



Sudurpachim Province Government  
Ministry Of Social Development  
Health Directorates

## District Hospital Bajura

Martadi, Bajura

Nepal



# **Annual Report**

FY 2080/081 (2023/24)

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## Published By

District Hospital Bajura

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**Martadi, Bajura**  
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It is my immense pleasure to express that Bajura District hospital's First annual report of FY 2080/81 has been developed. This report addresses majority of the hospital activities and achievements throughout the year. Publishing an annual health report every year after conducting annual health review at hospital helps our institution to asses the achievements of previously set targets, to identify the gaps and to consider further plans into action for the coming years.

The major hospital services data are reflected via tables, pie-charts and bar diagrams collected through each & every departmental effort. Team work always brings out good results. This annual report is an example of that. The issues and recommendation mentioned in this report would definitely guide us to strengthen our hospital services ahead.

I would like to thank all the hospital staffs for dedicating their precious time to the hospital and always working hard to provide quality health services utilizing the limited resources available here to the fullest.

Finally, I would like to thank our report preparation team specially Doctors, all the department incharges, Medical Officers, account section officer, computer operator for their immense help to develop second annual report FY2080/81 of bajura District hospital.

**Dr. Samita Pun**  
**Acting Medical Superitendent**

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## ACRONYMS

AHW	: Auxillary Health Worker
ANC	: Antenatal Care
ANM	: Auxiliary Nurse Midwife
APD	: Acid Peptic Disease
ART	: Antiretroviral Therapy
ATT	: Antitubercular Theraphy
CAC	: Comprehensive Abortion Care
CEONC	: Comprehensive Emergency Obstretic and Neonatal Care
COPD	: Chronic Obstructive Pulmonary Disease
CS	: Caessarian Section
DOTS	: Directly Observed Treatment Shortcourse
ECG	: Electrocardiography
FCHV	: Female Community Health Volunteer
HA	: Health Assistant
HDC	: Hospital Development Committee
HDU	: High Dependency Unit
ICU	: Intensive Care Unit
IPD	: Inpatient Department
LARC	: Long Acting Reversible Contractive
LFT	: Liver Function Test
MA	: Medical Abortion
MCH	: Maternal and Child Health
MSS	: Minimal Service Score
MVA	: Manual Vaccum Aspiration
NVD	: Normal Vaginal Delivery
OCCMC	: One-stop Crisis Managemant Centre
OPD	: Outpatient Department
OT	: Operation Threater
PAC	: Post Abortion Care
PNC	: Post Natal Care
POP	: Pelvis Organ Prolapse
PPH	: Post Partem Hemorrhage
RCT	: Root Canal Treatment
RFT	: Renal Function Test
SNCU	: Special Newborn Care Unit
SSU	: Social Service Unit

USG : Ultrasonography  
UTI : Urinary Tract Infection  
VIA : Visual Inspection with Acetic Acid  
KIDS : Kapilvastu  
WHO : World Health Organization  
PHO : Public Health Officer  
MDT : Multidrug Therapy  
PHCC : Primary Health Care Centre  
NRH : Nutritional Rehabilitation Home

## Trend of Major Hospital Indicator Fact-Sheet (Three Years Comparison)

INDICATORS	2078/079	2079/080	2080/81
<b>Recording and Reporting</b>			
% of monthly report entered	100	100	100
<b>OPD Services</b>			
Number of Patient Utilising OPD Services (Total Case)			26062
Proportion of OPD Patient among total Patients	83.5	93.5	92.5
Doctor:Outpatient Ratio			4343
<b>Inpatient Services</b>			
Inpatient Bed	15	15	15
Total Number of patient Admitted	897	981	1413
Total inpatient discharge	831	948	1407
Average length of Inpatient stays(in days)	3.08	3.26	3.1
Bed occupancy rate	45.25	49.82	55.46
Hospital Bed Turnover Rate	4.47	4.65	5.45
Inpatient Sex ratio	0.52	0.33	0.6
Doctor Inpatient Ratio			282.6
Nurse Inpatient Ratio			100.92
Death Within 48 hours of Admission	0.11	0	0
Total number of Neonate admitted in SNCU		63	101
<b>Emergency</b>			
Number of Patient receiving Emergency Services	2778	4160	5864
<b>Safe Motherhood Program</b>			
Total Deliveries	353	268	231
Normal Vaginal Deliveries	317	232	198
Assisted Deliveries (Vaccum/Forcep)	36	36	1
CS	36	36	32
% of deliveries by caesarean section among reported deliveries	10.2	13.43	13.85
Total Number of abortion (MA+MVA)		126	202
Total number of PAC		18	25
<b>Diagnostic Services</b>			
Average number of Laboratory Test per day	32.6	23.03	31.99
Average Number X Ray per Day	9.94	10.5	15.6
Average no of USG per day	8.7	9.3	10.5
Total ECG Done	398	498	774
<b>Other Services</b>			
Dental Services			1536
Physiotherapy Services		0	274
Number of Patient receiving from OCMC		173(N)	201 (N)
Number of Patient receiving from SSU		90	826
Number of Patient receiving from NRH	86	66	57
Patient Receiving Health Insurance	7884	9740	10441

## 1. Background

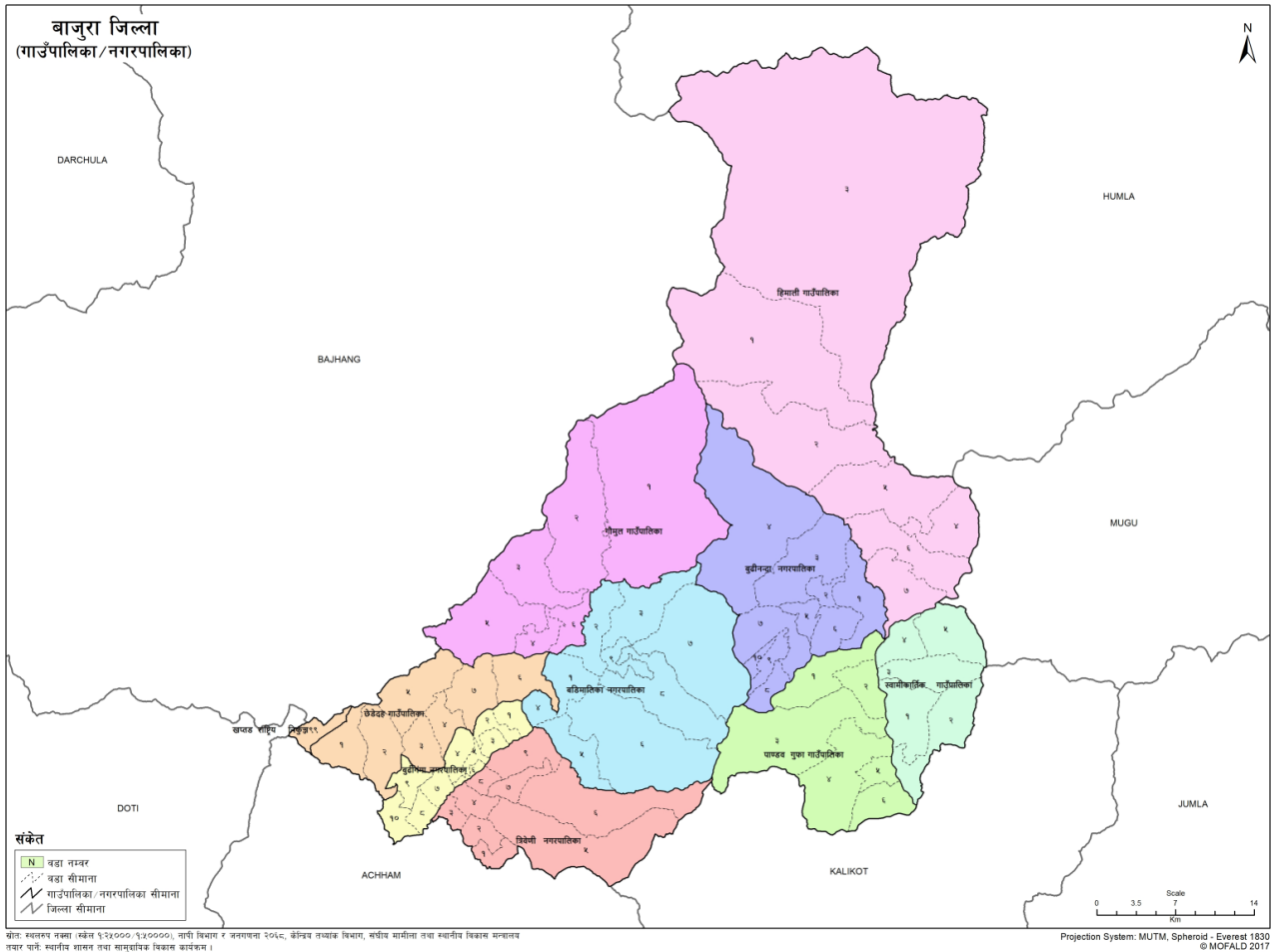
This is an Annual Report of District Hospital Bajura for fiscal year 2080/81 (2023/24). It is the outcome of relevant information of annual performances of all the health programs and activities carried out during the FY 2080/81.

This report includes major key indicators and achievements against the target set and the progress of different health programs. In addition, the report identifies the issues/problems raised and recommendations made by the stakeholders and actions taken to overcome them for further improvements.

## 2. Introduction of Bajura District

Bajura District is a part of Sudurpashchim Pradesh, is one of the seventy-seven districts of Nepal. The district, with Martadi (today part of Badimalika municipality) as its district headquarters. The district has 4 municipalities 5 rural municipality and 1 constituency areas.

Map of Bajura District



Geographically the district is divided in three distinct regions from north to south viz. Higher Himalayan Region, Higher Mountain and mid - Mountains. The Higher Himalayan region comprises Saipal Himalayan range; High Mountain region comprises Doha Lekh and Ghori Lekh. Similarly, Mid-Mountain range comprises different ranges of mountains e.g. Badimalika Temple.

The Major market centres of the district are Martadi, Kolti, Bamka, Falasen etc

## 2.1 Demographic Information

According to the National Census 2021, the total population of the district is 138,523 comprising female (51.6%) and male (48.4%) residing in 28,065 households

National population and Housing Census 2021 of bajura district:

Average Husehold Size:	4.94 person per Household
Population Density:	63 per sq.Km
Annual Population Growth Rate:	0.25%
Population with Desability:-	3.2%
Literacy Rate:	76.2% (Male:83.6% Female:69.4%)

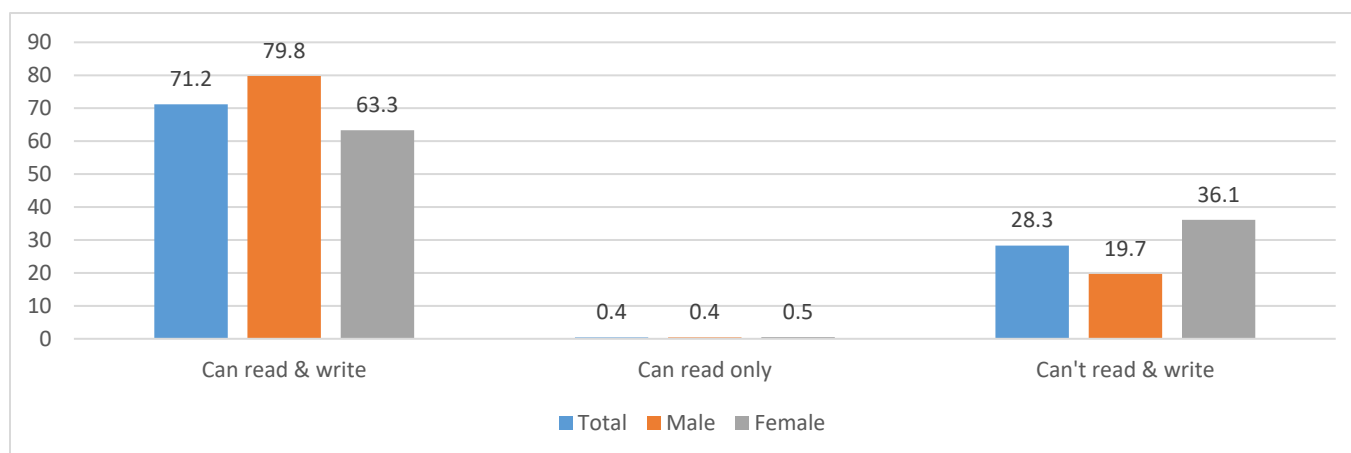
## 2.2 Geographical Information

Table 2.2.1: Geographical Infoormation

S.N.	Particulars	Values
1	Longitude	81 <sup>0</sup> 10" to 81 <sup>48</sup> " north longitude
2	Latitue	29 <sup>0</sup> 16" to 29 <sup>0</sup> 56' east latitude
3	Total Area of District	2188 Sq. Km
4	Boarders	East :Mugu, Kalikot
		West :Bajhang
		North :Humla
		South :Achham, Doti
5	Height From Sea Level ( Max )	6400 M
6	Height From Sea Level ( Min )	300 M
7	District Headquatar	Martadi

## 2.3 Educational Status of Bajura District

Table 2.3.1: Educational Status of Bajura District



## 3. Bajura Hospital Introduction

District Hospital Bajura is located in Badimalika Municipality ward no 8, Martadi of Bajura district. District Hospital Bajura was established in 2036 BS as 15 bedded hospital (Primary Hospital).

### 3.1 Hospital Bed

Table 3.1.1: Hospital Beds

Description	Total
Sanctioned Beds (Government)	15
Sanctioned Beds (Development committee)	
Total operational Beds	54
Total inpatient beds	16
Maternity beds	7
SNCU	3
Post OP	4
ICU beds	0
NICU beds	0
Emergency Department	8
Geriatric	0
Isolation Beds (Covid 19)	2
HDU (Covid 19)	0
NRH	10

### 3.2 Hospital Development Committee:

A 14 membered Hospital Development Committee exists at present which includes Chairman Nominated by Province Government and Hospital Medical Superintendent as a member secretary.

Table 3.2.1: Name of Hospital Development Committee Member FY 2080/81

SN	Name	Designation	Contact No.
1	Mr. Man Bahadur karki	Chairperson	9865628888
2	TulsiramRokaya	जि.स.स.प्र	
3	Mrs Amar bdr Khadka	Member (Mayer Badimalika)	
4	Mr. Bhimakanta Poudel	Member (CDO)	
5	MrMekhraj Jaisi	Member Red Cross	
6	Chandra BdrThapaa	Member Ward Adakshya	
7	Mr. Daba Gurung	Member	
8	Mr Mahesh Chand	Member PHO	
9	Mrs Sita luhar	Member	
10	Tula bdr BK	Member	
11	Dhanlal Kami	Member	
12	Dr Samita Pun	Member Secretary	

### 3.3: Contact List

Following Table show the contact number and email address of Hospital Development Chairperson, Medical Superintendent and Bajura Hospital Department Incharge.

Table 3.3.1 Contact List:

SN	Name	Designation	Phone	Remarks
1	Mr. Man Bahadur karki	Chairman, HDC	9865628888	
2	Dr. Samita Pun	Ac.Me.Su	9858424660	
4	NirparajGiri	Information Officer	9848482911	
5	Nisa kumariRokaya	Nursing. In-charge	9868535542	
6	Devi Khatri	Finance Chief	9858480785	



7	PrabinBohara	Admin (Computer Op)	9868575839	
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#### 4. Status of Human Resources

Human resource is the core component of the hospital to provide quality curative with specialized health care service from hospital. Hospital play key role in developing, reinforcing and changing the culture of an organization. Without human resources, we can't do efficient use of other resources and deliver the proper services. So human resource should be fulfilled on time and should be in proper management.

Figure 4.1 Organization Structure of bajura Hospital

प्रदेश सरकार  
सामाजिक विकास मन्त्रालय  
सुदूरपश्चिम प्रदेश  
जिल्ला अस्पताल बाजुराको दरबन्दी

प्रदेशमा कायम हुने दरबन्दी						
पदनाम	सेवा	समूह	उपसमूह	कायम हुने पद संख्या	कायम हुने श्रेणी/तह	कैफियत
मे.सु.	स्वास्थ्य	ज.हे.स.		१	९/१०	
मेडिकल अधिकृत	स्वास्थ्य	ज.हे.स		१	८	
सहायक/अधिकृत	प्रशासन	सा.प्र.		१	५/६	
स्टाफ नर्स	स्वास्थ्य	ज.नर्शिङ		२	५/६/७	
ल्याब टेक्निसियन	स्वास्थ्य	मे.ल्या.टे.	ज.मे.टे.	१	५/६/७	
अ.हे.व.	स्वास्थ्य	हे.ई.		३	४।५।६	
अ.न.मी	स्वास्थ्य	प.हे.न.		२	४।५।६	
डा.रु. सहायक	स्वास्थ्य	रेडियोग्राफी		१	४/५/६	
का.स. वा सो सरह	प्रशासन	सा.प्र.		६	श्रेणीविहीन	
				१८		

Table 4.2 Human Resources at Bajura Hospital

### Annual Report, Bajura District Hospital- FY 2080/081

Posts	Level	Government				H. D. C.	Other Sources				Total available	Remarks
		Sanctioned post	Fulfilled		Vacant		Scholarship	NSI	Program Karar	Others		
			Permenent	Karar								
Medical Superitendent	11 <sup>th</sup>	0	0	0	0	0	0	0	0	0		
Consultant	9 <sup>th</sup>	1	0	1	1	0	0	0	0	1		
Medical Officer	8 <sup>th</sup>	1	1	1	0	0	1	2	0	0	5	
Dental Surgeon	8 <sup>th</sup>	0	0	1	0	0	0	0	0	0	1	
Hospital Management Officer	7 <sup>th</sup>	0	0	0	0	0	0	0	0	0	0	
Nursing Officer	7 <sup>th</sup>	0	0	0	0	0	0	0	1	0	1	NRC
Pharmacy Officer	7 <sup>th</sup>	0	0	0	0	0	0	0	0	0	0	
Lab Technologist	7 <sup>th</sup>	0	0	1	0	0	0	0	0	0	1	
Physiotherapist	7 <sup>th</sup>	0	0	0	0	0	0	0	0	0	0	
Optometrist	7 <sup>th</sup>	0	0	0	0	0	0	0	0	0	0	
Psychosocial Counsellor		0	0	0	0	0	0	0	0	1	1	CCMC
HA	5 <sup>th</sup>	0	0	5	0	0	0	0	3	0	8	
Staff Nurse	5 <sup>th</sup>	2	3	3	0	0	0	1	3	0	10	
Radiograhper	5 <sup>th</sup>	0	0	2	0	0	0	0	0	0	2	
Lab Technician	5 <sup>th</sup>	1	0	1	1	0	0	0	0	0	1	
Pharmacy Assistant	5 <sup>th</sup>	0	0	2	0	1	0	0	0	0	3	
Anesthetic Assitant	5 <sup>th</sup>	0	0	0	0	0	0	1	0	0	1	
Ophthalmic Assistant	5 <sup>th</sup>	0	0	0	0	0	0	0	0	0	0	
Physiotherapy Assistant	5 <sup>th</sup>	0	0	0	0	0	0	0	0	1	1	HRC Bajura

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BMET	5 <sup>th</sup>	0	0	0	0	0	0	0	0	0	0	
नासु	5 <sup>th</sup>	1	0	0	1	0	0		0	0	0	
Accountant	5 <sup>th</sup>	0	0	0	0	0	0		0	0	0	
Computer Operator	5 <sup>th</sup>	0	0	1	0	1	0		0	0	2	
Ast Computer Operator	4 <sup>th</sup>	0	0	0	0	1	0		0	0	1	
Lab assisstant	4 <sup>th</sup>	0	0	5	0	0	0		0	0	5	
AHW	4 <sup>th</sup>	3	2	8	0	0	0		3	0	13	
ANM	4 <sup>th</sup>	2	2	7	0	0	0		0	0	9	
Dark Room Assistant	4 <sup>th</sup>	1	1	0	0	0	0		0	0	1	
Driver		0	0	3	0	0	0		0	0	3	
Guard		0	0	3	0	0	0		0	0	3	
Helper		6	1	14	0	6	0		4	0	25	
<b>Total</b>		<b>18</b>	<b>10</b>	<b>58</b>	<b>4</b>	<b>9</b>	<b>1</b>	<b>4</b>	<b>14</b>	<b>2</b>	<b>98</b>	

Although, there are 98 staff, Among them 9 are from H.D.C, 14 from Different Program Contract, 4 Staff (2 Medical Officer, 1 Staff nurse, 1 AA) from NSI.

There was no staff in Administrative and account Department, which has created difficulty in daily administrative activities and hospital accounting. New O & M Survey is needed.

### **5. Infrastructure and Equipment**

Adequate and well-structured infrastructure is very important to deliver the high quality service. As the country transitions into federal form of government with specific mandates for local, provincial and federal government, this also provides an opportunity to reorganize the health system for optimal delivery of high quality health services. Health infrastructure development standard 2017 classifies health

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institutions into 5 levels based on a minimum set of health services: Community level (Health Posts or Community Health Units), Primary Hospitals, Secondary Hospitals, Tertiary Hospitals, Academic or Super- Speciality Hospitals. This hospital is classified as *Primary* hospital.

Currently hospital has

1. Hospital building:- 1 Nesw 50 Beded Hospital
2. Isolation Block :- 1 Pakka Building Used as Staff Quarter
3. Quarter:- 2 Pakka buildings  
6 Old Kacchi Building

Bajura District Hospital has adequate own land but new Building is not as per MSS Guidelines,

- Lab Inadequate space (only 1 room)
- No Room for Abortion Services
- No space for Physiotherapy
- Inadequate space for NRH
- Inadequate space for Postmortem, Biomedical and Store.

