



Annual Report

2008-09
(2065-66)

(Board DRAFT)

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What They Want

A man gently hoists his 5-year old son onto his back, trying not to jar the boy's leg. He turns and nods to his wife, who is standing in front of their village home, a child on either side of her. Then he walks down the mountain in search of medical care. Early this morning while cutting fodder, the boy slipped and fell from a hillside. His father has bound a piece of rough cloth around the lower leg where a broken bone protrudes through the skin. He'll walk 3 hours to reach his district's hospital, in the hope that someone there will be able to fix his son's leg.

When asked to name the pressing needs for their village, Nepali people will put '*a hospital with a good doctor*' near the top of their list. What they want is to be able to take their broken bones and fevers and bleeding – and find relief. In the view of many rural people, a hospital must be able to take care of their emergencies, including performing life-saving operations. What they want is a district hospital that serves their basic needs.

What they often get is a half-empty building. Funding agencies and governments have been successful at erecting new structures; there are many incentives to get this work done. Once completed, a ranking official comes and inaugurates the building with a plaque reminding people of his generosity. Unfortunately, today many such medical facilities dot the landscape of Nepal but lack what is most essential: skilled health care workers inside.

The Nick Simons Institute fully concentrates its efforts on this area: improving rural health by building up the health care worker. Though there is much testing and refining left to be done, NSI has made a good start, and in its third full year of work there are reasons to be encouraged.

NSI's programs have formed into 4 main columns: training, on-the-field staff support, research, and advocacy. It's clear from the experiences of others that an education component is critical, but also that education alone is not enough. Our 4 areas complement and strengthen each other.

In 2008-09, NSI worked to develop the curricula of 5 separate medical **training** courses. At the Health Ministry's request, NSI completed a 2-year process of field assessment, course design, and materials preparation that resulted in the '*Mid-Level Practicum*', an innovative clinical refresher course for government medical assistants. During this year, NSI's consultants also completed Nepal's first distance education course for doctors, called *NepalCME*. All together, NSI now facilitates 7 separate training courses in 10 partner institutions spanning the country from east to west. The number of students trained doubles each year, and in the past year totaled over 200.

Complementing its training, NSI administers a pioneering program of **staff support** in 3 government district hospitals. This program includes such integrated interventions as improved communication, staff children's education, and support for the local committee. With addition of an NSI-sponsored MDGP doctor, the district hospital in Gulmi is now conducting emergency operations and its patient numbers have gone up two- to three-fold. NSI has 22 GP doctors on scholarship with a commitment to serve in a rural hospital after they complete their 3-year course.

Setting the course of NSI's work requires fresh information from the field. During the last year, our staff and associates worked on four NSI **research** projects, with three publications resulting.

Added to all this, NSI feels that someone must give voice to the needs of rural people. We **advocate** with the government for needed policy changes that support the health care worker. During the last year, we aired a 6-month radio series and conducted Nepal's first Rural Health Care Workers' Conference – both focused on building up these heroes of Nepal.

All these efforts are aimed at their being a skilled and caring health care worker present when someone carries his loved one into a rural hospital. That's what they want.

*Dr. Mark Zimmerman
Executive Director
Nick Simons Institute*

Our Strategic Vision



☞ *What we want for people in rural Nepal:*

That they receive a full range of quality health care services within their own communities.

☞ *What we're becoming as an institute:*

1. A Medical Training Network

- ▶ Facilitating quality training through a wide range of partner health care institutions.
- ▶ Providing start-up, training site development, marketing, and ongoing quality assurance.

