

ANNUAL REPORT

Fiscal Year 2079/080



Kapilvastu Hospital

Taulihawa



**Province Government
Ministry of Health and Population
Province Health Directorate
Lumbini Province Nepal**



Preface

I am writing to express my heartfelt appreciation for the unwavering dedication and commitment you have shown in providing exceptional healthcare services to our community during fiscal year of 2079/80.

Your tireless efforts not only upheld the highest standards of medical care but also exemplified compassion and empathy towards every patient who walks through our doors.

In the face of unprecedented challenges, your resilience and professionalism have been truly commendable. Your ability to adapt, innovate, and collaborate has been instrumental in ensuring the well-being of our patients, especially during these trying times.

As we move forward, let us continue to work hand in hand, fostering a spirit of unity and teamwork. Together, we can overcome any obstacle and continue to provide outstanding healthcare services to those who rely on us.

Thank you for your outstanding contribution, dedication and unwavering commitment to excellence. I am incredibly proud for a remarkable team of healthcare professionals.

Dr. Binod Kumar Giri
Director



प्रदेश सरकार
लुम्बिनी प्रदेश
स्वास्थ्य मन्त्रालय
स्वास्थ्य निर्देशनालय
कपिलवस्तु अस्पताल
तौलिहवा



Preface Message from Medical Superintendent

It is my privilege and honor to present the annual report of kapilvastu hospital for the Fiscal year 2079/80. As the medical superintendent, I am delighted to share with you the accomplishments, challenges, and progress this hospital made in our ongoing journey to provide exceptional healthcare services.

First of all I want to express my heartfelt gratitude to respected minister Raju Khanal (Lumbini Province, Health Ministry), Lumbini Health Directorate, Kapilvastu Hospital staffs and all the supportive hands for their unwavering support and guidance which make possible to release of this report.

This report encapsulates the dedication, expertise, and unwavering commitment of our entire healthcare team. Our mission to deliver quality care to our patients is the driving force of global challenges and unprecedented circumstances, the resilience and adaptability of our staff have shone brightly. We have not only continued to provide essential medical services but have also embraced new technologies and practices to enhance patient care.

Within these pages, you will find a comprehensive overview of our clinical achievements, patient satisfaction ratings, community outreach efforts, and financial performance. It is a testament to our commitment to transparency and accountability.

I extend my heartfelt gratitude to our dedicated staff, compassionate healthcare providers, supportive partners, and the community for their unwavering support. Together, we have overcome challenges, celebrated successes, and strengthened the foundation of kapilvastu hospital.

As we move forward, our commitment to excellence remains steadfast. We will continue to invest in cutting-edge technologies, staff development, and patient-centered care to ensure that kapilvastu hospital remains at the forefront of healthcare excellence.

Thank you for entrusting us with your healthcare needs and for being an integral part of our journey. Your trust and support drive us to continually raise the bar in healthcare delivery.

Dr Bipin Jaiswal
MD OBS & GYNAE
Medical Superintendent
Kapilvastu Hospital
Taulihawa



प्रदेश सरकार
लुम्बिनी प्रदेश
स्वास्थ्य मन्त्रालय
स्वास्थ्य निर्देशनालय

कपिलवस्तु अस्पताल विकास समिति
तौलिहवा
दुई शब्द



मैले यस कपिलवस्तु अस्पतालको आ. व. २०७९/८० को वार्षिक प्रगति प्रतिवेदनमा आफ्नो दुई शब्द राख्न पाउँदा गर्ब महसुस गरिरहेको छु। यो वार्षिक प्रगति प्रतिवेदन यस कपिलवस्तु अस्पतालले गत आ. व. मा प्रदान गरेका सेवाहरुको तथा सुविधाहरुको झलक हो। यस अस्पतालले विभिन्न आरोग्य अबरोहका बिच निरन्तर उच्च गुणस्तरिय सेवा तथा सुविधा प्रदान गर्दै आइरहेको छ। पर्याप्त जनशक्तिको अभाव श्रोत तथा साधनको कमी आदि समस्याहरुका बाबजुत यस प्रतिवेदनमा उल्लेख भएअनुसार बिगतका वर्षहरुको तुलनामा गत आ.व.मा प्रदान गरिएका सेवाहरु तुलनात्मक रुपमा संख्या तथा गुणस्तरमा समेत अभिवृद्धि भएको देख्दा खुशी लागेको छ। यो प्रतिवेदनले हामीलाई हामीले गरेका कामको समिक्षा गर्ने अबसर प्रदान गरेको छ।

आगामी दिनमा अस्पतालले यस प्रतिवेदनमा उल्लेख भएका कार्यक्रमको लक्षप्रगति समिक्षा गरि अझै उत्कृष्ट सेवादिने अपेक्षा राखेको छु। यस प्रतिवेदनले हामीलाई विभिन्न कार्यक्रममा भएका कमीकमजोरिहरु समयमै पहिचान गरि सुधार गर्ने मौका प्रदान गर्ने अपेक्षा लिएका छु।

अन्तत, मलाई यस वार्षिक प्रतिवेदनमा दुई शब्द राख्ने मौका दिनुभएकोमा वार्षिक प्रतिवेदन बनाउन लाग्नु हुने सम्पूर्ण टिमप्रति म कृतज्ञ छु र आगामी दिनमा कपिलवस्तु अस्पतालले प्रदान गर्ने सेवा तथा सुविधामा निरन्तर सुधार हुने आशा अपेक्षा राख्छु।

धन्यवाद ...

शिवलाल यादव

अध्यक्ष

अस्पताल विकास समिति

Preface Message from Clinical Co-Ordinator

It is immense Pleasure and honor for me to get an opportunity to express my view and to write message in annual report of Kapilvastu Hospital with the hard work and dedication of all the staffs. Kapilvastu Hospital is dedicated to improve the quality of health services for the people of Kapilvastu district.



Kapilvastu Hospital is 50 bedded hospital which provides quality health services through 10bedded ICU run by competent staffs, Emergency & Elective operative services, 24hrs Emergency, maternity & OCMC services under the supervisor & constant guidance of consultant gynecologist.

Despite of facing lots of obstacles & limited resources we are trying to provide quality & ablaqueate services to the patients. In the last MSS score, we are placed number 1 in Lumbini province and will try to maintain the position by providing more better services to our patients.

I express my since gratitude to Lumbini province social development ministry, health directorate and all the government and Non-government institution of Kapilvastu hospital. I fell indented to all my colleagues who worried restlessly for providing quality services 24hrs.

Finally, I would like to thanks Dr. Bipin Jaiswal (superintendent) for his constant guidance and support without his support, we will not be able to provide services what we are providing now.

Best Wishes ahead..
Thank You!!!

Dr Javed Ahamad Khan
Int Medicine/Clinical Coordinator

Preface

I feel pleasure and immense pride that i am given chance to write few word in annual report of Kapilvastu hospital FY 2079/80, Taulihawa. Hospital is in good position to provide service for satisfy patient due to the hard work of hospital staff, management team and hospital board. Report of any institution shows the final result of given term. Overcoming hidden obstacles and challenge gives the result, I feel lucky to work with such an energetic and friendly team.



Kapilvastu hospital is known institute for the people of this region due to quality service and growth of the hospital. I witness the growth and quality service provided by hospital as I am not only working in this hospital I live in the same region. hospital give 24 hours service by various departments. Hospital is providing service under health insurance board and under privilege patient by S.S.U, which increase sense of mine to government service.

I would like to thank all the respective people who plays role to upgrade hospital for the better service and quality result. Encroachment gives me and my team to work hard for the even better result which we can achieve.

Best Wishes ahead.....

Thank You!!!

Dr. Sharada Nand Chaudhary
MBBS, MD in GP and EM

It is my immense pleasure to express my thoughts & am very thankful to hospital management to provide such opportunity to express my thoughts & working experience, during my tenure at this hospital.



Kapilvastu Hospital, located at Taulihawa, kapilvastu is providing healthcare facilities to people around this area. It is 50 bedded hospital dedicated in providing services to people of Kapilvastu district without any bias following article 35, constitution of our country "right to free basic health services from the state, and no one shall be deprived of emergency health services". Our hospital staffs are motivated and dedicated in providing treatment and care to patient. With the help of staffs and management of this hospital, Kapilvastu Hospital is recently no 1 hospital in whole country at Minimum Service Standard.

Kapilvastu Hospital treats its every patient via best possible method & technologies available at hospital to ease pain of them as soon as possible. Observing the current scenario of whole country, Government of Nepal has also focused on poor and marginalized group of people for providing basic health care facilities without any bias. For this Social Security Unit is funding very poor and marginalized people for treatment and care. Adding this service to every hospital no poor and marginalized are deprived of getting treatment which is extremely commendable work from government of Nepal.

Maternity cases of this hospital are recently in increasing order and we are providing our best care and services in gynecology services. But despites our services due to lack of modern technologies and facilities required for people to provide services, we sometime couldn't provide required services to people. Due to lack of budget also we are facing trouble managing many services such as CT scan, MRI, and many more required services such as Health care waste management properly.

At last i would like to thank respected chairman Shivlal Yadav sir, Medical superidentend Dr.Bipin Jaiswal, entire consultant team medical officers team, dedicated & hardworking nursing team who are dedicated towards patient care, paramedics & non-paramedics of hospital, helpers & entire hospital staffs for their dedication towards hospital by the help of whom we are able to provide smooth healthcare facilities among people & is also now no.1 hospital known by it's MSS.

Thank you.

Shurakshya Aryal
Hospital Management Officer

मन्तव्य



मलाई वार्षिक प्रतिवेदनमा आफ्नो विचार राख्ने अवसर प्रदान गर्नु भएकोमा अस्पताल परिवार प्रति कृतज्ञता व्यक्त गर्दछु। मिति २०२९ साल पौष १ गते तात्कालिन पञ्चापती व्यवस्थामा भारत सरकारको सहयोगमा पृथ्वी वीर अस्पताल कपिलवस्तुको निर्माण भएको थियो। कपिलवस्तु जिल्लाको सदरमुकाम तौलिहवामा अवस्थित यो अस्पताल कपिलवस्तु जिल्लामा रहेको १० वटा स्थानीयतहहरूको एक मात्र स्वास्थ्य क्षेत्रको विश्वासिलो तथा भरोसाको केन्द्र को रूपमा रहेको छ। यस अस्पतालमा जिल्लाका सम्पूर्ण स्वास्थ्य संस्थाहरू बाट रेफर भई विरामीहरू यस अस्पतालमा आउने गर्छन्।

वर्तमान समयमा देशको संरचना परिवर्तन भए संगै यो अस्पताल सघिय संरचना बाट प्रदेश सरकारको मताहतहुनगई यसको नाम पृथ्वीवीर अस्पताल बाट परिवर्तन भई कपिलवस्तु अस्पताल, तौलिहवा भएको छ। अस्पतालको नाम परिवर्तन भए संगै यसको जिम्मेवारी र क्षमतापनि परिवर्तनभएको छ। अस्पताललाई अब ५० बेडको रूपमा सञ्चालन गर्न आउने समस्या र चुनौतीहरूको सामनागर्दै हामीले कपिलवस्तु वासीहरूलाई गुणस्तरीय स्वास्थ्य सेवाप्रदान गर्न अहोरात्र खटि कार्य गर्नु पर्ने छ।

अस्पतालमा वर्षयाममा जम्ने पानी को उचित व्यवस्थापन गर्न कठिनाई भएको अब आउने दिनहरूमा पानी उचित व्यवस्थापन गर्न पहलकदमी अगाडि बढाइने छ। ५० बेडको स्वीकृत दरबन्दी अनुसार को जनशक्ति मन्त्रालयबाट समन्वय गरी ल्याउने र अस्पताललाई ५० शैया क्षमतामा सञ्चालन गरी जिल्लावासीहरूलाई स्वास्थ्य सेवाप्रदान हुने गरि भूमिकामा कार्य प्रगति अगाडि बढाइने छ।

अस्पतालमा आउदो दिनमा ५ बेड सहितको डाइलाईसिस सेवाको शुरुवात गरी यस जिल्लाका अति गरीब, गरीब तथा सामान्य वर्गीय डाइलाईसिसको विमारीहरू जसले ऋण खोजेर औषधी उपचार गराउन बाध्य भएका छन् तिनीहरूको लागि अस्पतालमा निर्माण भई केहि समयमा नै सेवा शुरुवात गर्ने डाइलाईसिस सेन्टर कोर्स ढुङ्गा साबित हुने अनुमान गरेका छौं। साथै यस अस्पतालमा सरकारको दरबन्दीमा महिला तथा प्रसुति रोग विशेषज्ञ डा. नि.मे.सु. को रूपमा पाउनाले यहाँहरूमा प्रसुति सम्बन्धी विरामीहरू अब खासै भौतारिने अवस्था बाट राहत पाउनेछन् भनी आशावादी छौं।

कपिलवस्तु जिल्लामा मध्यमवर्गीय तथा गरिब, अतिगरिब मानिसहरूको जनसंख्या अध्याधिक रहेकोले यस जिल्लाको त्यस्ताबालबालिकाहरू अन्यत्रगई स्वास्थ्य सम्बन्धीप्राविधिकशिक्षाहासिल गर्न असमर्थ रहेको हुदाँ मैले अस्पतालको तर्फबाट एच.ए., स्टाफ नर्स, एक्सरे टेक्निसियन, डेण्टल हाइजेनिकतथाल्याब टेक्निसियन जस्ता प्राविधिकशिक्षाप्रदान गर्ने शिक्षालय स्थापना गरी न्युनशुल्कमा यहाँकाबालबालिकाहरूलाई स्वस्थ समबन्धी प्राविधिक शिक्षाप्रदान गराउने कार्यमा भुमिका निर्वाह गर्नेछु। जसले गर्दा जिल्ला तथा प्रदेशको स्वास्थ्य समयन्त्रको पहुचमा कपिलवस्तु वासीको अहम योगदानहुनेछ। कपिलवस्तु जिल्लाका अधिकांश स्थानीय तहहरूले हाम्रो यस अस्पताललाई सहयोग गरी प्रदेशको उत्कृष्ट अस्पताल बनाउन सफल हुनु भएकोमा स्थानीय तहहरूलाई हार्दिक धन्यवाद ज्ञापन गर्न चाहन्छु।

रत्नाकर शुक्ल
सूचना अधिकारी

EXECUTIVE SUMMARY

Hospital serves as social institutions within communities, providing essential healthcare services and contributing to overall well-being and development of society. They play a crucial role in public health and often engage in community outreach, health education, and preventive healthcare programs.