Table 5.1: Status of Infrastructure of Hospital

विवरण	प्रयाप्त/अप्रयाप्त	अप्रयाप्त छ कुन प्रयोजन / कति
Hospital Own Land (area)	प्रयाप्त	
Hospital Own Building	अप्रयाप्त	Inadequate space for lab, Physiotherapy, NRH
Hospital Standard Design	प्रयाप्त	
Hospital Room		OCMC, SSU, Waiting Room, Abortion Service, Extension of other services
Doctor quarter:	प्रयाप्त	
Nurses quarter:	अप्रयाप्त	

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Paramedics quarter:	अप्रयाप्त	
Other Staff quarter:	अप्रयाप्त	
CEONC Infrastructure	प्रयाप्त	
Maternity Waiting Room	भएको	
Post-Mortem Room	अप्रयाप्त	Not as per guidelines

**6. Status of Major Hospital Equipments**

Table 6.1: Hospital Major Equipment according to Department

Department	Name of equipment (Based on Minimum Service Standard)	Quantities		
		Functional	Non Functional	Need Procurement
Emergency	O2 Concentrator	2	2	0
	ECG Machine	1	1	-
	Defibrillator	1	-	-
	Suction Machine	1	-	-
	Portable ventilator	-	-	1
	Bi-level Positive Airway pressure with accessories	1	-	-
	Patient monitor	3	0	0
	Vein finder	2	-	-
	Syringe Pump	2	-	-
	X-ray view box	1	-	-
	Portable USG	-	1	-
Nebulizer	3	-	-	
OPD	X-ray View Box	2	0	1
	Digital BP set	1	-	-
	BP Set	3	-	-
	Otoscope	1	1	1
	Ultrasound machine with printer	1	-	-
	Nebulizer	1	-	-

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Ortho OT	O2 concentrator	1	-	-
	Patient Monitor	1	-	-
	Suction Machine	1	-	-
	Pulse Oxymeter	1	-	-
	C arm machine	1	-	-
	Digital Tourniquet	1	-	-
	Bone drill	1	-	-
	Electro surgical unit	1	1	1
Labor room	Baby Warmer	1	-	-
	Room Heater	1	0	1
	Room Thermometer	1	0	1
	Fetal doppler	1	-	-
	Delivery Set	1	-	-
	Suction	2	-	-
	Examination light	1	-	-
	Oxygen Cylinder	2	-	-
	Oxygen Concentrator	1	-	-
	Delivery bed	1	1	1
OT	-Oxygen concentrator, Suction Machine, Baby warmer, Patient Monitor, Refrigerator ,Electro surgical unit, laparoscopic set, Examination light etc.	Yes	-	-
	-Anesthesia machine	1	-	-
	-Working desk for anesthesia and nursing			
	-OT light	1	-	-
	-OT table	2	-	-
	-Washing machine	-	1	1
	-Auto clave	2	2	2
	-Fetal Doppler	1	-	-
	-Syringe pump	1	-	-
Dental	X-ray machine	1	0	0
	Dental Chair	2	0	0
	UV chamber	1	0	0

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	Dental scalar	1	1	1
	Curate Light	1	1	1
Radiology	X-ray Machine 300 MA	1	0	1
	Portable x-ray 100 MA	-	1	1x ray head needed
	CR machine set	1	1	0
	Manual Film processing set	1	-	-
	Lead jacket	5	-	-
Laboratory	Microscope	2	-	-
	CLIA	1	-	-
	Hematology Analyzer	1	1	-
	Semi bio chemistry analyzer	1	1	1
	Hot air oven	1	-	1
	Fully Bio chemistry analyzer	1	-	-
	Electrolyte analyzer	1	1	-
	Centrifuge	4	-	-
	Protein analyzer	1	-	-
	Microscope	2	-	-
	Gene Xpert	1	-	-
	PCR setup	1	-	-
	Roller	1	-	1
	Vortex mixture	1	-	-
SNCU	Infant warmer	2	-	-
	Infusion pump	2	-	-
	Patient monitor	2	-	-
	ICU bed	2	-	-
	Phototherapy Machine	1	-	-
	Oxygen Concentrator	3	-	-
	Nebulizer Machine	1	-	-
MCH-FP Clinic	BP Set, Weighing Machine	Yes	-	
	Thermometer, Fetoscope			
CSSD and laundry	Autoclave	2	1	1
	Washing machine	1	-	1
ICU	ICU Bed	1	-	-
	Patient Moniter	1	-	-
	Ventillator	2	-	-

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	HFNC	1	1	-
	Infusion Set	2	-	-
	Syringe Pump	5	-	-
	Incubator	1	1	-
	Oxygen concentrator	3	-	-
	Defibrillator	1	-	-
	Bipap	1	1	-
HDU	ICU Bed	1		
	Patient Monitor	1		
	Oxygen concentrator	2		
	Infusion pump	2		
Indoor	BIPAP machine	1	-	-
	Nebulizer	2	-	-
	Patient Monitor	2	-	-
	Infusion pump	2	-	-
	CTG	1	-	-
	Oxygen concentrator	3	-	-
DRIP	Dressing Set, I & D Set,			

Table 6.2: Status of Hospitals Major Equipment

Sn.	Name Of Equipment	Number of Equipment	Working	Not Working	Remarks
1	CT Scan	NA			
2	MRI	NA			
3	Patient Monitor	11	11		
4	Autoclave	4	2	2	
5	USG	3	2	1	
6	Electric Suction Machine	8	8		
7	Fully automated bio chemistry analyzer	1			
8	Microscope	2	2		
9	X- Ray	2	1	1	
10	Dialysis	NA			



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11	Endoscopy	NA			
12	Anesthesia Machine	1	1		
13	ECG	2	1	1	
14	C-ARM	1	1		
15	X-ene Export	1	1	0	
16	Phototherapy	1	1		
17	Electric O2 Concentrator	13	10	3	
18	Oxygen Plant	1	1		
19	Defibrillator	2	2	0	
20	Radiant Warmer	6	4	2	
21	Nebulizer Machine	8	8		
22	Generator	1	1		
23	Dental Chair	2	1	1	
24	Dental X- Ray	1	1		
25	Biosafety Cabinet	1	1		1 needed
26	Washing Machine	2	1	1	1 needed

Note: Due to Irregular Power supply and alteration or fluctuation of voltage the Medical Equipment are regularly damaged. Need of voltage stabilizer at district hospital Bajura. Among different medical equipment present at Bajura Hospital, some are functional and some are nonfunctional.

### **7. Major Services Available in Hospital**

Majority of people come to hospital with somekind of illness and curative service is the core compement of hospital service along with some preventive and promotive services. Hospital is usully focused on diagnosis treatment of disease and referral of very sick patient if treatment is not possible with available resources and knowledge.

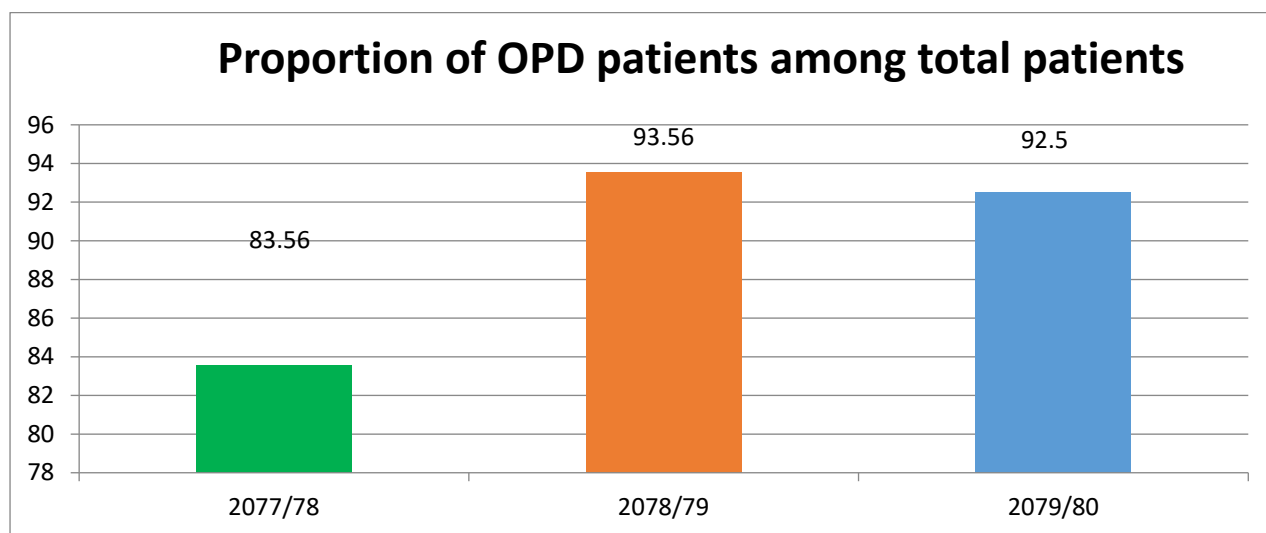
With the available and existing infrastructure, the hospital has been providing various services; few services have been recently expanded whereas other few are in the pipeline. As of fiscalyear 2080/81, following are the major services delivered from the Bajura District Hospital:

**7.1 OPD:**

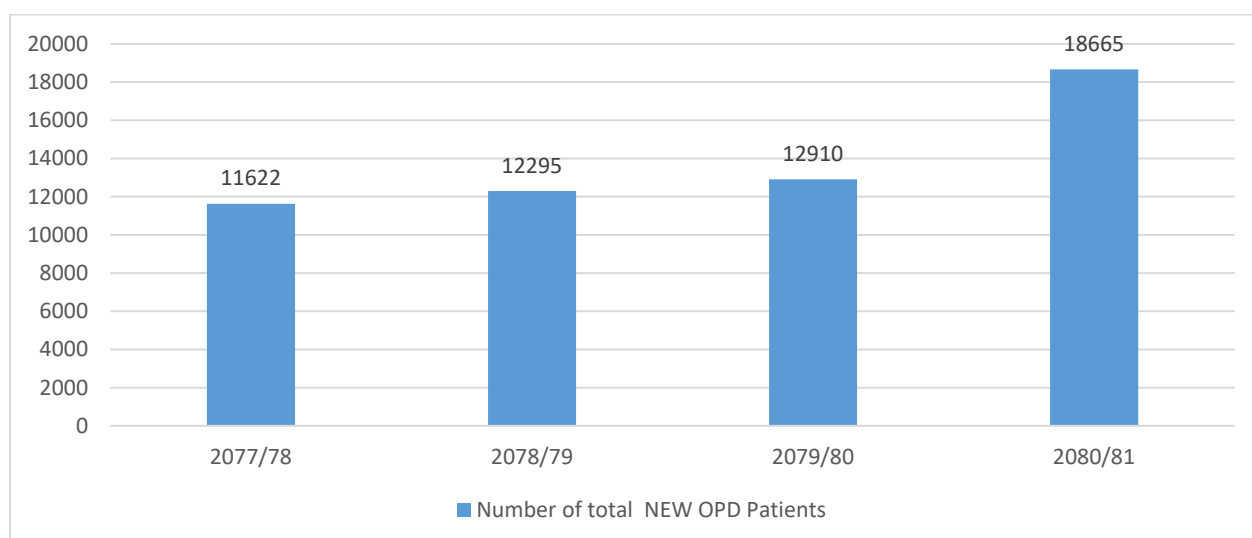
OPD Service time Sunday to Thursday (10 a.m. – 5 p.m.) and Friday (10 Am - 3 PM) and OPD Ticket Registration time isupto1 PM. Outpatient average: 100 daily. Routenly 4 OPD is operated

1. Ortho OPD Lead by Orthopedic Surgeon
2. Obs& Gynae and IMNCI lead by Medical Officer (ASBA)
3. General OPD by Medical Officer
4. Dental OPD lead by Dental Surgeon

**Table 7.1. :Proportion of OPD Patient among Total Patients**



**Table 7.1.2 : Number of Patient Utailizing OPD Services in 3 FYs**



**Figure 7.1.3:Age and sex Wise Registered OPD Patient FY 2080/081**

Age Group	New client served			Total Client served		
	Female	Male	Total	Female	Male	Total

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0-9 years	1342	2192	3534	1748	2768	4516
10-14 years	507	898	1405	706	1149	1855
15-19 years	975	865	1840	1368	1138	2506
20-59 Year	6539	3649	10188	9351	4898	14249
60-69 Years	516	452	968	782	685	1467
70 + Years	359	371	730	663	806	1469
<b>Total</b>	<b>10238</b>	<b>8427</b>	<b>18665</b>	<b>14618</b>	<b>11444</b>	<b>26062</b>

Our Outpatient Department covers the needs of patients who require follow-up care & check-ups. Total number of outpatients in the FY 2080/801 was **26062** which constituted **93.56%** of total patients. **Most common presenting diseases in OPD are APD, Fever, UTI, URTI, Abdominal Pain, Cough, Dental Caries, LRTI, and Headache.**

### 7.2 In Patient Service:

Patients requiring Intravenous medication, regular monitoring and care are admitted. Total number of in patients in FY2080/81 was 1413.

Indoor - Available 24 hours a day. Indoor service (General) with 16 beds and 2 Isolation Bed. And Maternity 4 Bed 3 Bed for SNCU and 4 bed for Postup

Fig 7.2.1 Number of in Patient admitted in 5 Fys

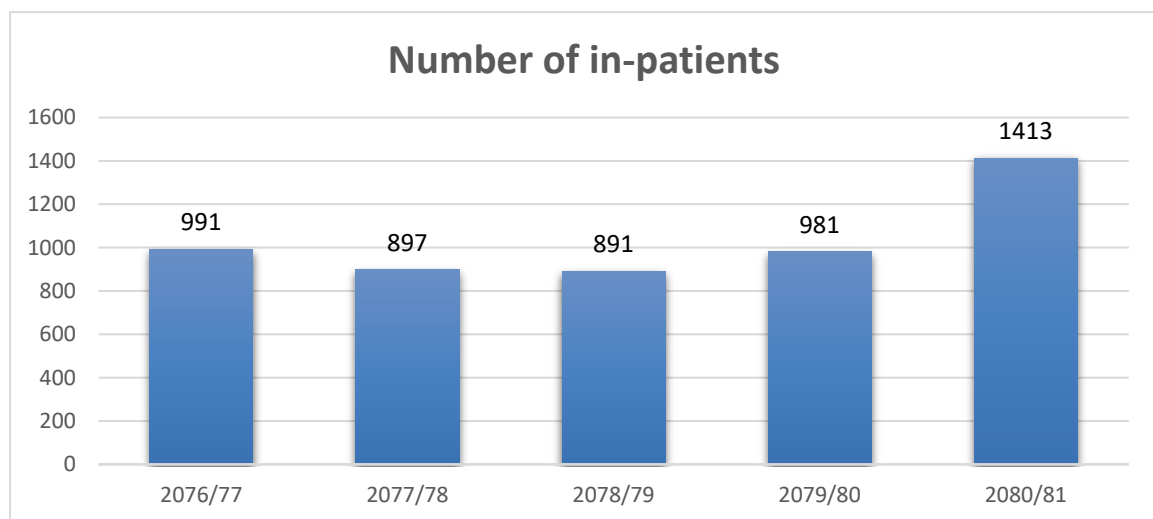
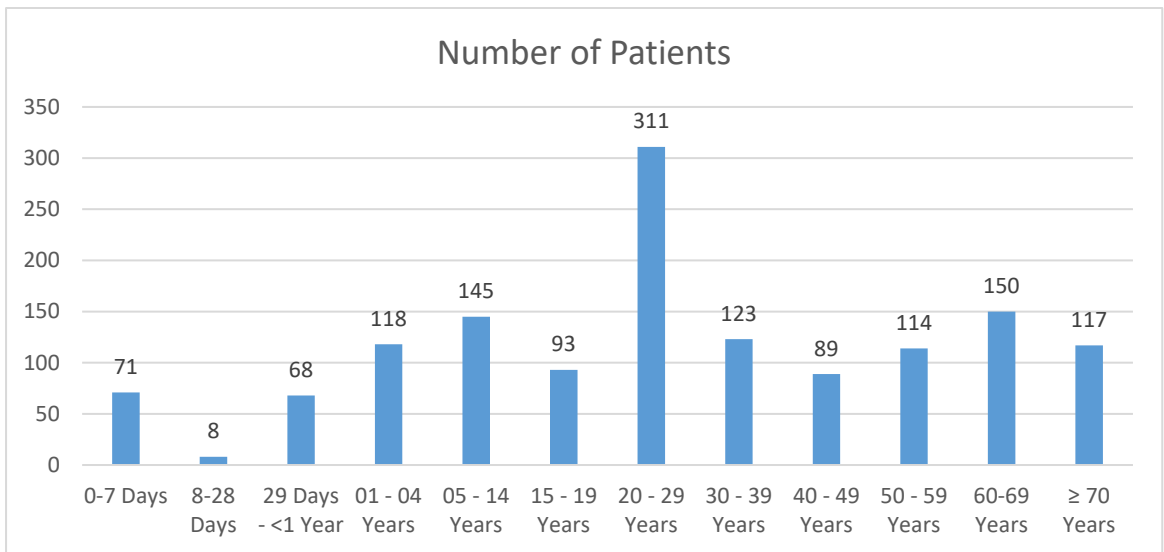


Table 7.2.2: Outcome of Admitted Patients:

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Sex	Cured	Not Improved	Referd out	DOR/LAMA	Absconded	Death	Total
Female	761		75	42	1	0	879
Male	447	4	54	23	0	0	528
<b>Total</b>	<b>1208</b>	<b>4</b>	<b>129</b>	<b>65</b>	<b>1</b>	<b>0</b>	<b>1407</b>

Fig 7.2.3 Agewise Distribution on Inpatient



**Table 7.2.4:Top 10 Morbidity in IPD Visit in FY 080/081**

Rank	Causes of Morbidity- 2080/81	Number of case
1	Pneumonia	
2	PUO (Fever)	
3	COPD	
4	Fall injury (Trauna)	
5	URTI	
6	UTI Urinary Tract Infection	
7	Acute abdomen	
8	Delivery Related	
9	Hyperemesis gravid	
10	Burn	

Table 7.2.5 : In- patient service indicators:

S.N	Indicators	FY 2078/79	FY 2079/80	FY 2080/81
1	Total Number of patient Admitted	897	981	1413
2	Average length of Inpatient stays(in days)	3.08	3.26	3.1
3	Bed occupancy rate	45.93	50.57	56.29
4	throughput	4.8	4.8	
5	Bed Turnover interval(in days)	78.84	75.28	63.83
6	Hospital Bed Turnover Rate	4.47	4.65	5.45
7	Inpatient Sex ratio	0.52	0.33	0.6
8	Doctor Inpatient Ratio			282.6
9	Nurse Inpatient Ratio			100.92
10	Death Within 48 hours of Admission	0.11	0	0
11	Death after 48 hours of Admission	0.22	0	0
12	Proportion of In patient among Total Patient			5.42

### 7.3 Emergency Services:

24 hours emergency service is available and a total of 5864 patients have received emergency service in FY 2080/81.

Major presenting complaints in the emergency are

- Road Traffic accidents,
- Fall injury,
- Acute exacerbation of COPD,
- Acute Urinary Retention,
- Acute abdomen related causes.

Figure 7.3.1 Showing Total Number of Emergency cases in last 4 FYs

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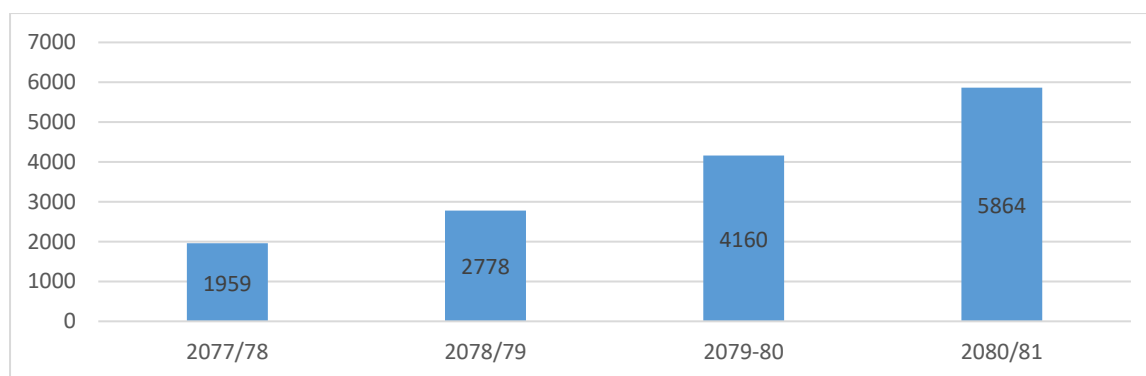


Table 7.3.2 Emergency Services by Sex and Age group in FY 2080/081

Age Group	client served		
	Female	Male	Total
0-9 years	387	707	1094
10-14 years	182	255	437
15-19 years	281	249	530
20-59 Year	1663	1248	2911
60-69 Years	228	209	437
70 + Years	231	224	455
<b>Total</b>	<b>2972</b>	<b>2892</b>	<b>5864</b>

### **7.4 Safe Motherhood Program:**

The goal of the National Safe Motherhood Program is to reduce maternal and neonatal morbidity and mortality and to improve the maternal and neonatal health through preventive and promotive activities as well as by addressing avoidable factors that cause death during pregnancy, childbirth and postpartum period.

Women and children can benefit from following services:

1. Birth Preparedness Package and MNH Activities at Community Level
2. Rural Ultrasound Program
3. Aama and the New born Program

Mother and newborn can directly benefit from the following services:

- **Transport incentive for institutional delivery**
- **Incentive for 4 ANC visits:**
- **Free institutional delivery services:**
- **Incentives to health workers for deliveries:**

- **Free sick new born care:**
- 4. Reproductive Health Morbidity Prevention and management Program
- 5. Management of Pelvic Organ Prolapses
- 6. Cervical cancer screening and prevention training
- 7. Obstetric Fistula management
- 8. Emergency Referral Fund
- 9. Nyano Jhola Programme

**7.4.1 Delivery Services**

Normal as well as complicated deliveries are conducted. Total number of deliveries is 231 in FY 2080/81.

Types of Deliveries.

