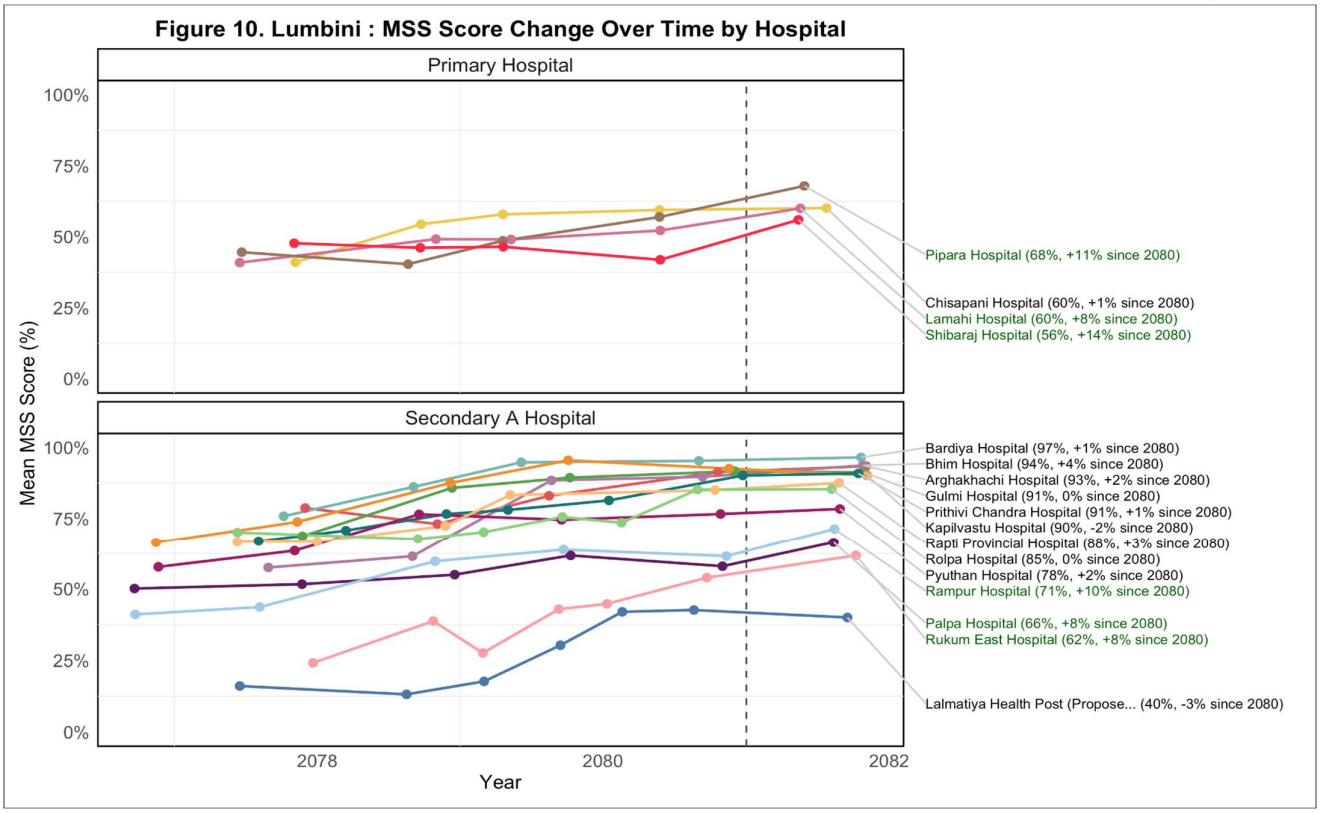


Figure 10e. Lumbini: Change in MSS Score Over Time by Hospital (n=17). Each line is labeled with the hospital name, the most recent MSS score, and the % change since 2080. Vertical dotted line shows the start of 2081. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease 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 were included.

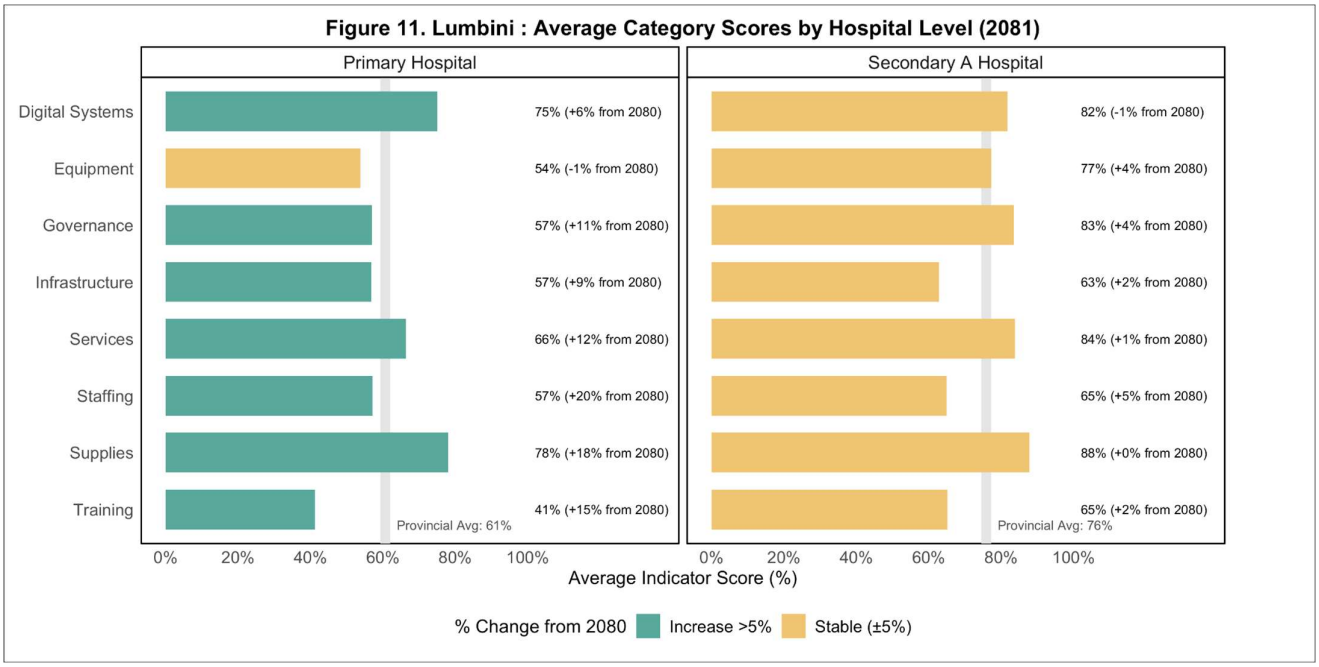


Figure 11e. Lumbini: Average Category Scores by Hospital Level (2081) (n=17). Color indicates the change in the categorical score from 2080 to 2081. Provincial Averages shown by the grey vertical line. Only hospitals with data in both 2080 and 2081 were included.

Figure 11e shows the change in categorical scores across the hospital from 2080 to 2081. Overall, Primary hospitals are scoring much lower, with an average of 61%, a similar trend nationally. However, there have been substantial improvements across all categories except for Equipment, with a 12% increase in the Services provided and 18% increase in Supplies. Supplies (78%) and Digital Systems (75%) are higher, but Governance needs strengthening across Primary hospitals, which may help sustain other growth moving forward. Further, equipment will need to improve to ensure services.

In contrast, Secondary A hospitals are very high scoring with an average of 76%, which is brought lower due to outliers. Targeting Lalmatiya Health Post would increase the provincial average significantly. Given this, holding stable for the majority of categories is a significant achievement. This speaks to widespread excellence across Secondary A hospitals in Lumbini.

Karnali

Ten Primary and Secondary A hospitals in Karnali Province completed an MSS assessment in 2081; 8 Primary Hospitals, and 2 Secondary A hospitals. There is a concerning negative trend across all Primary (-10.0%) and Secondary Hospitals (-14.0%), with the exception of Mugu district hospital which saw an insignificant +2% increase since 2080. Past successes show that meeting and maintaining minimum services standards is possible and should be prioritized to ensure health outcomes match the investments made, increase trust with the users, and increase service utilization.

Primary hospitals need support across departments, with poorly met routine practice indicators, raising concerns for quality and safety of care for patients and providers. In particular, Humla District Hospital raises concerns, with sanitization indicators, such as using disinfectant, only being met 30% of the time (Figure 13f). Across Primary hospitals, OPD services are not being provided consistently, with not a single hospital meeting "EHS services from 3PM onwards and tickets available from 2 PM onwards" (2.1.1.3). This is an opportunity to invest in resources, staffing, and governance to improve the services available.

Secondary A hospitals are also missing KIs, in particular lacking medicine, equipment, supplies, and staff across the inpatient department. Further, both hospitals could use targeted interventions for their hospital support services: Hospital Waste Management for Jajarkot Hospital and CSSD for Mehalkuna Hospital.

Karnali's trends are troubling. However, this provides an opportunity for a strong, top-down approach to strengthen the quality of services provided across all Primary and Secondary A hospitals. This may require substantial investment, but higher quality health services will increase trust and are more likely to lead to positive health comes and patient utilization.

