

Introduction of Hospital



Bajhang District Hospital was established in 2044 B.C. which is the one of the most remote mountainous district's hospital of the Sudurpashchmi Pradesh. It is located in Jayaprithvi Municipality ward no. 9, Bajhang. It has been providing curative services to the people of Bajhang efficiently. The services provided by Bajhang District Hospital are Emergency service, OPD service, Indoor service, Dental services, Physiotherapy services, M CH service, Pharmacy service, Laboratory service, RT-PCR Lab service, USG Service, X-Ray service, ART service, NICU, C/S service, Safe abortion services etc. Bajhang District hospital has also started computerized central electronic billing system from fiscal year 2073/74. The land owned by the hospital is 40 ropani. It has own functioning Ambulance. Total number of Outpatient flow is 100-150 per day. The number of sanctioned inpatient beds is 15 and the number of operational beds is 37. Bajhang District Hospital has also started Electrolyte service (Na⁺, K⁺ & Cl⁻) and Culture service. It has been providing many surgical services including Lower Section Caesarian Section(LSCS), Appendicectomy, Hernia operation(Hernioplasty), Hydrocele operation(Eversion of sac), Excision of Lipoma/Lumps, Thoracocentesis, Intercostal Drainage for Pyothorax, Incision & Drainage(I & D), Vasectomy, Minilaparotomy, etc. The hospital has been supported by Nick Simon's Institute(NSI) in the sector of manpower's including MDGP, MO, Staff Nurse, Anesthesia Assistant & Biomed-equipment technician.

District at a Glance

Geography

Bajhang located in the Seti Zone, is one of the most remote mountainous districts of the Sudurpaschim Pradesh. It shares its boundary with other districts, namely Bajura, to the east, Darchula to the west, Humla to the north and Baitadi, Doti and Achham to the south. It covers an area of 3422 square kilometers and lies between 29° 29" N and 30° 9" N latitude and 80° 46" E and 81° 34" E longitude. This district is located between the ranges of 300 m to 23000m above sea level.

There are One Public district Hospital, one Private Hospital, two Municipalities, 10 rural Municipalities and 2 electoral constituencies in the district. More than 70 percent community have

access to road. The Saipal Himal and the Khaptad National Park are popular tourist sites in the district..



Transportation facility

There is a rough road that touches The headquarter which usually is not is use during rainy season. Many Palika are still devoid of transportation facility. There is an airport in Chainpur, (Dewal) for air transportation service which too is not smooth due to bad weather & so many other factors.

Population distribution

Total population of Bajhang is 217821 constituting 52% females and 48% males. Population density is 57 per square kilometer (CBS, 2011). The population growth rate is 1.61% according to census 2011.

Estimated Target Population of District in F/Y 2078/079

☉ Total Population	:	189603
☉ Under 1 year EPI	:	4609
☉ Under 2 years	:	9027
☉ 6-59 months	:	20149

⊙ 12-59 months	:	17844
⊙ Under 5 years ARI/ CDD/ Nutrition	:	22453
⊙ WRA (15-49 years)	:	65282
⊙ MWRA (15-49 years)	:	49484
⊙ Expected Pregnancies	:	5549
⊙ Expected live birth	:	4789

Communication facility

Telecommunication, postal service and 6 FM are the communication facilities available in Bajhang. Local publications also exist in the district. Postal service facility is available in all Rural Municipality and municipality.

Water supply

Drinking water supply through pipe system has not been delivered adequately in Bajhang. Data of District Drinking Water Supply Office Bajhang shows that only around 74% community has availability of drinking water by piped system.

Electricity Services

Electricity plays an important role in context of economic development of the country. In Bajhang district there are still 18 VDCs (Sabik) with no electricity.

Drainage and Sanitation:

According to the present situation of Bajhang district, there is no provision of drainage and solid waste management. So the waste materials including waste liquid is being disposed haphazardly.

Education status

Though very less, there are diversified educational institutions in the district. There are 459 (Grade 1-3=118, Grade 1-5=178, Grade 1-8=80, Grade 1-10=36, Grade 1-12=47) community school, 8 campus and 59 institutional boarding schools. The literacy rate is 38%. There is a big gap between men and women based on the literacy rate (Women- 16% & Men – 60%).

District Health Delivery System for curative services

District health care delivery system consists of all types of health services (public & private) in the District. In the leadership of District Hospital Bajhang, there is a well established system of delivering health services either from public or private sector in the district. Most of the areas of the district Hospital are covered through public sector. The Hospital in the district are shown in the

District Hospital-	1
Private Hospital	1

CURATIVE SERVICES

BACKGROUND

The curative services provided to the people throughout the region are guided by the national policy. The District Health Office took a implementing role of different program. Curative health services aims to provide appropriate diagnosis, treatment and referral through the network of PHC outreach to hospital service. Curative (out – patient, in-patient and emergency) services are highly demanded component of health services by the people.

The interim constitution of Nepal 2072 has emphasized that every citizen shall have the rights to basic health services free of costs as provided by the law. Ultimately , government of Nepal decided to provide essential health care services (emergency and inpatient services) free of charge to poor, destitute , disabled, senior citizens and FCHVs up to district hospital and PHCCs (December 15, 2006) and all citizens at HP level (8 octomber , 2007).

Objectives

The overall objectives of curative services is to reduce morbidity , mortality and to provide quality health services by means of early diagnosis, adequate as well as prompt treatment and appropriate referral as needed in order to improve quality of life.

Target

To provide service to all patients attending Hospital with appropriate diagnosis, treatment and/or referral to specialized health facilities.

Major Activities

Curative health services were provided through the District Hospital on an outpatient including emergency where ever available and inpatient basis. The following major activities were carried out under the curative services during the reporting year.

- In-patient and outpatient services (including emergency services wherever available) were provided by public, private hospitals & nursing homes.
- HDU & SNCU services
- Essential drugs and other logistic materials were managed to provide to all health institutions as required.
- Provided VCT and PMTCT services including provision of treatment for opportunity infections and anti-retroviral therapy.
- Carried out regular investigation services (radiological and pathological)
- Availability of RT-PCR Lab services
- Provide the Dental Services
- Provide the Physiotherapy service
- Provided treatment for snake bite and rabies.
- Provided CAC and PAC services along with post family planning services.
- Provide the safe abortion service & C/s Service
- Carried out regular services on maternal and child health .
- Provided free health services to the targeted groups .
- Record keeping and reporting were done on a regular basis at Hospital.

Analysis of Achievement

The analysis of achievement is mainly done into the three sections i.e. outpatients services, inpatients services and Free health services. Outpatients services cover all kind of services provided through different level of service delivery outlets, for instance from HPs to district hospital whereas inpatients services are provided only in hospitals. A only one private run hospitals and nursing homes came into the HMIS reporting system in the district in FY 2078/079 .Particularly, there is a constant challenge to receive reports from the private hospitals on regular basis.