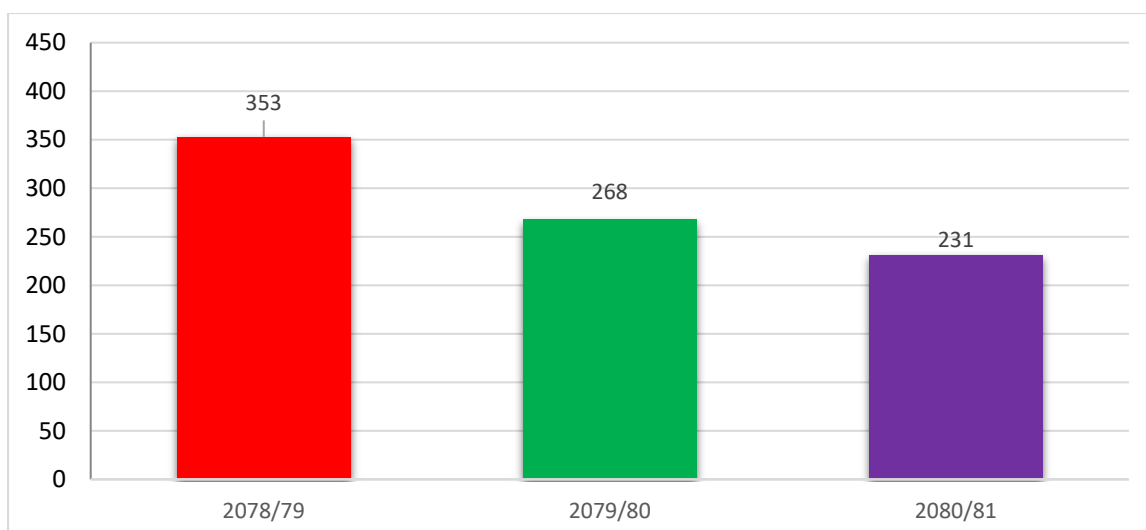
1) VD	198
2) Instrumental Deliveries	1
3) CS	32
4) Abortion Complication	19

Table 7.4.1.1 Complicated Deliveries

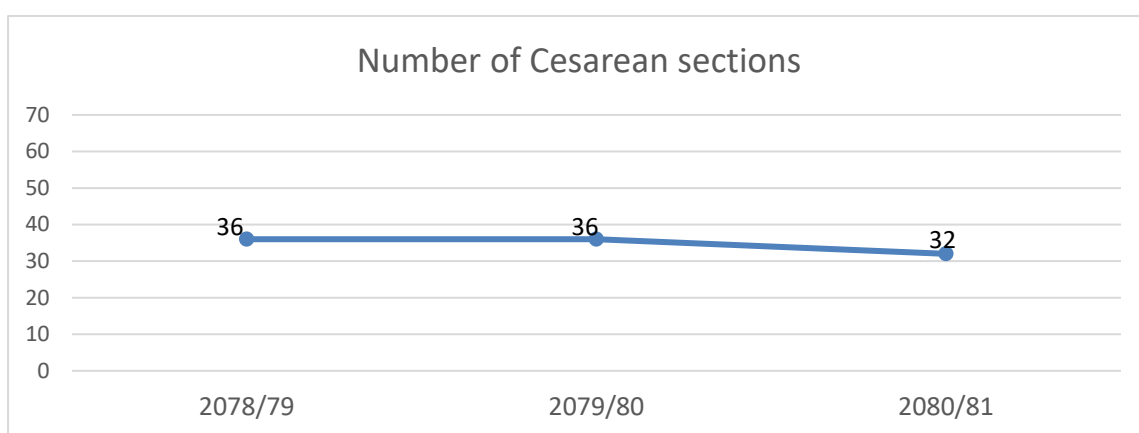
<b>Sn</b>	<b>Typers of Complicated Deliveries</b>	<b>Number</b>	<b>Remarks</b>
1	Instrumental Deliveries	1	
2	Abortion Complication	19	
3	Eclampsia	2	
4	Hyperemesis Gravidarum	1	
5	Postpartem Hemorrhage	5	
6	Retained Placenta	7	

Figure 7.4.1.2: Delivery Service

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**Figure 7.4.1.3: Number of CS**



**Table 7.4.1.4 Others**

Sn		Numbers	Remarks
1	Delivery Conducted By SBA Trained ANM	205	
2	Delivery Conducted By Skilled Health Personals	26	
3	Number of Live Birth	226	M 130 F 96
4	सामान्य तैल (२.५ केजी भन्दा बढी)	२०१	
5	कम तैल (१.५ देखी २.५ सम्म)	२५	
6	जन्मेको १ घण्टा भित्र स्तनपान गराएको शिशुको संख्या	२२६	



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7	नाभी मलम लगाएको शिशुको संख्या	२२६	
8	INJ Vitamin K पाएको शिशुको संख्या	२२६	
9	रक्तश्राप भई रगत दिएको संख्या	१०	

### 7.4.2 Incentive to Deliveries

	Number of case	Remarks
Number of Total Deliveries	248	Normal, Complicated, CS
Transport incentive for institutional delivery	248	Nrs3000
Incentive for 4 ANC visits	210	Nrs 800

### 7.4.3 Reproductive Health morbidity

Bajura District Hospital has been providing screening for

- Pelvic Organ Prolapse (POP)
- Cervical Cancer via VIA (Visual Inspection with Acetic acid).
- Breast Cancer Screening
- Obstetric Fistula
- Infertility

	No of Cases
Number of patientreceiving screening for POP	106
1st and 2nd Degree Prolapse	13
3 <sup>rd</sup> and 4 <sup>th</sup> Degree Prolapse	9
Number of women treated with ring pessary	10
No. of women provided with surgical treatment for POP	0
Number of patientreceiving screening for cervical Cancer	163
Number of patientreceiving screening for cervical Cancer via VIA	149
VIA Positive	8
Number of patientreceiving Cryotherapy Service/ Thermocoagulation	0
Number of Patients receiving Breast Cancer Screening	12
Number of Patients receiving Obstetric Fistula Screening	0

### 7.4.4 Emergency Referral Fund

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One of the causes of maternal and Neonatal mortality is Delay in reaching Health facility. None of the women with complicated delivery and abortion complication and newborn child have to delay in reaching Health Facility due to Financial Problems.

Number of Women and newborn Infant receive services from Emergency Refferal Fund	22
Number of Women and newborn Infant receive services from Airlift From President Women Upiftment Program	4

### 7.4.5 NyanoJholaProgramme

The NyanoJhola (warm shirts) programme introduced by the government to reduce infant deaths due to cold and infection across the country.

Under the programme, the government has been providing a pair of bhoto and daura, gloves and socks, cap, napkin and wrappers for an infant and a gown for the mother for use in breastfeeding who give birth at birthing centres and district hospitals.

Number of Nyanojhola Provided	234
-------------------------------	-----

### 7.4.6 Sick Newborn Service

To reduce the high early neonatal rate, Government of Nepal started a Free sick newborn (upto 28 days) treatment. For this SNCU (Sick Newborn Care Unit) started in hospital. Total of 7.4.6.1: Newborn receive the service from SNCU.

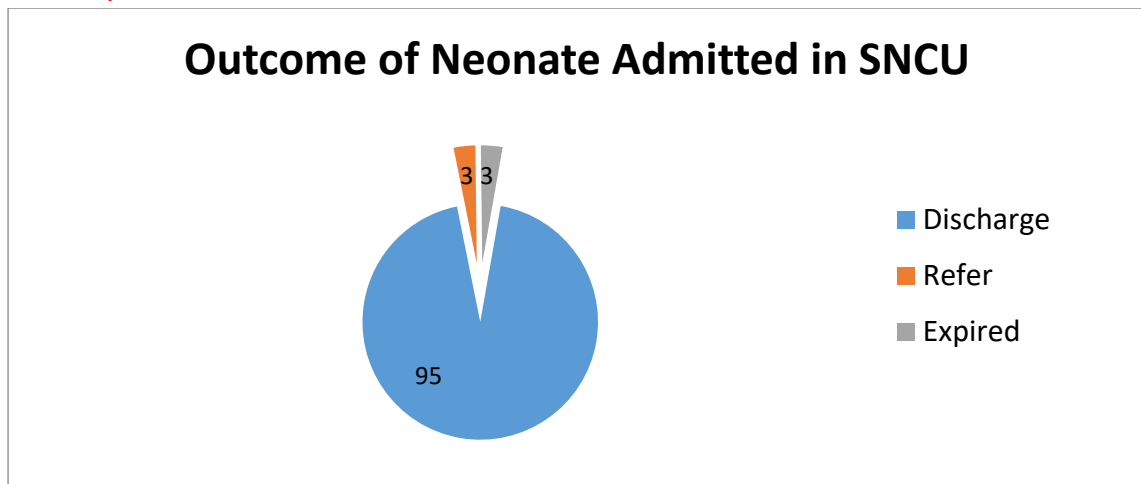
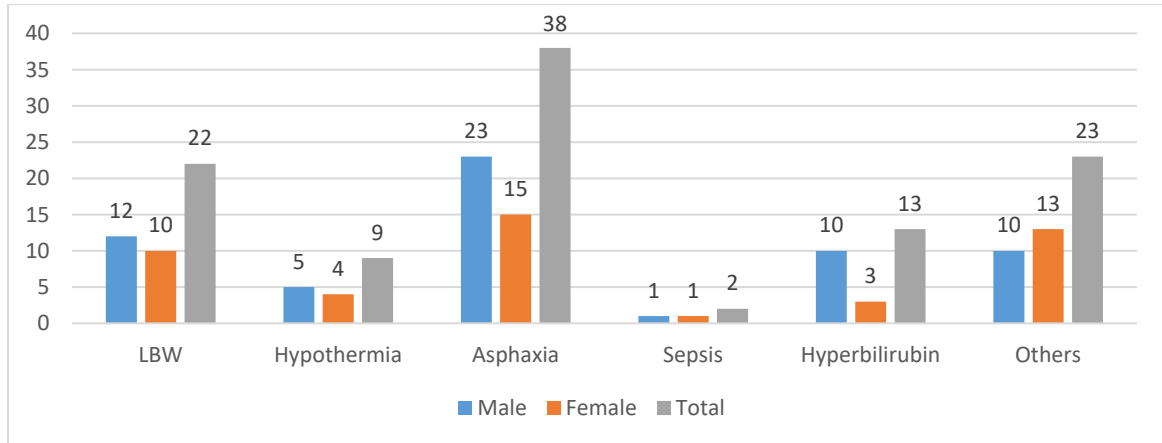


Fig 7.4.6.2: Details of Sick Newborn Admitted In SNCU/KMC



## 7.5 MCH (Maternal and Child Health) Services

### 7.5.1 ANC/PNC

ANC and PNC services are provided as per protocol in separate MCH Room.

#### Antenatal Care (ANC)

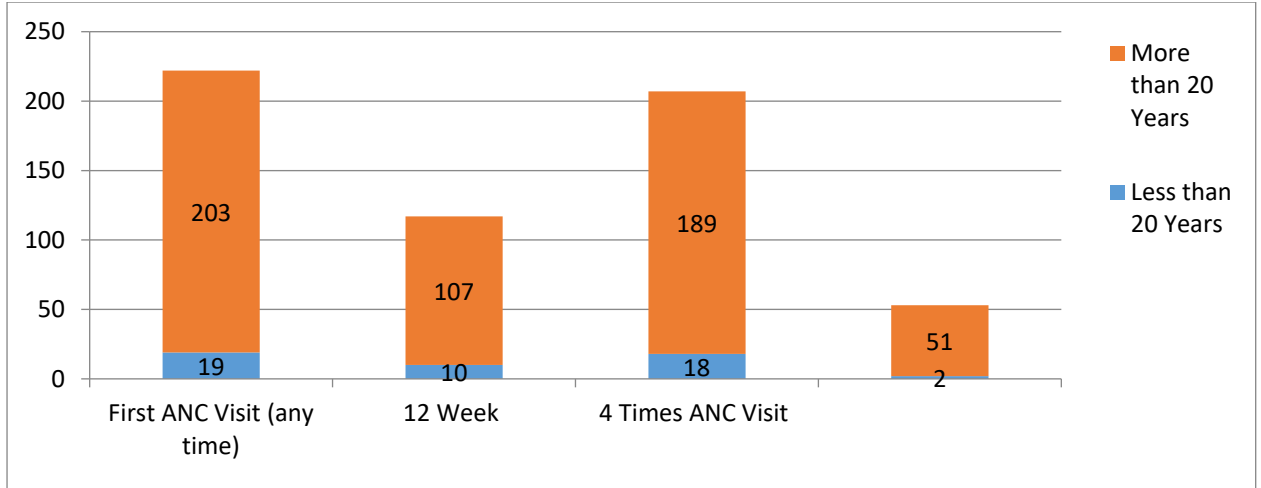
WHO recommends a minimum of four antenatal check-ups at regular intervals to all pregnant women (at 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> months of pregnancy). During these visits women should receive the following services and general health check-ups:

- Monitor blood pressure, weight and foetal heart rate
- IEC and BCC on pregnancy, childbirth and early newborn care and family planning
- Information on danger signs during pregnancy, childbirth and in the postpartum period and timely referral to appropriate health facilities.
- Early detection and management of complications during pregnancy
- Provision of tetanus toxoid (TT) and diphtheria (Td) immunization, iron folic acid tablets and deworming tablets to all pregnant women and malaria prophylaxis where necessary.

Pregnant women are encouraged to receive at least four antenatal check-ups, give birth at a health institution and receive three post-natal check-ups, according to the national protocols.

Figure 7.5.1: ANC Visit

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### Postnatal Care (PNC)

Postnatal care services include:

- Three postnatal visits: First visit within 24 hours of delivery, Second visit on the third day and Third visit on 7-14 day after delivery.
- Identification and management of mother's and newborn in complications of postnatal period and referral to appropriate health facility as and when needed.
- Promotion of exclusive breastfeeding.
- Personal hygiene and nutrition education, post-natal vitamin A and iron supplementation for the mother.
- Immunization of newborns and
- Post-natal family planning counseling and services.

Table 7.5.2 : ANC Visit

सुत्केरी तथा नवजात शिशु जाच	सुत्केरी	नवजात शिशु	कै
पहिलो पटक (२४ घण्टामा)	231	226	
३ पटक ( २४ घण्टामा, ३ दिनमा र ७-१४ दिन भित्र)	35	36	
४ पटक ( २४ घण्टामा, ३ दिनमा, ७-१४ दिन भित्र र ४२ दिनमम)	3	3	

### 7.5.2 Safe abortion Service:

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Preventing unwanted pregnancies through quality family planning services is a first step towards addressing women's reproductive health needs, and increasing access to safe abortion services has been considered as a missed opportunity to prevent unwanted pregnancy, however, there is a dearth need to make this service available in order to prevent mortality and morbidity from unsafe abortion. A comprehensive approach needs to be integrated between three services, family planning, safe abortion and post abortion care. This means ensuring the availability of comprehensive abortion care (CAC) that refers termination of unwanted pregnancies through safe technique with effective pain management, post procedure family planning information and service to ensure women are able to plan when to have children and avoid further unwanted pregnancies.

### The services include:

- i) Pre & post counseling on abortion methods and as well on contraceptive methods
- ii) Termination of pregnancy as per national protocol
- iii) Diagnosis and treatment of existing RTIs and
- iv) Provide contraceptive methods as per informed choice and follow up for post abortion complication management

Safe abortion services upto First trimester (12 Weeks) with consent of women is available in Bajura District Hospital. Available services are CAC (MA and MVA) and PAC.

Only trained and listed doctors or health workers can provide safe abortion services at the accredited health facilities, with the consent of women and based on the criterion spelled in the safe abortion service guideline. The increasing trend in abortion utilization shows that more and more women are seeking safe abortion services. In FY 2080/81 202 +25 (CAC+PAC) women received safe abortion service from district Hospital Bajura

Table 7.5.2.1: Safe Abortion Services:

Safe Abortion Services		Less than 20 Yrs	Greater than 20 Years	Total
CAC	MA	13	147	160

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	MVA	1	41	42
PAC		25		

Post Abortion Family Planning	LARC	Short Acting
	30	151

### 7.5.3 Immunization Services

Routine immunization service is provided in 10th day of every month in MCH Clinic.

१. खोप कार्यक्रम																											
खोपको प्रकार	वि.सी.जी. (BCG)	रोटा (Rota)		पोलियो (OPV)			एफ.आई.पि.भी. (FIPV)		पी. सी. भी. (PCV)			डी.पी. टी. हेप वि.- हिब. (DPT, Hep-B, Hib)			दादुरारुवेला (MR)		जे.ई (JE)	टाईफाईड (TCV)	२३ म. भित्र पूर्णखोप प्राप्त गरेका बच्चा	एच.पि.भि. (HPV)		टि.डी. (गर्भवती महिला) (TD)			२४ - ५९ म. मा खोप शुरू गरेका बच्चा	AEFI Cases (जनाना)	
		पहिलो	दोस्रो	पहिलो	दोस्रो	तेस्रो	पहिलो	दोस्रो	पहिलो	दोस्रो	तेस्रो	पहिलो	दोस्रो	तेस्रो	पहिलो	दोस्रो				पहिलो	दोस्रो	दोस्रो+	सामान्य	गम्भिर			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
खोप पाएका बच्चाहरूको संख्या	101	82	84	82	84	75	75	81	82	84	85	82	84	75	85	74	58	74	74			97	62	62			

### 7.5.4 Family planning

Both of Temporary and Permanent Family Planning method are available.

Temporary family planning service including Long Acting Reversible Contraceptive (LARC) [ Implant and Copper T] and Short Acting Reversible Contraceptive(SARC) Dipo, Pills, Condoms) are provided. Permanent Family planning Methods Vasectomy and Minilap is available routinely.

Table 7.5.4.1 : number of Various Family Planning methods by age

S. N	Methods/Devices	New Users		Current Users	Discontinue/ Removal		Distribution
		<20 years	>20 years				
1	ECP		1			Dose	1
2	Pills	1	44	18	59	Cycle	158
3	Depo	2	199	129	224	Dose	470
4	IUCD			23		Set	80
5	Implant	1	113	581	52	Set	114
6	condom					Ps	17300
7	Vasectomy		6				
8	Tubectomy		5				

### 7.5.5 ASRH

The overall goal of the National ASRH Program is to promote the sexual and reproductive



health status of adolescents. The criteria of adolescent-friendly services (AFS) include, among others, the availability of trained staff as well as information materials on adolescent sexual and reproductive health, the delivery of services in a confidential way, adolescent-friendly opening hours, the display of the AFS logo as well as the inclusion of two adolescents in the HFOMC.

## 7.6 Diagnostic Services

### Diagnostic Service Distribution

Particular	2078/79	FY 2079/80	FY 2080/81
Average no of Lab per day	137.1	154.6	237.72
Average number of Laboratory Test per day	32.6	23.03	31.99
Average no of Radiographic Images per day	18.7	19.8	26.14
Average Number X Ray per Day	9.94	10.5	15.6
Average no of USG per day	8.7	9.3	10.5

#### 7.6.1 Lab:

24 hours lab service is provided. Average of **237.72** lab tests are done per day.

Following Services are available in Lab.

- Hematology (CBC Analyser 5 Parts, Horiba), PT INR, BT-CT
- Biochemistry (LFT, RFT, Lipid profile, Sugar, Uric Acid, Albumin, Protein, Calcium, Amylase, Lipase, HbA1C) by Automated BiochemisrtyAnalyser
- Endocrinology (TFT)

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- Serology ( HIV, HbsAg, HCV, HAV, HEV, VDRL, TPHA, RPR), CRP, RA Factor, ASO, Troponin I
- Bacteriology/Parasitology
- Microscopy (Urine, Stool)
- Free Nepal Government Programs
  1. K-39 Test
  2. Peripheral smear/RDT for MP
  3. AFB Stain for TB
  4. Gene Export for TB
  5. Smear for Lepra
  6. HIV
  7. RDT for Scrub Typhus
  8. RDT for Dengue
  9. Cholera RDT

Table 7.6.1.1: Different lab investigation done in 3 FYs

FY	Bacterology	Biochemistry	Virology	Parasitology	Immunology	Hematology	Hormonal /Endocrine	Total
2076/77	881	10780	4639	5089	7522	16953		45864
2077/78	477	19648	4654	6238	8326	23834		63177
2078/79	315	16747	5169	6439	8066	34166	2397	73299
2080/91	341	21126	3204	5707	9804	60175	2426	

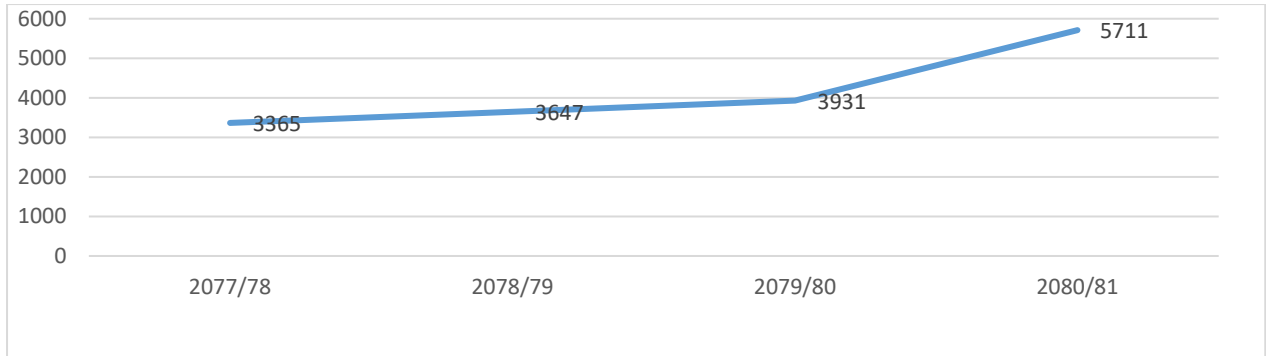
### 7.6.2 Xray:

Digital Xray (CR) service is available 24 hours in the hospital which is led by Radiographer. Total X-Ray Done in FYs 2080/81 is 5711 with Average number of X-rays done per day is 15.6.