2. A Curriculum Design Faculty

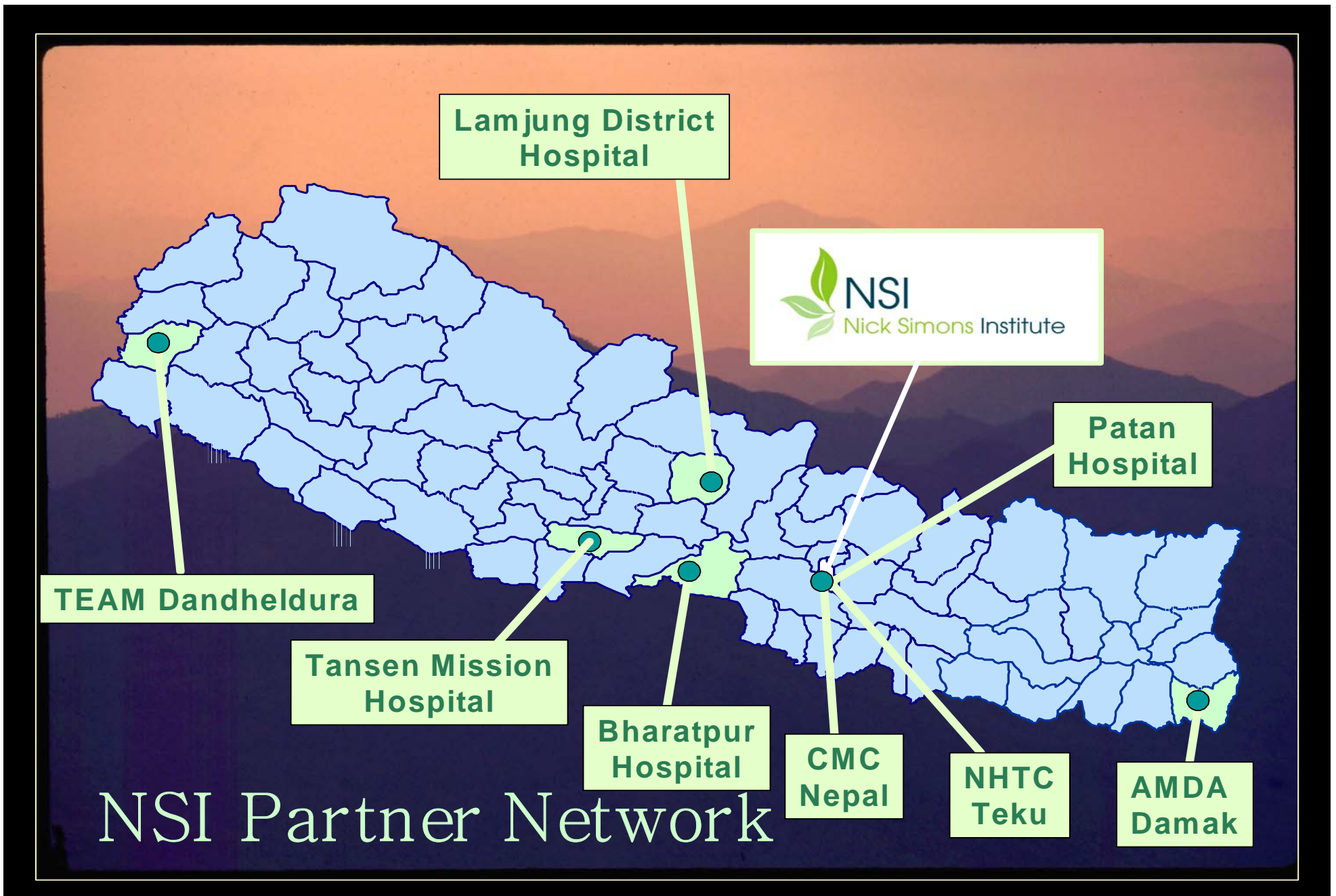
- ▶ Selecting health courses appropriate for rural Nepal.
- ▶ Utilizing innovative approaches in adult education, to produce high quality, user-friendly teaching-learning packages.

3. A Support Team for Workers in the Field

- ▶ Going beyond training to develop a program targeting the enabling environment in government institutions.
- ▶ Following up graduates where they work in the field.

4. An Advocacy Force

- ▶ Lobbying the government for changes that support the retention and productivity of rural health care workers.
- ▶ Building up the image of rural health care workers with the public and among themselves.
- ▶ Supplying research-based evidence to support our voice and our work.