Outpatient Services

A total of 24816 outpatients new visits were reported in the district in fiscal year 2077/078. The figure shows that the district trend of outpatient's new visits is 59% of total population in the FY 2078/079 in the case of whole district but in the case of district hospital, total OPD cases were 14668 , .

Curative services in District

The total OPD visit in district hospital were 14668 which has decreasing over the last fiscal year. This is due to the free health services in the institutions. The top ten health problems of this fiscal year are Orthopaedic Problems- alls/Injuries/Fractures, Oral Health Related Problems- Toothache Cases & Dental Caries Cases, Conjunctivitis Cases, Dog Bite, Gastritis (APD), Urinary Tract Infection (UTI) Cases, Skin Diseases-Fungal Infection (Lichen Planus) Cases, Abdominal pain, ARI/Lower Respiratory Tract Infection (LRTI) Cases and Skin Diseases-Abscess Cases.

Apart from the regular services, the districts Hospital have completed almost all the targeted activities of this fiscal year. The targeted activities are mostly OPD service, Emergency service, Indoor service, Laboratory service, RT-PCR lab services, Dental services, Physiotherapy services, USG services , MCH service, ART service, FP service, OCMC services, OT service, CME class and regular staff meetings and public awareness activities. Family planning camps for vasectomy as well as rural ultrasound, disaster preparedness and epidemic management are other important activities carried out by the district in this fiscal year.

जनशक्ती ब्यबस्थापन

पद	स्वीकृत दरवन्दी	पदपूर्ति	हाल कार्यरत		कैफियत (करार सेवा अन्तर्गत) श्रोत सहित (सामाजिक विकास मन्त्रालय, निर्देशनालय.....)
			स्थायी	करार	
नि मे सु	१	१	१		
जनरल सर्जन	०	-	-	१	विशेषज्ञ चिकित्सक कार्यक्रम अन्तर्गत
मेडिकल अधिकृत	१	१	१	५	स्थायी मे अ अध्ययन बिदामा
डेन्टल सर्जन	०	-	-	१	सामाजिक बिकास मन्त्रालय अन्तर्गत
मे.ल्या.टे.	०	-	-	१	CEONC कार्यक्रम अन्तर्गत
फिजियोथेरापिष्ट	०	-	-	१	सामाजिक बिकास मन्त्रालय अन्तर्गत
हे अ	१	१	०	७	सामाजिक बिकास मन्त्रालय अन्तर्गत
स्टाफ नर्स	३	३	३	१२	सामाजिक बिकास मन्त्रालय अन्तर्गत
अ हे व	३	३	४	५	सामाजिक बिकास

					मन्त्रालय अन्तर्गत
अ न मि	२	२	३	५	सामाजिक बिकास मन्त्रालय अन्तर्गत
ल्या टे	१	१	१	३	सामाजिक बिकास मन्त्रालय अन्तर्गत
	स्वीकृत दरवन्दी	पदपूर्ति	हाल कार्यरत		कैफियत (करार सेवा अन्तर्गत) श्रोत सहित (सामाजिक बिकास मन्त्रालय, निर्देशनालय.....)
			स्थायी	करार	
रेडियोग्राफर	१	०	०	२	सामाजिक बिकास मन्त्रालय अन्तर्गत
ल्या अ	०	-	-	५	सामाजिक बिकास मन्त्रालय अन्तर्गत
फार्मेशिष्ट	०	-	-	३	फार्मेशी बाट
डेन्टल हाइजिनिस्ट	०	-	-	१	सामाजिक बिकास मन्त्रालय अन्तर्गत
कम्प्युटर अपरेटर	०	-	-	६	सामाजिक बिकास मन्त्रालय अन्तर्गत
इलेक्ट्रीसियन	०	-	-	२	सामाजिक बिकास मन्त्रालय अन्तर्गत
ह स चा	०	-	-	४	सामाजिक बिकास मन्त्रालय अन्तर्गत

मामला व्यवस्थापक	०	-	-	२	CMC नेपाल
सहजकर्ता	०	-	-	१	सामाजिक बिकास मन्त्रालय अन्तर्गत
का स	९	६	६	२८	सामाजिक बिकास मन्त्रालय अन्तर्गत
जम्मा	२२	१८	१७	९६	११३

Existing Hospital Building and land

- क्षेत्रफल: ४० रोपनी
- लालपुर्जा कसको नाम: जिल्ला अस्पताल, बभाङ्ग
- भवनको अवस्था: जिर्ण
- मर्मत गर्नु पर्ने वा नपर्ने: गर्नुपर्ने (छाना निकै जिर्ण अवस्था मा)

विवरण	पर्याप्त	अपर्याप्त	अपर्याप्त छ भने कुन प्रयोजन /कति
Hospital room		√	प्रयोगशाला र प्रसूतिको लागि अपर्याप्त
Doctor quarter:	√		
Nurses quarter:		√	
Paramedics quarter:		√	
Other Staff quarter:		√	
Drinking Water		√	
Alternative Power backup		√	जेनेरेटरको लागि इन्धनको लागि पर्याप्त बजेट नभएको

Logistic supply

Department	Name of equipments	Quantities	
		Functional	Non Functional
Operation Theater	1. GA Machine 2. OT Table 3. OT Light	√ √ √	
Laboratory	1 Automatic biochemistry analyser 2. PCR machine 3. GENE Xpert	√ √	√
Radiology	1. CR system 2. USG (3) 3. Potable Xray	√ √	√
Maternity Ward	1. Delivery table (2) 2. Refrigerator 3. vaccum	√ √ √	

Department	Name of equipments	Quantities	
		Functional	Non Functional
Emergency	1. Emergency drug trolley 2. Patient monitor 3. USG	√ √ √	

ICU	1. Patient Bed (6) 2. ventilaator 3. monitor 4. ABG machine		✓ ✓ ✓ ✓
NICU	not established		
SNCU	1. Baby warmer 2. Patient monitor 3. Phototherapy	✓ ✓ ✓	

Hospital Beds

Description	Total
Sanctioned Beds	24
Total operational Beds	80
Emergency beds	6
Total Inpatient beds	24
Maternity beds	4
Post up beds	6
Isolation	3
SNCU	3
COVID-19 Dedicated Beds	88 (non functional)
Other Services	