Figure 7.6.2.1: Number of x ray services provided in 4 FYs



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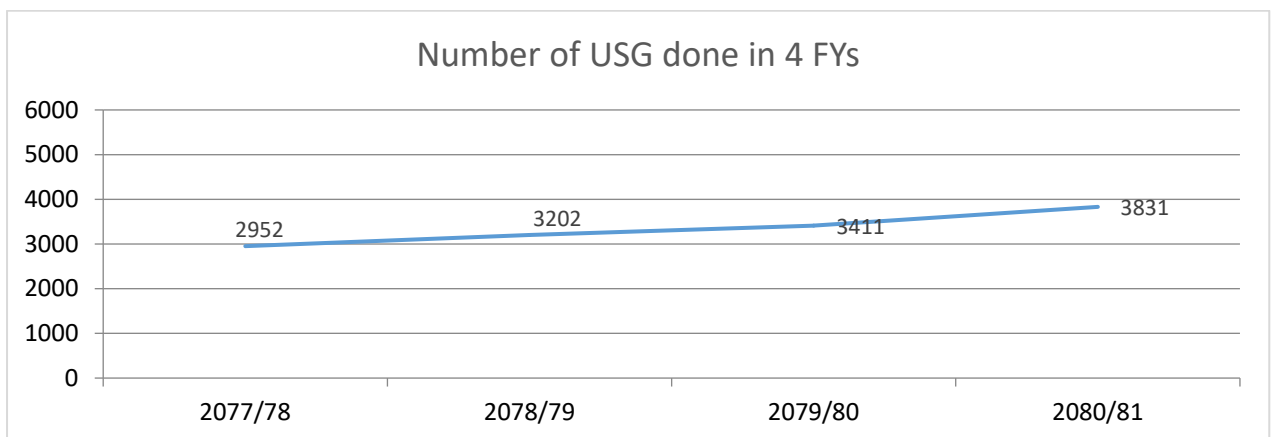


### 7.6.3 USG:

Basic screening ultrasound is performed by and Medical officers.

Total USG Done in FYs 2080/81 is 3831 with average number of USG done per day is 10.5.

Fig 7.6.3.1 Number of USG done in 3 FYs



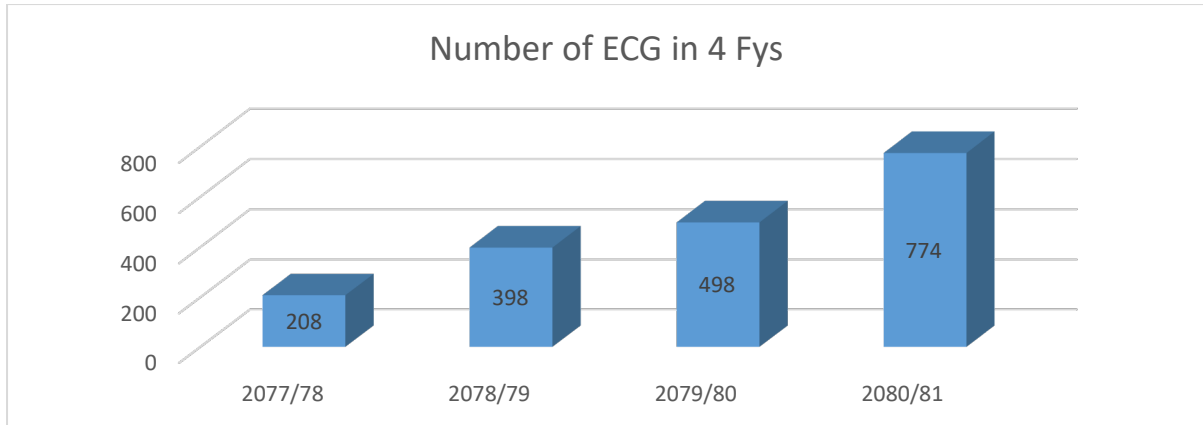
### 7.6.4 ECG Services

ECG is done in patient who is suspected to have cardiac ds to rule out rhythm disturbances, ischemic changes, hypertrophy etc. ECG Service is available in OPD, Emergency and Inpatient Department.

Total ECG done in FYs 2080/81 was 774

Figure 7.6.4.1: Number of ECG done in 3 FYs

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### 7.7 Dental:

Dental service has been provided Dental Surgeon.

Dental OPD procedures like

- Dental extraction,
- Scaling,
- Root Canal Treatment (RCT),
- Dental restoration,
- Dental X-ray / RVG and other procedure are performed.

Sn	Dental Procedure	Number of Patients	Remarks
1	RCT	143	
2	X Ray	61	
3	Dental Scaling	65	
4	Dental Minor OT	22	
5	Dental Extraction	202	
6	Dental Restoration	6	

Name of Major Equipment available in Dental OPD

- Dental Chair
- Dental X-ray
- RVG
- Dental Extraction Set ( Adult and Pedo)
- Restoration Set
- Oral prophylaxis set

Common Morbidities of Dental OPD are

Sn	Dental Problems	Female	Male	Total

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1	Dental caries	215	194	409
2	Toothache	194	147	341
3	Periodontal disease (gum disease)	64	71	135
4	Tooth impaction	73	50	123
5	Other disorder of teeth	46	41	87
6	Stomatitis	52	31	83
7	Gingivitis	31	37	68
8	Oral ulcer (Aphthous & herpetic)	30	22	52
9	Oral space infection & abscess	25	27	52
10	Periodontitis	32	18	50
11	Dry Mouth	29	21	50
12	Fungal infection (candidiasis)	26	8	34
13	Stained Teeth	15	8	23
14	Glossitis	11	10	21
15	Hypersensitivity	5	3	8
	Total			1536

### **7.8 Pharmacy:**

Hospital pharmacy is own pharmacy of bajura Hospital It provides the 24 hours pharmacy services. It is also the source of income for the hospital. There is a pharmacy drug and therapeutic committee in our hospital which suggest for the selection of standard drugs which is guided by Hospital Pharmacy Services Directive 2072 .There is a computerized system for the pharmacy of Bajura Hospital.

Some drugs are available free of cost for the patients which is supplied by province government as well as by the bajura Hospital those patients (target Group who are recommended by Social Service Unit). To control drug abuse, narcotics are made available on the prescription of doctor. More than 600 varieties of drugs are available in our pharmacy.

### **7.9 Operation Services**

Routine and Emergency CS is available .( Data in Safemotherhood Section)

Routine Orthopedica Procedure available with C Arm Facility.

Details of Operative Services

Type of Surgeries	Number of Surgeries	Total	Post Operative
-------------------	---------------------	-------	----------------

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		Female	Male		Infection
<b>Major</b>	Emergency	19	5	122	
	Inpatient	36	62		
<b>Intermediate</b>	Emergency			18	
	Inpatient	8	10		
<b>Minor</b>	Outpatients	36	45	1508	
	Inpatients	104	77		
	Emergency	510	736		
<b>Plaster (Slab+Cast)</b>		180	245	425	

### 7.10 Different Programs

#### 7.10.1 OCMC:

Under the leadership of the Prime Minister's Office, the Ministry of Health and Population (MoHP) has established one-stop crisis management centers (OCMCs).

OCMC program has been incorporated with a view to ease and facilitate the victims of gender based violence and sexual assault. Separate examination and counselling room has been allocated for OCMC.

Total Budget allocated in OCMC Bajura District in FYs 2080/81	12 Lakhs
Total Expenditure in OCMC	12
Total Meeting ( Genderbased Violence Management Co-ordination Committee) Held in FYs 2080/81	2
Total Case Registered in OCMC Bajura	201+ 269 FU

जात अनुसार नया सेवाग्राहीको विवरण					
दलित	जनजाती	मधेशी	मुस्लीम	ब्राम्हन/क्षेत्री	अन्य
७६	०	०	०	१२१	०

Details in Section 11

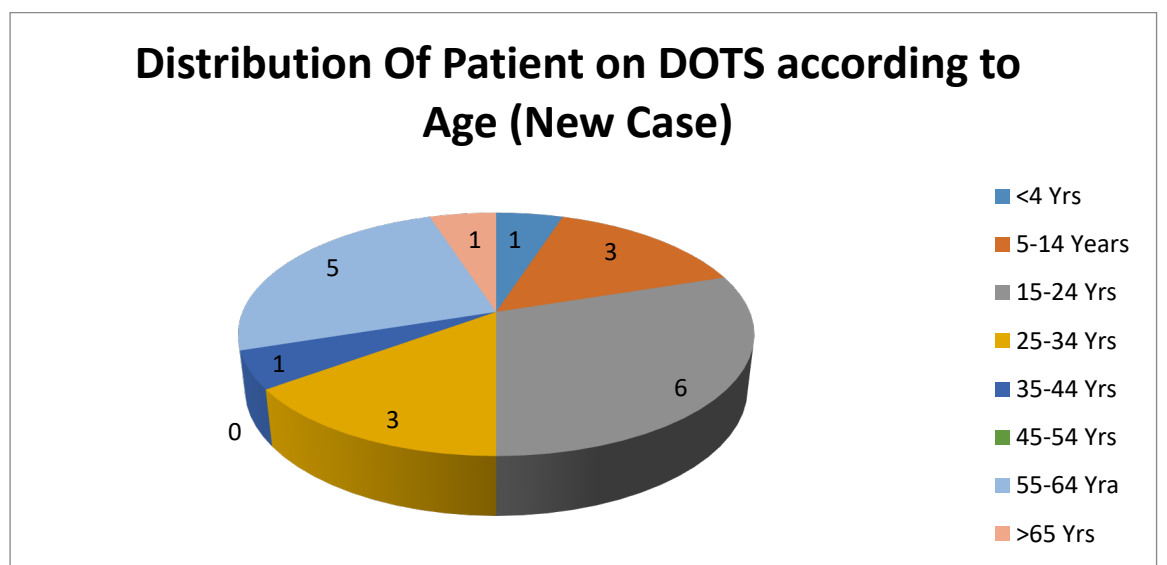
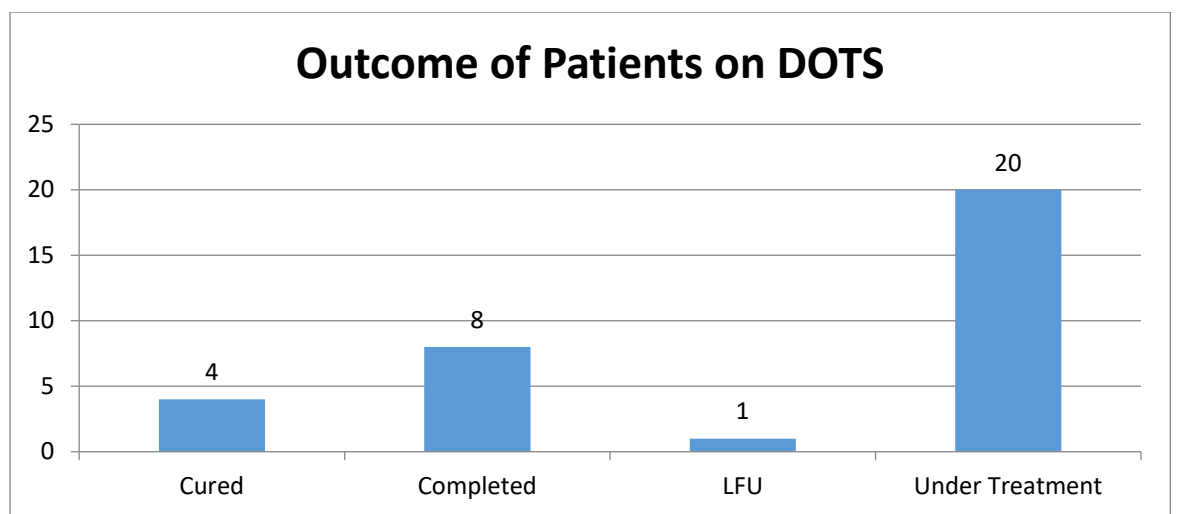
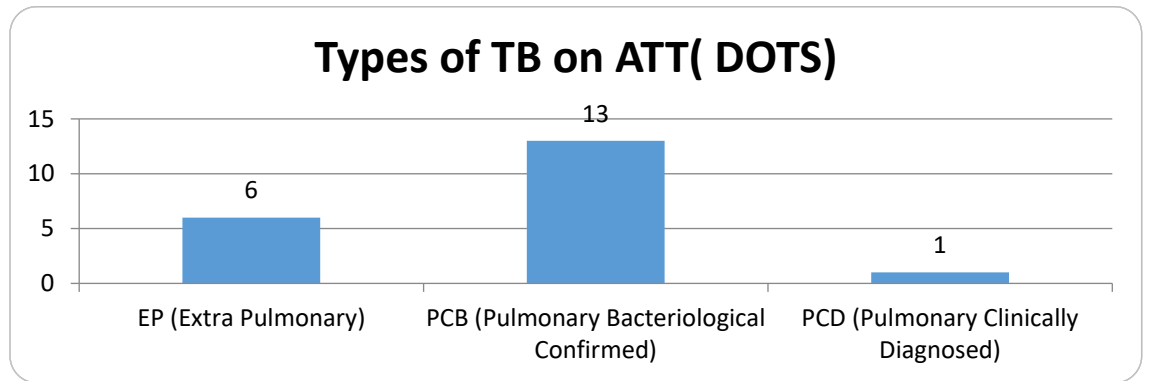
#### 7.10.2 DOTS TB:

##### DOTS

Free clinical counseling and medicinal services are provided to the TBs patient on everyday basis from 10:00 AM to 5:00PM. 20

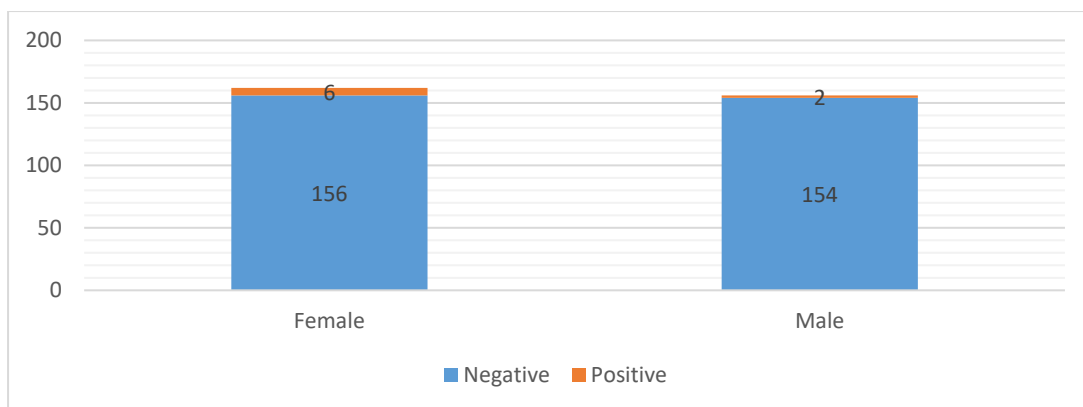
**Annual Report, Bajura District Hospital- FY 2080/081**

Newpatients received ATT in DOTS clinic in FY 2080/81. Among them 12 male and 8 Female.

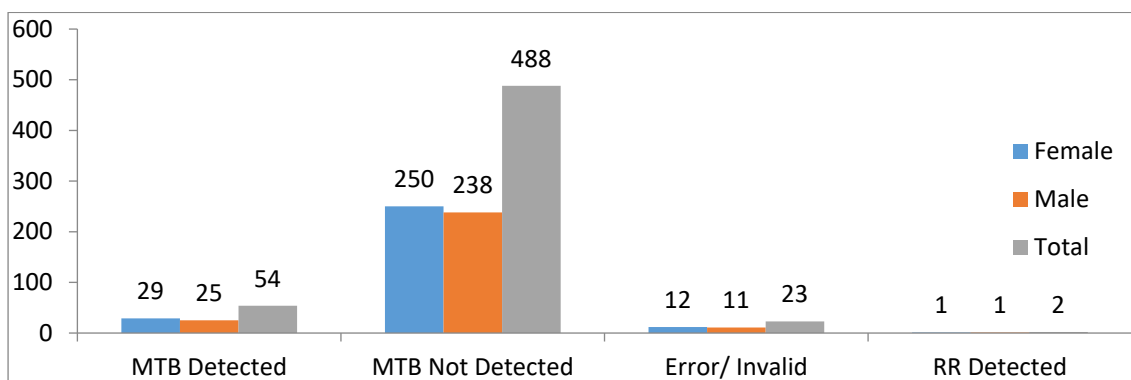


Sputum Smear Examination for Microscopy. Total Test 318

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Gene Xpert facility started from FYs 2080/81 in Bajura District Hospital. Total sample processed in Gene Xpert is **112**, Out of which **16** came Positive.



**Gene Xpert MTB/RIF Result**

### Leprosy

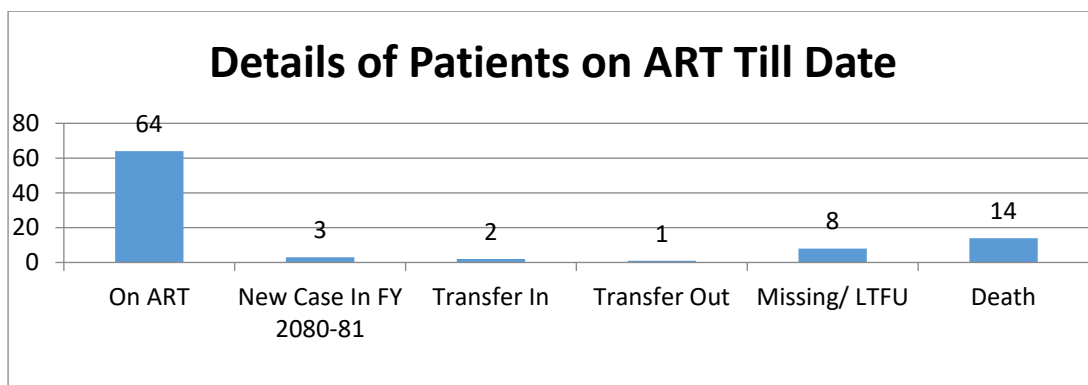
In FYs 080/81 total patient on treatment of leprosy are 2 (Female). All are Multibacillary type.

### 7.10.3 ART

#### ART Services

Free VCT/ART counseling and medicinal services provided to the HIV patient on everyday basis from 10:00 AM to 5:00PM. An ART service is provided by ART Counsellar. Total of **87** Patient are enrolled in ART in ART Centre of Bajura District Hospital in Till date. Total New case Enrolled in ART in FYs 2080/81 is 03.

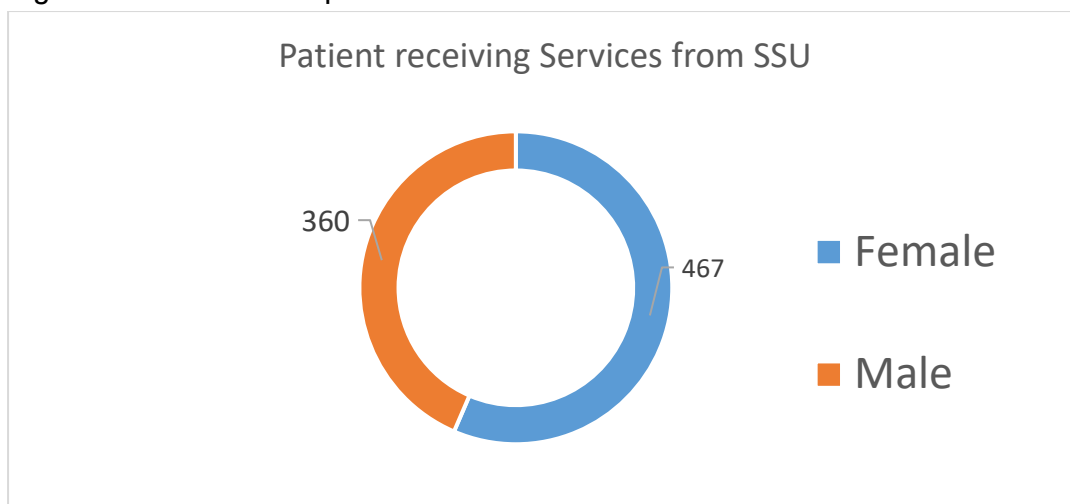
Figure 7.10.3.: Outcome of patient on ART (Till Date)



**7.10.4 Social service Unit:**

Social service unit has been providing discounted and free services to the poor, disabled, senior citizens, gender based violence, senior citizen and FCHVs. Total 827 New+ 28 Follow up patients have been benefitted under this service.

Figure: 7.10.4.1 Total patient received services from SSU



**7.10.5 MPDSR programs**

MPDSR is Continuous identification, notification, quantification and determination of causes and avoidability of all maternal and perinatal deaths, as well as the use of this information to respond with actions that will prevent future deaths. Main goal of MPDSR is to eliminate preventable maternal and perinatal mortality by obtaining and using information on each maternal and perinatal death to guide public health actions and monitor their impact.

Hospital Based MPDSR was started in FYs 2074/75

Major achievement related to MPDSR in FYs 2080/81 are:

- Number of Meeting of Hospital MPDSR Committee 12
- Number of Maternal Death 0
- Number of Perinatal Death 7
- Number of early neonatal death 1

**7.10.6 EWARS**

Early warning and response (EWAR) is one of the main functions of public health surveillance. WHO, 2014 defines it as a “mechanism to detect as early as possible any abnormal occurrence or any divergence from the usual or normally observed frequency of phenomena”? EWAR is required to increase timeliness and sensitivity of detection of outbreaks or other public health emergencies, improve quality of risk assessment, and carry out prompt and effective response. International Health Regulations (IHR) requires all World Health Organisation’s (WHO) member states to have EWAR capacity.

Early Warning and Reporting System (EWARS) is operational in Nepal to perform EWAR function. EWARS is a hospital-based sentinel surveillance system where the selected hospitals send immediate and weekly reports (including zero reports) on six priority diseases and outbreaks of any diseases. It is designed to provide timely report of selected epidemic prone, vector-borne, water and food borne diseases for the early detection of outbreaks.

Currently, six diseases are reported in EWARS as shown in the box.