Kapilvastu hospital has been running as a 50 bedded hospital however there are almost 67 beds which are actually operating in hospital. Despite upgrading of hospital from 15 bedded to 50 bedded hospital the hospital beds are remaining fulfilled all over the time. The reporting status of the Kapilvastu hospital was 100% since three fiscal years. Timely entering and submitting of HMIS report is important for revealing the major indicator of a statistic of the hospital and timely correct if any drawback found. The bed occupancy rate of the Kapilvastu hospital is very high. The beds of the Kapilvastu hospital were remaining almost fulfilled all of the year. In the fiscal year 2078/79 the bed occupancy ratio was seen 55.9% and seen 76.8% in the fiscal year 2079/80. The average length of stay of Kapilvastu hospital seems increasing in trend compared to 2.9 in FY 2078/79 to 3.5 in FY 2079/80. Due to operating of surgical cases and other critical cases the hospital length is increased.

In the last FY 2079/80 there was 2 maternal death occur in the hospital. The number of still birth was 52 and the neonatal death after birth is 4. The availability of the emergency LSCS services and qualified SBA for delivery service had major role to reduce susceptible maternal and neonatal deaths in Kapilvastu Hospital.

The Kapilvastu hospital is also COVID dedicated hospital to fight against COVID19. It establishes PCR molecular laboratory for the diagnosis of COVID cases to avoid referring cases to Bhairahawa and Butwal. The separate 15

bedded COVID dedicated hospital was also run simultaneously with Kapilvastu hospital to directly manage and treat the COVID related cases.

The Kapilvastu hospital collected and tested 859 slides of malaria in FY 2079/80 among them one case is positive. There were new tuberculosis cases were diagnosed and HIV patient currently enrolled in ART.

OCMC service is established in FY 2076/77 in Kapilvastu Hospital since then the OCMC cases were catching and handling by one door management system. There are large number of sexual assaults, Physical assault, Physical violence and other incidents were increasing day by day. Many of these cases were kept in secret and handled by village leaders. In the fiscal year 2079/80 total 137 OCMC cases came to hospital for medico-legal treatment other medico-legal cases such as hanging, suicide, physical violence, physical assault, and drunkenness were also addressed by the hospital. In this fiscal year there were 257 cases were carried out autopsy.

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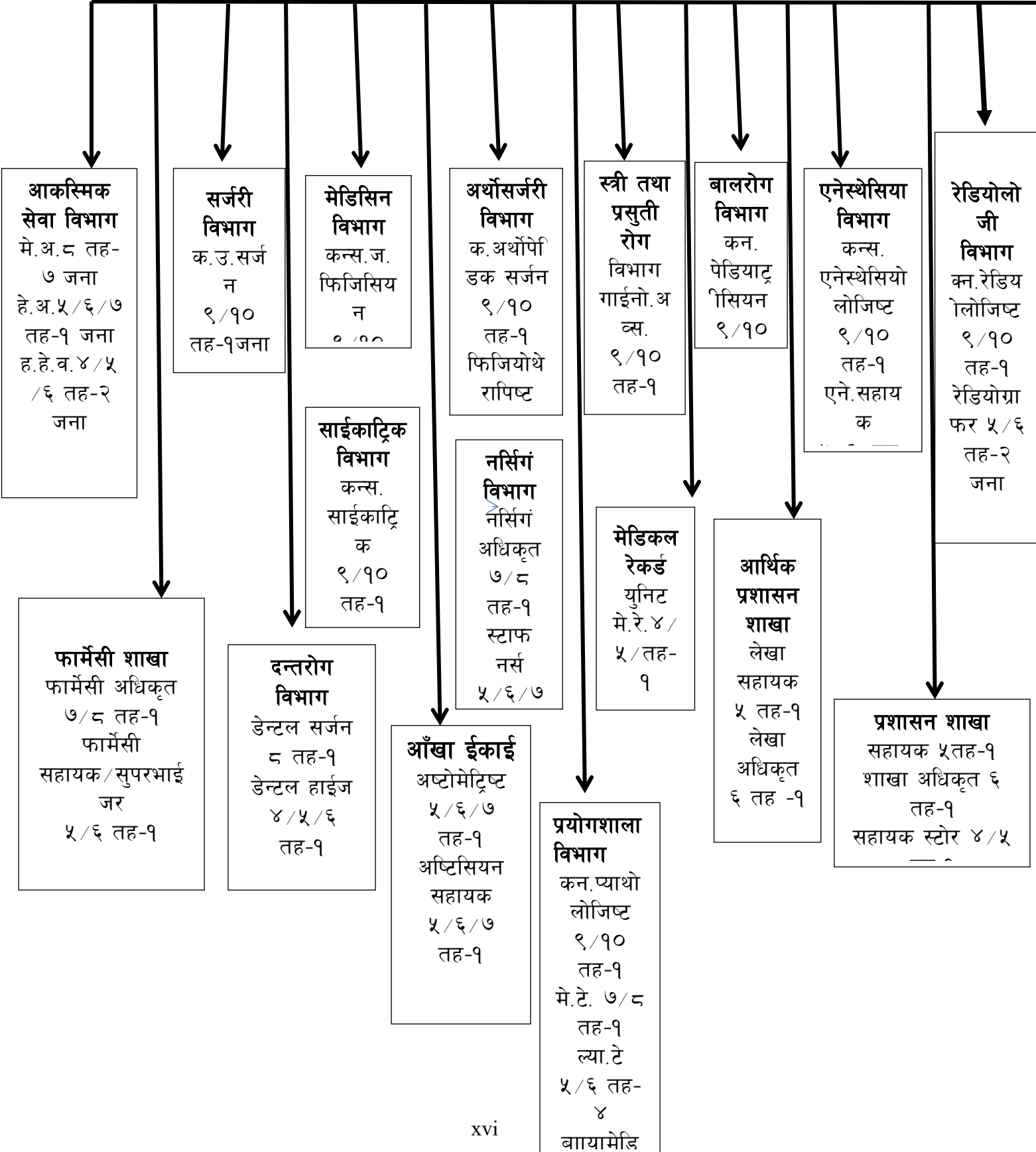
Abbreviations

| | | |
|-------|---|---|
| ANM | - | Auxiliary Nurse Midwife |
| AHW | - | Auxiliary Health Worker |
| ART | - | Anti-Retroviral Therapy |
| ARV | - | Anti-Rabies Vaccine |
| ATT | - | Anti-Tubercular Therapy |
| CBC | - | Complete Blood Count |
| CRP | - | C-reactive Protein |
| COVID | - | Corona Virus Disease |
| CSSD | - | Central Sterile Supply Department |
| ECG | - | Electrocardiogram |
| ECHO | - | Echocardiogram |
| ENT | - | Ear, Nose and Throat |
| FY | - | Fiscal Year |
| FCHV | - | Female Community Health Volunteer |
| HMIS | - | Health Management System |
| HIV | - | Human Immune Deficiency Virus |
| HCV | - | Hepatitis C Virus |
| HBsAg | - | Hepatitis B Serum Antigen |
| Hb | - | Hemoglobin |
| HA | - | Health Assistant |
| ICU | - | Intensive Care Unit |
| IMNCI | - | Integrated Management of Neonatal and Childhood Illness |
| HP | - | Health Post |
| LSCS | - | Lower Section Cesarean Section |
| MIS | - | Management Information System |
| MCH | - | Maternal and Child Health |
| MO | - | Medical officer |
| MDGP | - | Medical Doctor/ General Practitioner |
| MSS | - | Minimum Service Standard |

| | | |
|------|---|-----------------------------------|
| NICU | – | Neonatal Intensive Care Unit |
| OA | - | Office Assistant |
| OCMC | - | One Stop Crisis Management Centre |
| OPD | - | Outpatient Department |
| OT | - | Operation Theatre |
| PCR | - | Polymerase Chain Reaction |
| PHCC | – | Primary Health Care Center |
| RCT | - | Root Canal Treatment |
| RHD | - | Rheumatic Heart Disease |
| RTA | – | Road Traffic Accident |
| SBA | - | Skilled Birth Attendant |
| SN | - | Staff nurse |
| TB | - | Tuberculosis |
| USG | - | Ultrasound (Video X-ray) |
| WHO | - | World Health Organization |

ORGANOGRAM

अस्पताल प्रमुख



PART-I

DISTRICT PROFILE

1.1 General introduction of Kapilvastu District

Kapilvastu District, located in the Lumbini Province of Nepal, is a region rich in historical, cultural, and religious heritage. It holds immense significance as the ancient kingdom of the Shakya dynasty and is widely recognized as the birth place of Siddhartha Gautama, who later became Gautama Buddha, the founder of Buddhism. Kapilvastu District boasts a diverse cultural landscape. The population consists of various ethnic groups, each contributing to the region's unique traditions, festivals, and art forms. The district's economy is predominantly agricultural, with crops like rice, wheat, sugarcane, and vegetables being cultivated in its fertile lands.



Fig.1 Map of Kapilvastu district

Kapilvastu district is one among six district of Lumbini Zone which lies in Western Development Region of Nepal and Taulihawa which is among one of the oldest city of Nepal and the Headquater (Administrative Center) of this District. Taulihawa lies within the area of Kapilvastu Municipality and is located 22KM North East of Lumbini. Kapilvastu Municipality was established with 14 wards in 2039 B.S as a name of Taulihawa Nagarpanchayat which covered full region of baragdawa, maalpara, pipari, kapilvastuadarshGaau Panchayat and partial region of Tilaurakot, Gotihawa and Gobari Gaau Panchayat. But later in 2072 B.S full region of Gotihawa and Tilaurakot were included making total 19 wards within this Municipality. Total area covered by this Municipality is 63.61 Kilometer Square. The municipality lies at an altitude of 107 metres (351 ft) above sea level on Nepal's southern border across from Khunwa, Uttar Pradesh state, India. Buddhist sources present Kapila as a well-known Vedic sage whose students built the city of Kapilavastu Buddhist texts such as the Pali Canon claim that Kapilavastu was the childhood home of Gautama Buddha, on account of it being the capital of the Shakyas, over whom his father ruled.

1.2 Most famous tourist places of the Kapilvastu District

The Kapilvastu is the Historical places it has many popular places to visit and explore. The lord Gautam Buddha was remained in Kapilvastu in his childhood lives.

1. Tilaurakot
2. Kudan
3. Jagadishpur Tal
4. Niglihawa
5. Tillurakot Buddha Musesum
6. Tanastupa
7. Gottihawa
8. Arrurakot
9. Taileshowar Nath Temple Taulihawa

1.3 Administrative division of Kapilvastu district

The district consists of ten municipalities, out of which six are urban municipalities and four are rural municipalities. These are as follows.

- Kapilvastu Municipality
- Banganga Municipality
- Buddhabhumi Municipality
- Shivaraj Municipality
- Krishnanagar Municipality
- Maharajgunj Municipality
- Mayadevi Rural Municipality
- Yashodhara Rural Municipality
- Suddhodhan Rural Municipality
- Bijaynagar Rural Municipality

1.3.1 Health and Hospital

Health

Health has evolved over the centuries as a concept from an individual concern to a worldwide social goal and encompasses the whole quality of life. Health in old age was defined simply as “absence of disease”. Only healthy people can bring prosperity and economic growth. The development of society greatly depends on the quality of health status.

According to WHO- “Health is the state of complete physical, mental and social well being and not merely the absence of diseases or infirmity.”

According to Webster Dictionary -"Health is a complete well-being of mind, body and spirit, especially freedom from physical disease and pain."

Hospital is a part of social system that provides health care services to the needy people. Hospitals are complex and multi faceted organization that consists of heterogeneous group of human resources such as doctor, nurse, paramedics, cleaner. The goal of hospital is to provide best possible patient care. Hospitals provide curative, rehabilitative, promote and rehabilitative healthcare service to the needed people.

Definition of Hospital

According to WHO (1951) “Hospital is defined as an integral part of a social organization, the function of which is to provide for the population complete health care, both curative and preventive, and whose outpatient services reach out to the family in its home environment; the hospital is also a center for training of health workers and bio-social research.