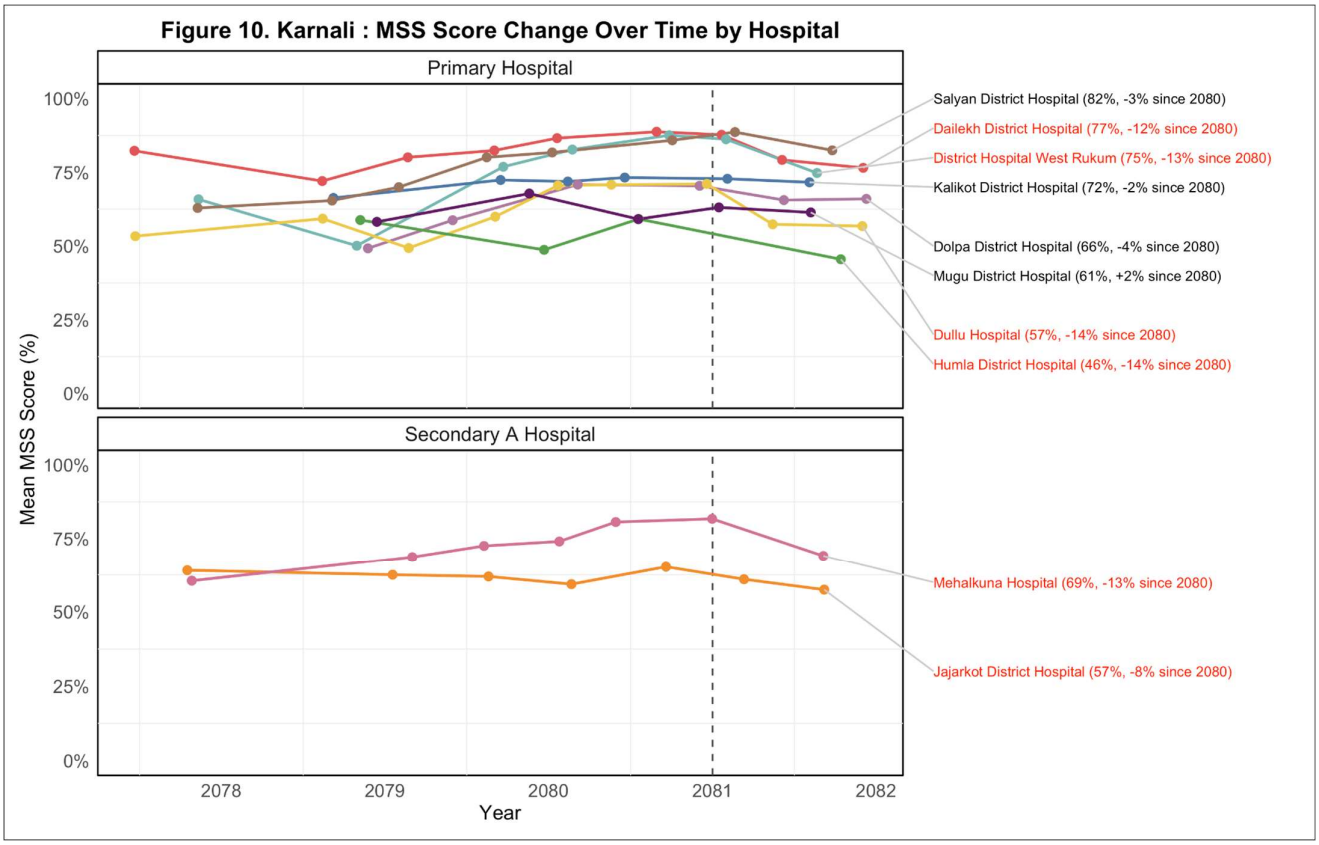


Figure 10f. Karnali: Change in MSS Score Over Time by Hospital (n=10). Each line is labeled with the hospital name, the most recent MSS score, and the % change since 2080. Vertical dotted line shows the start of 2081. Red labels indicate a positive increase greater than 5%; red labels indicate a decrease 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 were included.

Karnali saw decreases in MSS scores across all Primary hospitals and Secondary A hospitals, with the exception of Mugu District hospital, which saw an insignificant +2 increase since 2080.

Primary Hospitals in Karnali have a wide range, from 46% - 82%. Some decreases were substantial, with Dailekh District Hospital (-12%), District Hospital West Rukum (-13%), Dullu Hospital (-14%)m and Humla District Hospital (-14%). This may signal a systemic concern, especially as some hospitals are continuing a negative trend that started over a year ago, rather than being a single poor score.

This held true for the two Secondary A hospitals in Karnali, which range from 57% - 69%, where Jajarkot District hospital is continuing a negative trend, decreasing 8% since 2080. These losses are especially concerning given that Secondary A hospitals are not high scoring to begin with, leaving questions about the services provided.

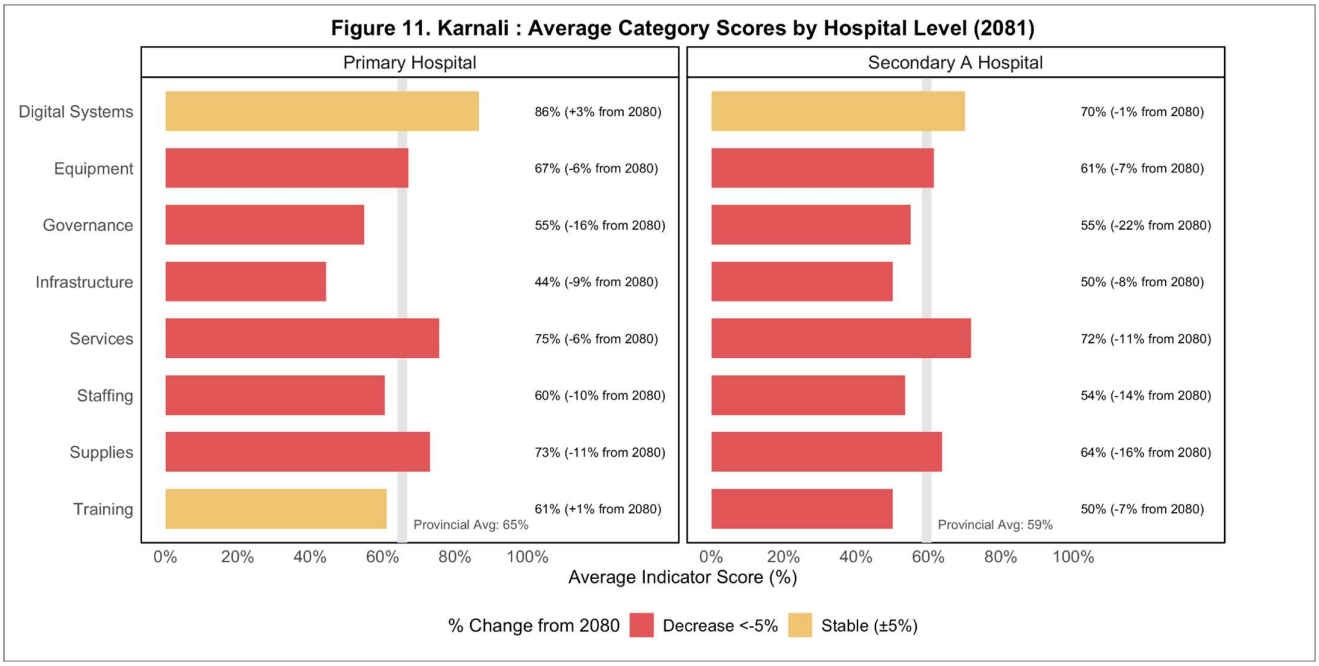


Figure 11f. Karnali: Average Category Scores by Hospital Level (2081) (n=10). Color indicates the change in the categorical score from 2080 to 2081. Provincial Averages shown by the grey vertical line. Only hospitals with data in both 2080 and 2081 were included.

Figure 11f shows the change in categorical scores across the hospital from 2080 to 2081. Both Primary (65%) and Secondary A hospitals (59%) have similar scores, as well as distributions across categories. This is different from other provinces, which usually saw a single hospital level with higher scores. All categories saw a decrease across hospital levels except for Digital Systems at the Secondary A level. The lowest areas are infrastructure at Primary (44%) and Secondary A hospitals (50%), followed by Governance at 55% for both. The biggest decreases were seen in Governance, with a -16% and -22% decrease at Primary and Secondary A hospitals. Governance must be addressed to ensure strong administration and systems to improve hospital functioning. This was followed by sharp drops in staffings and supplies. The significant decreases across the province are a major concern. Given the similarities across hospital levels, it also provides the provincial government the opportunity for widespread interventions, with efficient use of resources and expertise.

Sudurpashchim

Twelve Primary and Secondary A hospitals in Sudurpashchim Province completed an MSS assessment in 2081; 10 Primary Hospitals, and 2 Secondary A hospitals. Generally, there is a small, positive trend (+4.4%) across the province for Primary hospitals, and a steady trend for the Secondary A hospitals. It is a positive sign that the largest gains were seen in the lowest scoring hospitals, suggesting appropriate investment where it is needed most, while high scoring hospitals maintained scores near 90%. However, there is room for growth across most hospitals.

Primary hospitals and Secondary A hospitals are providing consistent care, meeting routine indicators widely across hospitals and departments, although there are areas for targeted improvement. However, the overarching problem for Sudurpashchim across all hospital levels is staff recruitment and retention. Given Sudurpashchim's geography and remote districts, the provincial government should explore interventions to facilitate recruiting and retaining staff. Once staffing gaps are met, and key gaps are targeted, there is no doubt that Sudurpashchim will provide consistent, high quality of care to the community.

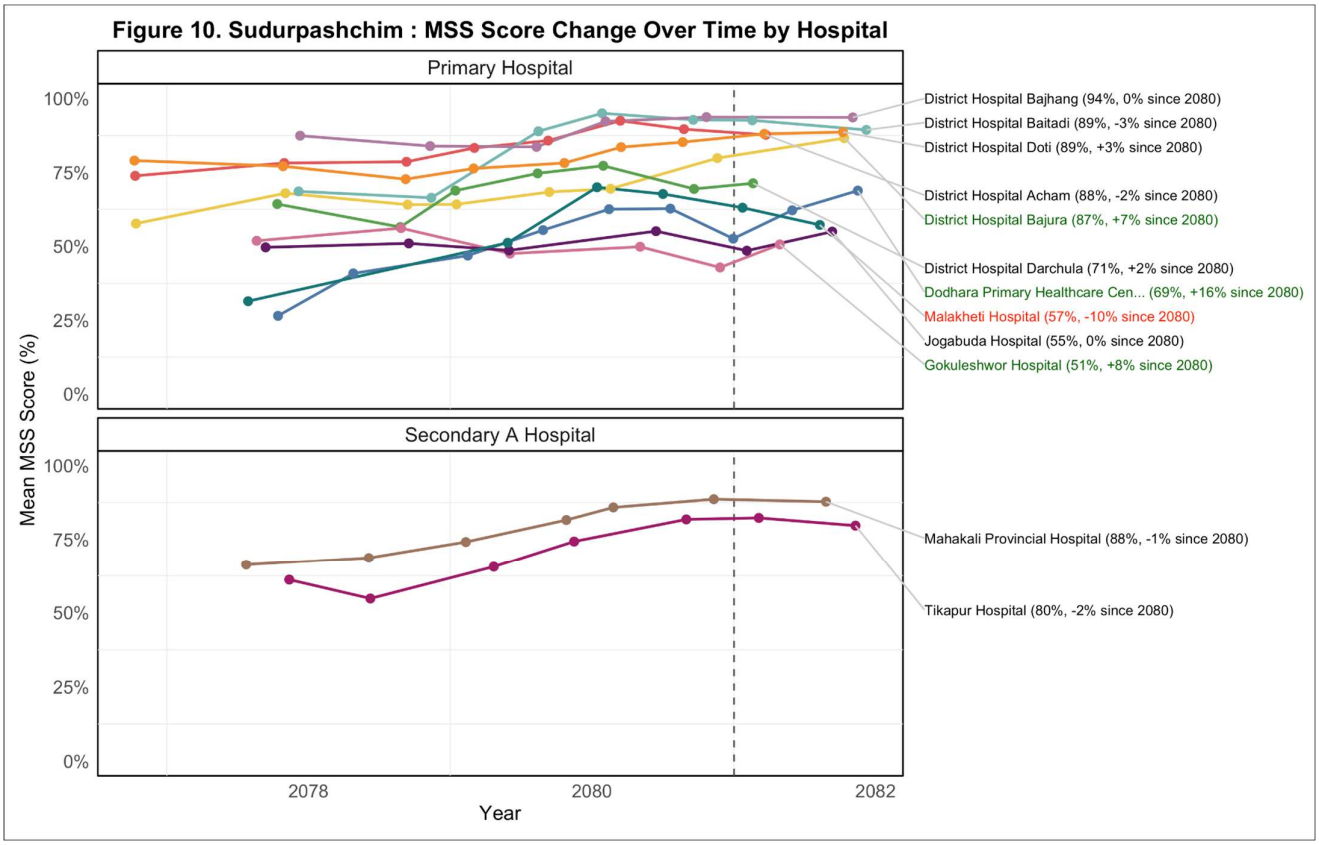


Figure 10g. Sudurpashchim: Change in MSS Score Over Time by Hospital (n=12). Each line is labeled with the hospital name, the most recent MSS score, and the % change since 2080. Vertical dotted line shows the start of 2081. Red labels indicate a positive increase greater than 5%; red labels indicate 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 were included.