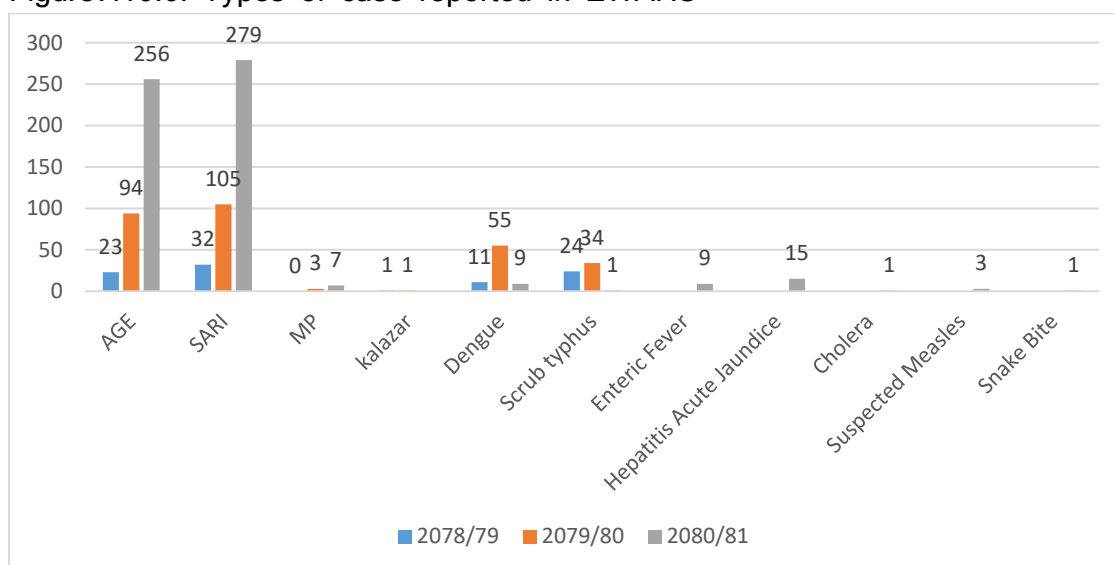
Epidemic prone diseases Vector borne diseases	Vector borne diseases
Acute Gastroenteritis (AGE) Cholera Severe Acute Respiratory Infection (SARI)	Malaria Denge Kala-azar

Scrub typhus, Covid 19 and ILI cases have also been reported since few years.

Total Number of Reported Weeks	52 Weeks
Reporting Rate	100%
Total Number of Reported Week on Time	29
Reporting Rate on Time	55.8%
Total Number of case reported in EWARS	292 Cases



Figure 7.10.6: Types of case reported in EWARS



### 7.10.7 NRH

Nutritional Rehabilitation Homes (NRHs) are special clinics designed to address pediatric malnutrition throughout Nepal. Children who arrive at a hospital presenting with malnutrition are encouraged, after hospital discharge, to spend several weeks receiving free, holistic, individualized, intensive nutritional care at the nearest NRH. The outcomes for these children are near-miraculous.

Under the supervision of a nutritionist, children at the NRH are fed a nutrient-rich diet to allow their bodies to grow strong. Meanwhile, caregivers are given lessons in hygiene, food preparation, nutritional health, and family first aid, each of which are tailored to their individual circumstances, empowering them to maintain the health of their families moving forward.

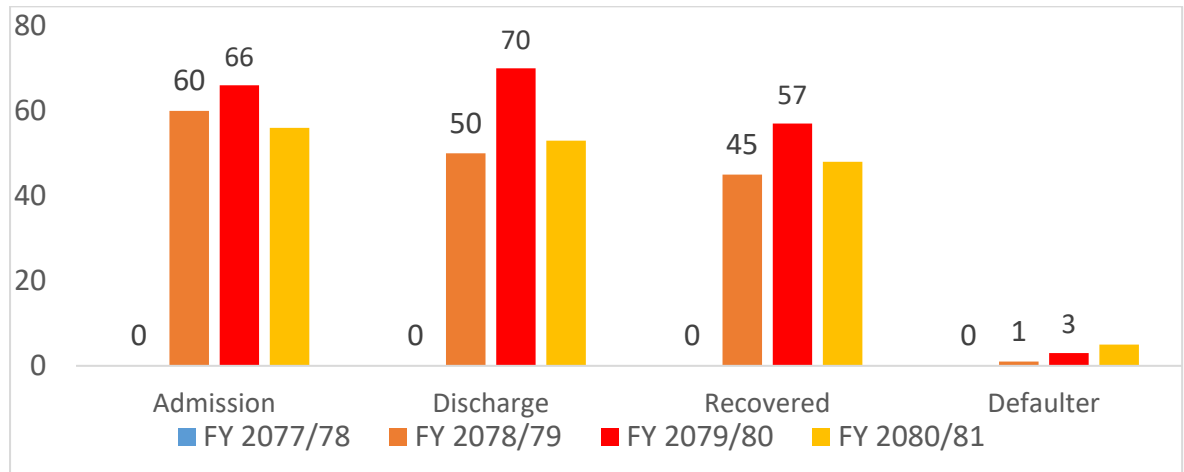
NRH is Established in Bajura District Hospital on **2078-09-01**

#### Total number of cases admitted at NRC

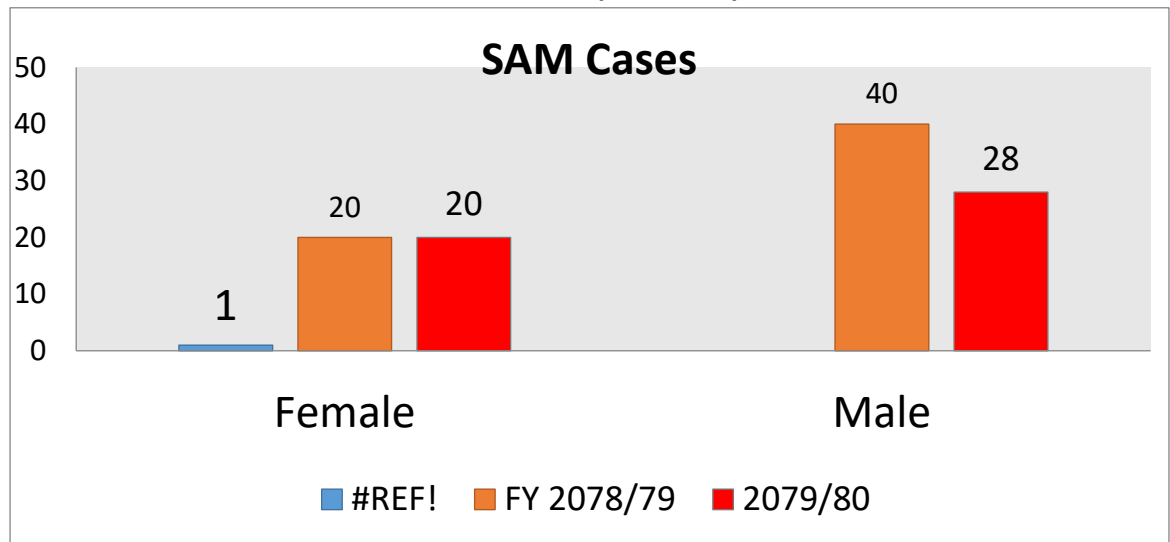
Fiscal Year	Moderate Malnutrition (MAM)	Acute	Severe Malnutrition (SAM)	Acute	Global Malnutrition (GAM)	Acute
2077/78		0		0		0
2078/79		27		60		86
2079/80		18		48		66
2080/81		1		56		57

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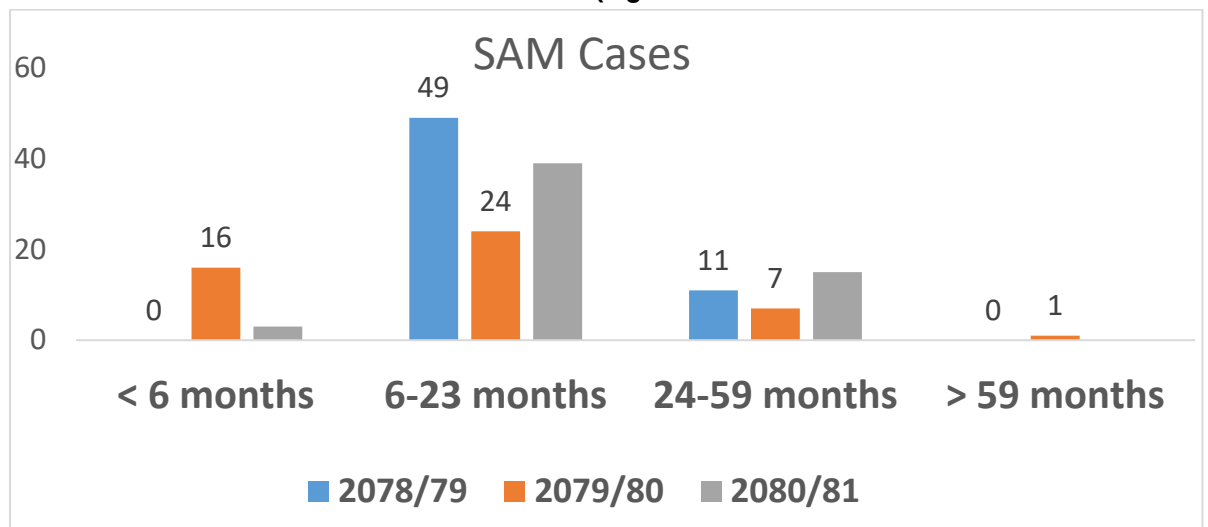
Trends Of NRH



Trend of SAM Cases admitted in NRC (Sex-wise)



Trend of SAM Cases admitted in NRC (Age-wise)



**7.11 Health Insurance:**

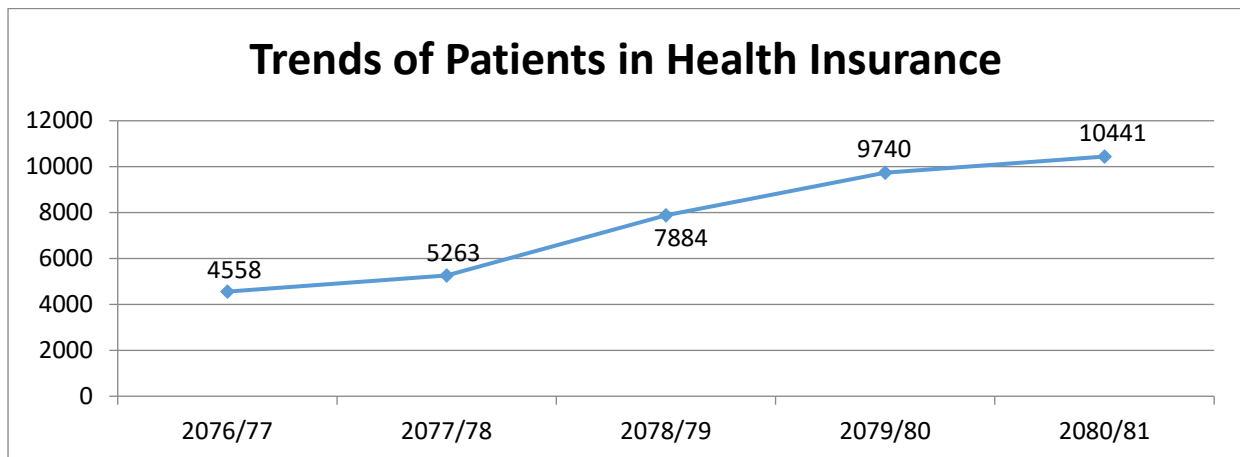
Bajura Hospital provides Health Insurance facilities as per the directives of Government of Nepal. As per the plan of the government to include more people under health insurance Bajura Hospital provide all the necessary checkups and required services. Bajura Hospital provides Health Care Packages as per the Health Insurance Board of Nepal Government.



Health Insurance is aimed to increase the access of health services to the poor and the marginalized people.

Details of Claims Status of Health Insurance of 5 FYs

FYs	Total Claims	Claimed total NRs	Approved Amount NRs	Reimbursed amount	Remarks
2076/77	4558	6351067.64	5777297.13		
2077/78	5263	6276601	5743761		
2078/79	7884	8,693,359.12	8,125,989.34	4682371.05	
2079/80	9740	10965945	9949762	8761085	आउन बाकी
2080/81	10441	13940914	12997534	9484943	5918326



Details of Health Insurance in FY 2080/81

	Rejected	Valuated	Checked	Entered	Total
Number Of Patients	26	5409	5005	1	10441

Details of Health Insurance in FY 2079/80 Monthwise

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Sn	Month	Total Pts	Claimed	Approved	Remarks
1	Shrawn	1316	1608452	1482234	
2	Bhadra	1166	1580833	1359967	
3	Asoj	1119	1706994	1506545	
4	Kartik	542	726788.3	674464.3	
5	Mangsir	665	952776.8	894346.4	
6	Poush	622	848401.9	737944.5	
7	Magh	699	852956.2	723946	
8	Falgun	766	847106.5	846906.5	
9	Chaitra	817	1002746	1002746	
10	Baisakh	783	1101461	1101461	
11	Jestha	992	1259371	1259181	
12	Asar	904	984229.8	984084.8	
	<b>Total</b>	<b>10391</b>	<b>13472116</b>	<b>12573827</b>	

### 7.12 **Medico-legal:**

Medico-legal examinations including Autopsy examination, Sexual assault related examination, Physical Injury, Age Estimation and Drunkenness examination are performed.

Table 7.9.1: Types of Medigo-legal Cases in FY 2080-81

	Number of Cases
Autopsy	37
Injury Examination	35
Gender Based Violence Examination	20
Others	

### 7.13 **Physiotherapy Services**

Physiotherapy is anchored in movement sciences and aims to enhance or restore function of multiple body systems. Physiotherapy helps restore movement and function when someone is affected by injuries, illness or disability.

Physiotherapy services are started in District Hospital Hospital with the financial help of Handicap International and technical Support of HRC Bajura.

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Physiotherapy service is provided by Physiotherapy Assistant since Asoj 2080.

Services provided in Physiotherapy Unit

- Musculoskeletal Physiotherapy
- Geriatric Physiotherapy
- Childrens Physiotherapy
- Sports Physiotherapy
- Women's health Physiotherapy
- Rehabilitation and Pain Management
- Cardio-respiratory Physiotherapy
- Neurological Physiotherapy

Name of Equipment available in Ophtahalmology OPD

- IFT
- Parallel Bars
- Hydrocollateral Unit
- Muscle stimulators
- T- pulley
- Shoulder wheel
- TENS
- Traction Unit
- Traction Beds
- UST (Ultrasound Theraphy)
- Table quadriceps
- Parrafin waxbath
- CPM (Continous passive movement)
- Static Cycle
- Trampoline
- Others

Table 7.11.2.1: Total Number of Patient in Physiotherapy unit

Sn	Sex	Number of visits	remarks
1	Male	124	
2	Female	150	
	Total	274	

Top 5 Morbidities in Physiotherapy in District Hospital Bajura

1. Arthritis (Commonly Knee OA)
2. IVDP ( Intra Vertebral Disc Prolapse Commonly Lumber)

3. Post Traumatic Stiffness
4. Frozen Shoulder
5. Mechanical Pain

#### 7.14 Other Services:

##### 7.14.1 Ambulance:

Ambulance is present for rapid referral of sick patients. But Old Ambulance need Maintenance. One of the ambulance NOT equipped with GPS Tracking system



एम्बुलेन्स नेपाल

##### 7.14.2 Blood Transfusion:

Blood Transfusion Services is provided in hospital by Emergency Blood bank. List of Blood Group of Hospital staff, Security Force (police, Army APF) is maintain.

Total pint blood was transfused in FY 2080/81 was 20

##### 7.14.3 Biomedical Maintenance Department

Regular maintenance and calibration of Medical equipment is done in this department. Department is led by BMET. Biomedical Lab is established with help of NSI

Major Activity by this department:-

- Inventory management of hospital equipment.
- Management of spare parts for repair of medical equipment.
- Maintain electric supply, water supply and oxygen supply in hospital.
- Repair medical equipments during breakdown.

##### 7.14.3 Referral

Due to lack of Speciality service, unavailability of critical care unit (HDU, ICU, NICU, PICU), Advanced Diagnostic Services patient had to refer to Other centre.

Common referral hospital are:

- Bayalpata Hospital, Achham

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- DadeldhuraHospital
- SetiProvincial Hospital
- Nepalgunj Medical College, Koholpur

**8. Major Hospital Indicators**

Following are the major hospital indicators:

**Trend of Major Hospital Indicator Fact-Sheet (Three Years Comparison)**

INDICATORS	2078/07 9	2079/080	2080/81
<b>Recording and Reporting</b>			
% of monthly report entered	100	100	100
% of monthly Reporting on time	100	100	100
<b>OPD Services</b>			
Number of Patient Utilising OPD Services (New Case)	12295	12910	18665
Number of Patient Utilising OPD Services (Total Case)			26062
Number of Female Patient Utilising OPD Services			10238
Number of male Patient Utilising OPD Services			8427
Proportion of OPD Patient among total Patients	83.5	93.5	92.5
Doctor:Outpatient Ratio			4343
<b>Inpatient Services</b>			
Inpatient Bed	15	15	15
Total Number of patient Admitted	897	981	1413
Total inpatient discharge	831	948	1407
Average length of Inpatient stays(in days)	3.08	3.26	3.1
Bed occupancy rate	45.25	49.82	55.46
throughput	4.82	4.81	5.48
Bed Turnover interval(in days)	75.12	74.87	65.79
Hospital Bed Turnover Rate	4.47	4.65	5.45
Inpatient Sex ratio	0.52	0.33	0.6
Doctor Inpatient Ratio			282.6
Nurse Inpatient Ratio			100.92
Death Within 48 hours of Admission	0.11	0	0
Death after 48 hours of Admission	0.22	0	0
Proportion of In patient among Total Patient			5.42
IPD Patient referred from hospital	7.58	9.68	7.86
Total number of Neonate admitted in SNCU		63	101
<b>Emergency</b>			
Number of Patient receiving Emergency Services	2778	4160	5864



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Emergency Sex ratio			0.97
<b>Safe Motherhood Program</b>			
Total Deliveries	353	268	231
Normal Vaginal Deliveries	317	232	198
Assisted Deliveries (Vaccum/Forcep)	36	0	1
CS	36	36	32
% of normal vaginal deliveries among reported deliveries	89.56	86.57	85.71
% of assisted (vaccum or forceps) deliveries			0.43
% of deliveries by caesarean section among reported deliveries	10.2	13.43	13.85
Number of Live Birth		259	226
सामान्य तैल (२.५ केजी भन्दा बढी)		227	२०१
कम तैल (१.५ देखी २.५ सम्म)		30	२५
% of newborns with low birth weight (<2.5KG)	10.29	11.97	15.04
% of newborns who had CHX applied immediately after birth	99.71	100	100
जन्मेको १ घण्टा भित्र स्तनपान गराएको शिशुको संख्या		259	२२६
नाभी मलम लगाएको शिशुको संख्या		259	२२६
INJ Vitamin K पाएको शिशुको संख्या		259	२२६
Number of women treated for abortion complications	16	10	18
Delivery Conducted By SBA Trained ANM		261	205
Delivery Conducted By Skilled Health Personals		7	26
रक्तश्राप भई रगत दिएको महिलाको संख्या			१०
% of postpartum mother who received 45 days supply of iron folic acid suppliment	86.4	91.79	100
% of postpartum mother who received vitamin A suppliment		91.79	100
Transport incentive for institutional delivery		297	248
Incentive for 4 ANC visits		232	210
% of women receiving ANC incentives	100	100	100
% of women receiving maternity incentives	99.73	100	100
% of deliveries below 20 years of age among total institutional deliveries		12.69	9.09
Number of Nyanojhola Provided			234
Number of Women and newborn Infant receive			22

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services from Emergency Refferal Fund			
Number of Women and newborn Infant receive services from Airlift From President Women Upiftment Program			4
MNH-ANC Visits-Within 12 Weeks - >=20 Years		100	107
MNH-ANC Visits-Within12 Weeks - <20 Years		14	10
MNH-ANC Visits-Eight times as per protocol - <20 Years		2	2
MNH-ANC Visits-Eight times as per protocol - >=20 Years		41	51
MNH-PNC Visits-4 times		2	3
<b>Safe Abortion Services</b>			
Total Number of abortion (MA+MVA)		126	202
Abortion less than 20yrs		6(4.7%)	14(7%)
Total number of PAC		18	25
<b>Reproductive Health Morbidity</b>			
Number of patientreceiving screening for POP		75	106
1st and 2nd Degree Prolapse		3	133
3 <sup>rd</sup> and 4 <sup>th</sup> Degree Prolapse		3	9
Number of women treated with ring pessary			10
No. of women provided with surgical treatment for POP			0
Number of patient receiving screening for cervical Cancer		80	163
Number of patient receiving screening for cervical Cancer via VIA		80	149
VIA Positive			8
Number of patient receiving Cryotherapy Service/ Thermocoagulation			0
Number of Patients receiving Breast Cancer Screening			12
Number of Patients receiving Obsttratic Fistula Screening			0
<b>Immunization</b>			
Child Immunised BCG	67	107	101
DPT Hep B, Hib 1st	75	91	82

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DPT Hep B, Hib 2nd	48	82	84
DPT Hep B, Hib 3rd	61	88	75
OPV 1st	75	91	82
OPV 2nd	48	82	88
OPV 3rd	61	84	75
FiPV 1st	70	71	75
Fipv 2nd	61	61	81
MR (9-11)	65	70	85
MR(12-23)	38	55	74
PCV 1st	75	91	82
PCV 2nd	45	82	84
PCV 3rd	52	70	85
Rota 1st	71	91	82
Rota 2nd	45	82	82
JE	38	65	58
TCV	15	55	74
Pregnant TD 1st	97	66	97
Pregnant TD 2nd	78	46	62
Pregnant TD 2+	109	58	62
<b>Diagnostic Services</b>			
Average no of Lab per day	137.1	154.6	237.72
Average number of Laboratory Test per day	32.6	23.03	31.99
Average no of Radiographic Images per day	18.7	19.8	26.14
Average Number X Ray per Day	9.94	10.5	15.6
Average no of USG per day	8.7	9.3	10.5
Total X Ray Done	3647	3931	5711
Total USG Done	3202	3411	3831
Total ECG Done	398	498	774
<b>Other Services</b>			
Dental Services			1536
Physiotherapy Services		0	274
Number of Patient receiving from OCMC		173(N)	201 (N)
Number of Patient receiving from SSU		90	826
Number of Patient receiving from NRH	86	66	57
Patient Receiving Health Insurance	7884	9740	10441

### 9. Disease Control Programme

Hospital has been involved in various disease control Programme following national guideline and protocol such as:

- Malaria Control Programme
- Kala-azar Elimination Programme
- Lymphatic Filariasis Elimination
- Dengur Control Programme
- Zoonotic Disease Control Programme
- Leprosy Control Programme
- Tuberculosis Control Programme
- HIV and STI Control Programme