1.3.2 Functions of Hospital Administration

Hospital administration functions can be classified into three broad categories:

1. **Medical** - This involves the treatment and management of patients through the staff of physicians.
2. **Patient Support** - This relates directly to patient care and includes nursing, dietary diagnostic, therapy, pharmacy and laboratory services.
3. **Administrative** – Administrative Part is Concerned With the execution of policies and directions of the hospital governing discharge of support services in the area of finance, personnel, materials and property, housekeeping, laundry, security, transport, engineering and board and the maintenance.

1.3.3 Functions of hospitals

Intramural functions

1) Restorative

- Diagnostic
- Curative
- Rehabilitative
- Emergency

2) Preventive

- Health promotion
- Health Education

- Occupational health training

- Immunization

3) Educational

- Undergraduate
- Postgraduate
- Paramedical
- Nursing

Extramural functions

- Outpatient services
- Home care services
- Outreach clinics

1.3.4 National Health policy and programs

Nepal constitution 2073 make health as a fundamental human right and there will be no discrimination for getting the medical and health care services according to cast, religion and sex. During past decades there was drastic improvement in the health sector. This achievement was achieved due to the huge efforts and diligence of many health professionals from grass root level to the policy maker level.

Vision:

Healthy, Alert and conscious citizens oriented to happy life.

Mission:

To ensure the fundamental health rights of citizens through optimum and effective use of resources, collaboration and partnership.

Goal:

To develop and expand a health system for all citizens in the federal structure based on social justice and good governance and ensures access to utilization of quality health care services.

Targets:

1. To make health services free to all people as basic human right.
2. To develop expand and improve all types of health systems as per the federal structure.
3. To establish the effective and responsible health care system equipped with required medicines, equipment, technology and capable human resources for easy accessible of health care.
4. To strengthen social health protection system by integrating the most marginalized section.

5. To ensure ownership of health sector and encourage public participation by involving private and co-operative sector.
6. To transform the health sector from profit-orientation to service-orientation

PART-II

HOSPITAL DEPARTMENTS

2.1 Emergency Department

Emergency department is the main gateway and critical care department of the hospital. Emergency department serves the patient who needs urgent support, care and treatment. There are altogether 9 beds are functional in the emergency department of the Kapilvastu hospital. Mostly RTA, fall down injuries, abdominal pain, poisoning and snake bite cases has been admitted hospital to get emergency medical care. The department is headed by the MDGP and other paramedic staffs. 24Hr services is providing by emergency department under supervision and treatment of MDGP and other paramedics.

2.2 Out Patient Department

The outpatient Department (OPD) in a hospital or healthcare facility is a vital component of the healthcare system, serving as the first point of contact for patients seeking medical advice, diagnosis, and treatment without being admitted to the hospital. It is the floor in which patients visit for general health checkup, regular medical checkup, follow up visit etc. During the course of treatment and providing health care services some clients were sent back to home, some were referred to higher center, some were planned to admit in ward for direct observation of medical staff and further treatment. Main hope for the rural and village peoples depends on the OPD department. Among all cases presenting in hospital almost 90% cases were handled by OPD department. The major impression towards hospital from general public for getting medical service is OPD. Recently there has been Dental Department providing services and ophthalmic department is also is in functional. Other special services like Surgery, Orthopedic, Pediatric, Medicine, Psychotherapy,

Dental,Physiotherapy and Gyane and Obs departments are also started in this hospital.

2.3 Laboratory Department

Most of the investigation and diagnostic services are performed in laboratory for the identification of disease condition. It is the crucial department for the identifying the disease condition whether they have disease present or not. Sometimes medical doctor also took help laboratory for diagnosing the conditions. Hundreds of diagnostic tests are performed in the laboratory department. Equipment available in Kapilvastu hospital laboratory for diagnostic test are as follows:

1. Electronic Microscope
2. Bio Semi Analyzer
3. Bio fully automatic Analyzer
4. Centrifuge
5. HPLC
6. Coulter counter
7. Electrolyte analyzer
8. Gene X-pert Machine

Major services provided are:

- 1 Hematology: CBC, HB,
- 2 Parasitology: Malaria,
- 3 Microbiology: Sputum smear,
- 4 Serology: HIV, HBsAg, HCV,
- 5 Endocrine: blood sugar, uric acid,
- 6 Biochemistry: Sodium/Potassium, protein, Iron profile, Lipid profile
- 7 PCR test
- 8 Thyroid, Hba1c

2.4 Maternity department

In the Kapilvastu hospital almost 3-6 deliveries were performed daily. This department is also providing the maternity services 24Hrs. It also handles the critical cases of mother and neonate. Complicated cases of mother were send to perform LSCS which is also available in the hospital when needed.

2.5 Indoor/ Ward

The critical cases who need direct observation and treatment were send to indoor for admission from OPD and emergency department. Kapilvastu hospital serving the patient with 23 indoor beds which are almost fulfilled whole year.

2.6 Operation Theater

In spite of district level Hospital, the Kapilvastu hospital was providing continues surgical services to the patient continuously Emergency LSCS service is available for 24 hour, and other elective cases were performed twice in a week. Hydrocele, Hernia, Appendicitis, Hysterectomy and Other minor cases surgical services is available in the hospital. The operation theater is equipped with advanced medical equipment and apparatus. Recently orthopedic surgeries are also performed once in a week.

2.7 Store Department

This supplies the essential medicine and supplies to the hospital. The medicine provided by the government for free health care services and other supplies were ordered to store and distribute to different department of the hospital and other equipment and materials which is not provide by government were procured and distributed to various the department as per their need.

2.8 CSSD

To deliver high quality care by preventing hospital acquired infection to the public is possible when there is supply of high-quality sterile equipment and materials used during the medical and surgical procedure. This is only possible when CSSD department is working perfectly. Electric autoclave is the best technique to sterilize the linen and instruments used during the procedure.

2.9 Administration

Administration department is the main back bone of the hospital. Beyond medical and clinical task there were many other administrative job needed to carry out on day to day basis. Human resource management, power supply, waste management and other vital role was playing by the administrative department.

2.10 X-Ray

An x-ray is a common imaging test that's been used for diagnosis. It can help doctor view the inside of your body without having to make an incision. This can help them diagnose, monitor and treat medical condition. X-ray of kapilvastu hospital has most advance setting for radiology procedure. Radiology department functions with one 300mA and 100 mA with the combination of DRTECH and CR system.

2.11 Miscellaneous

- I Finance Department established
- II OCMC
- III Dispensary
- IV Pharmacy department
- V USG
- VII House Keeping
- VIII ART center
- IX MCH clinic

2.12 newly added services

- a. Oxygen Plant
- b. Laundry
- c. ICU

- d. ophthalmic
- e. Dental Department
- f. Physiotherapy
- g. PCR Laboratory
- h. COVID hospital
- i. ECHO machine
- j. Cabin ward
- k. SNCU

- l. New staff quarter construction
- m. Ambulance

PART –III HOSPITAL SERVICES

3.1 Staff

कपिलबस्तु अस्पताल तौलिहवाको दरबन्दी तेरिज

| सि.न. | पद | तह | सेवा | समुह | दरबन्दी संख्या | संख्या |
|-------|--------------------------------|------|-----------|-------------------|----------------|--------|
| १ | अस्पताल प्रमुख | ११ | स्वास्थ्य | | १ | - |
| २ | कन्सल्टेन्ट जनरल फिजिसियन | ९/१० | स्वास्थ्य | मेडिसिन | १ | १ |
| ३ | कन्सल्टेन्ट पेडियाट्रिसियन | ९/१० | स्वास्थ्य | पेडियाट्रिक्स | १ | - |
| ४ | कन्सल्टेन्ट अब्स तथा गाईनो | ९/१० | स्वास्थ्य | अब्स तथा गाईनो | १ | - |
| ५ | कन्सल्टेन्ट जनरल सर्जन | ९/१० | स्वास्थ्य | सर्जरि | १ | १ |
| ६ | कन्सल्टेन्ट अर्थोपेडिक सर्जन | ९/१० | स्वास्थ्य | सर्जरि | १ | १ |
| ७ | कन्सल्टेन्ट एनेस्थेसियोलोजिस्ट | ९/१० | स्वास्थ्य | एनेस्थेसियोलोजि | १ | ० |
| ८ | कन्सल्टेन्ट रेडियोलोजिस्ट | ९/१० | स्वास्थ्य | एनेस्थेसियोलोजि | १ | ० |
| ९ | कन्सल्टेन्ट प्याथोलोजीस्ट | ९/१० | स्वास्थ्य | प्याथोलोजी | १ | ० |
| १० | कन्सल्टेन्ट साईकाट्रिष्ट | ९/१० | स्वास्थ्य | साईकाट्रि | १ | ० |
| ११ | मेडिकल अधिकृत | ८ | स्वास्थ्य | ज.हे.स. | ७ | ३ |
| १२ | डेनटल सर्जन | ८ | स्वास्थ्य | डेन्टिस्ट्री | १ | ० |
| १३ | फार्मिसि अधिकृत | ७ | स्वास्थ्य | फार्मिसि | १ | १ |
| १४ | मेडिकल टेक्नोलोजिष्ट | ७ | स्वास्थ्य | मेडिकल टेक्नोलोजि | १ | १ |
| १५ | नर्सिङ्ग अधिकृत | ७ | स्वास्थ्य | नर्सिङ्ग | १ | २ |
| १६ | फिजियोथेरापिष्ट | ७ | स्वास्थ्य | फिजियोथेरापि | १ | १ |
| १७ | अप्टोमेट्रिष्ट | ५/६ | स्वास्थ्य | विविध | १ | १ |
| १८ | प्रशासन सहायक /अधिकृत | ५/६ | प्रशासन | सामान्यप्रशासन | १ | १ |
| १९ | लेखा सहायक / अधिकृत | ५/६ | प्रशासन | लेखा | १ | १ |

| | | | | | | |
|-------|--------------------------|--------------|-----------|----------------|----|----|
| २० | ल्याबटेक्निसियन | ५/६ | स्वास्थ्य | मे. ल्या. टे. | ४ | ४ |
| २१ | रेडियोग्राफर | ५/६ | स्वास्थ्य | रेडियोग्राफी | २ | २ |
| २२ | एनेस्थेसिया सहायक | ५/६ | स्वास्थ्य | विविध | १ | १ |
| २३ | हेल्थ असिस्टेन्ट | ५/६ | स्वास्थ्य | हे.ई. | १ | १ |
| २४ | स्टाफ नर्स | ५/६ | स्वास्थ्य | नर्सिङ्ग | १० | १० |
| २५ | फार्मिसि सुपरभाईजर/सहायक | ५/६ | स्वास्थ्य | फार्मिसि | १ | १ |
| २६ | बायोमेडिकल टेक्निसियन | ५/६ | स्वास्थ्य | विविध | १ | ० |
| २७ | अप्टिसियन सहायक | ५/६ | स्वास्थ्य | विविध | १ | १ |
| २८ | ल्याबअसिस्टेन्ट | ४/५ | स्वास्थ्य | मे. ल्या. टे. | ३ | २ |
| २९ | मेडिकल रेकर्डर | ४/५ | स्वास्थ्य | मे. रे. | १ | १ |
| ३० | अ. न. मी. | ४/५ | स्वास्थ्य | क. न. | ५ | ५ |
| ३१ | अ. हे. व. | ४/५ | स्वास्थ्य | हे. ई. | २ | २ |
| ३२ | डेन्टल हाईजनिष्ट | ४/५ | स्वास्थ्य | डेन्टिस्ट्री | १ | १ |
| ३३ | स्टोर सहायक | ४/५ | प्रशासन | सामान्यप्रशासन | १ | १ |
| ३४ | हलुका सवारि चालक | श्रेणी विहिन | इन्जि | | १ | २ |
| ३५ | कार्यालय सहयोगी | श्रेणी विहिन | प्रशासन | सामान्यप्रशासन | २ | २ |
| ३६ | स्वीपर | श्रेणी विहिन | प्रशासन | | ८ | ८ |
| जम्मा | | | | | ७१ | ५८ |

Table 1. staff

Human resources are key to carryout medical and administrative functions of the hospital. Especially in the hospital setting, medical staffs are vital for the quality of health care services. In developed countries the doctor patient, nurse patient ratios remain almost equal in number. However in the country like Nepal, due to lack of sufficient skilled and trained human resources the quality care is in the lowest level.

Only one medical officer treat almost 50 patients per day; single nurse take care of more than 20 patient bed during duty hour. Among sanctioned post of 17 government seat currently almost 60% post remained vacant.

3.2 Hospital Beds

Kapilvastu hospital had been upgraded as 50 bedded hospital in FY 2077/78. Previously it was running as a 15 bedded hospital. The requirement of increasing bed number is crucial for the easy management of current patient flow. Newly established ICU and COVID ward is also running in this time.

Hospital Beds

| Description | Total |
|---|-------|
| Sanctioned Beds (Government) | 50 |
| Sanctioned Beds (Development committee) | 0 |
| Total operational Beds | 67 |
| Total inpatient beds | 23 |
| Maternity beds | 17 |
| (ICU + HDU) beds | 13 |
| SNICU beds | 4 |
| Emergency Department | 9 |
| Geriatric | 0 |
| Isolation Bed | 1 |
| Total | 67 |

Table No.2: Hospital Beds

Still, we lack geriatric beds to handle such types of critical cases. The critical cases were currently referring to Bhairahawa and/or Butwal for further management. All

available beds were getting now fulfilled almost all the seasons of the year. Mostly poor and ultra-poor patient who won't be able to go higher center for the treatment are solely depended on the Kapilvastu hospital. The burn cases are also increasing now a day. If separate burn ward is available there would be better for the easy management of burn case.