Although Primary hospitals have a wider range (51% - 94%), there were consistent increases across hospitals, with notable growth at Dodhara Primary Healthcare Center (+16%), Gokuleshwor Hospital (+8%), and District Hospital Bajura (+7%) since 2080. It is a positive sign that the majority of improvement happened at lower-scoring hospitals, suggesting appropriate distribution of resources targeting gaps, while also maintaining the level of quality at higher scoring hospitals. However, Malakheti Hospital has decreased by 10% since 2080, following a consistent negative trend since 2079. It is clearly an outlier and should be targeted to address the unique circumstances leading to poor outcomes.

Sudurpashchim only has two Secondary A hospitals, although several Primary hospitals (i.e. Bajhang District Hospital) function as a Secondary A hospital, and both are providing quality services, with scores above 80%. However, although these hospitals saw steady increasing scores since 2078, their improvement has stagnated with no substantial changes for two years. These hospitals should strive for >92% and not settle for their current scores. Service excellence not only improves the quality of care, but it also increases patient trust in government hospitals and increases service utilization and patient satisfaction.

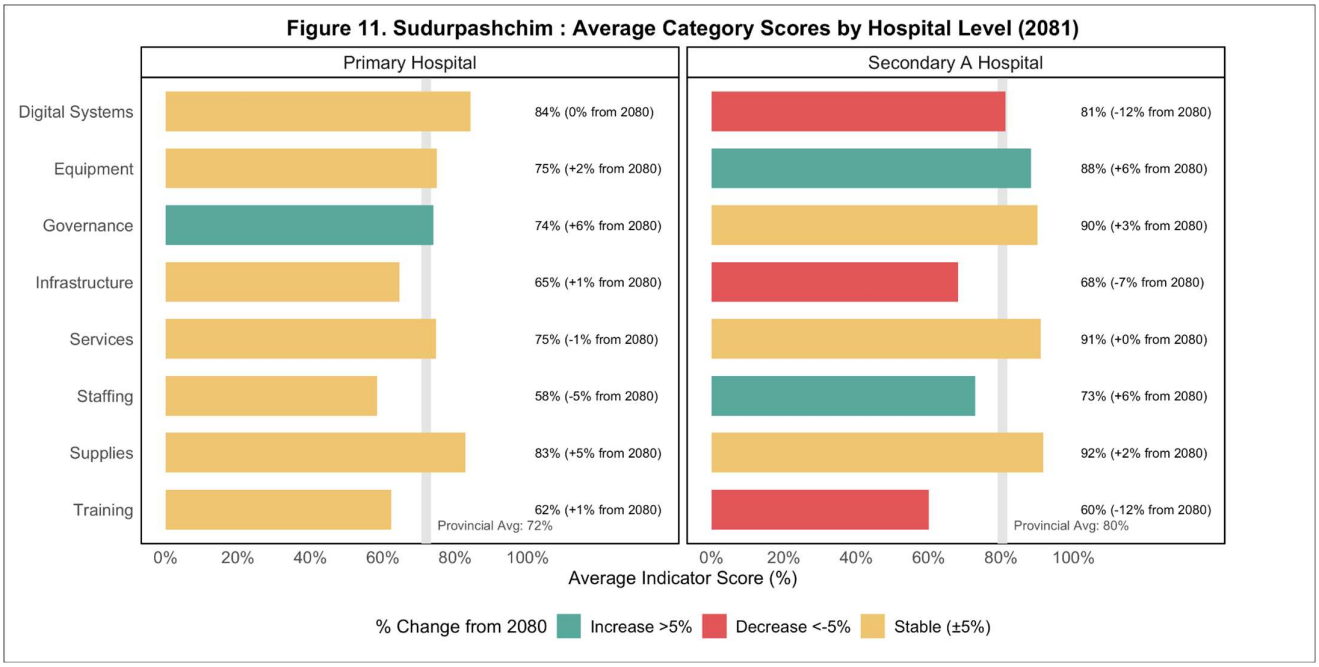


Figure 11g. Sudurpashchim: Average Category Scores by Hospital Level (2081) (n=12). Color indicates the change in the categorical score from 2080 to 2081. Provincial Averages shown by the grey vertical line. Only hospitals with data in both 2080 and 2081 were included.

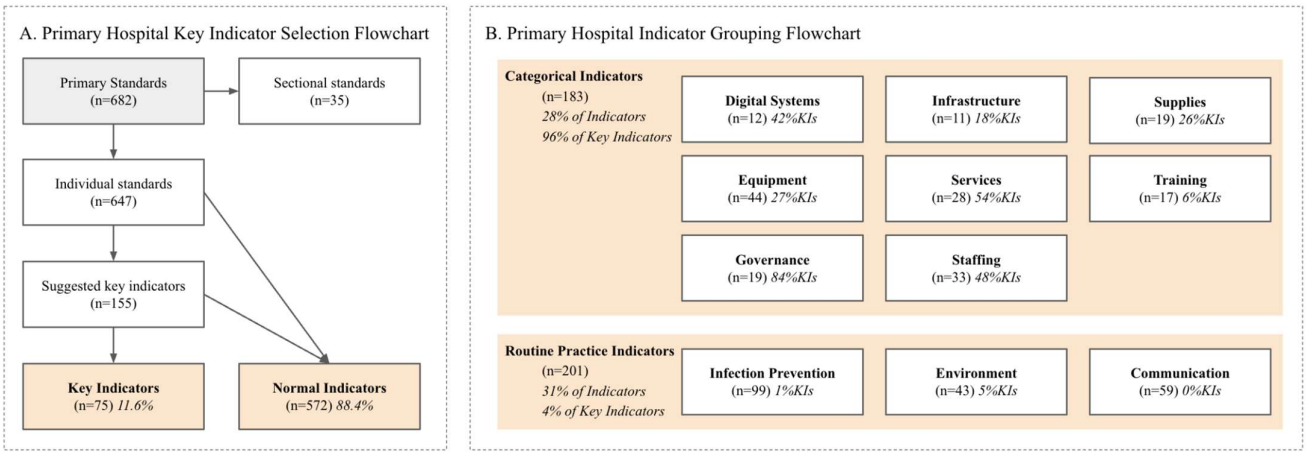
Figure 11g shows the change in categorical scores across the hospital from 2080 to 2081. Overall, Primary hospitals are scoring slightly lower, with an average of 72% compared to Secondary A's 80%. Primary hospitals have held steady with slight improvements in Governance. Training should be prioritized across Primary hospitals considering its low score.

In contrast, Secondary A hospitals are higher scoring with an average of 80%. Given this, holding stable for several of categories is a significant achievement, including maintaining Governance (90%), Services (91%), and Supplies (92%). This speaks to excellence at Secondary A hospitals in Sudurpashchim and high service provision and continuous quality of care. Further, there was growth in Staffing (+6%) and Equipment (+6%) although staffing is still low. However, there were also substantial decreases in Digital Systems (-12%), Infrastructure (-7%), and Training (-12%). These may benefit from provincial support.

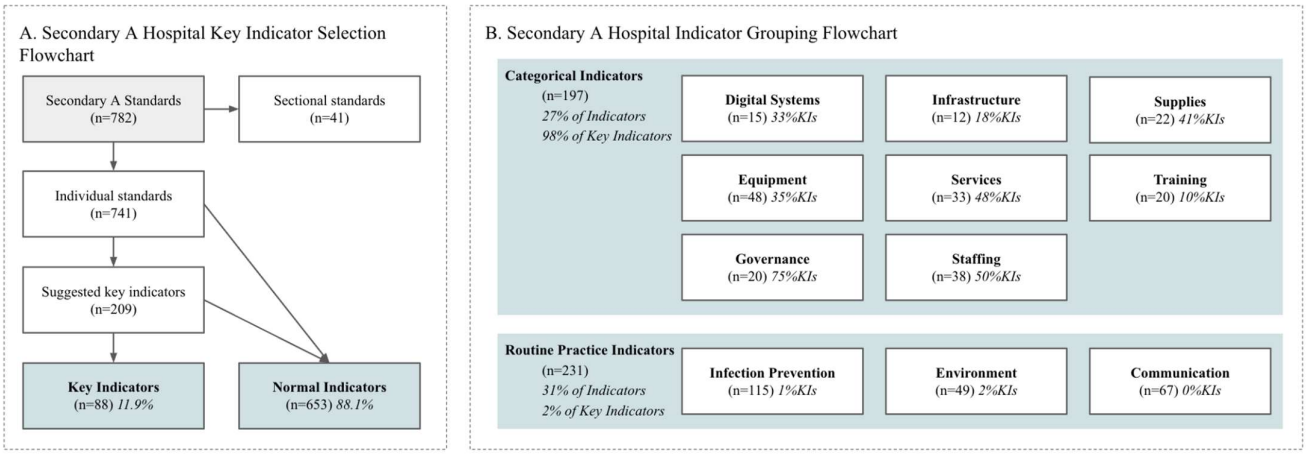
Annex

Annex 1. Key and Routine Practice Indicators

1. Primary Hospital Indicator Selection Process



2. Secondary A Hospital Indicator Selection Process



Annex 2. Lists of categorical variables

Annex 2 details the list of indicators included in each category for Primary and Secondary A hospitals within the MSS Annual Report, 2081. Note that there may be slight variations between Primary and Secondary A MSS indicators. Always see the original MSS book. N/A = that there is no equivalent indicator between hospitals and it is not included for that hospital level.