Table 10.1: Showing different indicator in Disease Control Programme

Indicators	2080/81	Remarks
<b><u>NTD and Vector Borne disease Control</u></b>		
Number of test done for Malaria (RDT + PBS)	755	
Number of Slide Positive for Malaria	3	
Number of Malaria Case under Treatment	3	
Number of Kalazar (rK39 Test) done	647	
Total Number of Case of Scrub Typhus	744	
Total Number of case of Dengue	777	64 Positive
Total of case of Filariasis	0	
<b><u>Tuberculosis Control Program</u></b>		
Total Tuberculosis New cases under ATT from DOTS	20	
Total Number of Sputum for Microscopy for TB	318	
Total Number of Positive case of TB from microscopy	8	
Positive Rate	2.5%	
Total Number of Gene Xport test done	565	

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Total number of Positive result from Gene Xport	54	
Positive Rate	9.5%	
Total number of positive (MTB detected and RR)	2	
<b><u>Leprosy Control Program</u></b>		
Total Number of Test done For leprosy (Slit Skin Smear)	4	
Total Number of Positive Result of Leprosy		
Total Patient on treatment of leprosy		
<b><u>HIV and STD Control Programme</u></b>		
Total Number of HIV Test done	1069	
Total Number of Positive (Reactive)case	3	
Total New case on ART this FY	3	
Total Number of case on ART in ART Clinic Current	64	
<b><u>Zoonotic Disease Control</u></b>		
Total Number of Case of Dog Bite	27	
Total Number of Case treated with Antirabies Vaccine		
Total Number of Case of other bite	16	
<b><u>Snake Bite</u></b>		
Total Number of cases of Snake Bite	2	
Total Number of case Treated with ASV	0	
<b><u>Others</u></b>		
Total Number of Case of Sickle cell anaemia	0	

**10. Social Service Unit (SSU) and Geriatric Services**

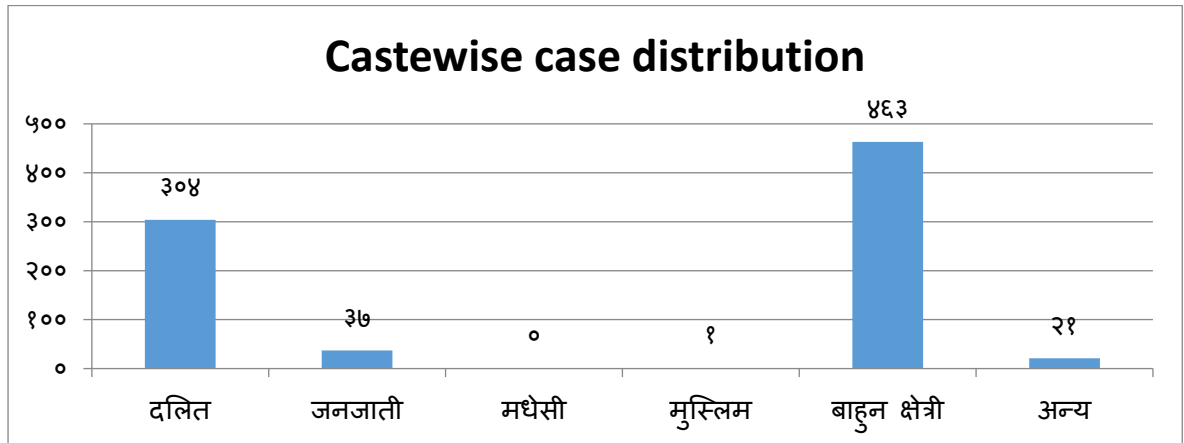
It is the social responsibility of the state to address the health care need of poor, underprivileged, disabled, helpless people, senior citizens, victims of gender based violence who cannot easily afford for diagnostic and curative health services. In order to improve the health care access of such people, social service unit was expanded from the second quarter of FY 2078/79 in Bajura District Hospital. Total of 826 patients have been benefitted from this service.

Table 10.1: Beneficiaries of Social service unit in FY 2080/81

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<b>Target Group</b>	<b>Amount Discounted</b>	<b>Remark</b>
Poor	820567	
Helpless	56005	
People with Disability	60759	
GBV Survivors	96612	
Senior Citizen	337591	
FCHV	5840	
Malnourish Children	76757	
Prisoners	51090	
Others	71466	
<b>Total</b>	<b>15,77,534</b>	

Figure 10.1:Castewise distribution





## 11. One-Door Crisis Management Center (OCMC)



Gender based violence is a major, yet largely invisible, problem in Nepalese society. Under the leadership of the Prime Minister's Office, the Ministry of Health and Population (MoPH) has established One-stop Crisis Management Centers (OCMC).

'Hospital-based OCMC Operational Manual' (MoHP 2077) says that OCMCs shall provide the following six kinds of services through multi-faceted coordination with other agencies:

- Provide treatment to survivors' physical and mental health needs.
- Provide psycho-social to survivors and perpetrators.
- Provide legal advice and support through district attorneys and legal counselors.
- Provide survivors to safe shelter homes.
- Work with police and district administration offices to provide security to survivors.
- Help rehabilitate survivors by providing further counselling and linking them to assistance



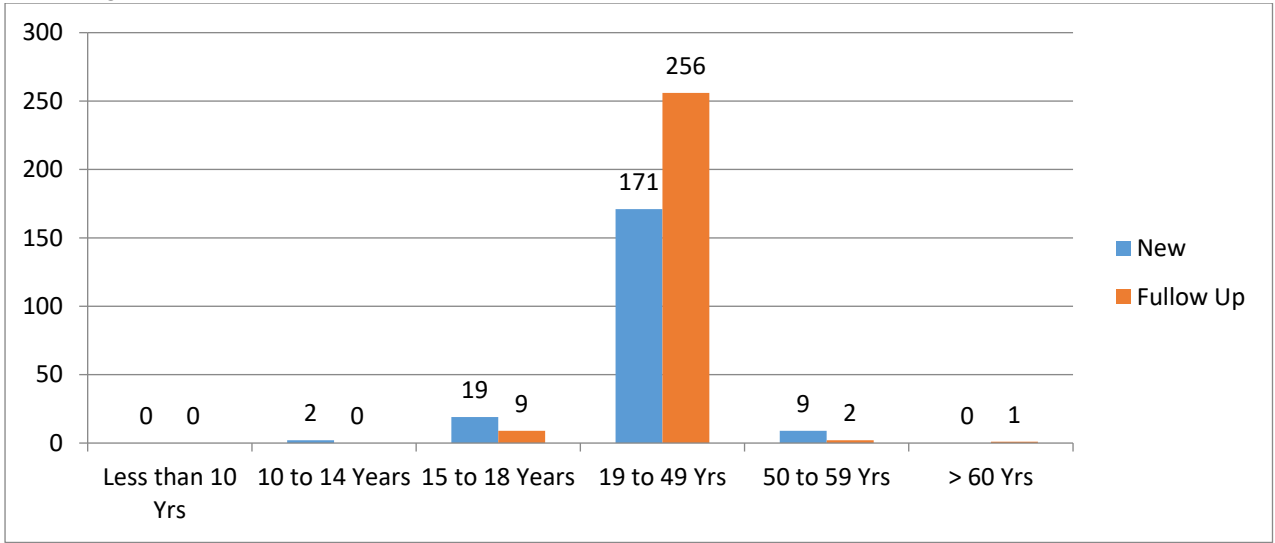
**Annual Report, Bajura District Hospital- FY 2080/81**

**OCMC Started in Bajura hospital from FYs 2076/77 2<sup>nd</sup> Quater.**

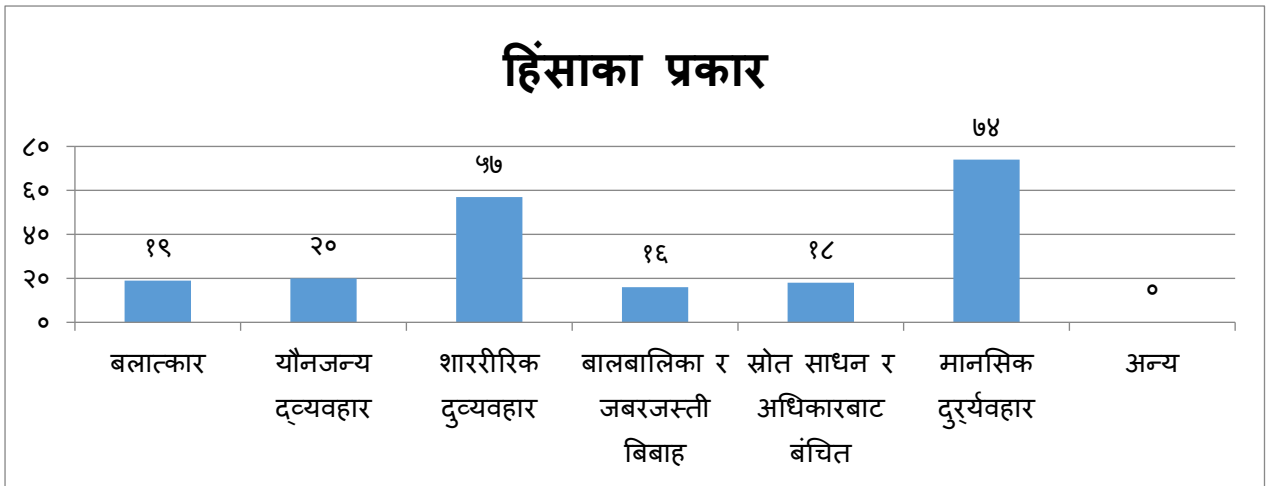
Total Budget allocated in OCMC Bajura in FYs 2080/81	12 Lakhs
Total Expenditure in OCMC	12 Lakhs
Total Meeting (Gender-based Voilence Management Co-ordination Committee) Held in FYs 2079/80	3
Total Case Registered in OCMC Bajura	201 (New) 269 (FU)

OCMC अन्तरगत सेवाग्राहीहरूः

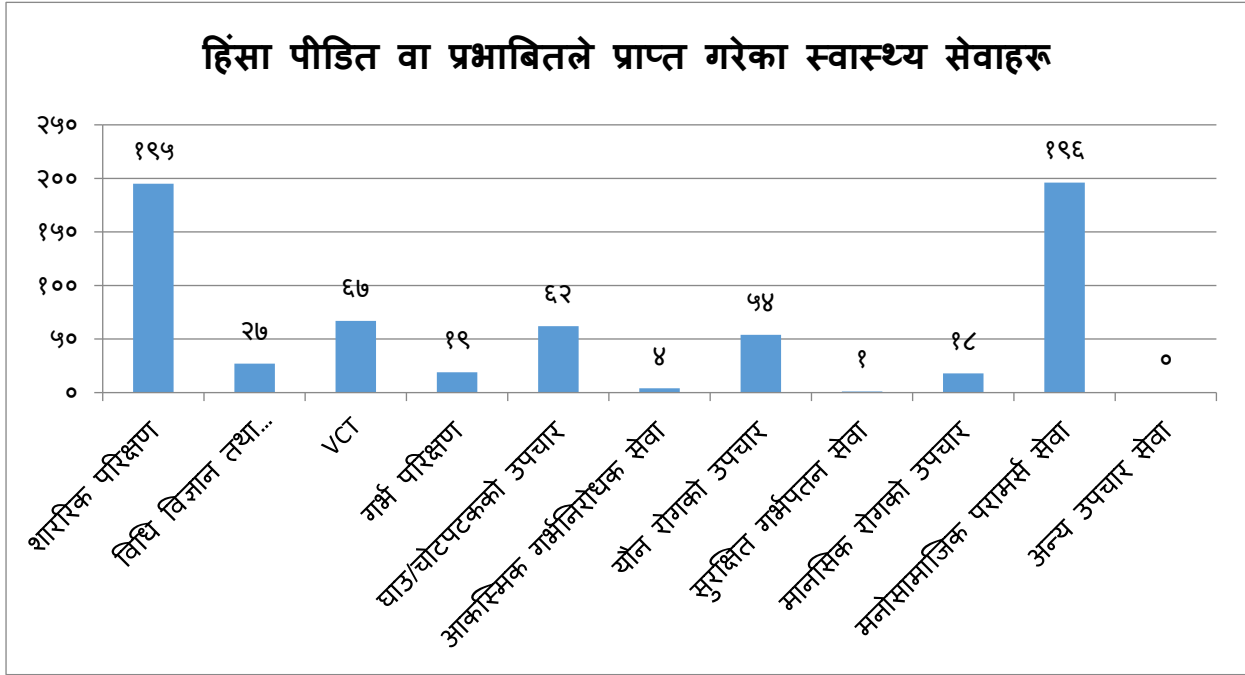
उमेर अनुसार बर्गीकरण



Type of Cases (हिंसाका प्रकार):-



हिंसा पीडित वा प्रभावितले प्राप्त गरेका स्वास्थ्य सेवाहरू:-



## 12. Health Care Waste Management

Health Care Waste embraces all the wastes generated through all the medical activities. Medical activities include the activities of:

1. Diagnosis, preventive, curative and palliative treatments for human beings
2. Research pertaining to the above activities and
3. Production or testing of biologicals

Table 13.1: WHO classification of Hospital waste:

Waste Categories	Description and Examples
Non Hazardous: 1. General Waste	No risk to human health eg: office paper, wrapper, kitchen waste, general sweeping etc
Hazardous: 2. Pathological Waste	Human Tissue or fluid eg: body parts, blood, body fluids etc
3. Sharps	Sharp Waste eg: Needle, scalpels, knives, blades etc
4. Infectious Waste	Which may transmit bacterial, viral or parasitic disease to human being, waste suspected to contain pathogen eg: laboratory culture, tissue(Swabs) bandage etc.
5. Chemical Waste	Eg: Laboratory reagent, disinfectants, Film Developer
6. Radio-active waste	Eg: unused liquid from radiotherapy of lab research, contaminated glasswaresetc

Figure 12.1: Typical waste composition in health care facilities:

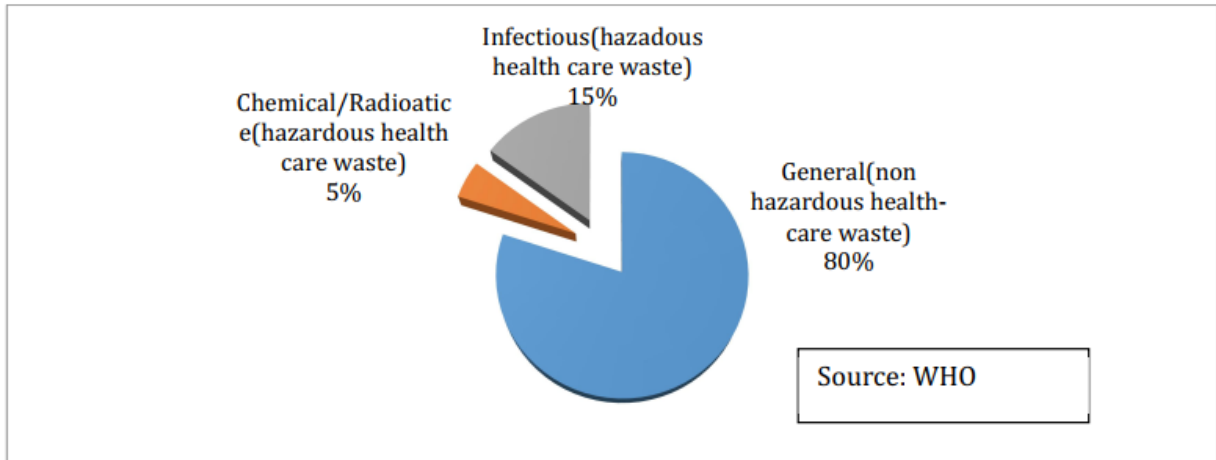


Figure 12.2: Main Sources of Hospital Waste

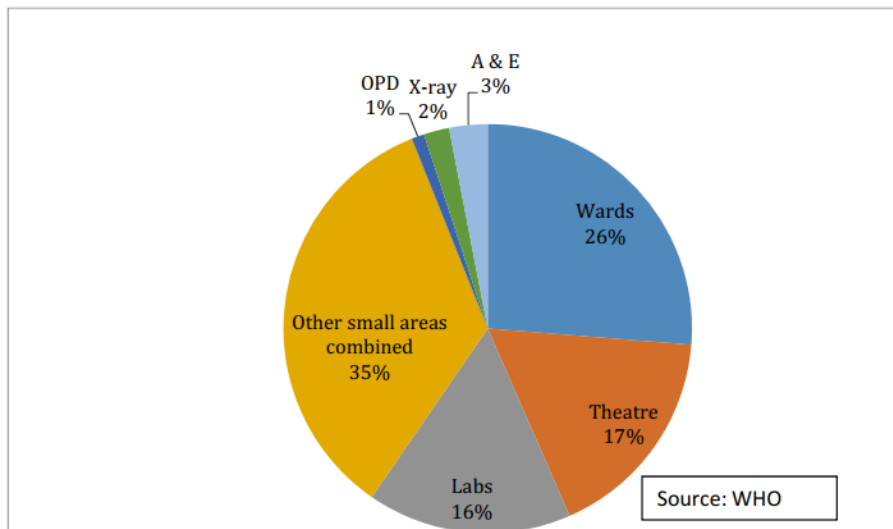


Table 12.2 : Status of Hospital Waste Management:

SN	Activities	Current practice	Remarks
1	Segregation of risk and non-risk waste	With Different Color bins	
2	Autoclaving for risk waste	No	
3	Use of Needle Cutter/ Needle Destroyer	Yes	
4	Use of placenta Pit	Yes	
5	Washing machine	Yes	Need Procurement

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Table12.3: Status of Hospital Waste Equipment

Sn.	Name Of Equipment	Number of Equipment	Working	Not Working	Remarks
1	Autoclave	4	2	2	
2	Needle Cutter/Needle Destroyer	10	8	2	
3	Incinerator	NA			
4	Washing Machine	4	1	3	

### Current Practice

Sharp object Dispose by Burning and Deep Burrial

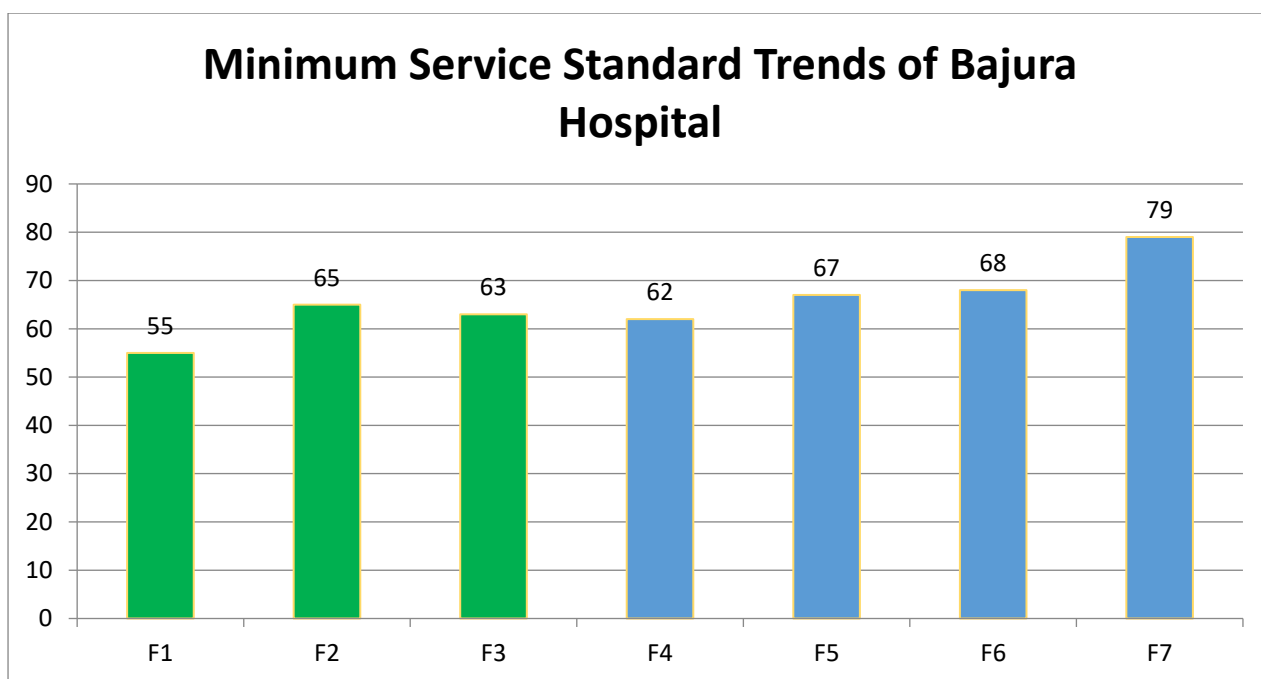
**Others Dispose by Badimalika municipality.**

### 13. Minimum Service Standard

Bajura District Hospital is trying to provide quality service as far as possible and for this it has improving its governance and management aspects, clinical management and hospital support service standards.

Up to FY2080/81, and 7 Follow up visit are held.

Figure: 13.1 Trends of MSS



#### Current Situation of MSS

Recent Minimum Service Standard scoring (Revised MSS Tool for Primary Hospital) of FY 080/81 as Follow up 7 held on 2024/03/06-06 with the Joint Assessment Teams of:

1. Dr. Santosh Kumar Gupta (Resource person, Health Directorates)
2. Supriya Basnet (MSS Implementation Officer, Health Directorates)
3. Hospital Team

Table: Current Trends of MSS

Summary Sheet (Primary hospital)

Code	Standards	No. of Standards	Max Score	Obtain Score	Obtain %
SECTION: I	<b>Governance and Management Standards (20% Weightage)</b>				
1.1	Governance	27	27	21	78%
1.2	Organizational Management	15	15	11	73%
1.3	Human Resources Management and	17	19	15	79%

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	Development				
1.4	Financial Management	17	17	15	88%
1.5	Medical Records and Information Management	14	14	13	93%
1.6	Quality Management	15	17	9	53%
Total Governance and Management Standards (20% Weightage)		105	109	84	77
Code	Standards	No. of Standards	Max Score	Obtain Score	Obtain %
SECTION: II	<b>Clinical Management (60% Weightage)</b>				
2.1	OPD Service	28	60	48	80%
2.2	Speical Clinic	68	74	72	97%
2.3	Emergency Service	35	41	29	71%
2.4	Dressing Injections and Procedures Room	12	20	18	90%
2.5	Pharmacy Service	36	40	30	75%
2.6	Inpatient Service (General Ward)	28	34	30	88%
2.7	Maternity Service	60	72	62	86%
2.8	Surgery/ Operation Service	42	58	50	86%
2.9	Diagnostic and Laboratory Services	66	70	65	93%
2.10	Dental Services	18	22	21	95%
2.11	Post-Mortem and Morturay Service	14	16	12	75%
2.12	Medico-legal Services	11	13	13	100%
Total Clinical Management (60% Weightage)		418	520	450	87
Code	Standards	No. of Standard	Max Score	Obtain Score	Obtain %
SECTION: III	<b>Hospital Support Services Standards (20% Weightage)</b>				
3.1	Central Supply Sterile Department (CSSD)	17	19	13	68%
3.2	Laundry	17	19	5	26%
3.3	Housekeeping	13	15	9	60%
3.4	Repair, Maintenance and Power system	12	12	11	92%
3.5	Water supply	4	4	4	100%
3.6	Hospital Waste Management	16	16	9	56%

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3.7	Safety and Security	15	17	8	47%
3.8	Transportation and Communication	8	8	4	50%
3.9	Store (Medical and Logistics)	7	7	5	50%
3.10	Hospital Canteen	15	15	8	53%
Total Hospital Support Services Standards (20% Weightage)		124	132	76	58%
<b>Total</b>		<b>647</b>	<b>761</b>	<b>610</b>	
<b>Overall MSS Score (Weightage Average Score)</b>					<b>79%</b>

### 14. Supporting Partners

#### **Nick Simons Institute**



The Nick Simons Institute is a Nepal-based organization whose mission is to innovate solutions in rural healthcare -through training and hospital support- and to advocate for their scale up with the government of Nepal.