3.3 Hospital HMIS reporting status

The reporting status of the Kapilvastu hospital was 100% since three fiscal year. Timely entering and submitting of HMIS report is important for revealing the major indicator of statistic of the hospital and timely correct if any drawback found. Health indicators are important for measuring the health status of the population. It also helps to measure the hospitals given target vs performance achievement.

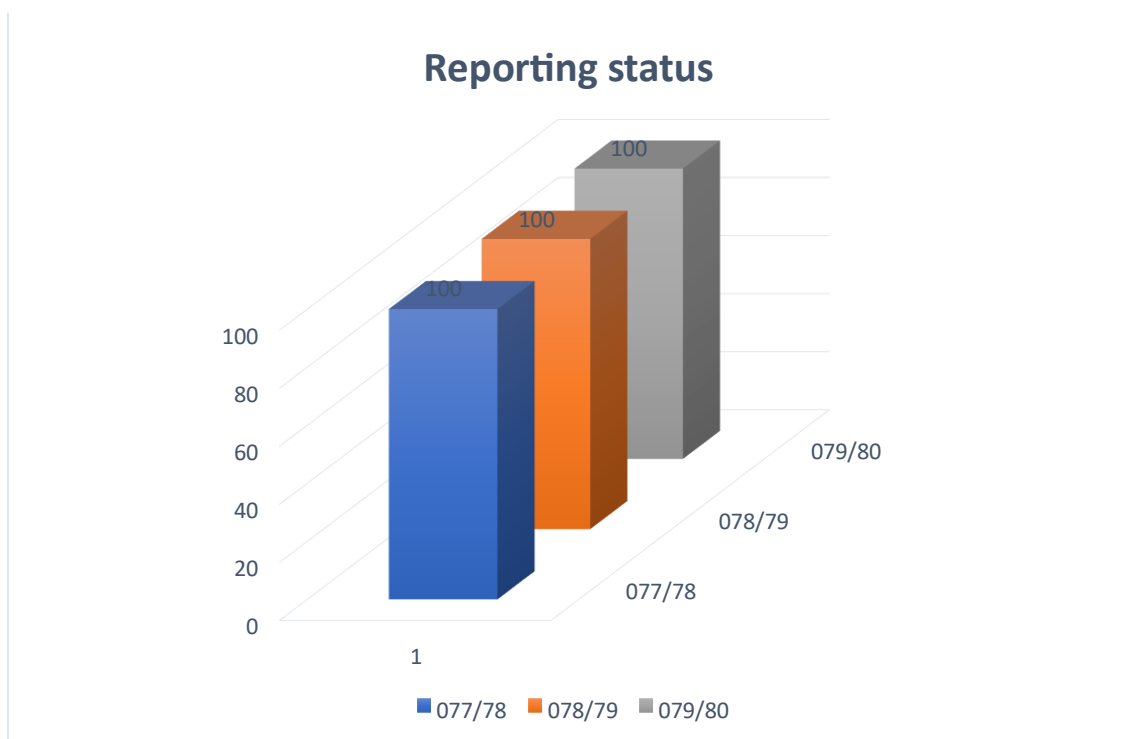


Figure 2. Hospital reporting status

3.4 Bed Occupancy Rate

The bed occupancy rate of the Kapilvastu hospital is very high. The beds of the Kapilvastu hospital were remaining almost fulfilled all of the year. Due to huge patient flow and lack of adequate human resources large number of cases were getting referred from this hospital. Sometime there is no bed left empty during the summer seasons. The bed occupancy rate is high due to large number of cases referring in from nearest PHCCs and Health centers. In the fiscal year 2078/79 the bed occupancy ratio was 55.9% and seen 76.8% in the fiscal year 2079/80.

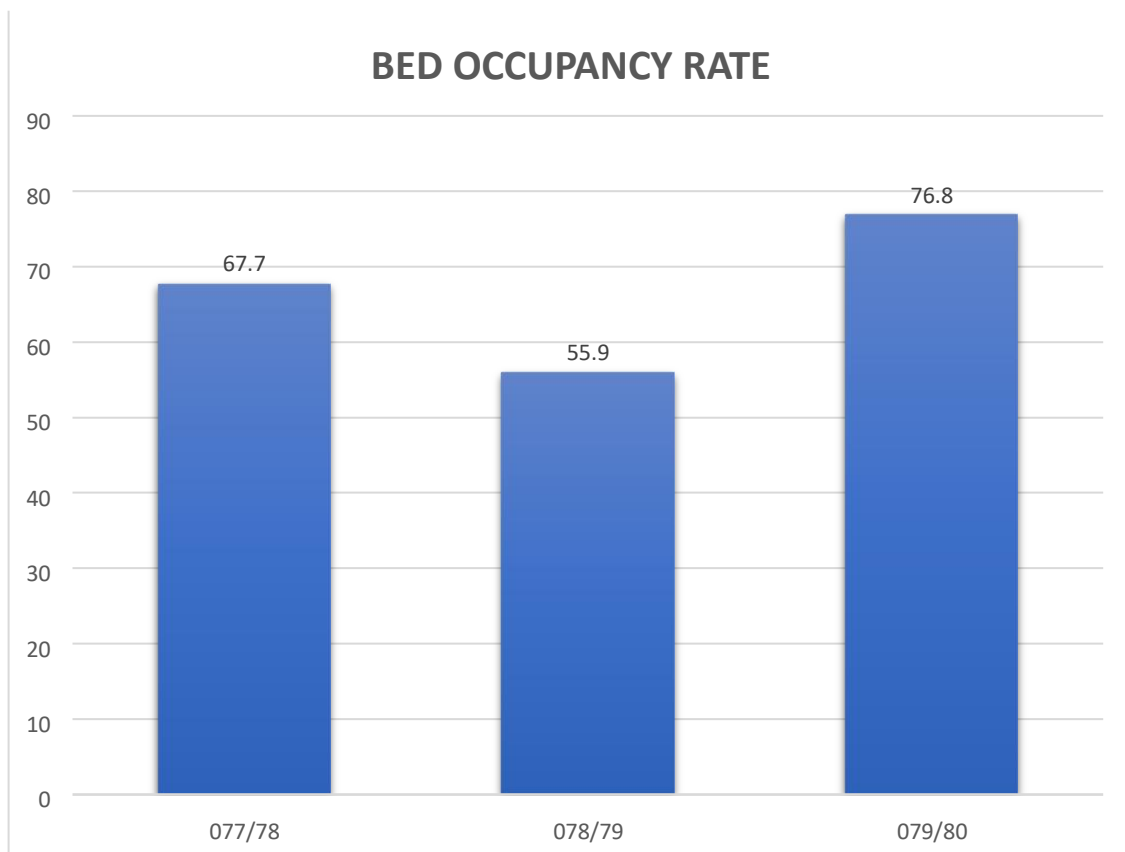


Figure 3. Bed occupancy rate

3.5 Average Length of Stay

The average length of hospital stay is different for different cases. The average length of stay of Kapilvastu hospital seems increasing in trend compared to 2.9 in FY 2078/79 to 3.5 in FY 2079/80.

Due to operating of surgical cases and other critical cases the hospital length is increased.

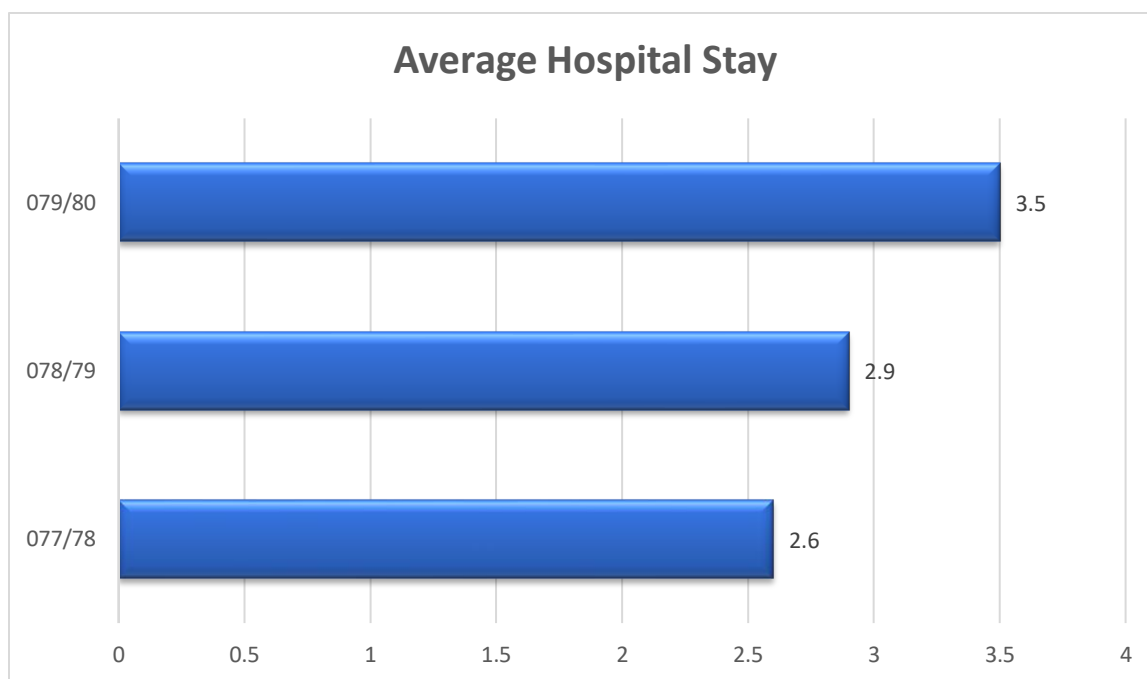


Figure 4: Average length of stay

3.6 No of OPD visit

The number of patient and client who were visiting hospital was increasing in trend from FY 2077/78 to 2078/79. However, the increasing trend was paused in FY 2077/78 due to the COVID19 pandemic. Due to increases the knowledge of early diagnosis and timely treatment the OPD visit was in increasing trend. This increasing number was also backed by the health insurance system. The improvement of the OPD token calling system, good toilet facility, adequate waiting area, minimal waiting time and mainly proper medical treatment make them to visit hospital time to time. Increment from 15 bedded hospital to 50 bedded hospital and availability of consultants and medical officer is also responsible for the huge patient flow. MCH and Family Planning Services are also Added in FY 2076 from DHO to District Hospital.

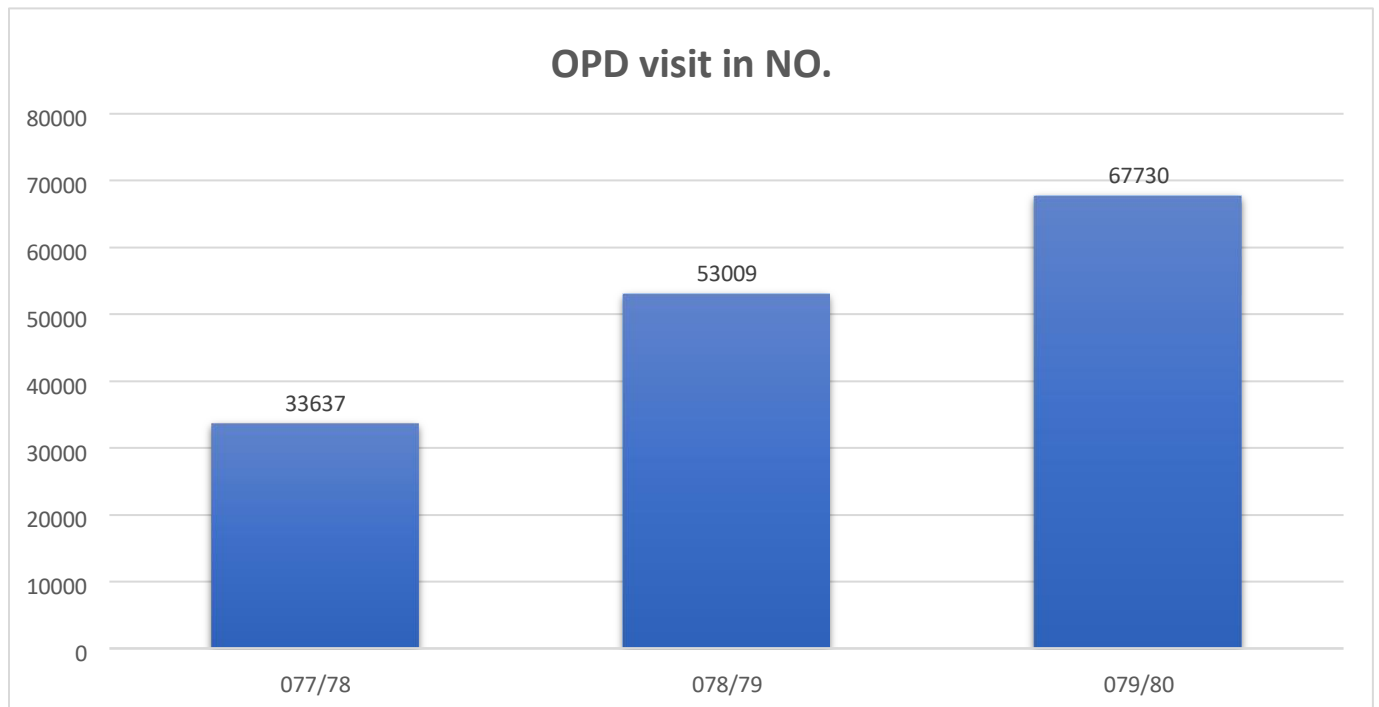


Figure 5. No of OPD visit

3.7 OPD proportion

Among total 89147 client served by hospital in FY 079/80. About 76% of the patient and client were used to visit the OPD department.