जिल्ला अस्पताल बबस्थापन समितिका पदाधिकारीहरुको नामावली

अस्पताल विकास समितिका अध्यक्ष -	श्री सुन बहादुर सिंह
सदस्य जिल्ला समव्यय समिति प्रमुख वा प्रतिनिधि सदस्य	श्री नर बहादुर बोहोरा
सदस्य प्रमुख जिल्ला अधिकारी वा प्रतिनिधि स.प्र.जि.अ.	श्री बाबुराम अर्याल
सदस्य जयपृथ्वी नगरपालिका प्रमुख	श्री चेतराज बजाल
सदस्य जिल्ला रेडक्रस शाखा सभापति अध्यक्ष तथा प्रतिनिधि	श्री ईश्वरनाथ जोशी
सदस्य स्वास्थ्य कार्यालय प्रमुख	श्री भानुभक्त जोशी
सदस्य स्थायी बसोबास गर्ने प्रतिष्ठित ब्यक्तिबाट मन्त्रालयबाट मनोनित महिला	श्री पार्वति जोशी
सदस्य स्थायी बसोबास गर्ने प्रतिष्ठित ब्यक्तिबाट मन्त्रालयबाट मनोनित एकजना	श्री जयलक्ष्मी खडका
सदस्य स्थायी बसोबास गर्ने प्रतिष्ठित ब्यक्तिबाट मन्त्रालयबाट मनोनित एकजना	श्री कमल बि.क.
सदस्य अस्पताल रहेको क्षेत्रको सम्बन्धित वडाको समाजसेवि मध्य मन्त्रालयबाट मनोनित एकजना	श्री देबेन्द्र ब. खडका
सदस्य सचिव अस्पतालका मेडिकल सुपरिटेन्डेन्ट -	डा. श्री नबराज जोशी (जैशी)

Major Hospital Services section

क्र.सं.	इकाईहरूको नाम	सेवा समय
१	बहिरड. सेवा बिभाग	हरेक दिन १०देखि ५
२	आकस्मिक सेवा बिभाग	२४सै घण्टा
३	अन्तरड. सेवाबिभाग	२४सै घण्टा
४	एम.सि.एच. क्लिनिक	हरेक दिन १०देखि ५
५	ओ.टी.सी. सेन्टर	हरेक दिन १०देखि ५
६	प्रयोगशाला बिभाग	२४सै घण्टा
७	एक्सरे फाटं	२४सै घण्टा
८	यू.एस.जी. फाटं	हरेक दिन १०देखि ५
९	अप्रेसन थेरेटर र CEONC	आबश्यकता अनुसार

क्र.सं.	इकाईहरूको नाम	सेवा समय
१०	फिजियोथेरापी कक्ष	हरेक दिन १०देखि ५
११	डेन्टल सेवा	हरेक दिन १०देखि ५
१२	SNCU कक्ष	२४सै घण्टा

१३	DOTS क्लिनिक	हरेक दिन १०देखि ५
१४	OCMC कक्ष	२४सै घण्टा
१५	BMET कक्ष	आबश्यकता अनुसार
१६	ए.आर.टी। कक्ष	हरेक दिन १०देखि ५
१७	फार्मैसी कक्ष	२४सै घण्टा
१८	RT-TCR lab	२४सै घण्टा
१९	ओ.टि.सि. सेन्टर	हरेक दिन १०देखि ५
२०	खोप क्लिनिक	हरेक हप्ता मंगलबार

Finical resource (Regular, Locally Managed, EDP Support)

Bajhang Hospital Development Committee in Fiscal Year 2078/079

- आम्दानि : १,७८,००,९१४ (NSI, फार्मैसी , सेवाशुल्क, स्वास्थ्य बिमा, अन्य सेवा शुल्क आदि)
- खर्च : १,६३,७०,४४२ (तलबभत्ता , औषधि , उपकरण, ल्याब सामग्री, बिधुत महसुल आदि)

जिल्ला अस्पताल फार्मैसी

आम्दानि : ४४,८५,५१९

खर्च : ३८,८१,५२४

Operating Budget

An effective financial support system is imperative for effective management of health service. Preparation of annual budgets, timely distribution of funds, recording reporting and auditing are the main financial management function that are necessary to support the implementation of health program. The overall budgeting & finance was under the control of finance section under Hospital. The total amount of budget releases form centre and ministry of social development, kailai .

This Table shows the program wise annual budget allocation and expenditure of district health office FY 2078/079:

श्रोत अनुसार खर्च विवरण

क्र.स.	प्रकार	विनियोजित बजेट	खर्च बजेट	खर्च प्रतिशत	Irregularities (BERUJU)
१	<i>प्रदेश सरकारबाट प्राप्त</i>				
	चालु	7,71,87,000.00	7,71,29,266.63	99.92	0
	पुँजीगत	34,75,000.00	3472807.00	80.15	0
	जम्मा	8,06,62,000.00	8,06,02.073.63	99.925	0
२	<i>संघीय सरकारबाट प्राप्त सशर्त</i>				
	चालु	2,38,53,000.00	2,33,37,970.00	99.92	0
	पुँजीगत	1,5165000.00	1,51,57,660.00	99.93	0
	जम्मा	3,90,18,000.00	3,84,95,630.00	99.92	0
कूल जम्मा					

Summary of *Status of the major indicators* Fiscal Year 2078/079

SN	Indicators	2076/077	2077/078	2078/079
1	% of Monthly Report Entered	100	100	100
2	Bed occupancy rate	46	49.3	44
3	Number of maternity beds	6	6	10
4	Average length of stay	2.5	3.3	2.5
5	Bed turnover interval	61	76.1	63
6	% of surgeries among inpatients	8	6	8.3
7	Infection rate among surgical cases	0	0	0
8	Surgery related death rate	0	0	0
9	Average number of radiographic images per day	36	32	37
10	Average number of laboratory tests per day	118	179.5	304

Summary of Status of the major service 9 In Number)s Fiscal Year 2078/079

S.N.	Service	2076/77	2077/78	2078/79
1	OPD Services	13082	14332	24816
2	Emergency services	4458	5414	5111
3	Delivery	597	644	642
4	CS cases	84	86	81
5	USG services	6272	5474	5115
6	CAC service	256	213	229
7	ART service	118	126(75)	131(89)
8	OCMC service	103	130	143
9	SSU service	0	0	0
	Dialysis service	0	0	0
11	Physiotherapy service	413	534	969
12	Dental Services	472	640	1102

The table shows that total number of the new OPD visit patients increasing in district hospital in the OPD as compared to the fiscal year 2077 / 2078 and total Emergency case are also increasing trend. There is also increasing the trend of Inpatient as well as laboratory services in district hospital, bajhang.