NSI works according to the following principles:

- Collaborate closely with the Nepal government - the main rural healthcare provider.
- Select strategic training cadres - which involves 'task-shifting' from traditional medical roles.

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- Extend beyond training - to include workplace support and advocacy.
- Innovate - based on a growing body of research in the Nepal context.

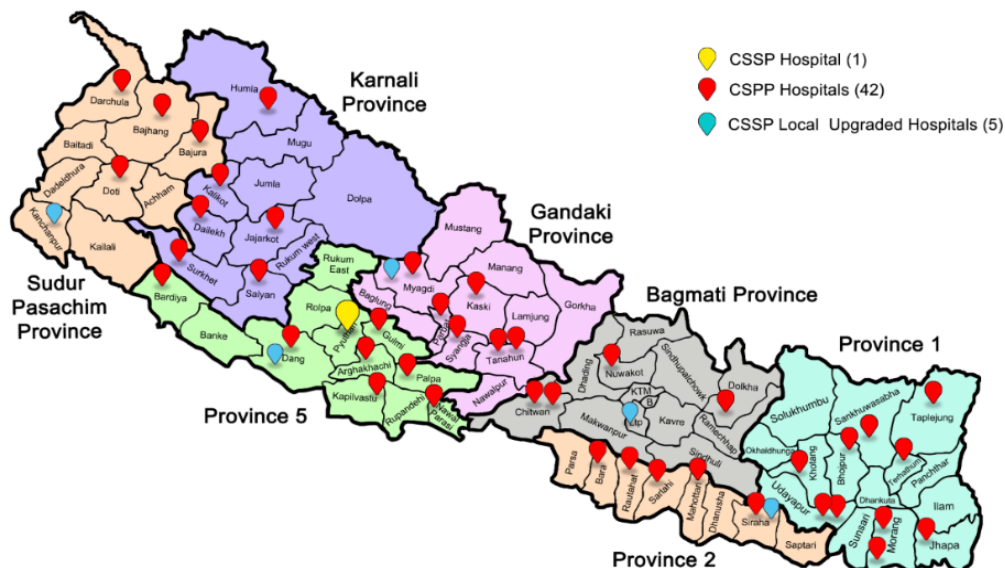
In 2014, the two programs of NSI, Rural Staff Support Program (RSSP) and Hospital Management Strengthening Program (HMSP) merged and formed District Support Program (DHS)

The Objective of DHS are as follows:

- Expand the capacity and improve the quality of curative healthcare services in Government district hospital in Nepal.
- Create models in human resource deployment and Hospital management that are appropriate for scale up by Nepal's Ministry of Health.

### Curative Service Support Program (CSSP)

CSSP Program Coverage:



CSSP is the support program to the government's rural hospitals of Nepal, basically in human resources, essential medical equipment and to some extent in living status standardization of the clinical team at the hospital. The CSSP will be implementing in total 48 different level hospitals with in all provinces intending to improve curative services of the hospitals.

The main objective of the program is to improve or initiate the lifesaving medical and surgical services lead by MDGP

BajuraDistrict Hospital receives the Following Services form CSSP:

- Manpower: Medical Officer-2, Staff Nurse (OT Nurse)-1, Anaesthesia Assistant-1, BMET:-1



- Equipment: Provide Various equipment required for Hospital ( Biomedical and Medical) Equipemt
- Establishment of Biomedical Lab
- Support Serices: Rent and Accomodation



**World Health  
Organization**

## **WHO**

The World Health Organization is a specialized agency of the United Nations responsible for international public health. The WHO Constitution states its main objective as "the attainment by all peoples of the highest possible level of health".

WHO IPD (Immunization Preventable Disease)

- Routine Immunization system strengthening.
- Measles and Rubella elimination.
- Maintaining polio free status.
- Sustaining maternal and Neonatal Tetanus Elimination.
- Accelerated control of Japanese Encephalitis.
- Hepatitis b Control.
- Accelerating interoduction of New vaccine and related vaccine.
- Access to high quality vaccines.



## **Red Cross**

Nepal Red Cross Society (NRCS) came into being in 1963. It was recognized by The International Committee of the Red Cross (ICRC) in 1964 and affiliated to The International Federation of Red Cross and Red Crescent Societies (IFRC) in the same year.

## **BadimalikaMunicipality**

BadimalikaMunicipality is only one Municipality of Bajura District. Bajura District Hospital lies in BajuraMunicipality ward no 08 and it act as guardian for this hospital.

Major area of support in hospital

- Support for Case manager for OCMC

## CMC Nepal



*Commitment for the Promotion of Mental Health & Psychosocial Support in Nepal*

Centre for Mental Health and Counseling-Nepal (CMC-Nepal), is a national Non-Governmental Organization (NGO) established in May, 2003 and is dedicated to enhance and provide quality and affordable mental health and psychosocial counselling service. It works on prevention, promotion, curative and community rehabilitation aspect of mental health through various programs and activities in collaboration with the Government, I/NGOs and CBOs.

From its inception, CMC-Nepal has been extensively working to develop human resources in mental health and psychosocial counseling services. Furthermore, CMC-Nepal has also worked with people affected by armed conflict, disasters (earthquake, flood, landslide, storm and COVID 19 pandemic), migrant workers, brick kiln workers, Verified Minors Late Recruited (VMLR) and bonded labors. It has also contributed in empowerment of the poor and marginalized people through integrating psychosocial approaches in development projects and addressing the mental health and psychosocial needs in all tiers of government. It has not only worked with Government agencies for enhancing these services but also with International Non-Government Organizations in addressing psychosocial issues, especially focused on children, women, people with HIV/AIDS, GBV survivors and persons with disability.

### Major Activities done by CMC Nepal in Hospital

Manpower: Psychosocial Counsellor-1, Case management Officer: -2 for forwell functioning of OCMC

Health Camp: CMC Nepal organized 4 Mental health Camp



### IPAS Nepal

Ipas Nepal's support to MoHP has been instrumental in terms of expanding SAS access up to the community level via task shifting i.e. service provision through mid-level health workers such as ANMs, successful pilot and scale up of Medical Abortion (MA) service and initiation of second trimester service.

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### Major Activities done in Hospital

- Provide MVA Kit, Implant Set
- Provide medicine, Surgical Mask
- Register for OCMC
- Clinical Management related to GBV Training to hospital Staff

### UNFPA

UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



### Major Activities done in Hospital

- Provide RH kit, Hygiene, Dignity Kit
- Provide medicine, Surgical Mask

### **Handicap International.**

HI is an independent and impartial aid organization working in situation of poverty and exclusion, conflict and Disaster. It work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their needs, improve their living conditions and promote respect for their dignity and fundamental rights.



### Major Activities done in Hospital

- Financial Support for establishment of Physiotherapy Unit in Hospital

### **HRC Bajura**

Human Resources Centre (HRC) is a non-profit making, non-government civil society organization. The organization aims at reducing poverty of marginalized communities through integrated and sustainable development interventions, works with marginalized group (haliya, youth, children, women, dalit) for promotion



### **15. Major Hospital Achievement**

- Expansion of Health Services from New Hospital 50 Bedded Hospital Block.
- Expansion of Hospital Service by Specialist (Orthopedic) with help of Province Government.
- Expansion of Operative Services Ortho under C Arm
- Expansion of Dental Services with Dental Surgeon.
- 1 Ambulance Services
- Separate Phone for Emergency, Indoor, OCMC, and Duty Doctor.
- Expansion of lab (ELISA for TFT), HbA1c, PT/INR, Electrolyte
- Establishment of Gene Xpert
- Installation of Oxygen Plant and is functional.
- Maternity Waiting Home
- Blood Bank (Walking Type no Storage)) is established
- Installation of Horizontal Autoclave.
- Separate rooms for CSSD, Laundry, Housekeeping.
- Immunization Services ( regular ) once a month

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- Expnsion of DR TB Services from hospital.
- Placenta Pit

**16. Major Issues and Recommendations**

<b>Major Issues</b>		<b>Recommendations</b>
1	Insufficient physical infrastructure for 50 bedded hospital	Insufficient Space in 50 Bedded Hospital 1. NRH 2. Laboratory Services 3. Safe Abortion Services 4. OCMC 5. Physiotherapy Services 6. Visitor waiting room 7. Postmortem, mortuary 8. Biomedical Section 9. Store
2	Lack of human resources(Consultants,MOs,Nursing staffs,Paramedics,Medical recorder, Hospital mgmt. officer,Account officer,Nayabsubba)	Upgrading the Hospital to 50 Bed Hospital O & M Survey Consultant and Medical Officer
3	Lack of Trained hospital staffs	Regular Training to staffs
4	Lack of good electricity supply	Inerrupted and Decicated Power line With 100kVA Transfermer and Voltage Stablizer. Installation of Solar for ER, INDOOR, LR, OT)
5	Hospital waste management problems	As Per Guideline (For Segregation Storage, Autoclave, and disposal)
6	Difficulty in providing health insurance services due to untimely reimbursement of insurance claimed	Timely reimbursement by Health Insurance Board Regular Internet
7	Infrastructure for OCMC and SSU	
8	Infrastructure and Insufficirnt budget for NRH	Adequate Budget for NRH
9	Inadequate budget for Biomedical equipemt Maintenance	1. Allocation for adequate budget for maintenance (Especially for Oxygen plant and Generator) 2. Regular preventive maintenance of

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		equipment 3. Regular F/U from Province Biomedical Lab
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**17Hospital Services Expansion Plans**

While several services have been added and expanded in the FY 2079/80, many other services are in the verge of expansion or in the planning phase of expansion for the better and smooth delivery of health services to the people. Besides infrastructure and human resources, services that are planned to be expanded in the near future are as follows:

1. **Lab expansion:**With the aim of improving diagnostic accuracy, following tests are planned to be added:
  - Culture and Sensitivity
  - Distillation Plant
  - Vit B12, Vit D, B HCG, Hep A, Hep E
  - Microscope (Digital)Necessary infrastructure, equipment and trained human resources have to be managed for the expansion of above-mentioned tests.
2. **Dental expansion:** The increasing number of beneficiaries and positive responses from the dental services that are being delivered after the recruitment of dental surgeon in the hospital has highlighted the need to further expand the dental service including orthodontic and prosthodontic services.
3. **Ophthalmology Department:** Ophthalmo Service by Ophthalmic Assistant with help of Geta Eye Hospital
4. **Physiotherapy Department: Expansion** Physiotherapy Service by Physiotherapist/ Physiotherapeutic Assistant with well equipped Physiotherapy Unit along with distribution of assestice Devices.
5. **Blood bank:** Due to increase incase of Surgery Blood bank with Storage Facility is Essentials
6. **Expansion of HDU and ICU:** For critically ill patients, ICU and HDU need to be expanded For which trained adequate human resource and Infrastructure are needed. This would largely help to reduce the referral rate in our hospital.



7. **Residential facility/Quarter expansion:** Due to the inadequacy of current residential facilities for hospital staffs, there is the need to expand it. Maintenance of Old Staff quarter is needed
8. **Isolation and Quarantine building:** With the exponential rise of covid positive cases and other Infectious disease and increasing infection rates in the health care staffs, separate quarantine and isolation building needs to be managed.
9. **Hospital waste management plant:** Hospital waste have to be managed as “Hospital waste management guidelines 2017”
10. **Installation of Voltage Stabilizer:** Due to regular alteration and Fluctuation of Power supply Installation of 100 KVA Transformer and Voltage Stabilizer is essential.
11. **Helipad:** Due to geographical difficulties Helipad is essential
12. **Parking:**
13. **Installation of Intercom and CCTV**
14. **Garden improvement:** For a better ambience around the hospital, garden can be improvised and better taken care of.
15. **Hospital Boundary:** For Hospital Safety Complete Hospital Boundary is must.
16. **Water Supply:** With expansion of Services from New Building regular supply of water is needed.
17. **Operation of Hospital Canteen from New building**

## १८. अस्पतालबाट प्रदान गरिने सेवाहरूको दर-रेट

LABORATORY					
SN	NAME OF TEST	RATE	SN	NAME OF TEST	RATE
HEMATOLOGY			BIOCHEMISTRY		
1	HB%	50	40	BLOOD SUGAR (F)	50
2	PLATELET	50	41	BLOOD SUGAR (PP)	50
3	TLC	25	42	BLOOD SUGAR (R)	50
4	DLC	25	43	BLOOD SUGAR (F/PP)	100
5	RBC	50	44	RFT	730
6	CBC	300	45	CREATININE	100
7	ESR	50	46	UREA	100
8	BT	25	47	SODIUM	200
9	CT	25	48	POTASSIUM	200
10	BT/CT	50	49	CALCIUM	150
11	PT/INR	300	50	URIC ACID	100
12	BLOOD GROUPING	50	51	LFT	500
13	CROSS MATCH	850	52	BILLIRUBIN-T/D	100
SEROLOGY			53	SGOT/AST	100
14	RA FACTOR	100	54	SGPT/ALT	100
15	CRP	150	55	ALK	50
16	ASO	150	56	TOTAL PROTEIN	150
17	VDRL/RPR	80	57	ALBUMIN	150
18	HIV	FREE	58	LIPID PROFILE	600
19	HBSAG	100	59	T. CHOLESTEROL	150
20	HCV	200	60	TRIGLYCERIDE	150
BODY FLUID TEST			61	HDL-C	150
21	TC, DC, PROTEIN, SUGAR	1000	62	LDL	150
22	ADA	600	63	VLDL	150
23	GRAM STAIN	Free	64	AMYLASE	200
24	AFB	FREE	65	ADA	600
URINE			66	HBA1C	700
25	URINE R/M/E	20	67	TROPONIN I (RDT)	1000
26	URINE FOR KETONE	50	68	ASO (Q)	650
27	UPT	50	69	CRP QUANTATIVE	600
STOOL			70	CKMB	350
28	STOOL R/M/E	30	ENDOCRINOLOGY		
29	STOOL FOR OCCULT BLOOD	50	71	T3	300
30	STOOL FOR REDUCING SUGAR	100	72	T4	300
			73	TSH	300

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31	H Pylori (RDT) (blood)	250		74	TFT		800
<b>OTHERS</b>							
32	SEMEN ANALYSIS	50		75	TORCH PROFILE		800
33	SLIT SKIN SMEAR	FREE		76	DENGUE (RDT)		FREE
34	GRAM STAIN	50		77	MOUNTEX TEST		100
35	KOH TEST	25		78	WIDAL		100
36	SPUTUM AFB	FREE		79	H PYLORI		250
37	GENE XPORT	FREE		80	PBS		100
38	MP (RDT)	FREE		81	rK 39		FREE
39	MP (SMEAR)	FREE		82	SCRUB TYPHUS		550
<b>X- RAY</b>							
<b>SN</b>	<b>NAME OF PROCEDURE</b>	<b>RATE</b>		<b>SN</b>	<b>NAME OF PROCEDURE</b>	<b>RATE</b>	
1	X-RAY 8 * 10 (SINGLE EXPOSURE)	300		3	X-RAY 10 * 12 (SINGLE EXPOSURE)	350	
2	X-RAY 8 * 10 (DOUBLE EXPOSURE)	350		4	X-RAY 10 * 12 (DOUBLE EXPOSURE)	400	
<b>DENTAL</b>							
<b>SN</b>	<b>NAME OF PROCEDURE</b>	<b>RATE</b>		<b>SN</b>	<b>NAME OF PROCEDURE</b>	<b>RATE</b>	
1	ADULT EXTRACTION (ANTERIOR)	200		11	DENTAL X-RAY	150	
2	ADULT EXTRACTION(POSTERIOR)	300		12	GINGIVECTOMY	500	
3	CHILD EXTRACTION (ANTERIOR)	50		13	MOUTH SCALING	800	
4	CHILD EXTRACTION (POSTERIOR)	100		14	OPERCULACTOMY	200	
5	COMPOSITE RESTORATION(MOD,MO)	800		15	PULPECTOMY	1000	
6	COMPOSITE RESTORATION(SIMPLE)	600		16	RCT	2500	
7	DENTAL MINOR OT	1,000		17	RCT ANTERIOR TOOTH	2000	
8	DENTAL DCM	200		18	RCT POST TOOTH	2000	
9	DENTAL EXTRACTION	25		19	RESTORATION(GIC) PER TOOTH	500	
10	DENTAL SCALING	800		20	TEMPORARY RESTORATION	100	
<b>MEDIGOLEGAL</b>							
<b>SN</b>	<b>NAME OF PROCEDURE</b>	<b>RATE</b>		<b>SN</b>	<b>NAME OF PROCEDURE</b>	<b>RATE</b>	
१	घाउजाच स्वास्थ्य परिक्षण	०		२	मादकपदार्थ सेवन	०	
३	निरोगिता	५००		४	जबरजस्तीकरण	निःशुल्क	
५	मानसिकस्वास्थ्य परिक्षण	०		६	उमेरप्रमाणिकरण	०	
***** लैङ्गिक हिंसा सम्बन्धी स्वास्थ्य परिक्षण पूर्ण निःशुल्क हुनेछ ।*****							
<b>OTHERS</b>							

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SN	NAME OF PROCEDURE	RATE	SN	NAME OF PROCEDURE	RATE
1	USG A+P	500	8	USG OBS	500
2	ECG	200	9	ER REGISTRATION	50
3	OJT PER MONTH	1000	10	OPD REGISTRATION (FOLLOW UP AFTER 7 DAY)	0
4	OPD NEW REGISTRATION	20	11	BED CHARGE	0
5	MOURTYARY FRIDGE PER DAY	0	12	CAC	FREE
6	GLUCOMETER RBS	0	13	NEBULIZATION PER SITTING	0
7	OXYGEN PER HRS	0	14	SUTURE REMOVE	0
<b>ORTHO</b>					
1	Slab	250	26	Nail Removal	6000
2	Cast	500	27	K-wire Removal under LA	800
3	Cast Removal	100	28	Trigger Finger Release	2000
4	Above Knee Cast/ above elbow cast	800	29	Carpel Tunnel Release	3000
5	Hip Spica	1500	30	Ganglion Excision	2500
6	Manipulation Under Anesthesia	2000	31	Contracture Release Small	2000
7	Digital Amputation	2000	32	Contracture Release Large	2000
8	Limb Amputation	7500	33	DHS/PFN/IM Nailing	20000
9	Finger and Toe CRPP	2500	34	Distal Humerus ORIF with Dual Plate	15000
10	Finger and Toe ORIF	3000	35	ORIF both Bone Fracture (Radius ulna)	10000
11	Finger and Toe Arthrodesis	3000	36	Closed Reduction of Elbow	1000
12	Tendon Repair Single	2000	37	Closed Reduction of Digit	500
13	Tendon Repair Minor	3000	38	Diagnostic Aspiration of Joint Fluid	250
14	Tendon Repair Intermediate	5000	39	Reduction of Hip/ Knee/ Shoulder under RA or GA	2500
15	Tendon Repair Major	8000	40	Radial Head Excision	10000
16	Distal Radius Fracture CR and Cast Application	2000	41	ORIF Scaphoid	8000
17	Distal Radius (CRPP/ORIF)	7500	42	Wound Debridement with External Fixator	8000
18	Forearm Plating and Nailing	7500	43	Skin Grafting Minor	2500
19	Lateral/ Medial Condyle/ Supracondylar (CRPP/ORIF)	10000	44	Skin Grafting Intermediate	4000
20	Femur Plating Nailing	12000	45	Skin Grafting Major	7500
21	Patella Fracture Surgery	7500	46	Digital Amputation Multiple Digit	7500
22	Tibia Plating and Nailing	12500	47	Bone Grafting	10000
23	Bimalleolar/ Ankel Fracture	10000	48	STSG Large	7500
24	Foot or Hand (ORIF/CRPP)	7500	49	STSG Medium	5000
25	Implant Removal Plate	4500			
<b>MINOR PROCEDURE</b>					
1	Minor Dressing	50	9	Ascetic Fluid Tapping	250
2	Major Dressing Under LA	100	10	Ingrowing Toe Nail	500

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3	I/D under LA	250	11	Urinary Catheterization	Free
4	Minor Suturing	250	12	Nebulization	Free
5	USG Guided Drainage	500	13	Intralesional Steroid Injection	200
6	Intra Articular Steroid Injection	250	14	Lumber Puncture	300
7	Ganglion Aspiration and Steroid Injection/	250	15	Suture Removal/K wire Removal without Anaesthesia	100
8	Small Secondary Suturing Under LA	250	16	Insertion of Chest Tube	1000

**GYNAE PROCEDURE**

1	CTG	250	9	Dilation and Currattage /Nonpregnant	1000
2	Delayed Repair of 3rd or 4th Degree Perineal Tear	1500	10	TAH simple	7500
3	Exploratory Laparotomy Simple	7500	11	LSCS	Free
4	Exploratory Laparotomy Complicated	7500	12	Obstretic deliveries	Free
5	Secondary Suturing C/S or TAH Wound	500	13	MRP	Free
6	Cervical Biopsy Under LA	250	14	Suction and Evacuation of Molar Pregnancy Small	800
7	Endometrial Biopsy Under LA	250	15	Suction and Evacuation of Molar Pregnancy Large	2500
8	Cxamination Under IVA	1000	16	Bartholincyst Marsupilization Under LA	1000