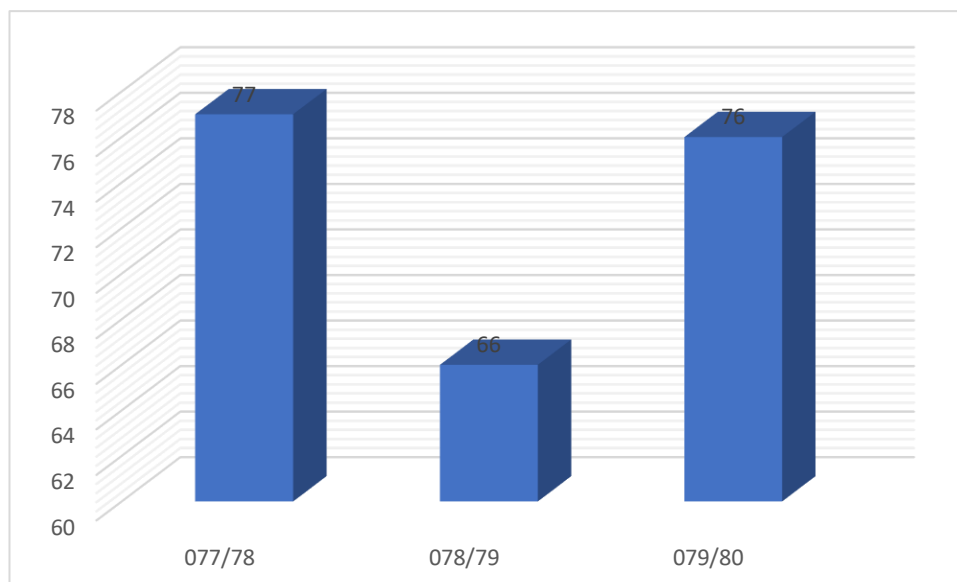


Figure 6. OPD proportion

3.8 Top ten OPD morbidity

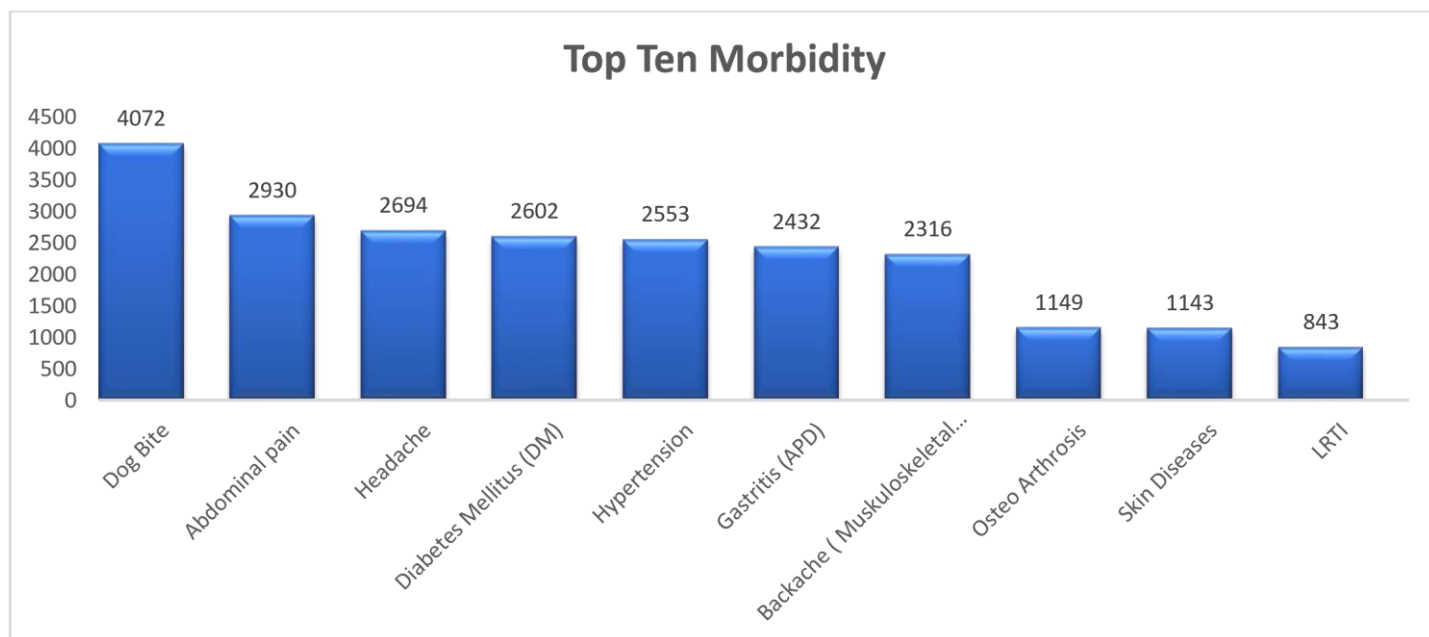


Figure 7: OPD Morbidity

3.9 Surgical services:

| Surgical procedure done in year 2079/80 | Total cases |
|--|-------------|
| Minor Procedure-ER | 1281 |
| Minor Procedure-IPD | 168 |
| Plaster | 256 |
| Non-CS (Appendix, Hydrocele, Hernia, Lap & others) | 310 |
| LSCS | 591 |
| Surgery (Major) | 688 |

Table 3: Surgical Services

3.9.1 Infection among surgical cases

In the Kapilvastu hospital the infection among surgical cases was remained almost 0%. The post-surgical infection is one of the key indicators of the quality of operation services and post-operative care.

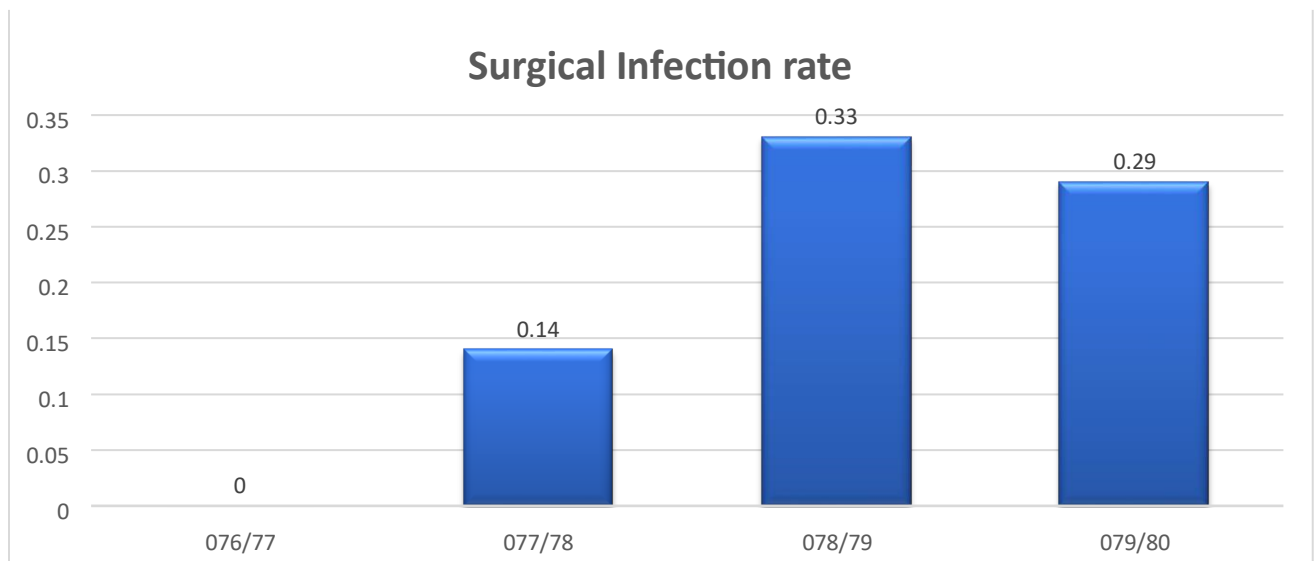


figure 8. Infection among surgical cases

3.10 ER service utilization by months

The highest number of emergency service taken from emergency department seen in the month of Baishak followed by Ashar with 2230 and 2195 respectively. In the month of Ashoj only 1190 patients visited to emergency department to get emergency services.

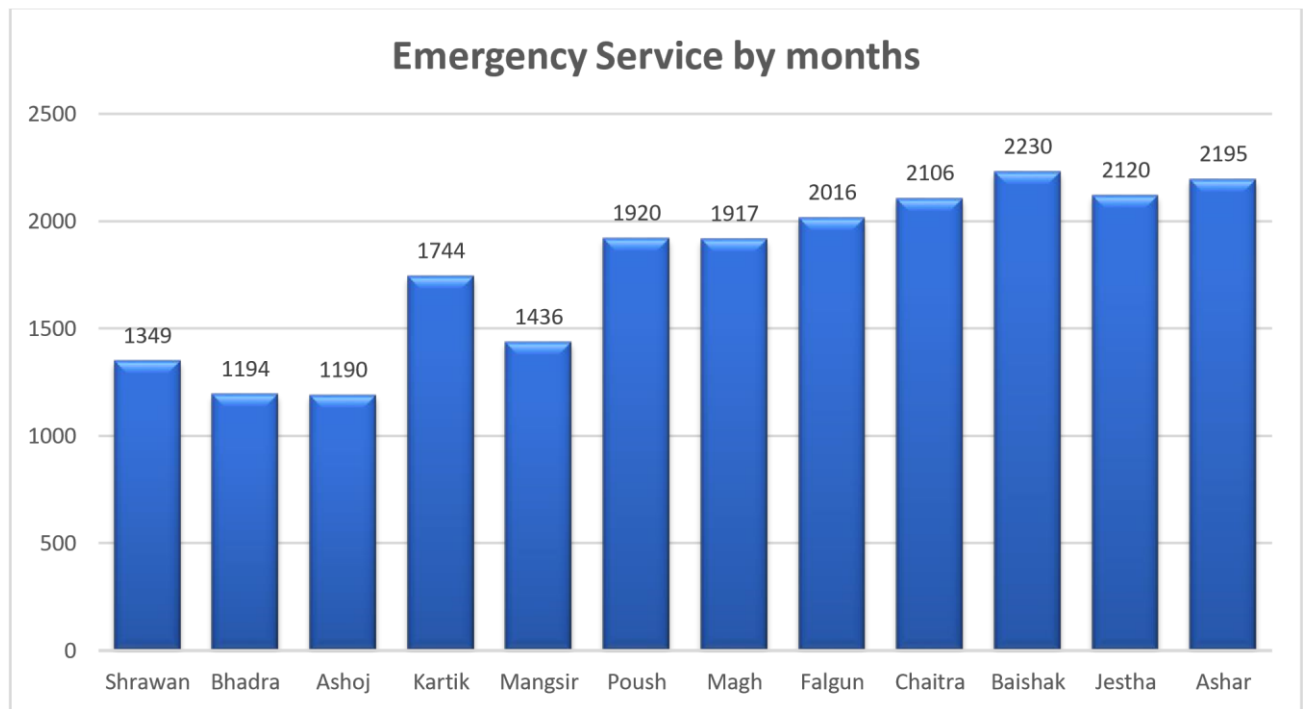


Figure no. 9: Emergency Service by Months

3.11 Other services provided by hospital

| S.NO. | Services provided | 2078/79 | 2079/80 |
|-------|-------------------|---------|---------|
| 1 | USG | 8573 | 10674 |
| 2 | X-ray | 8442 | 10901 |
| 3 | ECG | 1219 | 1865 |
| 4 | ARV | 6506 | 7621 |
| 5 | ICU admission | 238 | 235 |
| 6 | LSCS | 572 | 591 |

Table no.4: Service Provided by Hospital

3.12 Maternity services

Total number of clients visiting hospital for getting safe delivery services were increasing from past three fiscal years. According to data we can see that during the fiscal year 2077/78 the safe delivery services were getting by 1733, In the FY 078/79 safe delivery services is 2238 And the FY 079/80 is 2109. It is also influenced by the incentive provided by the Nepal government. The awareness towards the full institutional delivery policy adopted by the government is also following by the community and people.

| Period / Data | Institutional Deliveries Total |
|----------------------|---------------------------------------|
| Shrawan 2079 | 222 |
| Bhadra2079 | 209 |
| Ashwin 2079 | 184 |
| Kartik 2079 | 171 |
| Mangsir 2079 | 175 |
| Poush 2079 | 178 |
| Magh 2079 | 201 |
| Falgun 2079 | 177 |
| Chaitra 2079 | 165 |
| Baisakh 2079 | 133 |
| Jestha 2079 | 140 |
| Asar 2079 | 154 |
| Total | 2109 |

