



Annual Review 2081/82

**Provincial Hospital Jaleshwor,
Mahottari**



Hospital Beds

Description	Total
Sanctioned Beds (Government)	15 (Temporary-50)
Sanctioned Beds (Development committee)	
Total operational Beds	
Emergency beds	8
Surgery ward	4
Medicine ward + pediatrics ward	12
Maternity beds	19
ICU beds	5(not functioning)
Post operative	6
OT Recovery	2
SNCU beds + KMC	4
Dialysis	6(ongoing)

Hospital Development Committee

Description	
1. Number of meetings held in 2080/81	
2. Financial Information	Amount (NPR)
<i>2.1. Balance @ end Asaar 2080</i>	
<i>2.2. Income (service fees, rent, donation etc.)</i>	
<i>2.3. Expenses</i>	
<i>2.4. Balance @ end Asaar 2081</i>	
<i>2.5. Details of any donation received, gift in kind</i>	

Finance: *Operating Budget*

Budget	Budget Allocated	Budget Released	Budget Expenditure	Irregularities (BERUJU)		
				Amount	Clearances	% Clearances
Capital						
Recurrent						
Total						

HUMAN RESOURCE

Category	Sanctioned	Filled		Vacant %
		Permanent	Contracted	
Doctors	3	3	17	
Nursing staff	3	3	4	
Paramedics	4	4	4	
Others Technical	8	8	6	
Medical Recorder	1	1	1	
Other	6	6	4	
Total	25	25		

Hospital Services

Services (In Number)		2078/79	2079/80	2080/81	2081/82
OPD New Cases		14699	17835	26022	32561
Emergency Visits		5866	8294	10361	78881
Inpatients Admitted		1347	1072	1862	1439
Inpatients Discharge		1338	1065	1855	1426
Total Hospital Deaths		0	0	0	0
Total Delivery	ND	946	741	794	626
	Vacuum				
	C/S	83	64	289	180
Surgery	Major	25	15	17	19
	Minor				
Safe Abortion Services	CAC	27	4	79	15
	PAC	22	11	50	12
Referral Cases	In	84	96	182	154
	Out	60	49	98	65

Diagnostic/Other Services

Diagnostic/Other Services	Unit	2078/79	2079/80	2080/81	2081/82
X-ray	Number	6172	8544	11945	8813
Ultrasonogram (USG)	Number	2900	1704	7331	2890
Electrocardiogram (ECG)	Number	385	660	951	1004
Total Laboratory service Provided	Test	24740	47417	115197	125200

Total Patients Served by Social Service in FY 2081/82

Target Group	2080/81			2081/82		
	Female	Male	Total	Female	Male	Total
Ultra Poor and Poor	45	82	127	2	2	
Helpless	-	15	15	2	5	
Person with Disability	5	9	14	5	6	
Senior Citizen	17	29	46	12	8	
Victims of Gender Based Violence				1		
Female Health Volunteers						
Total			202			43

Impoverished Citizen (*Bipanna Nagarik*)
Treatment Fund: FY 2081/2082

Diseases	Patients Treated			Amount (Rs)
	Female	Male	Total	
Heart				
Kidney				
Cancer				
Spinal Injury				
Head Injury				
Parkinsonism				
Alzheimer's disease				
Sickle cell anemia				
Total				

One Stop Crisis Management Center (OCMC) FY 2081/82

Type of Crime	Number	%	Remarks
Sexual Assault	24	75	
Physical Assault			
Domestic Violence			
Other	8	25	Rape case
Total	32		

Status of House Keeping Services

Activities	Poor	Satisfactory	Good	Remarks
Cleanliness of Hospital			✓	
Maintenance of Hospital Premises			✓	
Sanitation			✓	
Health Care waste management			✓	
Safe Drinking water			✓	
Canteen			✓	
Triage system			✓	
Hospital Parking			✓	
Hospital Garden			✓	
Other (if any)				

Hospital Major Indicators

indicators	2079/80	2080/81	2081/82
Bed occupancy rate	91%	94%	91%
Average length of stay	3.6%	3.4%	3.1%
Throughput	66	66	66
Bed turnover interval	1.66	1.89	1.86
Infection rate among surgical cases	0.78	0.63	0.43
Surgery related death rate (%)	0	0	0
Death Rate among In-patients	0	0	0

Top 10 Morbidity and Mortality among Inpatients FY 2081/82

Morbidity FY 2080 / 81		Mortality FY 2080 / 81	
Top Ten Diseases among inpatients		Top Ten causes of Mortality among inpatients	
1.	AGE	1.	o
2.	Enteric Fever	2.	
3.	Sepsis	3.	
4.	Hypertension	4.	
5.	Abdominal Pain	5.	
6.	ARI	6.	
7.	COPD	7.	
8.	UTI	8.	
9.	Gastritis	9.	
10.	Fungal Infection	10.	

HUMAN RESOURCE...