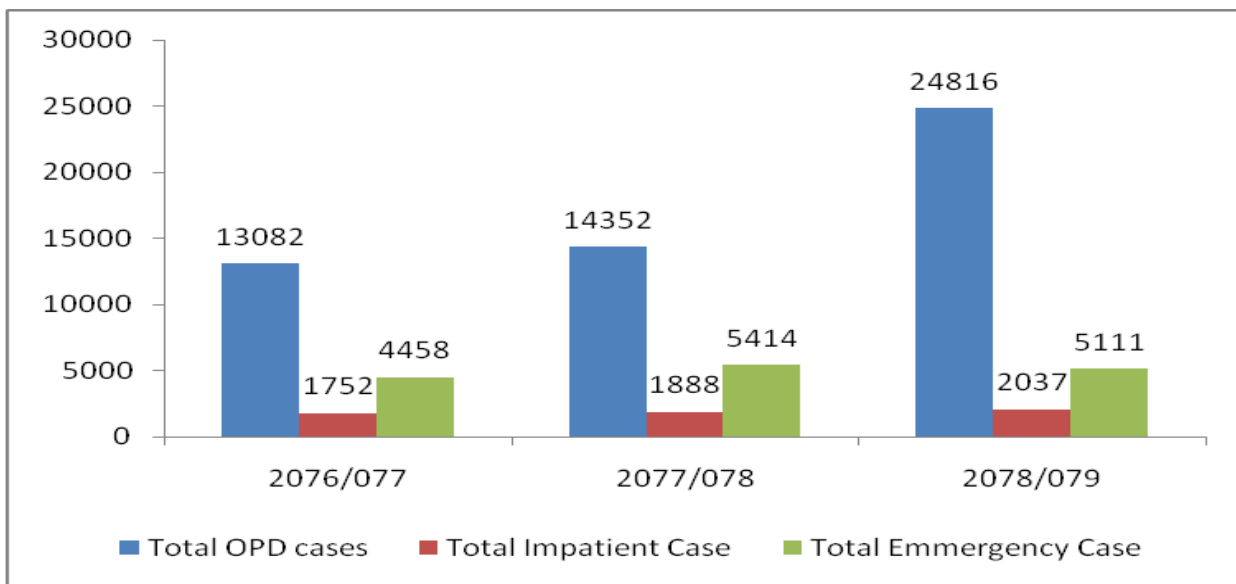
% of Top 10 Diseases among the new OPD visit FY 2078/079

The figure shows that Orthopaedics Problems-Falls/Injuries/Fractures is the top 1st disease among top ten morbidity throughout the successive fiscal year 2078/79 and respectively are Oral Health Related Problems- Other Diseases & Injuries-Dog Bite, Gynae Problems-Pelvic Inflammatory Disease (PID), Other Diseases & Injuries-Gastritis (APD), Urinary Tract Infection (UTI) Cases, Oral Health Related Problems-Dental Caries Cases, Skin Diseases-Fungal Infection (Lichen Planus) Cases, Other Infected Diseases-Upper Respiratory Tract Infection (URTI) Cases, Conjunctivitis Cases and Other Diseases & Injuries-Abdominal pain respectively .

Rank	Disease		
	2076/77	2077/78	2078/79
1	Orthopaedic Problems-Falls/Injuries/Fractures	Orthopaedic Problems-Falls/Injuries/Fractures	Orthopaedic Problems-Falls/Injuries/Fractures
2	Gastritis (APD)	Oral Health Related Problems-Toothache Cases & Dental Caries Cases	Other Diseases & Injuries-Dog Bite
3	Urinary Tract Infection (UTI) Cases	Conjunctivitis Cases	Gynae Problems-Pelvic Inflammatory Disease (PID)
4	Oral Health Related Problems-Toothache Cases & Dental	Dog Bite	Other Diseases & Injuries-Gastritis (APD)

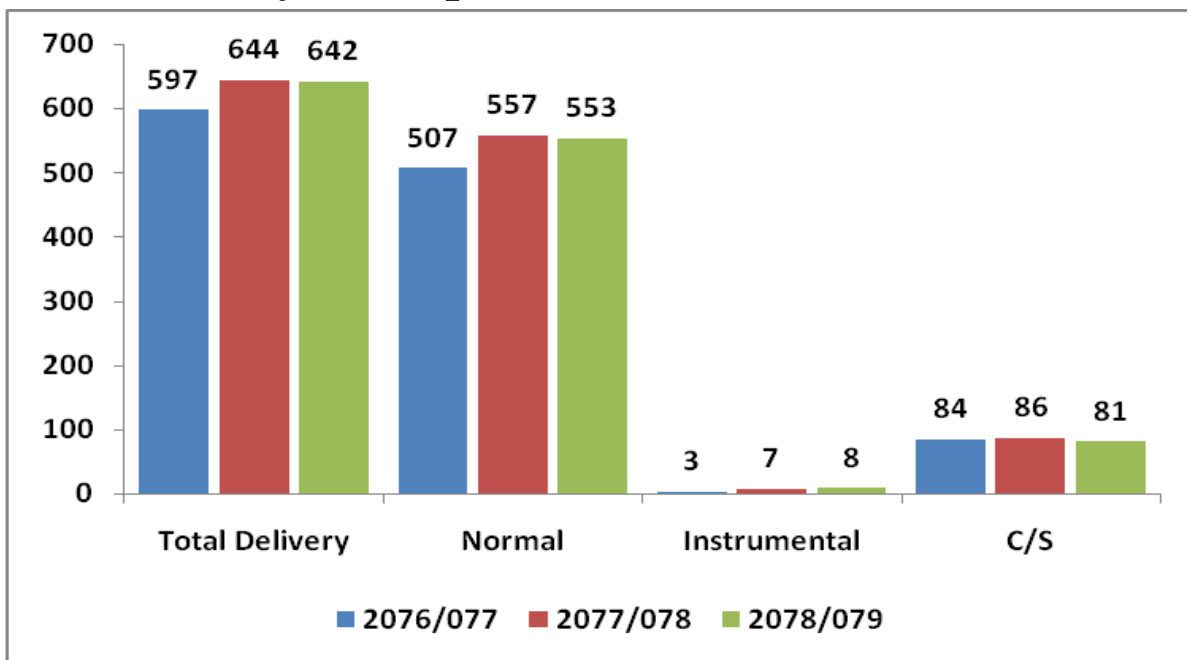
	Caries Cases		
5	Skin Diseases-Abscess Cases	Gastritis (APD)	Urinary Tract Infection (UTI) Cases
6	ARI/Lower Respiratory Tract Infection (LRTI) Cases	Urinary Tract Infection (UTI) Cases	Oral Health Related Problems-Dental Caries Cases
7	Skin Diseases-Fungal Infection (Lichen Planus) Cases	Skin Diseases-Fungal Infection (Lichen Planus) Cases	Skin Diseases-Fungal Infection (Lichen Planus) Cases
8	Conjunctivitis Cases	Abdominal pain	Other Infected Diseases-Upper Respiratory Tract Infection (URTI) Cases
9	Dog Bite	ARI/Lower Respiratory Tract Infection (LRTI) Cases	Conjunctivitis Cases
10	Abdominal pain	Skin Diseases-Abscess Cases	Other Diseases & Injuries-Abdominal pain

Three Year Morbidity Patter(No Of Patient)



In the above graph, we can see that the total case of OPD are increasing as compared in last year and Emergency patient are also increasing due to quality curative health services. And there is also increasing trend of Impatient cases.