Table no.5: Maternity Services

No of Delivery and LSCS done FY 2077/78

| Indicators | 2077/78 | 2078/79 | 2079/80 |
|------------------------------------|----------------|----------------|----------------|
| No of Normal Delivery | 1733 | 2238 | 2109 |
| Percentage of C/S | 18.29% | 25.55% | 28.02% |
| No of Abortion (Medical +Surgical) | 70 | 153 | 137 |

Table no.6: No of delivery services performed in hospital

In the last FY 2077/78 there was no maternal death occur in the hospital. The number of still birth was 57 the neonatal death after birth is very low or none. The maternal death number was also in decreasing in pattern compared to the past fiscal years. The availability of the emergency LSCS services and qualified SBA for delivery service had major role to reduce susceptible maternal and neonatal deaths in Kapilvastu Hospital.

| Particular | Number |
|--|---------------|
| Number of Maternal Deaths at Hospital | 2 |
| Number of Neonatal Death at Hospital | 4 |
| Number of Perinatal Deaths in hospital | 45 |
| Number of still births / IUFD | 7 |
| *Number of early neonatal deaths | 4 |
| MPDSR Implementation (Yes/No) | yes |
| Number of hospital maternal deaths reviewed (MPDSR) | 2 |
| Number of hospital perinatal deaths reviewed (MPDSR) | 12 |

Table no.7: No of maternal and neonatal deaths in Hospital

3.13 Disease control program

| Indicators | 2078/79 | 2079/80 |
|--|----------------|----------------|
| Number of blood collected for Malaria test | 266 | 859 |
| Number of slides positive | 0 | 1 |
| Total sputum test | 2038 | 691 |
| Total Mantoux test | 150 | 172 |
| Total Gene Xpert test | 1191 | 1233 |
| Number of sputum smear positive | 134 | 46 |
| Dengue test | - | 325 |
| Total cases of Leprosy | 4 | 1 |
| HIV Tested | 4177 | 5581 |
| Total HIV +ve patients on ART | 455 | 456 |
| Total sickle cell anemia patient | 1049 | |
| Total COVID 19 positive cases | 103 | 0 |

Table no. 9: Infectious disease cases

3.14 OCMC services

Other medico-legal cases such as hanging, suicide, physical violence, physical assault, and drunkenness were also addressed by the hospital. OCMC service is established in FY 2076/77 in Kapilvastu Hospital since then the OCMC cases were catching and handling by one door management system. There are large number of sexual assaults, Physical assault, Physical violence and other incidents were increasing day by day. Many of these cases were kept in secret and handled by village leaders. In the fiscal year 2078/079 total 80 OCMC cases came to hospital for OCMC services.

| Type of Crime | Total number of cases | | |
|--------------------|-----------------------|---------|---------|
| | 2077/78 | 2078/79 | 2079/80 |
| FY | | | |
| OCMC site (Yes/No) | YES | | |
| Sexual Assault | 83 | 80 | 137 |

Table no. 10: OCMC services provided

3.15 Medico legal case

Other medico-legal cases such as hanging, suicide, physical violence, physical assault, and drunkenness were also addressed by the hospital. In the past fiscal year there were 163 cases were carried out autopsy.

| Medico- Legal Cases | | | | | | | | | | | | | | |
|----------------------------|----------------------|---------------------|--------------------|-------------------|-----------------|--------------------|-------------------|------------------|--------------------|---------------------|---------------------|-------------------------|------------------|-------------------|
| S N | Service s | Shra wan | Bha dra | Ash oj | K ar | Ma nsir | Po ush | Ma gh | Fal gun | Cha itra | Bais akh | Jes th a | As ar | Tot al |
| 1 | Autopsy | 52 | 31 | 25 | 19 | 10 | 9 | 14 | 12 | 14 | 26 | 20 | 25 | 257 |
| 2 | Sexual Assault | 16 | 13 | 4 | 19 | 17 | 10 | 7 | 10 | 11 | 10 | 13 | 7 | 137 |
| 3 | Physical Injury | 44 | 25 | 50 | 53 | 29 | 43 | 32 | 36 | 28 | 40 | 55 | 57 | 492 |
| 4 | Drunkenness | 48 | 46 | 33 | 19 | 19 | 21 | 29 | 19 | 15 | 17 | 22 | 18 | 306 |
| 5 | Accident (RTA) | 34 | 54 | 61 | 48 | 36 | 44 | 41 | 40 | 19 | 33 | 51 | 33 | 494 |

Table no.11: Medico legal cases

3.16 Social service unit

The interim constitution of Nepal 2063 says " Every citizen will have the right to free basic health care services as provisioned by the state ". As per the MOHP implemented programs to provide free essential/basic health service to ultra poor, vulnerable poor, senior citizens, people living with physical and psychological disabilities, FCHVs, PLHIV and others from the sub health post level to the primary health service center level and at the district hospital. In order to fulfill the above mandates, Gender Equality and Social Inclusion (GESI) strategy has been prepared. The Social Service Unit (SSU) implementation guideline is based on strategy three of the GESI strategy which provisions for the establishment and operationalization of SSUs in central, provincial and district hospitals as decided by the government of Nepal and MOPH.

The hospital social service is playing key role to provide the services who could not afford all the services provided by the hospital. The people whose economic status was poor and were marginalized are provided medical examination, laboratory tests and required medicine with free of cost. In the past fiscal year total 451 poor and ultra-poor and 60 FCHV got the medical services from the hospital social service unit.

| Target Group | 2078/79 | 2079/80 | | |
|--------------------------|-------------|------------|------------|------------|
| | | YES | | |
| SSU implemented (Yes/No) | | FEMALE | MALE | TOTAL |
| Ultra-Poor and Poor | 758 | 415 | 197 | 612 |
| Helpless | 22 | 5 | 8 | 13 |
| Person with Disability | 13 | 4 | 10 | 14 |
| Senior Citizen | 50 | 48 | 54 | 102 |
| OCMC | 70 | 44 | 6 | 50 |
| FCHV | 7 | 5 | 0 | 5 |
| PLHIV | 108 | | | - |
| Others | - | 49 | 42 | 91 |
| Total | 1028 | 570 | 317 | 887 |

Table no.12: Services provided by social service unit

3.17 MSS

The minimum service standard is the standard which necessarily is to be fulfilled by each hospital, assuring they are providing the quality services to the individual. This is the standard set to evaluate and monitor the progress of the hospital in qualitatively and quantitatively. It ensures how the hospital is providing quality of services and provides the right track to achieve the goal. The Kapilvastu hospital achieved highest MSS score which was 96% (FY 2079/80) Which is the highest Score in Province-5 Sec. The trend shows that the hospital was continuously putting its effort to achieving good MSS score and provide quality of care. There were many tasks and goals which cannot be achieve by the hospital alone. The Ministry of health, provincial ministry and other sector should need to support to fulfill the highest MSS score.

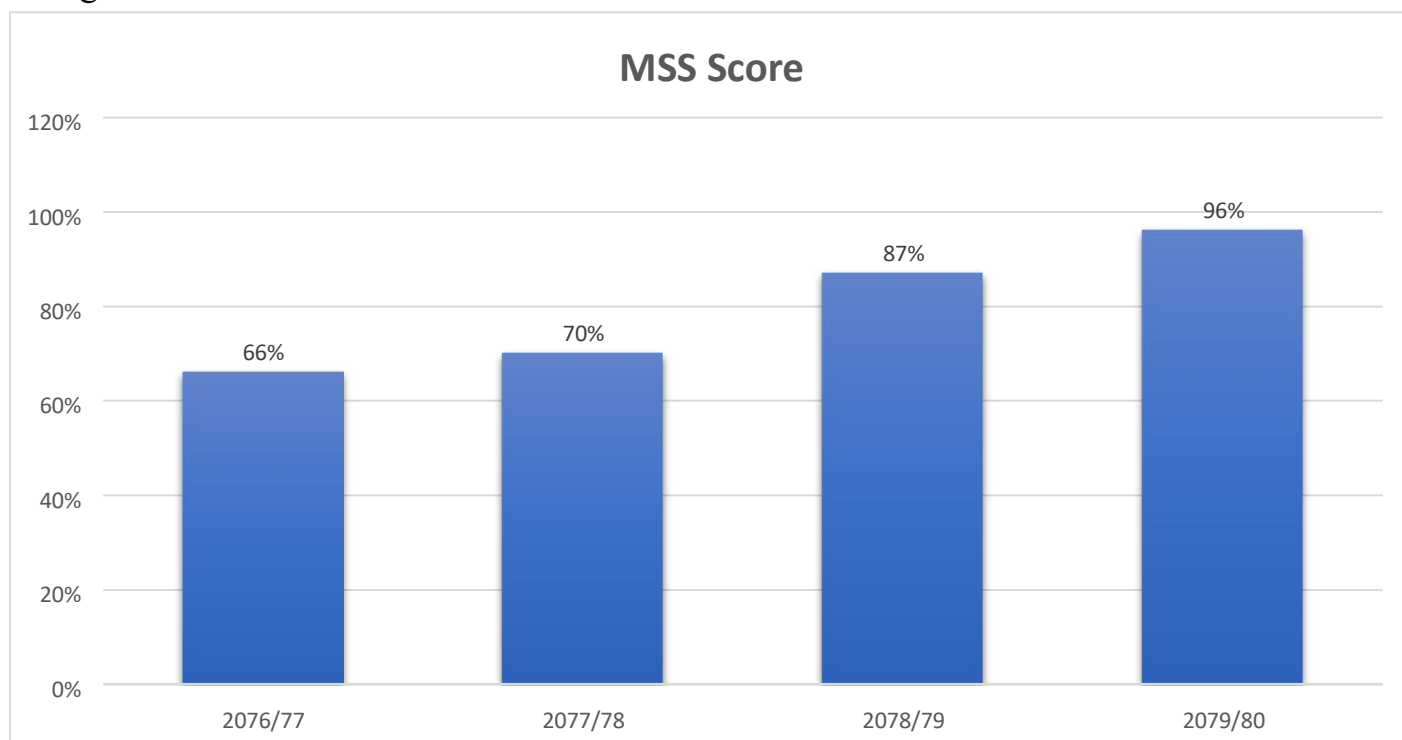


Figure no.11: MSS score

3.17.1 Score trend

In some areas the hospital performed great task and achieve highest score such as financial management 100%, Medical Records and Information Management 100% and Organizational management 100%; Whereas in some areas such as human resource management, hospital support service and Clinical management score is 84%, 92%, and 97% respectively. The overall score of MSS obtained by hospital during MSS survey is 96%.

| S.N. | Section Name | Number of standards | Maximum score | Obtained score | Obtained percentage |
|------|--|---------------------|---------------|----------------|---------------------|
| 1 | Governance | 27 | 27 | 24 | 89% |
| 2 | Organizational Management | 15 | 15 | 15 | 100% |
| 3 | Human Resources Management | 17 | 19 | 16 | 84% |
| 4 | Financial Management | 17 | 17 | 17 | 100% |
| 5 | Medical Records and Information Management | 14 | 14 | 14 | 100% |
| 6 | Quality Management | 15 | 17 | 16 | 94% |
| 7 | Clinical Management | 478 | 682 | 664 | 97% |
| 8 | Hospital Support Services | 138 | 148 | 136 | 92% |
| | Total | 728 | 939 | 830 | 96% |

Table no.13: MSS score

3.18 Financial Status of Hospital Development Committee

कपिलवस्तु अस्पताल

तौलिहवा कपिलवस्तु

तौलिहवा अस्पताल विकास समितिको वार्षिक

आर्थिक विवरण

आ.व.२०७९/८०

हि.नं.३११०१००२०७०००७०१

रा.वा.बैंक तौलिहवा

| विवरण | आय | | | व्यय | बाँकी | बाँकी मध्ये | | | कै. |
|------------------------------------|---------------------------|--------------|-------------|----------|-------------|--------------------------------|--|-------------|-----|
| | गत आ.व.को मौज्दात अ.ल्या. | यस वर्षको आय | जम्मा आय | | | बैंक स्टेटमेन्ट अनुसार मौज्दात | आ.व.०७९/८० साट्न बाँकी रहेको चेकको रकम | खुद मौज्दात | |
| १ तौलिहवा अस्पताल विकास समिति तर्फ | ४८४५९६५.१९ | ८०८१५०५८.७२ | ८५७४१०२३.९१ | ७००८२३६५ | १५६५८६५८.९१ | १५६५८६५८.९१ | | १५६५८६५८.९१ | |
| जम्मा | ४८४५९६५.१९ | ८०८१५०५८.७२ | ८५७४१०२३.९१ | ७००८२३६५ | १५६५८६५८.९१ | १५६५८६५८.९१ | | १५६५८६५८.९१ | |

3.19 X-Ray

The highest number of X-ray services taken from X-ray Department was seen in the Month Baishak and Chaitra Followed by Ashar with 1110 and 1041 respectively. In the month of Kartik 721 Patients visited to the X-ray Department to get the Services. The following figure shows the trend of X ray service according to months of F/Y 2079/80.