Annex 2. List of Categorical Variables			
Prim. Indicator	**Sec. A Indicator**	**Area**	**Indicator**
Digital Systems			
1.2.5	1.2.5	Organizational Management	All staffs of hospital use electronic attendance
1.3.6.3	1.3.6.3	Human Resources Management and Development	There is activity conducted to motivate staff (staff retreat, rewards, recognition of performances, etc.) at least once a year.
1.4.6.1	1.4.6.1	Financial Management	The hospital uses central electronic billing system
1.5.1.1	1.5.1.1	Medical Records and Information Management	Client registration is digitized using standard software
1.5.1.2	1.5.1.2	Medical Records and Information Management	Referral in and out records are kept using the standard form (HMIS 1.4) and register.
1.5.1.3	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
1.5.3.1	1.5.3.1	Medical Records and Information Management	Hospital monthly reports (HMIS 9.4) of the last three months are shared to the national database
1.5.2.2	1.5.2.2	Medical Records and Information Management	All patients' records are kept in individual folders in racks or held digitally.
N/A	2.3.9	Emergency Service	The hospital has maintained security system for ER for 24 hours with CCTV coverage
2.5.16.1	2.5.15.1	Pharmacy Service	Medicine is dispensed using electronic billing with barcode system
2.6.13	2.6.13	Inpatient Service	Admission and discharge registers are available and are being filled completely (HMIS 8.1 and 8.2) (See Checklist 2.6 At the end of this standard for scoring)
2.7.2.11	2.7.2.11	Delivery Service	Admission and discharge registers are available and are being filled completely (HMIS 8.1 and 8.2)
2.9.1.7.2	2.9.1.1.7.2	Laboratory	Standard reporting sheets are being used and all reports are recorded in a standard register (HMIS 9.4).
N/A	2.9.1.2.7.2	Blood bank	Standard reporting sheets are being used and all reports are recorded in a standard register or NBBTS software and computerized bill available to patients
N/A	3.8.2.2	Transportation and Communication	Internal communication (paging) system has been installed in all major service stations.
3.9.3.1	3.9.3.1	Store (Medical and logistics)	Electronic database system is used in the hospital medical store.
Equipment			
N/A	1.3.7.3	Human Resources Management and Development	Separate space with furniture, audio-visual aids and internet for CPD/CME/meeting are available.

1.3.8.3	1.3.8.3	Human Resources Management and Development	Computers with printing and photocopy facility available
1.5.2.3	1.5.2.3	Medical Records and Information Management	There is a set of functional computer and printer available for maintaining medical records.
2.2.2.7	2.2.2.7	Family Planning Clinic	Functional BP set, stethoscope, thermometer, and weighing scale available
2.2.3.6	2.2.3.6	ATT, ART clinic	OPD has functional BP set, stethoscope, thermometer and weighing scale
2.2.4.7.2	2.2.4.7.2	Safe Abortion Services	Functional BP set, stethoscope, thermometer, and weighing scale available
2.3.4	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)
2.3.7.1	N/A	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
2.5.10	2.5.10	Pharmacy Service	Pharmacy uses computer with software for inventory management and medicine use
2.5.13.2	2.5.12.2	Pharmacy Service	Temperature of pharmacy is monitored and recorded and is maintained in range of (25+/2°C)
2.5.13.3	2.5.12.3	Pharmacy Service	Functional freeze +/-4°C for thermolabile medicine
2.6.2	2.6.2.1	Inpatient Service	Medicine Ward (See Annex 2.6a Furniture and supplies for inpatient wards At the end of this standard)
2.6.7	N/A	Inpatient Service (General Ward)	Telephone facility is available with list of important contact numbers and hospital codes visibly kept
N/A	2.6.2.2	Inpatient Service	Surgery Ward (See Annex 2.6a Furniture and supplies for inpatient wards At the end of this standard)
N/A	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)
2.6.8.3	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)
2.7.1.5	2.7.1.5	Maternity Services	At least 2 KMC chairs available for providing KMC to premature and preterm babies
2.7.2.6	N/A	Maternity Inpatient Service	Telephone facility is available with list of important contact numbers and hospital codes visibly kept
2.7.1.9.2	2.7.1.9.2	Maternity Services	The facility has adequate equipment, instrument and general supplies for delivery services (See Annex 2.7.1a Furniture, equipment, instrument and general supplies for labor room At the end of this standard)
2.7.2.7.3	2.7.2.7.3	Delivery Service	At least one defibrillator in immediate accessible area
2.8.7.4	2.8.7.4	Surgery/ Operation Services	Surgical sets for minimum list of the surgical services available (See Annex 2.8h Surgical sets for Minimum list of the surgical procedures At the end of this standard)
2.8.7.2	2.8.7.2	Surgery/Operation Service	Each operating room has general equipment, instruments and supplies available (See Annex 2.8d Furniture, Equipment, Instruments and Supplies for OT at the end of this standard)
2.8.8.2	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)
2.8.9.1	2.8.9.1	Surgery/ Operation Services	Dedicated space for pre-anesthesia assessment and post-anesthesia recovery with patient bed, IV stand, IV cannula, fixing tapes, infusion sets, burette sets, syringes, three-way stop cocks and at least one cardiac monitor
2.9.1.3.2	2.9.1.2.4	Laboratory and Blood Bank	Instruments and equipment are calibrated, available and functioning with record of smear kept (See Annex 2.9.1.2b Equipment and Instrument for Blood Bank At the end of the standard)
2.9.1.8.2	2.9.1.1.8.2	Laboratory	Reagents are stored at appropriate temperature in store and lab
N/A	2.9.1.1.9.2	Laboratory	Blood storage has required instrument and equipment (See Annex 2.9.1.1c At the end of this standard)
N/A	2.9.1.2.3.4	Blood bank	Thermometers are attached to all equipment requiring temperature control and temperatures are recorded daily

2.9.2.5.1	2.9.2.5.1	X-Ray Service	General X ray unit (with minimum 125KV and 300ma X-ray machine) with floatation table top and vertical bucky
2.9.2.5.2	2.9.2.5.2	X-Ray Service	Complete CR system with CR cassette at least 5 of 14 x 17 inch and 3 of 10x12inch.
2.9.2.6.1	2.9.2.6.1	X-Ray Service	X ray room of at least 4x4sqm with wall of at least 23cm of brick or 6cm RCC or 2mm lead equivalent.
2.9.3.5	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
2.9.4.4	2.9.4.5	Electrocardiogram (ECG)	Functional ECG machine (12 lead with power back up), paper, gel, wipes and hand sanitizer are available in ECG trolley
2.10.6	2.10.6	Dental Service	Equipment, instrument and supplies to carry out Dental Services (See Annex 2.10b Basic Equipment and Instrument for Dental Services at the end of this standard) are available and functioning
2.11.1.2	2.11.1.1.2	Postmortem Service	Body dissection table (at least one) is available and used
2.11.1.3	2.11.1.1.3	Postmortem Service	Organ dissection table (at least one) is available and used
2.11.5	2.11.5	Postmortem	Mortuary van is available 24 hours (at least one)
N/A	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).
3.1.3	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)
3.1.6	3.1.6	CSSD	All wrapped instruments are indicated with thermal indicator and autoclaved in a separate room.
3.2.5	3.2.5	Laundry	All linens are washed using a washing machine.
3.4.3.2	3.2.6.2	Laundry	Linen dryer is available and used
3.4.3.4	3.4.3.2	Repair, Maintenance and Power system	Hospital has alternate power generator capable of running x-ray and other hospital equipment
3.4.3.4	3.4.3.4	Repair, Maintenance and Power system	Hospital has solar system installed (at least for essential clinical services and administrative function).
3.6.9.1	3.6.9.1	Hospital Waste Management	Infectious waste is sterilized using autoclave before disposal
3.7.6.1	3.7.6.1	Safety and Security	The hospital has fire extinguisher in all blocks including the fire extinguishing system
3.7.6.2	3.7.6.2	Safety and Security	The hospital has installed safety alarm system including smoke detector
3.8.1.2	3.8.1.2	Transportation and Communication	Hospital has its own well-equipped ambulance at least 2
3.8.1.3	3.8.1.3	Transportation and Communication	The hospital has access to utility van
3.8.2.1	3.8.2.1	Transportation and Communication	The hospital has telephone with intercom (EPABX) network.
Governance			
1.1.1	1.1.1	Governance	Hospital Management Committee is formed
1.1.4.2.7	1.1.4.2.7	Governance	Review of decisions and recommendations of staff meeting and QI Committee meetings discussions
1.1.6	1.1.6	Governance	Annual plan & budget is approved by HMC before the fiscal year starts
1.2.4	1.2.4	Organizational Management	Hospital implements token and / or queue system for users (separate for elderly, disable and pregnant)
1.4.5.2	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).
1.4.7.1	1.4.7.1	Financial Management	The hospital prepares and keeps monthly financial report.
1.4.9	1.4.9	Financial Management	Inventory inspection is done once in a year and managed accordingly
1.6.1.2	1.6.1.2	Quality Management	Hospital (QHSDMS) Committee meetings are held at least every 4 months

2.9.1.9	1.6.7.1	Quality Management	Hospital has implemented the specific activities based on the MSS plan.
1.6.8.1	1.6.8.1	Quality Management	The hospital has functional MPDSR committee (in program district)
2.3.12	2.3.12	Emergency Service	Separate inventories for emergency lifesaving drugs/equipment and narcotics are maintained
2.5.2.1	2.5.2.1.1	Pharmacy Service	Drug and Therapeutic committee (DTC)
2.8.9.2	2.8.9.2	Surgery/ Operation Services	Separate area designated for post-operative care to stabilize the patient after surgery
3.2.9	3.2.9	Laundry	All linens are distributed using a proper method (basket supply system and on demand supply system).
3.5.3	3.5.3	Water supply	Water quality test is done every year and report is available as per Nepal Drinking Water Quality Standards, 2005
3.6.1	3.6.1	Hospital Waste Management	There is work plan prepared and implemented by hospital for hospital waste management
3.6.3	3.6.3	Hospital Waste Management	There is separate area/space designated for solid waste storage and management with functional hand washing facility
3.6.10	3.6.10	Hospital Waste Management	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline 2014 (MoHP)
Infrastructure			
2.1.8.3	2.3.3.5	Emergency Service	Space allocated for duty room and changing room separate for male and female staffs with facilities of tea room
2.3.3.6	2.3.3.6	Emergency Service	Separate toilets for staffs at least one eachmale, female and universal
	2.3.3.7	Emergency Service	Separate toilets for staffs at least one each male, female and universal
2.3.14.3	2.3.14.3	Emergency Service	There are at least 3 toilets with hand-washing facilities (1 for males, 1 for females, and 1 universal) for every 10 ER beds and for additional beds increase proportionately for male and female
2.6.10.2	2.6.10.2	Inpatient Service	There are adequate separate toilets for male and female patients in each ward (1 for 6 female bed and 1 for 8 male beds) and also adequate wash basins/sinks for the patients. (See Checklist 2.6 At the end of this standard for scoring)
2.7.1.10.2	2.7.1.10.2	Delivery Service	Separate toilet for patient is available in pre-labor room and accessible to patient after delivery
2.7.2.8.2	2.7.2.8.2	Delivery Service	There are adequate toilets for male and female patients in each ward (1 for 6 female bed)
2.8.1.3	2.8.1.3	Surgery/Operation Service	Primary: At least two functional operating rooms/theater Secondary A: At least four functional operating rooms/theater
N/A	2.14.1	Physiotherapy	Separate room for OPD physiotherapy with at least 10 physiotherapy beds with 5 exercise beds and 5 electric beds
3.1.1.2	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
3.4.2.3	3.4.2.3	Repair, Maintenance and Power system	Separate room for storage of repairing tools and instrument
Services			
All service indicators are listed in Tables 4a and 4b for Primary and Secondary A hospitals, respectively.			
Staffing			
1.1.3	1.1.3	Governance	Medical Superintendent is fulfill as per organogram
1.3.3.1	1.3.3.1	Human Resources Management and Development	Staffs available for service in hospital as per organogram (See Annex 1.3a Functional Organogram Section I: At the end of this standard)
1.4.1.2	1.4.1.2	Financial Management	At least one accountant available for hospital financial management
	1.5.4.2	Medical Records and	An information officer is specified to communicate with patients/clients, their relatives,