No of Delivery in Hospital



In the District Hospital, Bajhang the Number of spontaneous delivery services are 597 in 2076/077, 644 in Fiscal year 2077/078 and 642 in fiscal year 2078/079 which is increasing trend due to trained main power and quality of health services in district hospital, Bajhang. Due to regular presence of MDGP and ASBA doctor supported are available, there is also slightly decreasing C/S case in district hospital, Bajhang.

Safe abortion Indicator and ANC Services in 2078/079

२	सुरक्षित गभवतन	सेवा प्रदान गरिएका कूल संख्या		
	मेडिकल	२० बष मूनि	२	७३
		२१ बष माथि	७१	
	सर्जिकल	२० बष मूनि	०	१५६
		२१ बष माथि	१५६	
जम्मा			२२९	२२९
३	ANC जांच	सेवा प्रदान गरिएका कूल संख्या		
	ANC पहिला भेट	२० बष मूनि	१४८	१४५६
		२० बष माथि	१३०८	
	ANC चाथा भेट(प्राटकल)	२० बष मूनि	१४	१६४
		२० बष माथि	१५०	
PAC				१२६

Total number of women receiving safe abortion service are 229 out of them until under 20 years have also remain which indicate there is early child bearing till now . The above table shows that there is not used properly the long term family planning methods. Total number of women receiving Ist ANC services among expected live birth are 1456 out of them 148 (12%) are under 20 years which also indicate early child marriage. Like as in ANC 4th visit.

Total Patients Served by Social Service in FY 2078/079

Target Group	Total
Ultra Poor and Poor	333
Helpless	101
Person with Disability	30
Senior Citizen	383
Victims of Gender Based Violence	152
FCHV	74
Total	1073

Radiology Services in 078/079

SN	Indicators		Number		
			2076/077	2077/078	2078/079
1	X-ray	no.	5252	6017	8326
2	Ultra sonogram (USG)	no.	6257	5474	4115
3	Echocardiogram(Echo)	no.	0	0	0
4	Electrocardiogram (ECG)	no.	302	409	450
5	Total Laboratory service Provided test	NO	26747	26963	24248

1. Patients served during First a, second & 3rd wave of COVID-19

SN	ACTIVITIES	FIRST WAVE	SECIND WAVE	Third WAVE	Total
1	Total cases treated	173	189	562	924
2	Referred	11	18	1	30
3	Death	1	13	0	14
4	Cured	161	151	561	873

2. RT-PCR tests done:

SN	ACTIVITIES	NUMBERS	Positive	Negative
1	Total PCR tests	10218	2326	7829
2	Total Antigen test	844	385	559
	Total	11062	2711	8388

Minimum Service Standard (Status of last three follow up scores)

Date of MSS done	SCORE
1. 2076/077	61
2. 2077/078	87
3. 2078/079	84

Code	Standards	No. of Standards	Max Score	Obtain Score	Obtain Percentage
3.1	Central Supply Sterile Department (CSSD)	17	19	16	84%
3.2	Laundry	17	19	17	89%
3.3	Housekeeping	13	15	15	100%
3.4	Repair, Maintenance and Power system	12	12	9	75%
3.5	Water supply	4	4	4	100%
3.6	Hospital Waste Management	16	16	11	69%
3.7	Safety and Security	15	17	8	47%
3.8	Transportation and Communication	8	8	6	75%
3.9	Store (Medical and Logistics)	7	7	5	71%
3.1	Hospital Canteen	15	15	10	67%
Total Hospital Support Services Standards (20% Weightage)		124	132	101	77%
Total		647	761	643	84%

Average Score

84%

Hospital Death in Fiscal Year 2078/078

- Number of Maternal Death at Hospital : 0
- Number of Neonatal Death at Hospital : 7
- Number of Prenatal Deaths in hospital / late neonatal : 0
- Number of still births : 16
 - Fresh : 6
 - Macerated : 10
- Number of early neonatal deaths : 6
- Number of hospital maternal deaths reviewed : 0
- Number of hospital parental deaths reviewed : 5

Causes of Death

Causes of Death

- **preterm & Very LBW**
- **Delay in Reaching**
- **IUFD**

Hospital Based One Stop Crisis Management Center (OCMC)

<i>Type of Crime</i>	<i>Total number of cases</i>		
	<i>2076/77</i>	<i>2077/78</i>	<i>2078/79</i>
Sexual Assault	11	20	23
Physical Assault	56	59	50
Domestic Violence	15	10	20
Others	21	25	50
Total	103	114	143

**Inpatients Admitted and Discharged in
FY 2078/079**

Admitted Number			Discharged Number		
Female	Male	Total	Female	Male	Total
1465	572	2037	1255	616	1871

OPD Service in FY 2078/079(Age-wise)

Age	Number			%		
	Female	Male	Total	Female	Male	Total
0-9	2212	1602	3814	58.00	42.00	100
10.19	3115	2226	5341	58.32	41.68	100
20-59	7330	5157	12487	58.70	41.30	100
60 & over	1695	1519	3214	52.74	47.26	100

New Emergency Visit in FY 2078/079

Age	Number			%		
	Female	Male	Total	Female	Male	Total
0-9	389	495	884	44.00	56.00	100
10.19	517	400	917	56.38	43.62	100
20-59	1081	831	1912	56.54	43.46	100
60 & over	381	1017	1398	27.25	72.75	100

SWOT Analysis

- Fulfilled Human resources (except MS)
- Trained manpower- OT, AA, BMET
- Support from NSI (Technical & others)
- Regular cleaning program on every Friday in Hospital
- Active and strong Teamwork
- Dental surgeon available
- Physiotherapy
- CR system & 300 MA X ray
- Analyzer established in lab
- Thyroid Test
- Establishment of NICU
- Establishment of neonatal corner with baby warmer and resuscitation instrument.
- Construction of patient ” HELP DESK”
- Construction of Waste management System

- Maintenance of postpartum building & Hospital Painting
- Establishment of Photo therapy
- Repair and maintenance of Hospital (tiling, white painting, etc)
- Strengthening of Blood bank in collaboration with Redcross
- Hospital premises –
- Hospital Garden
- Establishment of water intake for continuous, separate water supply
- Establishment of new plumbing and water drainage system.
- Purification of water using Uro-guard.
- Waiting home establishment.
- Establishment of CCTV
- Separate MCH clinic with daily Regular ANC check up with free basic Lab investigation and free USG service.
- Establishment of separate Minor OT & CAC /PAC room.
- Blood bank establishment.
- Guardian bed in every beds in indoors