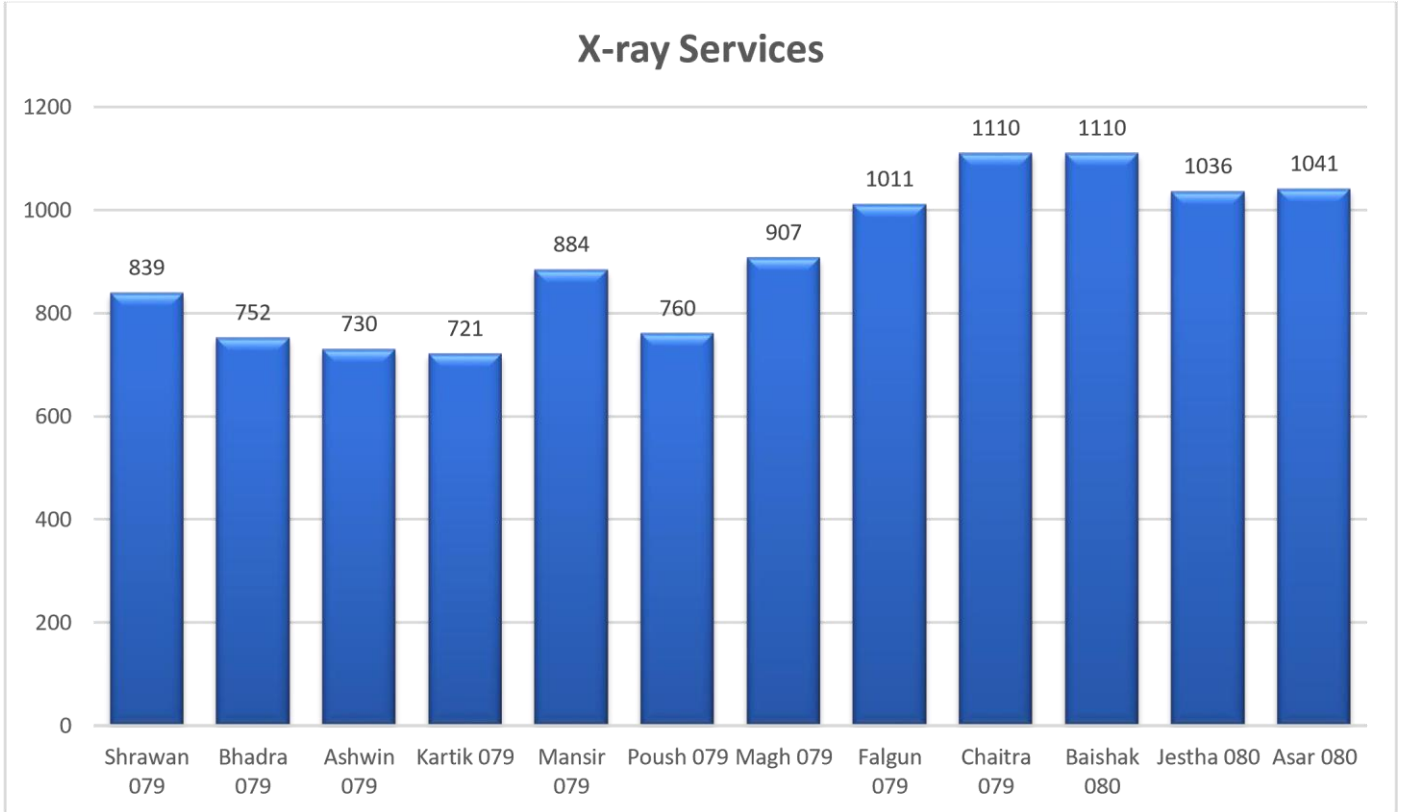


Figure no. 12:X-ray Services

3.20 Dental:

Kapilvastu hospital also have dental department which works in the field of oral health of client which serves in curative and preventive means. In the FY 2079/80 total 3057 clients were served. The service Provided by the Dental Department is as shown in the Diagram:

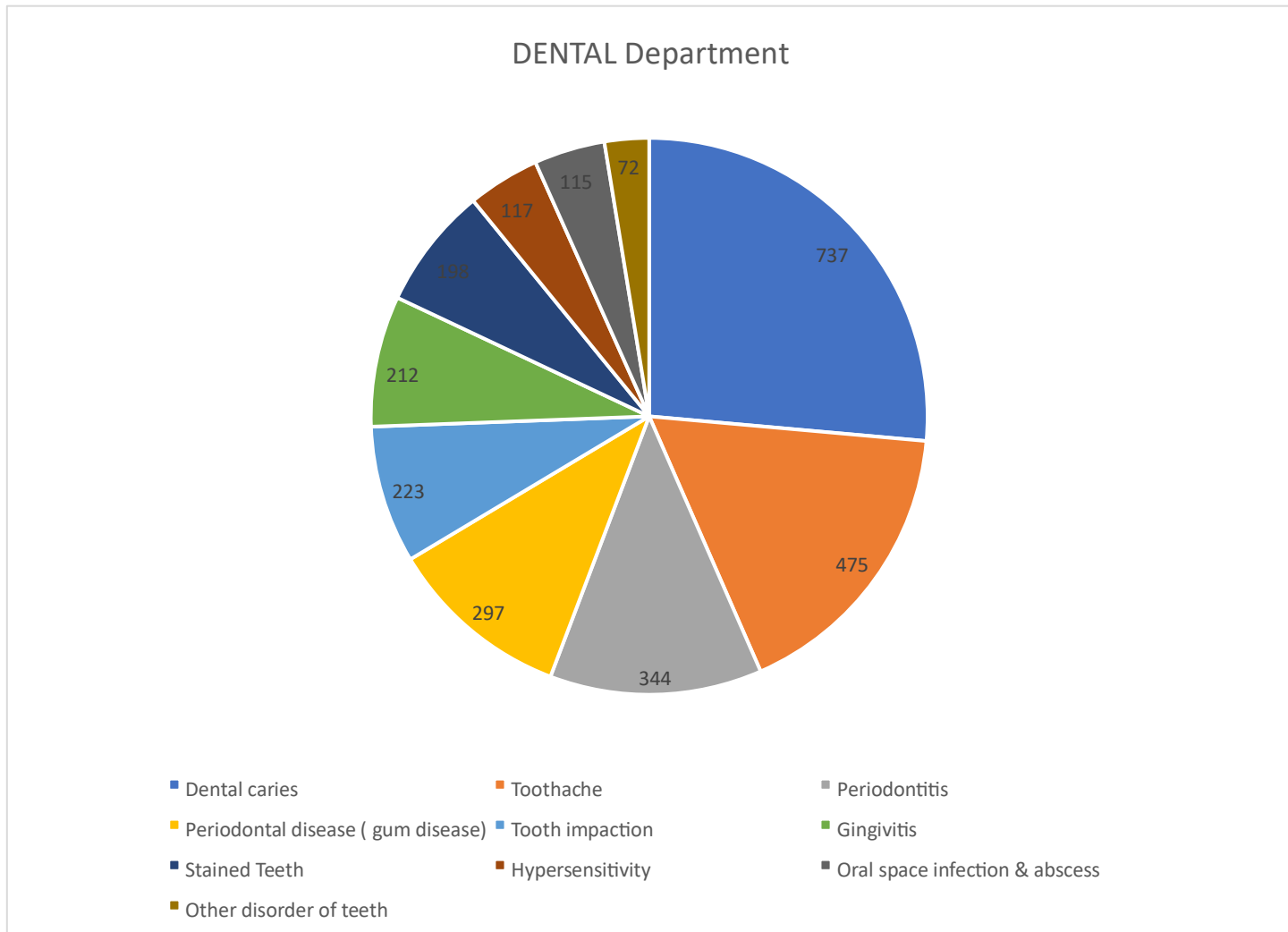


Figure no.13: Dental Department

3.21: IMMUNIZATION:

Maternal and Child Health (MCH) refer to a package of comprehensive Health care services which are developed to meet promotive, preventive, curative, rehabilitative needs of pregnant women before, during and after delivery and Infant, pre-school children from Birth to 5 years. In FY 2079/80 the service provided by MCH about IMMUNIZATION is shown in the diagram.

| खोपको प्रकार | बि.सी.जी. | डी.पी.टी हेप वव -हहि. | पोलियो | पी.सी.भी | रोटा | एफ.आइ.पी.भी | दादुरारूबेि | जे.ई.१२ मलिना | Typhoid | |
|--------------------------------|--------------|-----------------------------|--------|----------|------|-------------|-------------|------------------|---------|-----|
| खोप पाएका िच्चाहरुको संख्या | ५०८ | १४६२ | १४६२ | १४३४ | ९४४ | १००८ | ८७९ | ४५५ | ३८९ | |
| खोप(डोज) | प्राप्त भएको | १०२० | १७२० | १७२० | १६२६ | ९४४ | ११४० | १०८० | ६५५ | ४५० |
| | खर्च भएको | १०२० | १७२० | १७२० | १६२६ | ९४४ | ११४० | १०८० | ६५५ | ४५० |

Along this cholera medicine & elephantids medicine also distributed. Table

no.14: immunization

3.22: Physiotherapy and Rehabilitation Service:

Physiotherapy is a health care profession. Physical therapy is a medical professional concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, diagnosis, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional and social well-beings.

Physiotherapy Service was started in Kapilvastu Hospital was 29 Magh 2077. 644 patients got physiotherapy treatment in FY:2079/80. Most of the patients are orthopedic problem in our service. But we also provide neurological, Cardio, Respiratory, Brain Haemorrhage, Stroke treatment.

3.23: Family Planning:

Family planning is one of the public health services provided by Kapilvastu hospital to the community people. Here we serve by counseling, service providing and after care for all five types of family planning methods. The following chart shows client served by family planning department in the F/Y 2078/79.

Condom: 17200

| Short Term | | | | LARC | | | |
|------------|--------------|------------|--------------|------------|--------------|-----------|--------------|
| Pills | | Depo | | Implant | | IUCD | |
| New user | Current user | New user | Current user | New user | Current user | New user | Current user |
| 83 | 93 | 121 | 280 | 140 | 1408 | 12 | 852 |

Table no.16: Family Planning

3.24: HIV

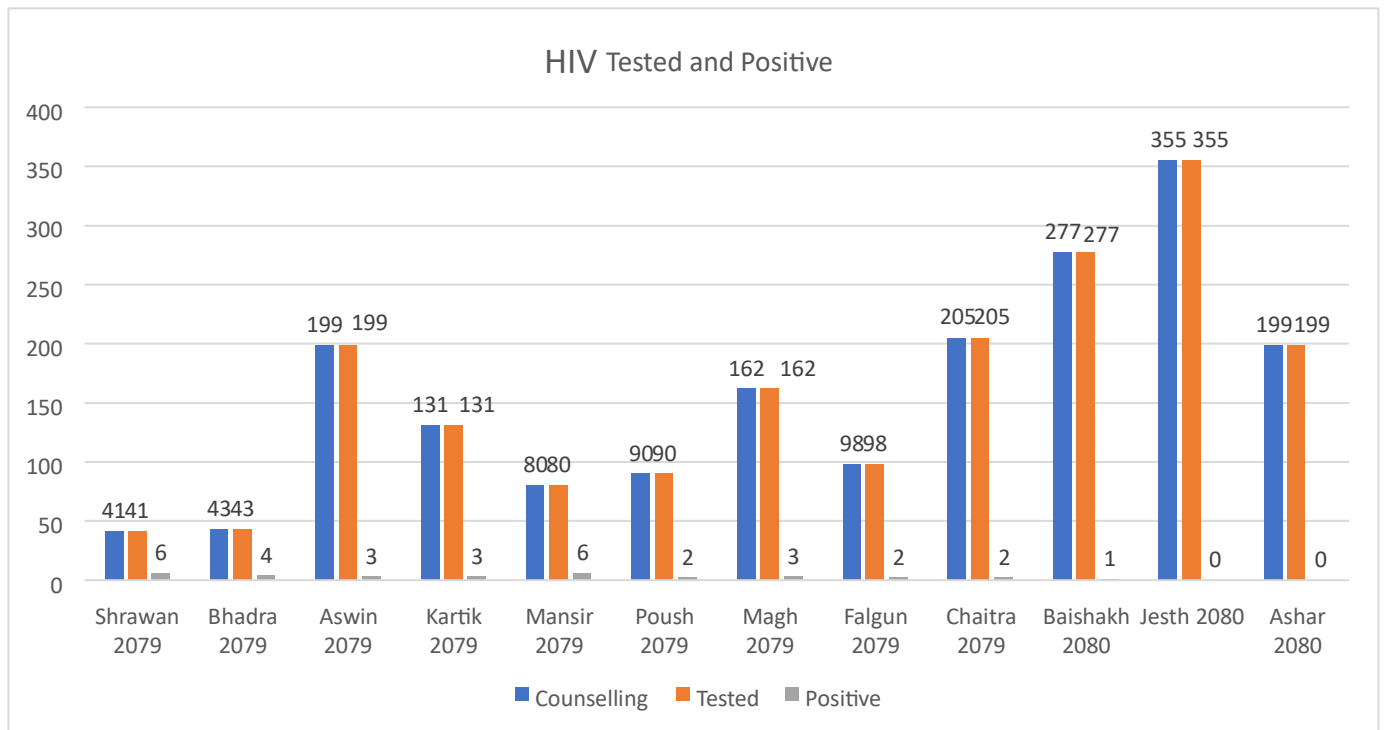
PMTCT

| Counseling | Tested | Positive | Negative |
|-------------|-------------|-----------|-------------|
| 1880 | 1880 | 32 | 1848 |

| New client | Current client | Medicine Taken | |
|--|----------------|----------------------|----------------------|
| 31 Note: 1 client Reffered to maharajgunj PHC | 456 | 1 st line | 2 nd line |
| | | 444 | 12 |