		Information Management	media and other stakeholders.
2.1.2.1	2.1.2.1	OPD Service	Doctor: OPD Patients- 1:35-50 per day for quality of care
2.1.2.2	2.1.2.2	OPD Service	One screening counter with 1 paramedics
2.2.1.2	2.2.1.2	Immunization and Growth Monitoring Clinic	Adequate numbers of healthcare workers are available (at least 2 mid-level health workers are assigned)
2.2.2.3	2.2.2.3	Family Planning Clinic	Adequate numbers of healthcare workers are available (at least 2 mid-level health workers are assigned)
2.2.3.2	2.2.3.2	ATT, ART clinic	Adequate numbers of healthcare workers are available in OPD (at least 2 mid-level health workers are assigned)
2.2.4.3.2	2.2.4.3.2	Safe Abortion Services	For surgical abortion, at least one medical officer or gynecologist or MDGP trained and certified in second trimester SAS is available
2.3.2.1	2.3.2.1	Emergency Service	For 5-10 ER beds (Doctor: Nurse: Paramedics: Office Assistant = 1:1:1:1)
2.5.6.1	2.5.6.1	Pharmacy Service	Pharmacy department is led by at least one clinical pharmacist
2.5.6.2	2.5.6.2	Pharmacy Service	Pharmacy has at least 3 pharmacist, 6 assistant pharmacist and 2 office assistants
2.6.5	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)
2.7.1.2.1.1	2.7.1.2.1.1	Maternity Services	Nurse: pregnant women ratio 1:2 in pre-labor; 2:1 per delivery table and 1:6 in post-natal ward
2.7.1.2.1.2	2.7.1.2.1.2	Maternity Services	At least one ASBA trained medical officer on duty
2.7.1.2.1.3	2.7.1.2.1.3	Maternity Services	At least one office assistant is available per shift
2.7.2.4.1	2.7.2.4.1	Delivery Service	Adequate numbers of nursing staff are available in ward per shift (nurse patient ratio 1:6 in general ward)
2.7.2.4.2	2.7.2.4.2	Delivery Service	At least one trained office assistant per shift in each ward
2.8.2.1	2.8.2.1	Surgery/ Operation Services	For one surgery, at least a team is composed of: MS/MDGP with one trained medical officer, two OT trained nurse (one scrub and one circulating), one Anesthesiologist/MDGP, one anesthesia assistant and one office assistant (for cleaning and helping)
2.8.2.2	2.8.2.2	Surgery/ Operation Services	For overall management of operation theatre, there is one OT nurse (with minimum bachelors degree) assigned as OT in-charge
N/A	2.8.2.3	Surgery/ Operation Services	At least two nurses in pre-anesthesia area for receiving and transferring of the patient and
N/A	2.8.2.4	Surgery/ Operation Services	At least two ICU trained nurses for post anesthesia care for receiving patient after OT
2.8.8.4.1	2.8.8.4	Surgery/ Operation Services	Anesthesia should be provided, led, or overseen by an anesthesiologist
2.8.8.4.2	N/A	Surgery/Operation Service	When anesthesia is provided by non-physician anesthesiologists, these providers should be directed and supervised by anesthesiologists/ MDGP.
2.9.1.2	2.9.1.1.2	Laboratory	At least 2 medical technologist, 3 lab staffs (1 lab Technician, 1 Lab Assistant and 1 Helper) in each shift
N/A	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)
2.9.2.2	2.9.2.2	X-Ray Service	Adequate numbers of trained healthcare workers are available in x-ray (at least 2 staffs to cover shifts including ER) with on call radiologist
2.9.3.2	2.9.3.2	Ultrasonography (USG)	USG trained medical practitioner and midlevel health worker in each USG room
2.10.2	2.10.2	Dental Service	Dental Hygienist/Dentist : OPD Patients- 1:20 per day for quality of care
2.11.3	2.11.3	Postmortem	At least one MD forensic and one trained medical officer for autopsy and clinical medico-legal services
2.12.3	2.12.3	Medico-Legal Services	Trained medical officer for medicolegal services at least one.

N/A	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
N/A	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
3.1.2	3.1.2	CSSD	Separate staffs assigned for CSSD and is led by CSSD trained personal
3.3.2.1	3.3.2.1	Housekeeping	Allocation of the staff for cleaning with visible duty roster
3.4.1.1	3.4.1.1	Repair, Maintenance and Power system	Human resource trained in biomedical engineer is designated for repair and maintenance
3.6.2.1	3.6.2.1	Hospital Waste Management	There is allocation of staff for HCWM from segregation to final disposal
3.7.1.1	3.7.1.1	Safety and Security	Hospital has trained security personnel round the clock.
Supplies			
N/A	2.2.1.5	Immunization and Growth Monitoring Clinic	Immunization and growth monitoring instrument, equipment and supplies are available (See Annex 2.2.1a Immunization and growth monitoring At the end of this standard)
2.2.3.5	2.2.3.5	ATT, ART clinic	Medicines for TB, HIV/AIDS as per government treatment protocol available in OPD
2.4.4	2.4.4	Dressing Injections and Procedures Room	Medicines and supplies needed for dressing, injection and routine procedures are available (See Annex 2.4c Medicine and Supplies for DIRP At the end of this standard)
N/A	2.4.5.1	Dressing and injections, Routine procedures (DRIP)	Sterile supply for Minor OT are available (See Annex 2.4d Sterile Supplies for Minor OT At the end of this standard).
2.4.5.1	N/A	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)
2.3.5.1	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)
2.5.8	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)
2.6.3	2.6.3.1	Inpatient Service	Medicine Ward (See Annex 2.6b medicine and supplies for inpatient wards At the end of this standard)
2.6.8.2	2.6.3.2	Inpatient Service	Surgery Ward (See Annex 2.6b medicine and supplies for inpatient wards At the end of this standard)
N/A	2.6.3.3	Inpatient Service	Pediatrics Ward (See Annex 2.6b medicine and supplies for inpatient wards At the end of this standard)
2.7.1.4	2.7.1.4	Maternity Services	Partograph available and being used rationally
2.7.1.9.3	2.7.1.11.8	Maternity Services	Dry gauze and cotton are stored separately in clean containers.
2.8.7.3	2.8.7.3	Surgery/ Operation Services	Each operating room has medicines and supplies available (See Annex 2.8g General Medicine and Supplies for OT At the end of this standard)
2.8.8.3	2.8.8.3	Surgery/ Operation Services	Medicine and supplies for anesthesia available (See Annex 2.8j Medicine and Supplies for Anesthesia At the end of this standard)
2.7.1.9.4	2.7.1.9.4	Maternity Services	Labor room has emergency cart with medicines and supplies available (See Annex 2.7.1c Medicines and Supplies for ER[2] Trolley Labor Room At the end of this standard)
2.7.2.7.2	2.7.2.7.2	Delivery Service	At least one emergency trolley with emergency medicine available in ward (Annex 2.7.2c Medicine and Supplies for ER Trolley for Maternity In patient Ward At the end of this standard)
2.9.1.8.1	2.9.1.1.8.1	Laboratory	At least three months buffer stock of laboratory supplies is available.
N/A	2.9.1.2.8.2	Blood bank	Blood bags, transfusion sets, blood and blood components, reagents are stored at appropriate temperature in store and lab
2.11.4	2.11.4	Postmortem	Adequate supplies and instruments for forensic services (See Annex 2.11a Supplies and instrument for post mortem At the end of this standard)
3.1.4	3.1.4	CSSD	Wrapper, gauze, cotton balls, bandages are prepared.

3.4.2.4	3.4.2.4	Repair, Maintenance and Power system	Availability of spare parts for repair and maintenance of biomedical equipment and instruments
3.7.4	3.7.4	Safety and Security	The hospital has replaced all mercury apparatus with other appropriate technologies.
3.9.2.1	3.9.2.1	Store (Medical and logistics)	A separate hospital medical store with 3 months' buffer stock is available
Training			
1.3.6.1	1.3.6.1	Human Resources Management and Development	A training plan for the hospital is developed based on the training needs of the staff identified at the performance appraisal
1.3.7.1	1.3.7.1	Human Resources Management and Development	Hospital conducts CPD / CME classes to technical staff weekly
1.5.4.1	1.5.4.1	Medical Records and Information Management	Medical recorder is trained on ICD and DHIS2
2.2.4.3.1	2.2.4.3.1	Safe Abortion Services	At least one medical officer or gynecologist trained and certified in first trimester SAS is available
2.2.4.6	2.2.4.6	Safe Abortion Services	WHO safe surgery checklist is available and used for safe abortion services including written informed consent
2.3.2.2	2.3.2.2	Emergency Service	The doctor, nurse and paramedics are trained in PTC, ETM, BLS and ACLS training
2.3.10.1	2.3.10.1	Emergency Service	The hospital has mass casualty management protocol, and all staffs are updated with well labelled direction, prepositioning clipboards
2.3.10.3	2.3.10.3	Emergency Service	Hospital carried out at least one mock preparedness once a year
2.6.8.1	2.6.8.1	Inpatient Service	All staffs in wards are trained for BLS and oriented about emergency code 001 or blue code (See Checklist 2.6 At the end of this standard for scoring)
2.7.1.2.2	2.7.1.2.2	Maternity Services	All staffs- nursing, medical practitioner designated for delivery services are trained skilled birth attendants
2.7.2.7.1	2.7.2.7.1	Delivery Service	All staffs in wards are trained for BLS and oriented about emergency code 001 or blue code
2.8.5	2.8.5	Surgery/ Operation Services	The WHO Safe Surgery Checklist is available in OT and used
2.9.1.10.2	2.9.1.1.10.2	Laboratory	All staffs know how to respond in case of spillage and other incidents
N/A	2.9.1.2.9.2	Blood bank	All staffs know how to respond in case of spillage and other incidents
N/A	2.13.7.1	One Stop Crisis Management Center (OCMC)	Whole site orientation on GBV clinical protocol conducted
3.6.2.2	3.6.2.2	Hospital Waste Management	Whole site coaching/ orientation on health care waste management is done
3.7.1.2	3.7.1.2	Safety and Security	All security staffs are oriented with hospital codes like 001- call for help for crashing patients, 007- call for disaster in ER
3.7.1.3	3.7.1.3	Safety and Security	All security staffs have participated in emergency drills
3.7.6.4	3.7.6.4	Safety and Security	Disaster preparedness orientation has been given to all staff at least every six months.