Major Innovations

- Strengthening of own hospital pharmacy
- Establishment of NICU
- Establishment of GA Machine
- Thyroid test
- Biochemistry analyzer
- **Electrolyte Analyzer (fully automated and semi-automated)**
- **Blood band Establishment**
- **HDU Initiation**
- नया भवनमा अस्पतालको सेवा सुरु
- अक्सिजन प्लान्ट स्थापना
- HDU /ICU को लागि सामग्रीको व्यवस्था

- Medical gas Pipeline System with Central Control Station for Supply Medical Grade Oxygen, Air and Vacuum
-

HOSPITAL PHOTOS

Vision, Mission & Objectives

नेपाल सरकार
स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
सुदूर पश्चिमाञ्चल क्षेत्रीय स्वास्थ्य निर्देशनालय
जिल्ला स्वास्थ्य कार्यालय
जिल्ला अस्पताल
बझाङ

दीर्घकालीन सोच (Vision):
सबै बम्राङ्गी नागरिकहरू शारीरिक, मानसिक, सामाजिक तथा आर्थिक रूपमा स्वस्थ रही उत्पादनशील र गुणस्तरीय जीवन प्राप्त गर्न सक्षम हुनेछन्।

उद्देश्य (Mission):
गुणस्तरीय स्वास्थ्य सेवामा समाप्त उनसर पुऱ्याउँदै सम्पूर्ण बम्राङ्गी जनताको स्वास्थ्यमा सुधार ल्याई गरिबी निवारणमा योगदान पुऱ्याउनु तथा मानव सृचकाङ्कका दृष्टिकोणले ७४ औं स्थानमा रहेको बम्राङ जिल्लालाई राज्यकै उत्कृष्ट स्वास्थ्य सेवा प्रदान गर्ने जिल्लाको रूपमा स्थापित गर्नु हो।

१. महिला, बालबालिका, ज्येष्ठ नागरिक, दलित, पिछडिएको समूह तथा स्तरपूर्ण जीवनशैली भएका समूहका स्वास्थ्य व्यवहारमा परिवर्तन ल्याउनु।

२. गरिब एवं दृयन आय भएका तथा सामाजिक एवं भौगोलिक वडियतीकरणमा परेका बम्राङ्गी नागरिकहरूका लागि स्वास्थ्य सेवाको सुनिश्चितता प्रदान गर्नु।

उद्देश्य (Objectives):
जाहानिक एवं परम्परागत स्वास्थ्य उपचार पद्धतिको प्रवर्द्धन र विकास गरी बम्राङ्गी नागरिकको शारीरिक, मानसिक, सामाजिक तथा मानवतात्मक स्वास्थ्य अभिवृद्धि तथा रोगहरूको प्रभावकारी ढङ्गले रोकथाम गर्नु हो।

१. गुणस्तरीय स्वास्थ्य सेवा उपलब्ध गराउनु।

२. स्वास्थ्य सेवाका सबै क्षेत्रमा बम्राङ्गी नागरिकको सहज पहुँच सुनिश्चित गर्नु।

३. उपलब्ध स्वास्थ्य सेवालाई प्रयोगमा ल्याउने वातावरणको प्रत्याभूति गर्नु।

मूल्य र मान्यता (Concept):
१. गुणस्तरीय स्वास्थ्य सेवामा सबै बम्राङ्गी नागरिकको पहुँच
२. बिरामी तथा सेवागर्हीमा केन्द्रित स्वास्थ्य सेवा
३. लैङ्गिक र समावेशी दृष्टिकोणले समुचित स्वास्थ्य सेवा
४. स्वास्थ्य सेवाको योजना र कार्यक्रममा अधिकारबन्दी सोच

Vision, Mission & Objectives of Hospital

उपभोक्ताका अधिकारकर्तव्य

अधिकार:

- चाहेकोबेलामा आफ्नो आवश्यकता अनुसार गुणस्तरीय स्वास्थ्यसेवा प्राप्त गर्ने अधिकार।
- व्यक्तिगत मान प्रतिष्ठा प्राप्त गर्ने अधिकार।
- स्पष्ट जानकारी प्राप्त गर्ने अधिकार।
- व्यक्तिगत सुरक्षा पाउने अधिकार।
- गोपनियता कायम राख्ने अधिकार।
- आफ्नो भाषा अथवा आफुले बुझ्ने भाषामा सूचना पाउने अधिकार।
- रोगको पहिचान तथा निदान बारे अद्यावधिक जानकारी पाउने अधिकार।
- आफुले चाहेको स्वास्थ्य विशेषज्ञसँग परामर्श पाउने अधिकार।
- आफुलाई उपचार गर्ने पेशागत व्यक्तिको परिचय पाउने अधिकार।
- आफुलाई उपलब्ध गराएको सेवा स्वीकार गर्ने नगर्ने अधिकार।

कर्तव्य:

- स्वास्थ्यसेवा प्रदायकलाई आफु र आफ्नो समस्या तथा आवश्यकता बारे सम्पूर्ण जानकारी दिने।
- दिइएको निर्देशनलाई पूर्णरूपमा पालना गर्ने।
- स्वास्थ्यकर्मीले दिइएको निर्देशन पालना गर्न नसक्ने र उपचारमा सहयोग गर्न नसक्ने अवस्था छ भने उक्त कुरा स्वास्थ्यकर्मीलाई जानकारी गराउने।
- स्वास्थ्यसंस्थाको नीति नियमको पालना गर्ने।
- अन्य उपभोक्ता तथा स्वास्थ्यकर्मीको उचित आदर गर्ने।