Issue	Action point (Activities)	Responsibility	Time
inadequate training and education	Continuous training and education of health care professionals.	MOHP/DOHS	
Low opportunity for in-service training	Time-to-time training who are already employed.	MOHP/DOHS	

LOGISTICS

Issue	Action point (Activities)	Responsibility	Time
Low budget in drug and supply in local level.	Budget should revised as demand in next year.	MoHP/DoHS	
Inadequate of HMIS/LMIS tools and late supply.	Tools should be supplied in time and adequately.	DoHS/MD/LMS	
Management of Expired wastage and unused materials.	LMS should collect those materials from all province and destroy or disposed	DoHS/MD/LMS	

INFRASTRUCTURE

Issue	Action point (Activities)	Responsibility	Time
Lack of proper resource allocation.	Proper budget should be allocated for competing health care needs.	DoHS /Hospitals	

PUBLIC HEALTH RELATED ISSUES

Issue	Action point (Activities)	Responsibility	Time
Pure water and sanitation	Pure drinking water and sanitation service such as toilets or latrines should be available for public.	DoHS /Hospitals	
Maternal and perinatal health problems	Campaign and public awareness programs for ANC and PNC Visits.	DoHS /Hospitals	
Childhood diseases	Campaign and public awareness	DoHS /Hospitals	

HOSPITAL SERVICES RELATED ISSUES

Issue	Action point (Activities)	Responsibility	Time
Lack of Manpower	Vacancy to fulfill unfilled posts.	MS /Cahirperson/DoHS	

POLICY RELATED ISSUES

Issue	Action point (Activities)	Responsibility	Time
Poor policy for human resource	Proper policy for fulfillment of skilled manpower.	MOHP/DOHS	
Poor coordination between levels of government	Proper coordination for ensuring better health facilities.	MOHP/DOHS	
Poor health governance.	Strong policy for better health governance.	MOHP/DOHS	

Key Innovation

- Note: Please explain What, where, rationale, process, challenges, response, progress, lessons, way forward

समस्याहरू

Dialysis मेसिन राखी रहदा पूर्ण रुप ले जाम भई नचल्ने अवस्था मा रहेको

मर्मत को निम्ति खर्च बेहोर्न अवस्था नरहेको

मन्त्रालय संग विचार गरि मर्मत को लागि बजेट मंगेको अवस्था

पानि जाच मा पठाई संचन स्वीकृत गर्नु पर्ने

Dialysis टेक्निसियन र स्टाफ लिनु पर्ने

मर्मत को लागत अनुमान गरिसकेको



समस्याहरू

ICU बन्द भै रहदा ventilator को मर्मत गर्नु पर्ने अवस्था

दक्ष्य जनसक्ति को अवाभ

बेड संख्या पर्याप्त नरहेको

छुट्टा छुट्टै नर्सिङ व्यवस्था नरहेको

Consultant को अभाव मा SNCU संचालन गर्न कठिनाई भएको

पोस्ट ऑप मा पर्याप्त जनसक्ति र मेसिनरी औजार न रहेको

Medicine Ward



Gynae Ward



Surgery Ward



SNCU Ward





समस्याहरू

Main manifold बिग्रेको

मर्मत को निम्ति खर्च बेहोर्न अवस्था नरहेको

मन्त्रालय संग विचार गरि मर्मत को लागि बजेट मंगेको अवस्था

सो बाट ICU OT र dialysis संचालन मा प्रयोग गर्नु पर्ने अवस्था


मर्मत को लागत यकीन गरिसकेको



Oxygen plant

- electricity महसुल अत्यधिक हुने
- चलाउदा आम्दानी भन्दा खर्च ज्यादा हुने



A blue tractor trailer is shown, heavily loaded with a large pile of trash and debris. The trash includes cardboard boxes, plastic bags, and various other waste materials. The trailer is parked on a dirt or gravel surface in front of a light-colored building. An air conditioner unit is mounted on the wall of the building to the left of the trailer. The text is overlaid in the center of the image.

हफ्ता मा दुई चोटी tractor
उपलब्ध गर्नु पर्ने

समस्याहरु

Compressor को अभाव मा autoclave चलन नसकेको

मर्मत को निम्ति खर्च बेहोर्न अवस्था नरहेको

मन्त्रालय संग विचार गरि मर्मत को लागि बजेट मंगेको अवस्था

मर्मत को लागत यकीन गरिसकेको

Mortuary



समस्याहरू

फ्रीजर बिग्रेको अवस्था

मर्मत को निम्ति खर्च बेहोर्न अवस्था नरहेको

मन्त्रालय संग विचार गरि मर्मत को लागि बजेट मंगेको अवस्था

शव बाहन न रहेको

- मन्त्रालय को अनुसार यो प्रदेसिक अस्पताल जलेश्वर १५ शैया मात्र
- ५०-१०० शैया को अस्थाई स्वीकृत मात्र , त्यो पनि अर्को आर्थिक वर्ष मा नहुने संभावना
- कार्य भोज अत्यधिक रहेको



- आवास को खाचो रहेको
- बजेट नरहेको
- २४ घण्टा काम गर्ने कर्मचारी लाई निवास दिन नसेको
- अर्को आर्थिक वर्ष निवास तथा प्रशशिनिक भवन को बजेट को आवश्यकता

- राजनैतिक सहयता को अति आवश्यकता
- मन्त्रालय बाट मंगेको थप बजेट मांग अनुसार पठाउनु पर्ने
- जनसक्ति को अवाभ
- १०० शैया को दरबन्दी कयाम गर्नु पर्ने

बन्दै गरेको नयाँ प्रशासनिक भवन बजेट नभएर
अलपत्र अवस्थामा



•Thank you