**GENERAL SURGICAL PROCEDURE**

1	Large Secondary Suturing Under LA	500	10	laceration closure minor under LA	1000
2	Major Dressing Under IVA	500	11	laceration closure major under RA	2500
3	Secondary Suturing Major Under IVA	1500	12	Debridement of Wound Major	2000
4	Major Abscess I/D Under IVA/GA	1500	13	Debridement of Wound Minor	500
5	Foreign Body Removal Ear Nose Throat Syringing	250	14	Paraphimosis Reduction Under RA	2500
6	Foreign Body Removal Under LA	2000	15	Paraphimosis Circumcision	500
7	Foreign Body Exploration Under LA	500	16	Hemorrhoids Banding per Lesoin	500
8	Sebaceous Cyst/ Lipoma Excision	1000	17	Appendectomy	7500
9	Corn Excision	500	18	Hydrocele Plication	2000

**OTHERS PROCEDURE**

1	GROUP 1A	50	9	GROUP 10	2500
2	GROUP 2	200	10	GROUP 11	4000
3	GROUP 2B	100	11	GROUP 12	5000
4	GROUP 3	300	12	GROUP 13	0
5	GROUP 4	400	13	GROUP 8	1000
6	GROUP 5	500	14	GROUP 9	1500
7	GROUP 6	600	15	HERNIA	1000

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8	GROUP 7	700			
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**१९. अस्पतालमा कार्यरत कर्मचारीको विवरण**

क्र.स.	कर्मचारीको नाम	पद	तह	सम्पर्क नं.	कैफियत
1	डा.रोशन भट्टराइ	अर्थोपेडिक सर्जन	नवौं	9849295317	
२	डा.समिता पुन	नि.मे.सु.	आठौं	9843378072	
3	डा.राज कुमार रोकाया	डेन्टल सर्जन	आठौं	9848480215	
४	डा.गौतम कुमार यादव	मेडिकल अधिकृत	आठौं	9865751499	
5	डा.कुम्भराज बि.क.	मेडिकल अधिकृत	आठौं	9840064469	
६	डा.प्रकाश बहादुर बुढा	मेडिकल अधिकृत	आठौं	9858030658	
7	डा.सूर्य शाह	मेडिकल अधिकृत	आठौं	9827050810	
८	नृपराज गिरी	सि.अ.हे.व.	छैटौं	9848482911	
9	धर्मा कुमारी रोकाया	अ.न.नि.	छैटौं	9848887144	
१०	मनदेवी कुमारी पाध्याय	अ.न.नि.	छैटौं	9868535964	
11	धनकला खड्का	सि.अ.न.मी.	छैटौं	9868475675	
१२	निशा कुमारी रोकाया	अ.न.नि.	छैटौं	9868535542	
13	राम बिष्ट	बि.एम.एल.टी.	सातौं	9848700368	
१४	निर्मला कुमारी बि.क.सुनार	बि.एन. प्रबन्धक	सातौं	9848828346	
15	मान बहादुर हमाल	कम्प्युटर अपरेटर	पाचौं	9865752760	
१६	प्रबिन बोहरा	कम्प्युटर अपरेटर	पाचौं	9868575839	
17	विद्या नायक	फार्मसी सहायक	पाचौं	9843937326	
१८	सत्य राज धामी	फार्मसी सहायक	पाचौं	9845253494	
19	राजेन्द्र बहादुर खत्री	फार्मसी सहायक	पाचौं	9843558660	
२०	धिरेन्द्र बहादुर बुढा	रेडियोग्राफी	पाचौं	9843808514	
21	चक्र बहादुर साँउद	रेडियोग्राफी	पाचौं	9841264334	
२२	संजिता कुमारी खड्का	स्टाफनर्स	पाचौं	9865759435	
23	सरिता कुमारी बिष्ट	स्टाफनर्स	पाचौं	9848661663	
२४	बिमला कुमारी थापा	स्टाफनर्स	पाचौं	9868360555	
25	कल्पना कुमारी उखेडा	स्टाफनर्स	पाचौं	9865755586	
२६	प्रमिला बडुवाल	स्टाफनर्स	पाचौं	9741708569	
27	नन्दा कुमारी ऐडी	स्टाफनर्स	पाचौं	9865810682	

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२८	सरिता सार्की	स्टाफनर्स	पाचौं	9864955520	
29	प्रकाश राज गिरी	ल्याब टेक्निसियन	पाचौं	9848672763	
३०	शम्भु भण्डारी	हेल्थ असिस्टेन्ट	पाचौं	9848560668	
31	महेश साँउद	हेल्थ असिस्टेन्ट	पाचौं	9860959084	
३२	अर्जुन बहादुर बिष्ट	हेल्थ असिस्टेन्ट	पाचौं	9868849350	
33	प्रकाश गुरुङ्ग	हेल्थ असिस्टेन्ट	पाचौं	9848642547	
३४	गंगा कुमारी के.शी.	हेल्थ असिस्टेन्ट	पाचौं	9848623891	
35	लेखराज पाण्डे	हेल्थ असिस्टेन्ट	पाचौं	9840499179	
३६	निलम रावत	हेल्थ असिस्टेन्ट	पाचौं	9865742447	
37	चन्द्र शेखर रावल	हेल्थ असिस्टेन्ट	पाचौं	9764208638	
३८	राजेश शाक्य	एनेस्थेसिया सहायक	पाचौं	9840699456	
39	मदन बहादुर साँउद	फिजियोथेरापी	पाचौं	9864312986	
४०	सत्य राज जोशी	डार्क रूम असिस्टेन्ट	चौथौं	9860350525	
41	मदन राज जोशी	सहायक कम्प्युटर अपरेटर	चौथौं	9848481352	
४२	पार्वती शाह	अ.न.मी.	चौथौं	9865344209	
43	बागेश्वरी जोशी	अ.न.मी.	चौथौं	9848523625	
४४	तारा नेपाली	अ.न.मी.	चौथौं	9847006594	
45	बिष्णु कुमारी रावल	अ.न.मी.	चौथौं	9848609634	
४६	कल्पना रावल	अ.न.मी.	चौथौं	9865900910	
47	कमला कुमारी बोहरा	अ.न.मी.	चौथौं	9864302457	
४८	पुजा भट्ट	अ.न.मी.	चौथौं	9860038340	
49	कृष्णा कुमारी बुढा	अ.न.मी.	चौथौं	9865981921	
५०	बसन्त बहादुर शाही	अ.हे.व.	चौथौं	9864944284	
51	लोकेन्द्र नाथ	अ.हे.व.	चौथौं	9867757014	
५२	मान बहादुर नेपाली	अ.हे.व.	चौथौं	9865764031	
53	प्रेम बहादुर बडुवाल	अ.हे.व.	चौथौं	9868552727	
५४	प्रेम बहादुर ऐडी	अ.हे.व.	चौथौं	9865759628	
55	हिरालाल जैशी	अ.हे.व.	चौथौं	9866601272	
५६	गौतम बहादुर बुढा	अ.हे.व.	चौथौं	9862985536	
57	मान बहादुर नेपाली	अ.हे.व.	चौथौं	9848408207	
५८	शेर बहादुर बिष्ट	अ.हे.व.	चौथौं	9848789095	

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59	लिशा कुमारी शर्मा	अ.हे.व.	चौथो	9868495730	
६०	पार्वती कुमारी जैशी	अ.हे.व.	चौथो	9863465590	
61	संगिता कुमारी खड्का	अ.हे.व.	चौथो	9861567119	
६२	कृष्णा पाध्या	ल्याब असिस्टेन्ट	चौथो	9842217680	
63	सिता कार्की	ल्याब असिस्टेन्ट	चौथो	9868475953	
६४	कल्पना नेपाली	ल्याब असिस्टेन्ट	चौथो	9848860312	
65	जगत बहादुर शाही	ल्याब असिस्टेन्ट	चौथो	9848481236	
६६	भोबिन्द्र बहादुर साँउद	ल्याब असिस्टेन्ट	चौथो	9848202803	
67	प्रमेश्वरी शाही	मनो परामर्श कर्ता	पाचौं	9865894059	
६८	मन बहादुर थापा	कार्यालय सहयोगी	श्रे. वि.	9848523094	
69	तारा खत्री	कार्यालय सहयोगी	श्रे. वि.	9749057777	
७०	सुर्जे बि.क.	कार्यालय सहयोगी	श्रे. वि.	9869826124	
71	थेवा बिष्ट	कार्यालय सहयोगी	श्रे. वि.	9865628637	
७२	काल्चे बिष्ट	कार्यालय सहयोगी	श्रे. वि.	9848223027	
73	तारा मल्ल	कार्यालय सहयोगी	श्रे. वि.	9848966144	
७४	मोतिकला रावल	कार्यालय सहयोगी	श्रे. वि.	9847097971	
75	राधा रोकाया	कार्यालय सहयोगी	श्रे. वि.	9848642558	
७६	कुल बहादुर बिष्ट	कार्यालय सहयोगी	श्रे. वि.	9844156665	
77	गंगा रोकाया	कार्यालय सहयोगी	श्रे. वि.	9865756678	
७८	उमेश नाथ	कार्यालय सहयोगी	श्रे. वि.	9848643532	
79	बिर बहादुर कार्की	कार्यालय सहयोगी	श्रे. वि.	9842886702	
८०	भिम बहादुर रावल	कार्यालय सहयोगी	श्रे. वि.	9848609242	
81	सम्झना कुमारी रोकाया	कार्यालय सहयोगी	श्रे. वि.	9842183299	
८२	धनि कुमारी ऐडी	कार्यालय सहयोगी	श्रे. वि.	9848430104	
83	जनक राज जैशी	कार्यालय सहयोगी	श्रे. वि.	9844353921	
८४	बिरेद्वन बिष्ट	कार्यालय सहयोगी	श्रे. वि.	9748253484	
85	दल बहादुर रावल	कार्यालय सहयोगी	श्रे. वि.	9868594983	
८६	बल बहादुर रावल	भान्छे सहायकस्तर	श्रे. वि.	9864314282	
87	सिंह बहादुर बोहरा	भान्छे सहायकस्तर	श्रे. वि.	9848480516	
८८	सुमित्रा कुमारी थापा बोगटी	भान्छे सहायकस्तर	श्रे. वि.	9848654089	
89	रूप बडुवाल	हलुका सवारी चालक	श्रे. वि.	9842587871	



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९०	धन बहादुर सार्की	हलुका सवारी चालक	श्रे. वि.	9865836914	
91	अबिनाश रावल	हलुका सवारी चालक	श्रे. वि.	9848481528	
९२	रण बहादुर थापा	सुरक्षा गार्ड	श्रे. वि.	9868435526	
93	नबिन बि.क.	सुरक्षा गार्ड	श्रे. वि.	9868475178	
९४	दिपु कुमारी जैशी	सुरक्षा गार्ड	श्रे. वि.	9865642759	
95	निर्मला कुमारी थापा	कार्यालय स्वीपर	श्रे. वि.	9869906327	
९६	धना कुमारी बिष्ट	कार्यालय स्वीपर	श्रे. वि.	9848693509	
97	रूपा बि.क.	कार्यालय स्वीपर	श्रे. वि.	9868594704	
९८	कल्पना खत्री	कार्यालय स्वीपर	श्रे. वि.	9748894933	

## 20. Budget Related

<b>20.1 अस्पताल विकास समिति तर्फ</b>	
1. Number of meetings held in FY 2080/081	05
2. Financial Information	Amount (NPR)
2.1. Balance at the end of Ashad 2080	22,08,617.17
2.2. Income from service fees, rent, NSI grant, Different program, pharmacyetc.	2,84,79,354.29
2.4. Total expenses	24,54,70,84.81
2.5. Balance at the end of Ashad 2081	61,40,886.68

Budget	Budget Allocated	Budget Released	Budget Expenditure	Expenditure %	Remarks
Capital	27,00,000		2691962	99.7	
Recurrent	83,385,307.00		69,879,371.71	83.8	
<b>Total</b>	<b>86,085,307.00</b>		<b>72,571,333,71</b>	<b>84.3</b>	

जिल्लाअस्पताल, बाजुरा  
कार्यालय कोड नं.: ३५००२६९०२७

**बजेट उपशीर्षक : नर्सिङ तथा सामाजिक सुरक्षा सेवार्कायक्रम(संघ शसर्त अनुदान)[३५०९११३५३]**

खर्च/वित्तीयसङ्केत नं	खर्च/वित्तीयसङ्केतको नाम	अन्तिम बजेट	खर्च	बाँकी बजेट	खर्च प्रतिशत	कैफियत
२२५२२	2.7.22.3000अस्पतालमा आधारित सामाजिक सेवा एकाई र एकद्वार संकट व्यवस्थापन केन्द्र संचालन कार्यक्रम	3,000,000.00	2,953,245.33	४६,७५४.६७	98.44	

**बजेट उपशीर्षक : परिवार कल्याण कार्यक्रम(संघ शसर्त अनुदान)[३५०९११३७३]**

खर्च/वित्तीयसङ्केत नं	खर्च/वित्तीयसङ्केतको नाम	अन्तिम बजेट	खर्च	बाँकी बजेट	खर्च प्रतिशत	कैफियत
२२५२२	अस्पताल मार्फत MNH कार्यक्रम संचालन	3,048,000.00	1,785,491.00	1,262,509.00	58.58	

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२२५२२	प्रदेश तर्फ अस्पतालमा मातृ तथा नवशिशु कार्यक्रम अन्तर्गत आमा सुरक्षा, गर्भवती उत्प्रेरणा सेवा, रक्तसंचार, न्यानो झोला, निशुल्क गर्भपतन र नवजात शिशुको निशुल्क उपचार कार्यक्रम	4,984,000.00	2,310,477.00	2,673,523.00	46.36	
२२५२२	परिवार योजना सेवा	180,000.00	137,069.61	42,930.39	76.15	
२२५२२	प्रजनन स्वास्थ्य रूग्णता सेवा	100,000.00	100,000.00	0.00	100.00	
२२५२२	कुपोषण व्यवस्थापनको लागि पोषण पुनर्थापना केन्द्र संचालन	4,500,000.00	4,498,797.20	1,202.80	99.97	
	<b>जम्मा</b>	<b>12,812,000.00</b>	<b>8,831,834.81</b>	<b>3,980,165.19</b>	<b>68.93</b>	

बजेट उपशीर्षक : परिवार कल्याण कार्यक्रम(संघ शसर्तअनुदान)[३५०९११३७३]

खर्च/वित्तीयसङ्केत नं	खर्च/वित्तीयसङ्केतको नाम	अन्तिम बजेट	खर्च	बाँकी बजेट	खर्च प्रतिशत	कैफियत
३११२२	31122मेशिनरी तथा औजार	700,000.00	696,984.00	३,०१६.००	99.57	
	11.3.9.226प्रसूति कक्षलाई न्यानो पार्न Electric Heating System कार्यक्रम	700,000.00	696,984.00	३,०१६.००	99.57	

बजेट उपशीर्षक : एड्स तथा यौन रोग नियन्त्रण(संघ शसर्तअनुदान)[३५०९११२८३]

खर्च/वित्तीयसङ्केत नं	खर्च/वित्तीयसङ्केतको नाम	अन्तिम बजेट	खर्च	बाँकी बजेट	खर्च प्रतिशत	कैफियत
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२११११	१.१.२.७२ए आर टि कन्सुलरको तलब,ए आर टि संचालन खर्च(कार्यालय मसलन्द सामान खर्च), एआरटी कमिटीका लागि चौमासिक बैठक तथा पोशाक भत्ता	524,000.00	523,490.00	५१०.००	99.90	
कुलजम्मा		524,000.00	523,490.00	५१०.००	99.90	

बजेट उपशीर्षक : अस्पतालहरू [३५००२०१३३]

खर्च/वित्तीयसङ्केत नं	खर्च/वित्तीयसङ्केतको नाम	अन्तिम बजेट	खर्च	बाँकी बजेट	खर्च प्रतिशत	कैफियत
21111	पारिश्रमिक कर्मचारी	9,740,000.00	7,689,281.60	2,050,718.40	78.95	
21121	पोशाक	180,000.00	100,000.00	80,000.00	55.56	
21122	खाद्यान्न	1,650,000.00	1,650,000.00	0.00	100.00	
21131	स्थानीय भत्ता	1,944,000.00	966,758.00	977,242.00	49.73	
21132	महंगी भत्ता	432,000.00	261,987.00	170,013.00	60.65	
21134	कर्मचारीको बैठक भत्ता	180,000.00	172,747.00	7,253.00	95.97	
21139	अन्य भत्ता	6,654,307.00	5,897,021.50	757,285.50	88.62	
21212	योगदानमा आधारित निवृत्तभरण तथा उपदान कोष खर्च	144,000.00	85,645.68	58,354.32	59.48	
21213	योगदानमा आधारित बीमा कोष खर्च	68,000.00	44,000.00	24,000.00	64.71	
22111	पानी तथा बिजुली	1,044,000.00	1,042,920.00	1,080.00	99.90	
22112	संचार महसुल	294,000.00	288,000.00	6,000.00	97.96	
22212	इन्धन (कार्यालय प्रयोजन)	392,000.00	385,475.00	6,525.00	98.34	
22213	सवारी साधन मर्मत खर्च	260,000.00	225,959.82	34,040.18	86.91	

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22214	बिमा तथा नवीकरण खर्च	150,000.00	91,826.27	58,173.73	61.22	
22221	मेशिनरी तथा औजार मर्मत सम्भार तथा सञ्चालन खर्च	1,000,000.00	991,333.00	8,667.00	99.13	
22231	निर्मित सार्वजनिक सम्पत्तिको मर्मत सम्भार खर्च	250,000.00	226,413.00	23,587.00	90.57	
22311	मसलन्द तथा कार्यालय सामग्री	400,000.00	399,501.00	499.00	99.88	
22313	पुस्तक तथा सामग्री खर्च	100,000.00	100,000.00	0.00	100.00	
22315	पत्रपत्रिका, छपाई तथा सूचना प्रकाशन खर्च	420,000.00	416,698.00	3,302.00	99.21	
22411	सेवा र परामर्श खर्च	7,800,000.00	7,427,154.00	372,846.00	95.22	
22413	करार सेवा शुल्क	26,727,000.00	22,023,110.00	4,703,890.00	82.40	
22522	कार्यक्रम खर्च	3,120,000.00	3,111,644.01	8,355.99	99.73	
	2.7.13.31 विभिन्न दिवस समारोह संचालन	50,000.00	49,820.00	180.00	99.64	
	2.7.22.2088 EHR सेवाको कार्यक्रम निरन्तरता	500,000.00	500,000.00	0.00	100.00	
	2.7.22.2095 SNCU कक्ष ब्यबस्थापन	200,000.00	198,518.40	1,481.60	99.26	
	2.7.22.2174 टेलिमेडिसिन सेवा संचालन	400,000.00	399,893.61	106.39	99.97	
	2.7.22.2212 गर्भवती र नवजात शिशुलाई निशुल्क एम्बुलेन्स सेवा	200,000.00	200,000.00	0.00	100.00	
	2.7.22.3455 आखा, नाक, कान, मुख र घाटी स्वास्थ्य सेवा प्रवर्द्धन	200,000.00	194,694.00	5,306.00	97.35	
	2.7.22.851 अस्पतालजन्य फोहरमैला व्याबस्थापन तथा सन्क्रमन रोकथाम	320,000.00	319,362.00	638.00	99.80	

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	2.7.22.964महामारी / रोग नियन्त्रण तथा ब्यबस्थापन कार्यक्रम (कीटजन्य रोग सम्बन्धि अभिमुखीकरण , प्रकोप/महामरिज ब्यबस्थापन को लागि औषधि तथा औसधिजन्य सामग्री खरिद, बहुनिकाय समन्वय बैठक, किट खरिद, औलो रोगको केस बेस सर्भिलेन्स )	1,000,000.00	999,982.00	18.00		100.00
	2.7.25.95हेल्पडेस्क संचालन	50,000.00	49,999.00	1.00	100.00	
	2.7.5.176CME क्लास संचालन	200,000.00	199,375.00	625.00	99.69	
22612	<b>भ्रमण खर्च</b>	<b>50,000.00</b>	<b>46,550.00</b>	<b>3,450.00</b>	93.10	
22711	<b>विविध खर्च</b>	<b>200,000.00</b>	<b>187,400.00</b>	<b>12,600.00</b>	93.70	
27111	<b>सामाजिक सुरक्षा</b>	<b>1,650,000.00</b>	<b>1,552,501.69</b>	<b>97,498.31</b>	94.09	
27213	<b>औषधी खरिद खर्च</b>	<b>1,000,000.00</b>	<b>986,875.00</b>	<b>13,125.00</b>	98.69	
28142	<b>घर भाडा</b>	<b>1,200,000.00</b>	<b>1,200,000.00</b>	<b>0.00</b>	100.00	
	<b>जम्मा</b>	<b>67,049,307.00</b>	<b>57,570,801.57</b>	<b>9,478,505.43</b>	85.86	

बजेट उपशीर्षक : अस्पतालहरू [३५००२०१३४]

खर्च/वित्तीयसङ्केत नं	खर्च/वित्तीयसङ्केतको नाम	अन्तिम बजेट	खर्च	बाँकी बजेट	खर्च प्रतिशत	कैफियत
31122	<b>मेशिनरी तथा औजार</b>	<b>1,500,000.00</b>	<b>1,497,251.00</b>	<b>2,749.00</b>	99.82	
	11.3.7.43अक्सिजन प्लान्ट देखि बिभिन्न वार्डहरूमा अक्सिजन पाईप लाईन बिस्तार	1,000,000.00	997,451.00	2,549.00	99.75	

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	तथा जडान					
	11.3.9.1स्वास्थ्य उपकरण खरिद	500,000.00	499,800.00	200.00	99.96	
31123	<b>31123फर्निचर तथा फिक्चर्स</b>	<b>500,000.00</b>	<b>497,727.00</b>	<b>2,273.00</b>	99.55	
	<b>जम्मा</b>	<b>2,000,000.00</b>	<b>1,994,978.00</b>	<b>5,022.00</b>	99.75	



**21. Photos**



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