Rights of consumer/ patients

Hospital Building



Electronic billing system



Dispensary Rack system according to generic name

Prelabour & Postnatal Ward in hospital

NICU Set up & Pediatric Ward

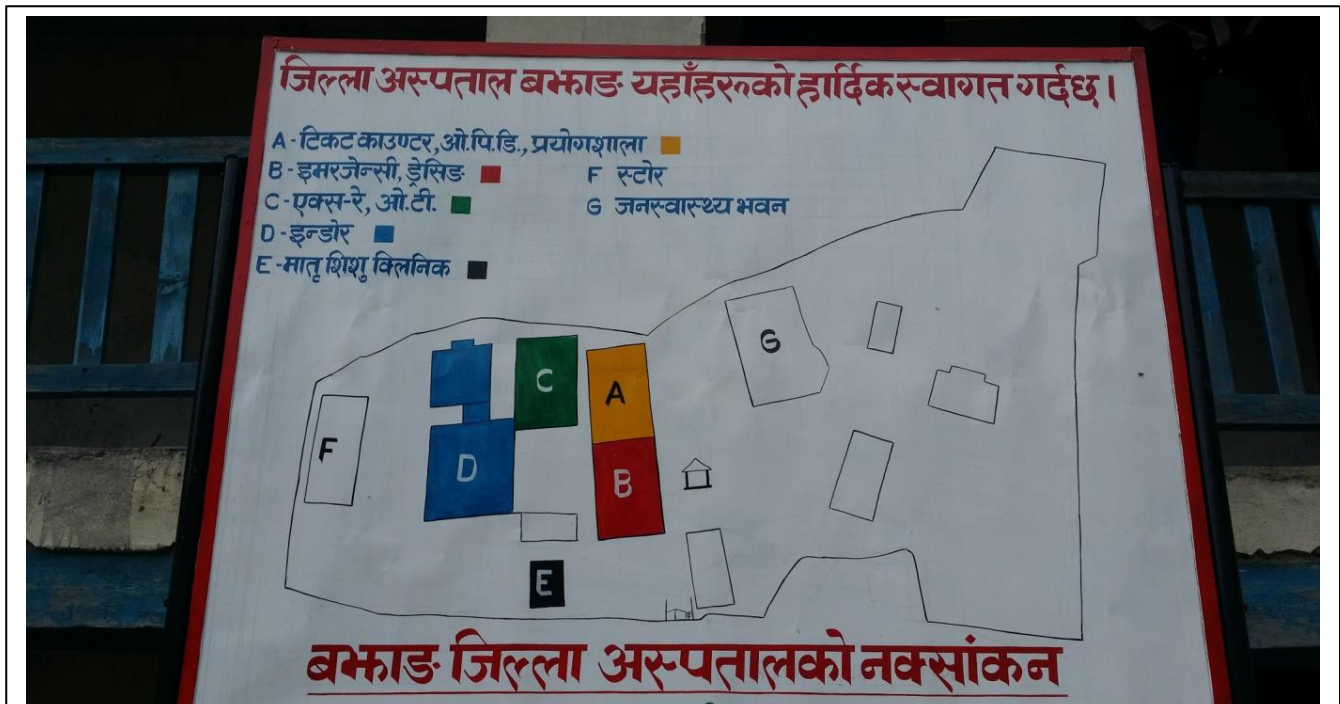


Waste disposal System



Hospital Garden





New Hospital Premises





Blood bank set up





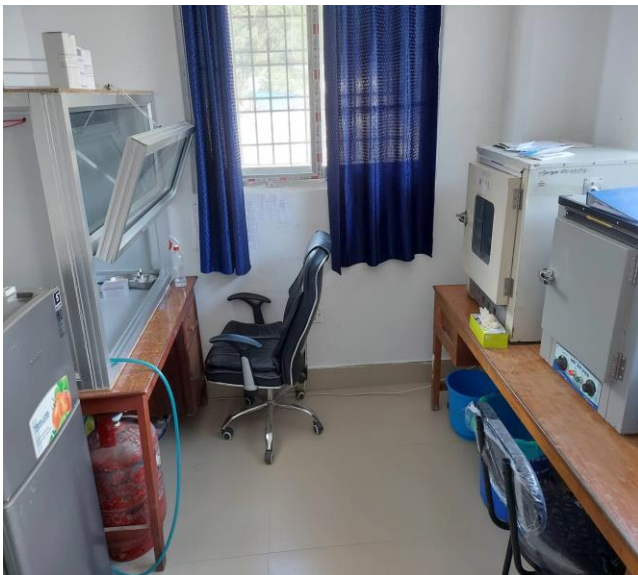
CR System

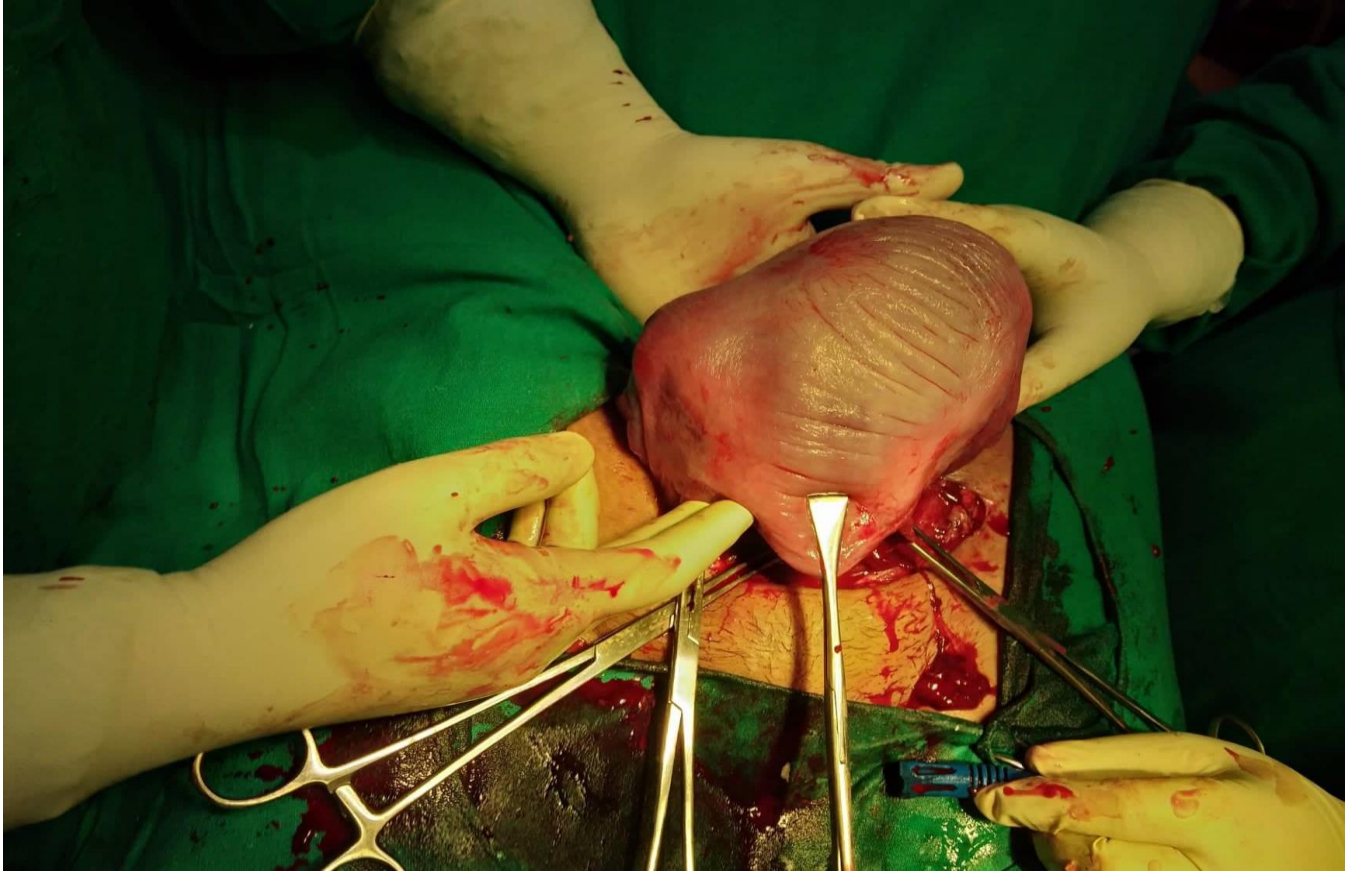


Laboratory service



Laboratory set up





Rupture ectopic Pregnancy

अस्पतालबाट प्रदान गरिएका केही सेवाहरूका झलक



Appendectomy



Subtotal Hysterectomy



Skin Grafting



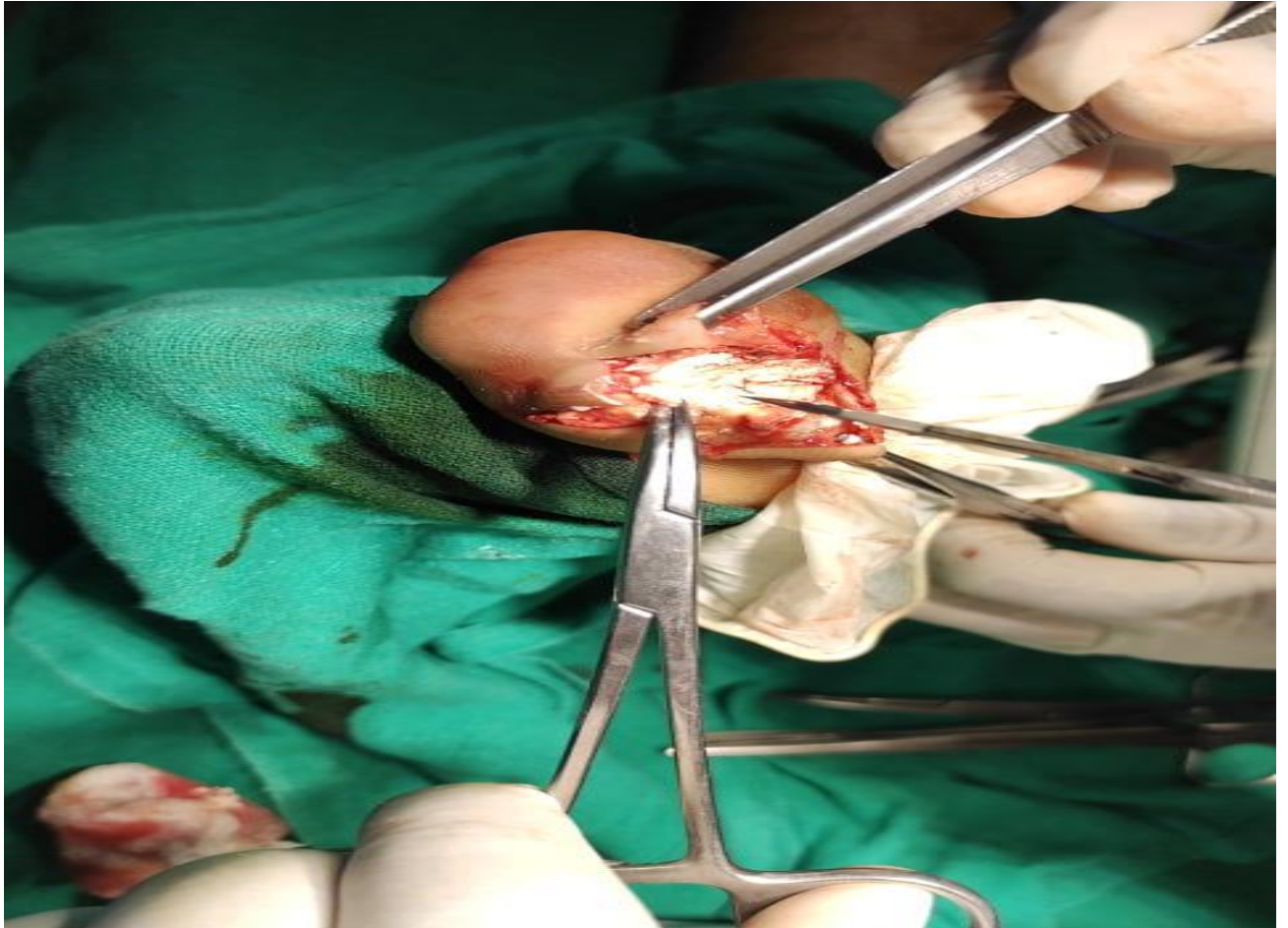
Displaced open midshaft Fracture of Ulna



Repair of ruptured uterus after CS



Enucleation of bony cyst





Amputation and Appendectomy



HDU स्थापना र अनुगमन



Oxygen Plant स्थापना र अनुगमन



PCR Molecular Lab set up



PCR Molecular Lab (HR Mobilization)



SUPPORTIVE ORGANIZATIONS IN CURATIVE SERVICES

Nick Simons Institute

- **Established-2006 March 9 (2063 Phalgun 25)**
- **Vision**-People in rural Nepal receiving quality health care services within their own communities.