Table no. 17: HIV

HTC Data:



PART V

कपिलबस्तु अस्पतालमा कार्यरत कर्मचारीहरुको विवरण

| क्र.स. | कर्मचारीको प्रकार | नाम | पद | फोन न |
|--------|-------------------|-------------------------|-----------|-------|
| 1 | स्थायी कर्मचारी | डा.विपिन जायसवाल | अ.अठौ | |
| 2 | स्थायी कर्मचारी | त्रिपुरी चाई | अ.छैठौ | |
| 3 | स्थायी कर्मचारी | बिसर्जन शर्मा | अ.छैठौ | |
| 4 | स्थायी कर्मचारी | खिमाकुमारी पौडेल | अ.छैठौ | |
| 5 | स्थायी कर्मचारी | आशा थापा | स. पाचौ | |
| 6 | स्थायी कर्मचारी | योगेन्द्र नाथ चौधरी | स. पाचौ | |
| 7 | स्थायी कर्मचारी | राकेश कुमार शाह | स. पाचौ | |
| 8 | स्थायी कर्मचारी | प्रियंका चौधरी | स. पाचौ | |
| 9 | स्थायी कर्मचारी | सुरेन्द्र सिंह | का.स.पाचौ | |
| 10 | स्थायी कर्मचारी | भरत कहार | का.स.पाचौ | |
| 11 | स्थायी कर्मचारी | जगदीश कहार | का.स.पाचौ | |
| 12 | स्थायी कर्मचारी | सरिता उपाध्याय | का.स.पाचौ | |
| 13 | स्थायी कर्मचारी | लक्ष्मी न्यौपाने | का.स.पाचौ | |
| 14 | स्थायी कर्मचारी | कान्ती डफाली | का.स.पाचौ | |
| 15 | अस्थायी दरवन्दी | उमेश कुमार चौधरी कुर्मी | स.पाचौ | |
| 16 | अस्थायी दरवन्दी | अनिल कुमार यादव | स.पाचौ | |
| 17 | अस्थायी दरवन्दी | सन्दीप कुमार यादव | स.पाचौ | |
| 18 | अस्थायी दरवन्दी | पुजा थापा | स.पाचौ | |

| | | | | |
|----|-----------------|-----------------|---------|--|
| 19 | अस्थायी दरवन्दी | रबिना क्षेत्री | स.पाचौ | |
| 20 | अस्थायी दरवन्दी | आयूष्मा आर्याल | स.पाचौ | |
| 21 | अस्थायी दरवन्दी | गायत्री श्रेष्ठ | स. पाचौ | |
| 22 | अस्थायी दरवन्दी | मधु पाण्डेय | स.चौथो | |

| | | | | |
|----|-----------------|-------------------------|---------|--|
| 23 | अस्थायी दरवन्दी | रागिनी पाण्डेय | स.चौथो | |
| 24 | अस्थायी दरवन्दी | सचिता श्रीमाल | स.चौथो | |
| 25 | अस्थायी दरवन्दी | अबिदा खातून | स्वीपर | |
| 26 | अस्थायी दरवन्दी | रानी वालमिकी | स्वीपर | |
| 27 | अस्थायी दरवन्दी | राज कुमार पासी | स्वीपर | |
| 28 | स्तर उन्नती | डा.अजय कुमार चौधरी | अ.नवौ | |
| 29 | स्तर उन्नती | डा.शाहजाद मोहम्मद खाँ | अ.नवौ | |
| 30 | स्तर उन्नती | डा.जावेद अहमद खाँ | अ.नवौ | |
| 31 | स्तर उन्नती | डा.खरेन्द्र चौधरी | आ.आठौँ | |
| 32 | स्तर उन्नती | डा.विकास जैसवाल कलवार | आ.आठौँ | |
| 33 | स्तर उन्नती | धर्मेन्द्र उपाध्याय | आ.सातौँ | |
| 34 | स्तर उन्नती | बिरेन्द्र प्रसाद गुप्ता | आ.सातौँ | |
| 35 | स्तर उन्नती | सुमित लाल कर्ण | आ.सातौँ | |
| 36 | स्तर उन्नती | लिला शर्मा | आ.सातौँ | |
| 37 | स्तर उन्नती | शैलेन्द्र तिमिल्सेना | स. पाचौ | |
| 38 | स्तर उन्नती | अनुषा सुबेदी | स. पाचौ | |
| 39 | स्तर उन्नती | दिनेश यादव | स. पाचौ | |

| | | | | |
|----|-------------|--------------------------|---------|--|
| 40 | स्तर उन्नती | पूनम यादव | स. पाचौ | |
| 41 | स्तर उन्नती | अनिता भुषाल | स. पाचौ | |
| 42 | स्तर उन्नती | क्रिस्टिना खाती क्षेत्री | स. पाचौ | |
| 43 | स्तर उन्नती | सिमिरन खाती क्षेत्री | स. पाचौ | |
| 44 | स्तर उन्नती | बर्षा शर्मा | स. पाचौ | |
| 45 | स्तर उन्नती | बन्धना उपाध्याय | स. पाचौ | |
| 46 | स्तर उन्नती | राम कुमार तेली | स. चौथो | |
| 47 | स्तर उन्नती | सम्झना बरौले | स. चौथो | |

| | | | | |
|----|--------------------|-----------------------|---------------|--|
| 48 | स्तर उन्नती | सीमा पटहर | स. चौथो | |
| 49 | स्तर उन्नती | अनिता गुप्ता | स. चौथो | |
| 50 | स्तर उन्नती | नीलम चौधरी | स. चौथो | |
| 51 | स्तर उन्नती | घनश्याम कान्दु | श्रेणी विहिन | |
| 52 | छात्रवृत्ति | डा. शारदा नन्द चौधरी | आ. नवौ | |
| 53 | छात्रवृत्ति | प्रिती अग्रहरी | आ. सातौं | |
| 54 | अस्पताल व्यवस्थापक | सुरक्षा अर्याल | आ. सातौं | |
| 55 | अन्य | डा. सन्ध्या उपाध्याय | आ. आठौं | |
| 56 | अन्य | डा. शुभम शुक्ल | आ. आठौं | |
| 57 | अन्य | डा. संजय चौधरी | आ. आठौं | |
| 58 | अन्य | डा. सन्दीप कुमार चौबे | आ. आठौं | |
| 59 | अन्य | डा. गोरख खनाल | आ. आठौं | |
| 60 | अन्य | विजय कुमार यादव | हेल्पर स्वीपर | |

| | | | | |
|----|---------------------|----------------------|---------------|--|
| 61 | अन्य | बिष्णु बहादुर थापा | फार्मसी स. | |
| 62 | अन्य | मोनिका यादव | अ.हैं.व. | |
| 63 | अन्य | मनिष अग्रहरी | दर्ता सहयोगी | |
| 64 | अन्य | डेविट मोइन उसमानी | इ. मिस्त्री | |
| 65 | अन्य | अमरदीप गुप्त | हेल्पर स्वीपर | |
| 66 | अन्य | राम बिनोद पसी | हेल्पर स्वीपर | |
| 67 | अन्य | सहसराम धोबी | हेल्पर स्वीपर | |
| 68 | अन्य | सुनिता उपाध्याय | हेल्पर स्वीपर | |
| 69 | अन्य | सकुरुन निशा | हेल्पर स्वीपर | |
| 70 | अन्य | ओम प्रकाश वाणीया | हेल्पर स्वीपर | |
| 71 | अन्य | गुड्डु पासी | हेल्पर स्वीपर | |
| 72 | अन्य | दुर्गेश पासी | हेल्पर स्वीपर | |
| 73 | अन्य | बिनोद कुमार चाई | हेल्पर स्वीपर | |
| 74 | अन्य | धिरेन्द्र कुमार पाठक | हेल्पर स्वीपर | |
| 75 | अन्य | गोबिन्द पाठक | हेल्पर स्वीपर | |
| 76 | अन्य | त्रिबेणी यादव | हेल्पर स्वीपर | |
| 77 | अन्य | सुनिता डफाली | हेल्पर स्वीपर | |
| 78 | अन्य | महेन्द्र यादव | हेल्पर | |
| 79 | स्वास्थ्य मन्त्रालय | मुना पौडेल | स्टाफ नर्स | |
| 80 | स्वास्थ्य मन्त्रालय | निशा पन्थ | स्टाफ नर्स | |
| 81 | स्वास्थ्य मन्त्रालय | बसन्ता पोखेरल | का.स. | |

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|-----|---------------------|---------------------|----------------------|--|
| 82 | स्वास्थ्य मन्त्रालय | कोपिला क्षेत्री | का.स. | |
| 83 | कार्यक्रम | डा.शुभम सिंह | आ.आठौँ | |
| 84 | कार्यक्रम | शशि त्रिपाठी | स.चौथो | |
| 85 | कार्यक्रम | मन्जु घिमिरे | स. पाचौ | |
| 86 | कार्यक्रम | थिरा कुमारी गिरि | स. पाचौ | |
| 87 | कार्यक्रम | बलिराम यादव | स.चौथो | |
| 88 | कार्यक्रम | महिमा तमोली | स.चौथो | |
| 89 | कार्यक्रम | सिमा चौधरी | स.चौथो | |
| 90 | कार्यक्रम | पुजा चौधरी | स. पाचौ | |
| 91 | कार्यक्रम | सृष्टि आचार्य | स. पाचौ | |
| 92 | कार्यक्रम | अम्बिका चौधरी | स. पाचौ | |
| 93 | कार्यक्रम | सिमा कुवर | स. पाचौ | |
| 94 | कार्यक्रम | सन्जु काफ्ले चालिसे | स. पाचौ | |
| 95 | कार्यक्रम | समिक्ष खनाल | स. पाचौ | |
| 96 | कार्यक्रम | पुष्पासुबेदी | स. पाचौ | |
| 97 | कार्यक्रम | निरंकार पाण्डेय | सामाजिक सेवा इकाइ | |
| 98 | कार्यक्रम | जरिना खातुन | सेब द चिल्डेन | |
| 99 | कार्यक्रम | रोयल श्रेष्ठ | स. पाचौ | |
| 100 | कार्यक्रम | कुसुम थापा | स. पाचौ | |

समिति अर्न्तगत कार्यरत कर्मचारिहरुको बिबरण

| सि.नं. | नामथर | दर्जा | फोन नं. |
|--------|------------------------|---------------|---------|
| 1 | रत्नाकर शुक्ला | सूचना अधिकारी | |
| 2 | बिरेन्द्र बहादुर सिंह | ह.स.च. | |
| 3 | महेश रानाभाट | फार्मसी सु. | |
| 4 | सुकमाया थापा | स. चौथो | |
| 5 | शैलेन्द्र कुमार गुप्ता | स. चौथो | |
| 6 | बजरंगी वि.क. | का.स. | |
| 7 | बृजेश पाण्डेय | अ.हे.व. | |
| 8 | मनवहाल धोबी | धोबी | |
| 9 | प्रवीण कुमार मिश्र | अ.हे.व. | |
| 10 | उग्रसेन मुराऊ | अ.हे.व. | |
| 11 | सक्कु चौधरी | अ.हे.व. | |
| 12 | राजेश कुमार डफाली | का.स. | |
| 13 | सरोज चौधरी | यूएसजी.स | |
| 14 | सीता ठाकुर | अ.हे.व. | |
| 15 | इरबान खान पठान | अ.हे.व. | |
| 16 | दिलीप कुमार धवल | ल्याब अ. | |
| 17 | विष्णु कुमार केवट | फार्मसी स. | |
| 18 | कविता कुर्मी | ल्याब अ. | |
| 19 | प्रिती त्रिपाठी | विमा.सहायक | |

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|----|--------------------------|-----------------|--|
| 20 | पशुपति प्रसाद चौधरी | हे.अ. | |
| 21 | राजेश कुमार कुर्मी | फार्मसी सहायक | |
| 22 | लक्ष्मी के.सी. | हे.अ | |
| 23 | हलिमा खातुन | हे.अ. | |
| 24 | यमुना भण्डारी | काउन्टर. सहयोगी | |
| 25 | सन्तोष कुमार चौधरी | स्टोर स. | |
| 26 | मनिषा सिंह | प्रशासन. स. | |
| 27 | सोनु चाई | लेखा स. | |
| 28 | आनन्द सागर यादव | एक्सरे स. | |
| 29 | दुर्गेश रैदास | काउन्टर ब्या. | |
| 30 | शैलेन्द्र कुमार खरबिन्द | अ.हे.व. | |
| 31 | सन्दीप कुमार दुबे | दर्ता सहायक | |
| 32 | विनोद बरई | विमा सहायक | |
| 33 | वेद प्रकाश गैरे | दर्ता सहायक | |
| 34 | ओम प्रकाश गुप्ता | का.स. | |
| 35 | भिमा कुमारी खत्री | फिजियो स. | |
| 36 | दीपक कोहार | का.स. | |
| 37 | कमल कहरँ | भान्से | |
| 38 | सत्य देव प्रसाद द्विवेदी | का.स. | |
| 39 | रीता दफाली | स्वीपर | |
| 40 | जगराम धोबी | का.स. | |