Annex 3. Summary of Indicator Scores indexed by Tables

Annex 3A. Summary of Indicator Scores by Province and Primary Hospital, indexed by Tables (n=61)

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	Manikhel Health Post	Rasuwa Hospital	Thansingtar Hospital	Tokha Chandeshori Hospital	Bandipur Hospital	Burtibang Primary Healthcare Centre	Chapakot Hospital	Damauli Hospital	Darbang Primary Healthcare Centre	Devchuli Nagar Hospital	Gaidakot Municipal 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 3PI	1	1	1	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
2a	3.6.1	Hospital Wast	There is work plan pre	1	1	1	0	0	1	0	0	1	1	0	0	0	0	0	1	1	0	0	1	0	1	0	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	0	0	0	0	0	0	1	1
2a	3.6.10	Hospital Wast	Pharmaceutical waste	1	1	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	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	1	1	0	1	1	1	0	0	0
2a	3.6.9.1	Hospital Wast	Infectious waste is ste	1	1	1	1	0	1	1	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1
2a	2.6.5	Inpatient Sen	Adequate numbers of	1	0	1	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0	0	1	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	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	1	0	0	0
2a	2.6.8.3	Inpatient Sen	At least one defibrillat	1	0	0	1	0	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0	1	0	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	1	0	0	0	0	1	1	1	0	1	1	0	0	0	0	0
2a	2.8.1.3	Surgery/Oper	At least two functional	1	1	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	1	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
2a	1.1.3	Governance	Medical Superintende	1	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	1	1	1	1	1	0	1	0	1	0	0	1	0	0	1	1	1	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
2a	1.3.3.1	Human Reso	Staffs available for ser	3	0	1	1	0	1	1	1	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	1	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
3a	3.4.2.4	Repair, Maint	Availability of spare pa	1	1	1	1	0	0	1	1	1	0	0	0	1	1	0	0	0	1	0	0	1	0	0	1	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	1	0	1	1	1	1	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	1.1.5.1	Governance	Hospital implements h	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	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	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	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	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
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	0	0	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	1	1
3a	2.9.4.4	Electrocardio	Functional ECG mach	1	1	1	1	1	1	1	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	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
3a	2.7.1.2.2	Delivery Servi	All staffs- nursing, mec	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	0	1	1	1	1	1	0	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
3a	3.9.3.1	Store (Medica	Electronic database sy	1	0	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	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	1.4.6.1	Financial Man	The hospital uses cen	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	0	1	1	1	1	1	0	1	1	1	1	1	0	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
3a	2.7.1.1.1	Delivery Servi	Separate pre-labor roc	1	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	1	1	1	1	1	1	1	1	1	1	1	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	0	1	1	1	1	1	1	1	1	0	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	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3a	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	0	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	1	1	1	1	1	1	1	1	1	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	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
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	2.9.2.1.1	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	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	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	0	0	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	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	1	1	1	1	1	1	1	1	1	1	0	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
4a	2.2.3.1	ATT, ART clin	Clinic is open from 10	1	1	1	0	1	1	1	1	1	0	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	1	1	1	1	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	2.9.3.1	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	0	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	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	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	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	0
4a	2.2.1.1	Immunization	Immunization and gro	1	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	0	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
4a	3.8.1.1	Transportatio	24-hour ambulance se	1	1	0	0	0	0	1	0	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	1	0	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	1	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	1	1	1	0	1	1	1	0	1	0	1	1	0	1	0	1	1	1	1	0	1	1	0	0	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	1
4a	2.12.2	Medico-legal	Medico-legal services	1	1	1	1	1	1	1	1	0	0	1	1	0	1	0	0	1	0	1	0	1	0	0	1	1	1	1	1	0	0	1	0	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	0	0	0
4a	2.10.1.1	Dental Servic	Dental service is availa	1	1	1	1	0	1	1	1	1	1	0	0	0	0	1	1	0	0	1	1	0	1	1	1	1	1	0	0	0	1	1	1	0	0	1	1	1	1	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	0
4a	2.8.1.2	Surgery/Oper	Emergency surgeries a	1	1	0	1	0	1	1	1	1	0	1	1	1	1	0	0	1	0	1	1	1	0	1	0	1	0	1	0	0	0	0	1	0	1	0	0	0	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
4a	2.1.1.1	OPD Service	OPD is open from 10 /	3	1	1	0	1	1	1	1	1	0	1	0	0	0	0	0	1	0	0	1	1	0	1	0	1	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
4a	3.10.1	Hospital Cant	Hospital has canteen	1	0	1	1	0	1	1	0	1	0	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	1	1	0	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4a	2.8.1.1.1	Surgery/Oper	Routine minor and inte	1	1	0	1	0	1	1	1	1	0	1	1	0	0	0	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	1	0	1	0	0	0	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
4a	2.8.1.1.2	Surgery/Oper	Routine major surgerie	1	1	0	1	0	1	1	1	1	1	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	1	0	1	1	1	1	1	0	1	1	0	0	0	0	0	0	0
4a	2.11.5	Postmortem S	Access to mortuary va	1	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	1	1	0	1	0	0	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	1	1	1	0	1	1	0	0	0	0	0	1	1	0	0	0
4a	2.1.1.3	OPD Service	EHS services from 3PI	1	1	1	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8a	1.2.4	Organizationa	Hospital implements to	1	1	1	1	1	1	1	1	0	0	1	0	0	0	0	0	1	0	1	1	0	0	1	0	1	1	0	1	0	1	1	1	1	1	1	1	0	0	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
8a	1.4.7.1	Financial Man	The hospital prepares	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0	0	1	1	0	0	1	0	1	0	1	0	1	0	1	0	1	1	1	1	1	1	0	0	0	1	1	0	0	0	1	1	0	1	1	1	1	0	0	1	1	1	1	1	0	0	1
8a	1.1.6	Governance	Annual plan & budget	1	1	0	0	1	1	1	1	1	1	1	0	1	0	0	1	0	0	1	0	1	1	1	0	1	0	0	0	0	1	1	0	1	0	1	0	0	1	1	1	1	0	1	0	0	0	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1
8a	3.2.9	Laundry	All linens are distribute	1	1	1	0	1	1	1	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	0	1	0	1	0	0	0	0	0	0	1	0	1	0	1	1	1	1	0	1	1	1	1	1	1	1
8a	2.8.9.2	Surgery/Oper	Separate area design	1	1	1	1	0	1	1	1	1	0	1	1	1	1	0	0	0	1	0	0	1	1	0	1	0	1	0	0	0	0	1	0	1	0	0	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
8a	2.5.2.1	Pharmacy Se	Drug and Therapeutic	1	1	1	1	1	1	0	1	1	1	0	1	1	0	0	0	1	0	0	1	1	0	1	0	1	0	1	0	0	0	0	1	1	1	1	0	0	0	0	1	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1
8a	1.6.8.1	Quality Mana	The hospital has funct	1	0	1	1	1	1	1	1	0	0	0	1	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	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	1	1	1	1	1	1	1	1	1	1