- **Mission**-To train & support competent health care workers for rural Nepal.
- **Values**

-Share and care

-Excellence

-Integrity

-Respect for the Individual

1. Training

- Advanced Skilled Birth Attendant(MO)
- Skilled Birth Attendant(ANM/SN)
- Biomedical Equipment Training(Free candidate)
- Biomedical Equipment Assistant Training (Support staffs)
- Mid Level Practicum (AHW/SAHW/HA- 3 month)
- Anesthetic Assistant Course(SN/HA)
- Clinical Skill Training(Trainer)

2. Rural Staff Support Program

- First Phase – **Bajhang /Gulmi/Jiri-Dolakha**(2007-2010) & continue -2011-2014
- Second Phase A -**Doti** (2011-14)
- Second Phase B -**Mahattori/Pyuthan/Bardia**(2012-2014)
-

3. Advocacy

- Post create for rural health/Conference and curative services in rural district hospital(Major/ minor surgery and quality improvement)

NSI support Bajhang Hospital

- Coordination by -GP/other HR-MO/SN
- Communication-Internet/telephone
- Comfortable quarter
- Community Governance-NPR 150,000.00
- Continue Medical Education-(ASBA/SBA/MLP/BMEAT)
- Capital-Need based(Rs.5 lakha/year)
- Continue Quality Improvement-(assessment/plan-month)
- Connection to district-HP/PHC visit-GP/MO in district.