8a	2.9.1.9	Laboratory ar	List of donor is availab	1	0	1	1	0	1	1	1	1	0	0	1	0	0	0	0	0	0	1	1	1	0	1	0	1	0	1	0	0	0	0	0	0	1	1	1	0	0	0	1	0	1	1	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	0	0
8a	1.6.1.2	Quality Mana	Hospital QHSDMS cor	1	0	1	0	0	1	1	1	1	0	0	1	1	0	0	0	0	0	1	1	0	0	1	0	1	0	0	1	1	1	0	0	0	1	1	1	1	0	0	0	1	0	1	0	0	0	1	0	1	0	1	1	1	1	1	1	0	1	1	0	0	0
8a	3.6.3	Hospital Wast	There is separate area	1	0	1	0	1	1	1	1	1	1	1	1	0	1	0	0	1	1	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1	0	1	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	1	1	1	1	0	0	1	0	0	0	1
8a	1.4.5.2	Financial Man	Internal audit, financia	1	1	1	1	1	1	1	1	0	1	0	1	1	0	0	0	1	0	0	0	0	1	0	0	1	1	0	1	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	1	0
8a	3.5.3	Water supply	Water quality test is do	1	0	1	1	0	0	0	0	1	1	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	1	0	0	0	0	0	1	1	0	0	0	0	1	0	0	1	1	0	0	0	1	0	0	1	1	1	1	1	1	1	0	0	1	0
8a	1.3.3.1	Human Resou	Staffs available for ser	3	0	1	1	0	1	1	1	0	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	0	1	0	0	1	1	0	0	1	0	1	1	0	0	1	0	0	0	0
8a	3.6.1	Hospital Wast	There is work plan pre	1	1	1	0	0	1	0	0	1	1	0	0	0	0	0	1	1	0	0	1	0	1	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	1	0	0	0	1	0	0	0	0	0	0	0	1	1
8a	3.6.10	Hospital Wast	Pharmaceutical waste	1	1	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	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	1	1	0	1	1	1	0	0
9a	2.8.2.1	Surgery/Oper	For overall manageme	1	1	1	1	0	1	1	1	1	0	1	1	1	1	0	0	1	0	1	1	1	0	1	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	0	0	0	1	1	0	1	1	0	1	1	0	0	1	1	1	1	1	1	1	1	0	0	0
9a	3.7.1.1	Safety and S	Hospital has trained s	1	1	1	0	1	0	1	1	0	0	1	1	1	0	0	1	0	0	1	1	0	0	1	0	1	0	0	0	0	0	0	1	0	1	0	1	0	0	0	1	1	1	1	0	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	0	1
9a	2.7.1.2.1.1	Delivery Servi	Nurse: pregnant wome	1	1	0	1	1	1	1	1	0	1	1	1	1	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0	0	0	1	1	1	0	1	0	0	0	0	0	1	0	1	1	1	1	0	1	1	1	0	1	1	1	0	0	1	1	1	0	0	0
9a	1.4.1.2	Financial Man	At least one accounta	1	0	0	1	0	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1	1	1	1	0	1	0	1	0	1	0	1	0	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	0	0	0	1	0	0	0	0	0	0
9a	2.8.2.2	Surgery/Oper	For one surgery, at lea	1	1	0	1	0	1	1	1	1	0	0	1	1	1	0	0	1	0	1	1	0	0	0	0	1	0	1	0	1	0	0	0	0	1	0	1	0	0	0	0	0	1	1	0	1	1	1	1	1	1	0	1	1	0	1	0	0	1	0	0	0	0
9a	2.8.8.4.2	Surgery/Oper	When anesthesia is pr	1	1	0	1	0	1	1	1	1	0	0	0	1	0	0	0	1	0	1	1	1	0	1	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	0	0	0	1	1	0	0	0	0	1	1	1	0	1	1	0	1	0	0	1	0	0	0	0
9a	2.5.6.1	Pharmacy Se	Pharmacy unit is led b	1	1	1	1	0	1	0	0	0	0	0	1	1	0	0	0	1	0	1	1	0	1	0	1	1	0	0	0	1	0	0	0	0	1	1	1	1	0	0	1	0	0	1	1	1	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0
9a	1.1.3	Governance	Medical Superintende	1	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	1	1	1	1	1	0	1	0	1	0	0	1	0	0	1	1	1	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
9a	2.6.5	Inpatient Sen	Adequate numbers of	1	0	1	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	1	1	0	1	0	0
10a	2.9.4.4	Electrocardio	Functional ECG mach	1	1	1	1	1	1	1	1	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	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1
10a	3.4.3.2	Repair, Maint	Hospital has alternate	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	0	1	1	1	1	1	0	0	1	1	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	1	1	1	1	1	1	1	1	1	1
10a	2.9.2.5.1	X-Ray Service	General X ray unit (wit	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	0	1	1	1	0	1	0	1	1	1	0	1	1	0	1	1	0	1	1	0	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	1
10a	2.9.2.5.2	X-Ray Service	Complete CR system v	1	1	1	0	1	1	1	1	1	0	1	1	1	0	1	1	1	0	1	1	1	0	1	0	0	0	0	1	0	1	1	1	0	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1
10a	2.9.3.5	Ultrasonograp	USG machine (advanc	1	1	1	1	1	0	0	1	1	1	1	1	0	1	1	0	1	1	1	1	1	0	1	0	1	0	0	1	1	1	0	1	1	1	0	1	1	0	0	1	1	1	0	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	0	1	1	1
10a	2.3.4	Emergency S	Instruments and equip	3	1	1	1	1	1	1	1	1	1	0	1	1	0	0	1	0	0	1	1	1	0	1	0	1	0	1	0	1	1	0	0	1	1	1	1	1	1	0	1	0	1	1	1	1	0	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	0
10a	2.10.6	Dental Servic	Equipment, instrumen	3	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	1	1	1	0	1	0	1	1	0	1	1	0	0	0	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	0	1	0
10a	2.3.7.1	Emergency S	In red area one of the	1	0	1	0	1	1	1	1	1	0	1	0	1	1	0	1	0	0	1	0	0	0	1	0	0	1	1	0	0	1	0	0	1	0	1	0	0	1	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	0
10a	2.8.8.2	Surgery/Oper	Equipment, instrumen	3	1	1	1	0	1	1	1	1	0	0	1	1	1	0	0	1	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	0	1	0	1	1	0	1	1	1	0	0	1	0	1	1	1	1	1	1	1	1	1	0	0
10a	3.1.3	CSSD	Equipment and suppli	3	1	1	1	0	1	1	1	1	1	0	0	1	0	0	1	0	0	1	1	1	0	1	1	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	1	0	1	1	1	0	0	0	0	0	0	1	1	1	0	1	1	1	0	1	1
10a	2.6.8.3	Inpatient Sen	At least one defibrillat	1	0	0	1	0	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	1	1	0	1	1	0	0	0	0
10a	3.6.9.1	Hospital Wast	Infectious waste is ste	1	1	1	1	0	1	1	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1
11a	2.9.1.8.1	Laboratory ar	At least three months	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	0	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	0	1	1	1	1	1	1	1	1	1	1	1
11a	2.4.5.1	Dressing Injec	Adequate quantity of	3	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	0	1	0	1	0	1	1	0	0	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	1	1	1	1
11a	2.5.8	Pharmacy Se	All of the required mec	3	1	0	1	0	0	1	0	1	1	0	1	1	0	0	0	0	0	1	1	1	0	0	0	1	1	1	1	1	0	0	0	1	1	1	0	1	1	1	1	1	0	0	0	0	1	1	0	1	1	1	0	1	1	1	1	0	1	1	0	1	1
11a	2.8.7.3	Surgery/Oper	Each operating room I	3	1	1	1	0	1	1	1	1	0	0	1	1	1	0	0	1	0	1	1	1	0	1	0	0	0	1	0	1	0	0	0	0	1	1	1	0	0	0	1	0	1	1	0	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	0	0	0
11a	3.4.2.4	Repair, Maint	Availability of spare pa	1	1	1	1	0	0	1	1	0	0	0	1	1	0	0	0	1	0	1	0	0	1	0	0	1	0	1	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	0	1	1	1	1	1	0	0	0	0
12a	1.5.1.1	Medical Reco	Client registration is di	1	1	1	0	1	0	1	0	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	1	0	1
12a	2.7.2.11	Maternity Inpa	Admission and discha	1	1	1	1	1	1	1	1	1	0	0	1	1	1	0	1	1	1	1	1	0	1	0	0	1	1	1	0	1	0	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1
12a	2.5.16.1	Pharmacy Se	Medicine is dispensed	1	1	1	1	1	0	1	1	1	1	1	1	0	0	0	0	1	0	1	0	1	1	1	1	1	1	1	0	0	0	1	1	1	0	1	1	0	1	0	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12a	1.2.5	Organization	All staffs of hospital us	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	0	1	0	0	1	0	1	0	1	1	1	0	0	1	0	1	1	1	0	0	1	1	1	1	1	0	1	1	0	0	0	0	0	0	1	1	1	1	1	1	1	0	1	1
12a	1.5.1.3	Medical Reco	Electronic health recor	1	1	1	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	1	1
12a	1.5.1.2	Medical Reco	Referral in and out rec	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	0	0	1	1	0	0	0	0	0	1	1	1	1	1	0	0	0	1	1	1	1	1	1	0	0	0	0	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	0	0	0
12a	1.5.2.2	Medical Reco	All patients' records ar	1	1	1	0	0	0	1	1	1	1	1	1	0	1	0	0	1	0	1	1	1	1	1	0	1	0	1	1	1	0	1	0	1	1	1	1	0	0	0	1	0	1	1	1	1	1	1	0	1	1	1	0	1	1	0	0	0	0	0	0	1	1
13a	2.3.10.3	Emergency S	Hospital carries out at	1	0	0	0	0	0	1	1	0	0	0	1	1	0	0	1	0	0	0	1	0	0	1	0	0	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	1	0	1	1	1	0	1	0	0	0	0
13a	2.7.2.7.1	Maternity Inpa	All staffs in wards are	1	1	0	1	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	1	0	0	1	0	0	0	0
13a	2.6.8.1	Inpatient Sen	All staffs in wards are	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	1	0	1	1	1	1	1	0	1	0	0	0	0
13a	3.7.1.3	Safety and S	All security staffs have	1	0	0	0	0	0	0	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0
13a	3.7.1.2	Safety and S	All security staffs are c	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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

Annex 3B. Summary of Indicator Scores by Province and Secondary A Hospital, indexed by Tables (n=40)

					Koshi							Madhesh						Bagmati					Gandaki					Lumbini															Karn.		Sudur.	
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	Bhaktapur Hospital	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 trai	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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
2b	2.14.1	Physiotherap	Separate room for OPD phys	1	0	0	0	0	0	0	0	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	0	0	0	1	0	0	0
2b	2.6.5	Inpatient Ser	Adequate numbers of nursing	3	1	0.3	1	0	0	1	0.3	0	0	0	0.3	0	0	0.3	1	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0.3	0
2b	2.9.1.1.1.3	Laboratory	Histopathology service in coo	1	1	0	0	0	0	1	0	1	1	0	0	0	0	1	1	0	0	0	0	0	0	1	0	1	1	1	1	0	0	0	0	0	0	1	0	0	0	1	1	1
2b	3.6.10	Hospital Wast	Pharmaceutical waste and ra	1	0	0	0	1	0	1	1	0	0	0	1	0	0	1	0	0	0	0	0	1	1	0	1	1	1	1	0	0	0	0	1	0	0	1	0	0	0	0	1	1
2b	2.1.1.3	OPD Service	EHS services from 3PM onwa	1	1	1	1	1	0	1	0	0	1	0	1	0	0	1	1	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0
2b	2.5.6.1	Pharmacy Se	Pharmacy department is led b	1	0	0	0	1	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	1	0	0	1	1	1	1	1	0	0	1	0	0	0	0	0	1	0	1	1
2b	2.7.1.2.1.1	Maternity Ser	Nurse: pregnant women ratio	1	0	1	1	1	0	1	1	0	1	0	0	0	1	0	1	1	0	1	0	1	0	0	1	0	1	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0
2b	1.1.3	Governance	Medical Superintendent is ful	1	0	0	1	0	0	0	1	1	1	0	1	1	0	1	0	1	0	1	1	1	1	1	1	0	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0
2b	2.6.8.3	Inpatient Ser	At least one defibrillator in im	3	0	0	1	0.3	0	1	0.3	1	1	0	0	0	0	1	1	0	0	1	0	0.3	1	1	0	1	1	1	1	1	0	0	1	0.3	0	1	1	0	0	0	1	0.3
3b	1.4.6.1	Financial Man	The hospital uses central ele	1	1	1	1	1	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 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	0	1	1	1	1	1	1	1	1	1	1	1
3b	2.10.2	Dental Servic	Dental Hygienist/Dentist : OP	1	1	1	1	1	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	2.2.4.3.1	Safe Abortion	At least one medical officer o	1	1	1	1	1	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	2.6.3.1	Inpatient Ser	Medicine Ward (See Annex 2	3	1	1	1	1	1	1	1	1	0.7	1	1	1	0.3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3b	2.7.1.1.1	Maternity Ser	Separate pre-labor room/ labo	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
3b	2.9.2.1.2	X-Ray Service	Emergency x-ray service is av	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	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
3b	2.9.3.5	Ultrasonograp	USG machine (advanced) wit	1	1	1	1	1	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	2.10.1.1	Dental Servic	Dental service is available 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	0	1	1	1	1	1	1	1	1	1	1	1
4b	3.8.1.1	Transportatio	24-hour ambulance service is	1	1	1	1	1	1	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
4b	2.2.2.1	Family Planni	Family planning 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	0	1	1	1	1	1	1	1	1	1
4b	2.2.4.1	Safe Abortion	Safe abortion services is avai	1	1	1	1	1	1	1	1	1	1	1	1	1	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
4b	2.9.2.1.2	X-Ray Service	Emergency x-ray service is av	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	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
4b	2.9.3.1	Ultrasonograp	USG is open from 10 AM to 3	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	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	1	0	1	1	1	1	1	1	1	0	1	1	1
4b	2.9.1.1.1.1	Laboratory	Laboratory is open from 10 A	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	0	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	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1
4b	2.8.1.2	Surgery/ Ope	Emergency surgeries availabl	1	1	1	1	1	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	0	1	1
4b	2.13.3.2	One Stop Cris	Treatment for GBV survivors/a	1	1	1	1	1	1	0	1	1	1	1	1	1	0	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 ava	1	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	0	1	1	1	1	1	1	1	1	1	1	0
4b	3.10.1	Hospital Cant	Hospital has canteen in its pr	1	0	0	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1
4b	2.8.1.1.1	Surgery/ Ope	Routine minor and intermedia	1	1	1	1	1	1	1	1	1	1	0	0	0	0	1	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	2.8.1.1.2	Surgery/ Ope	Routine major surgeries availa	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	0	1	1	1	1	1	1	1	0	1	1
4b	2.1.1.1	OPD Service	OPD is open from 10 AM to 3	3	0.7	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	0.3	0	1	1
4b	2.2.1.1	Immunization	Immunization and growth mo	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	0	0	1	1
4b	2.14.2.1	Physiotherap	Physiotherapy OPD is open f	1	0	0	1	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	0	1	0	0	0	0	1	1	1	0	1	1	1	1	1	0	1	1	0	1	0	0	1	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1
4b	1.6.1.2	Quality Mana	Hospital (QHSDMS) Committe	1	0	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	1	0
8b	2.8.9.2	Surgery/ Ope	Separate area designated fo	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	0	1	0	1	1	1	1	0	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	0
8b	1.1.6	Governance	Annual plan & budget is appr	1	1	1	0	1	1	1	1	1	0	1	1	0	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	0	1	1	1

8b	3.6.3	Hospital Wast	There is separate area/space	1	1	1	0	1	0	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	0	1	1	0	0	0	1	1
8b	3.1.1.2	CSSD	There are separate rooms de	1	0	1	1	0	1	1	0	0	1	0	1	0	1	1	1	0	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	0
8b	2.3.10.2	Emergency S	Disaster area identified with a	1	0	1	1	1	0	1	0	1	1	1	1	0	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	1	1	0	0	0	1	0
8b	3.5.3	Water supply	Water quality test is done eve	1	0	1	1	0	0	0	1	1	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	0	0	1	1
8b	3.6.1	Hospital Wast	There is work plan prepared a	1	1	1	0	1	0	0	1	0	1	0	0	0	1	1	1	1	0	1	1	0	1	1	0	1	1	1	0	1	0	1	1	0	0	1	1	0	0	1	1	0
8b	3.6.10	Hospital Wast	Pharmaceutical waste and ra	1	0	0	0	1	0	1	1	0	0	0	1	0	0	1	0	0	0	0	0	1	1	0	1	1	1	1	0	0	0	0	1	0	0	1	0	0	0	0	1	1
9b	2.9.1.2.2	Blood bank	Adequate numbers of trained	1	0	0	0	1	1	1	0	1	1	1	1	1	1	1	1	0	0	0	1	0	1	1	1	1	1	1	1	1	0	0	1	0	0	1	1	0	0	0	0	1
9b	2.8.8.4	Surgery/ Ope	Anesthesia should be provide	1	1	0	1	0	0	1	1	0	1	1	1	0	0	1	0	1	1	0	1	1	1	1	0	0	1	1	0	0	0	0	1	1	0	1	0	0	0	0	1	1
9b	2.11.3	Postmortem	At least one MD forensic and	1	1	0	0	1	1	1	1	0	1	0	0	0	0	1	0	0	1	0	1	1	1	0	0	1	1	1	1	1	0	1	1	0	0	0	0	0	1	1	0	0
9b	1.1.3	Governance	Medical Superintendent is ful	1	0	0	1	0	0	0	1	1	1	0	1	1	0	1	0	1	0	1	1	1	1	1	1	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0
9b	2.7.1.2.1.1	Maternity Ser	Nurse: pregnant women ratio	1	0	1	1	1	0	1	1	0	1	0	0	0	1	0	1	1	0	1	0	1	0	0	1	0	1	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0
9b	2.5.6.1	Pharmacy Se	Pharmacy department is led b	1	0	0	0	1	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	1	0	0	1	1	1	1	1	0	0	1	0	0	0	0	0	1	0	1	1
9b	2.6.5	Inpatient Sen	Adequate numbers of nursing	3	1	0.3	1	0	0	1	0.3	0	0	0	0.3	0	0	0.3	1	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0.3	0
9b	2.14.3	Physiotherap	At least 1 physiotherapist trai	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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
10b	2.9.3.5	Ultrasonograp	USG machine (advanced) wit	1	1	1	1	1	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
10b	2.8.8.2	Surgery/ Ope	Equipment, instrument and su	3	1	0.7	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	1	1	0	1	1	1	1	1	1	1	1	1	1
10b	2.7.1.9.2	Maternity Ser	The facility has adequate equ	3	0.7	1	1	1	1	1	1	1	1	1	1	1	0.7	1	1	1	1	1	1	1	1	1	0.7	1	1	1	1	1	1	1	1	1	1	1	1	1	0.3	1	1	1
10b	2.9.4.5	Electrocardiog	Functional ECG machine (12	1	1	1	1	1	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
10b	3.4.3.2	Repair, Maint	Hospital has alternate power	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	0	1	1
10b	2.6.2.1	Inpatient Sen	Medicine Ward (See Annex 2	3	0.7	1	1	1	1	1	1	1	0.3	1	1	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	0.7	0.7	1	1
10b	2.10.6	Dental Servic	Equipment, instrument and su	3	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	0	1	1	1	1	1	1	1	0.3	1	1	1
10b	2.9.2.5.2	X-Ray Service	Complete CR system with CR	1	1	0	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	0	1	1
10b	2.3.4	Emergency S	Instruments and equipment to	3	1	0.7	1	1	1	1	1	1	0.7	1	1	0.7	0.7	1	1	1	0.7	1	1	1	1	1	1	1	1	1	1	1	0.3	0.7	1	1	1	1	1	0.7	0.7	0.3	1	0.7
10b	3.1.3	CSSD	Equipment and supplies for s	3	1	1	1	0.7	0.7	1	1	0.7	0.7	0.3	0.7	0.7	1	1	1	1	1	1	1	1	0.7	0.7	0.7	1	1	1	1	1	1	0.7	1	1	1	1	1	0.3	0	0.7	1	1
10b	2.6.2.2	Inpatient Sen	Surgery Ward (See Annex 2.(	3	0.7	0.7	1	0.7	1	1	1	0.7	0.3	0	1	0	0.3	1	1	0	1	1	1	1	0.3	0.7	1	1	1	1	1	1	0	0	1	1	0	1	1	0	0	0	1	1
10b	3.6.9.1	Hospital Wast	Infectious waste is sterilized u	1	1	1	0	1	0	1	1	1	1	0	1	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	0	1	1	0	0	1	0	0	0	0	1	1
10b	2.6.2.3.1	Inpatient Sen	Pediatrics Ward (See Annex 2	3	1	0	1	0.7	1	1	1	1	0.3	0	0	0	0.3	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	1	0
10b	2.14.7	Physiotherap	Instruments and equipment to	3	0	0	0.3	0.7	0.7	0.7	0.7	1	1	0.7	1	1	1	1	1	0	0	0	0	1	0.7	0.3	0.7	0.7	1	1	0.3	0.7	0	0	1	1	0	0	1	0	1	0	1	1
10b	2.6.8.3	Inpatient Sen	At least one defibrillator in imi	3	0	0	1	0.3	0	1	0.3	1	1	0	0	0	0	1	1	0	0	1	0	0.3	1	1	0	1	1	1	1	1	0	0	1	0.3	0	1	1	0	0	0	1	0.3
11b	2.6.3.1	Inpatient Sen	Medicine Ward (See Annex 2	3	1	1	1	1	1	1	1	1	0.7	1	1	1	0.3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11b	2.3.5.1	Emergency S	Medicines and supplies to ca	3	1	1	1	1	1	1	1	1	1	0.7	1	1	0.7	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
11b	3.9.2.1	Store (Medica	A separate hospital medical s	1	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	0	1	1	1	1	1	0	1	1	1	0	1
11b	2.8.7.3	Surgery/ Ope	Each operating room has me	3	1	1	1	1	0.7	1	1	1	1	1	1	0.7	0.7	1	1	1	0.7	1	1	1	0.7	0.7	0.7	1	1	1	1	1	0.7	0	1	1	0.3	1	1	0.7	0.7	0.7	0.7	1
11b	2.11.4	Postmortem	Adequate supplies and instru	3	0.3	0.7	1	1	1	1	1	1	1	0.3	1	0.3	0.3	1	1	0	1	1	1	1	0.7	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0.7	0	0.3	0.7	0.7
11b	2.6.3.2	Inpatient Sen	Surgery Ward (See Annex 2.(	3	0	1	1	1	1	1	1	1	0.7	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	0	1	1	0	0	0	1	1
11b	2.5.8	Pharmacy Se	All of the required medicines	3	1	1	0.3	0.7	0.7	0.7	0.3	1	0.7	0.3	0.7	0.3	0.3	1	0.3	0	0.3	0.3	0.7	1	1	1	1	1	1	0.7	1	1	0.7	1	1	1	0.7	0.7	0.3	0.7	0.3	0.7	1	1
11b	2.6.3.3	Inpatient Sen	Pediatrics Ward (See Annex 2	3	0	0	1	1	1	1	1	1	0.7	0	0	0	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	0	1	1	0	0	1	1	0
12b	2.6.13	Inpatient Sen	Admission and discharge reg	3	1	1	1	1	1	1	1	0.3	1	0	0.3	0	1	1	1	1	0.3	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0.3	0	1	1	0	0	1	1	0.3
12b	2.5.15.1	Pharmacy Se	Medicine is dispensed using (	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	0	1	1	1	0	1	1	0	0	0	1	1	0	0	0	1	1	1	1
12b	1.5.1.3	Medical Reco	Electronic health record syste	1	0	1	1	1	1	1	0	1	0	1	0	0	0	1	1	0	1	1	1	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	0
12b	2.9.1.2.7.2	Blood bank	Standard reporting sheets ar	1	0	0	0	1	1	1	0	1	1	1	1	0	0	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	0	0	1	0	0	1	1	0	0	0	1	1
12b	3.8.2.2	Transportatio	Internal communication (pagi	1	0	0	0	0	1	0	0	1	0	0	1	0	0	1	1	1	1	1	0	1	0	0	1	1	0	1	1	1	0	1	1	0	0	1	1	1	0	1	0	0
13b	2.3.10.1	Emergency S	The hospital has mass casua	1	0	1	1	1	0	1	1	1	0	0	1	0	0	1	1	0	0	1	1	1	1	0	1	1	1	0	1	0	0	0	1	1	1	1	1	0	0	0	0	1
13b	3.7.6.4	Safety and S	Disaster preparedness orient	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	1	0	1	1	0	1	1	0	0	1	1	1	0	1	1	1	1	0	1	1	1	0	0	0	1	0
13b	3.7.1.3	Safety and S	All security staffs have partici	1	1	1	0	1	1	0	0	1	1	0	1	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
13b	2.3.10.3	Emergency S	Hospital carried out at least o	1	1	0	0	1	0	0	1	1	1	0	1	0	0	1	1	1	1	1	0	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
13b	2.7.2.7.1	Delivery Servi	All staffs in wards are trained	1	1	0	0	1	0	0	1	1	0	0	1	0	0	1	1	1	1	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	1	0	0
13b	3.7.1.2	Safety and S	All security staffs are oriented	1	1	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Note that any indicators that were met at 100% of Secondary A hospitals were excluded.