NSI-related Training Programs Curriculum and Site Development

Status - 2008-09

TRAINING PROGRAM (7)	Entry Level Description	NSI CURRICULUM DEVELOPED	PARTNER TRAINING SITE DEVELOPED										
			Bhartpur Hospital	Tansen Hospital	Patan Hospital	AMDA Damak	Lamjung Hospital	Maternity Hospital	Teaching Hospital	Bir Hospital	NHTC Teku	CMC Nepal	
Anesthesia Assistant Training *	Staff nurse, HA Basic Anesthesia	New one-year course nearly completed.	✓	()	✓	()			✓		()		
Biomedical Equipment Tech *	10+2, Peon Biomedic Equip repair/maintain	New 2-month course done.										✓	
Mental Health	Mid-level Train + Follow up	-----											✓
Mid Level Practicum *	HA, AHW Skills Course	New 3-month course done.	()	✓		✓	✓						
Skilled Birth Attendant *	St. nurse, ANM Delivery skills	-----	✓	✓	()	✓	()						
Ultrasound Training *	Doctor Basic Ultrasound	3-month course revised.	()		✓					✓	✓		
Nepal CME + ALSO	Doctor Distance CD + Workshop	New distance course done.	Courses are not specific to sites.										
TOTALS →		3 new 1 revised 1 process	2	2	2	2	1	1	1	1	1	1	1

(* denotes Health ✓ denotes active site during 2008-09
Ministry-accredited course) () denotes site in development / plan

“Mid-Level Practicum” : Evolution of the MLP Training Course

2006

Ministry of Health NHTC Director advises recently-formed NSI to consider developing a course for paramedical workers (mi-levels). He feels that their clinical skills are poor and that in-service in this area is lacking.



2007

NSI and NHTC conduct a clinical skills assessment of 96% of government mid-level workers in 4 districts. The workers perform poorly in basic clinical skills – in all areas except child health, an area covered by previous trainings.

2008

NSI's MLP team works continuously for one year developing a new curriculum. This problem-based learning package includes such innovative features as decision-making by algorithms, self-running lectures, and Nepal-based videos.



2009

3 NSI training sites pilot MLP for 30 government workers. There is a remarkable improvement in their clinical skills from pre- to post-exam. The Health Ministry's NHTC makes plans to incorporate MLP into its national training package.

6 Other NSI Trainings:

ANESTHESIA ASSISTANT TRAINING

NEED: There are no anesthesia doctors in rural district hospitals to conduct operations. AA is a proven alternative.

NSI IMPACT:

1. NSI has developed all of the national training sites for AA and continues to provide oversight.
2. NSI has developed the new 1-year AA course.
3. NSI is secretary of the national steering committee.

CHALLENGES:

- Start new course under NAMS
- Get Health Professional Council licensure.

SKILLED BIRTH ATTENDANT

NEED: In order to lower maternal mortality, the Health Ministry plans to train 500 SBAs by 2012.

NSI IMPACT:

1. NSI has adopted 6 hospitals to develop as SBA training sites. So far, 3 are up and running well

CHALLENGES:

- Getting our 3 remaining hospitals training.
- Conducting a follow-up study of SBA graduates in the field.

MENTAL HEALTH BLOCK TRAINING

NEED: Mental illness makes up 15-20% of Nepal's disease burden, but only get 1% of the health budget.

NSI IMPACT:

1. NSI contracts with CMC Nepal to conduct their block training in 4 rural districts.

CHALLENGES:

- NSI would like to form a closer collaborative relationship with CMC, rather than just as a partner.

BIOMEDICAL EQUIPMENT TECHNICIAN

NEED: Nepal has just begun to realize the need for a system of medical equipment repair.

NSI IMPACT:

1. NSI staffs and supports the first national program in this area, now in the 5th batch of the one-year course.
2. NSI has developed a 2-month course for hospital support staff and this training began last year.

CHALLENGES:

- Convince the government of the need to develop a career ladder for these cadre of workers.

ULTRASOUND TRAINING

NEED: Ultrasound examination is appropriate technology for rural Nepal, but there are no radiologists in rural locations.

NSI IMPACT:

1. NSI joined NHTC to launch the government's first approved ultrasound training course for GP doctors.
2. NSI consultants revised the curriculum and learning package so that new training sites can use it.

CHALLENGES:

- Quality across training sites is variable.

CONTINUING MEDICAL EDUCATION

NEED: Although CME has been accepted around the world, Nepal's doctor don't have a system as yet.

NSI IMPACT:

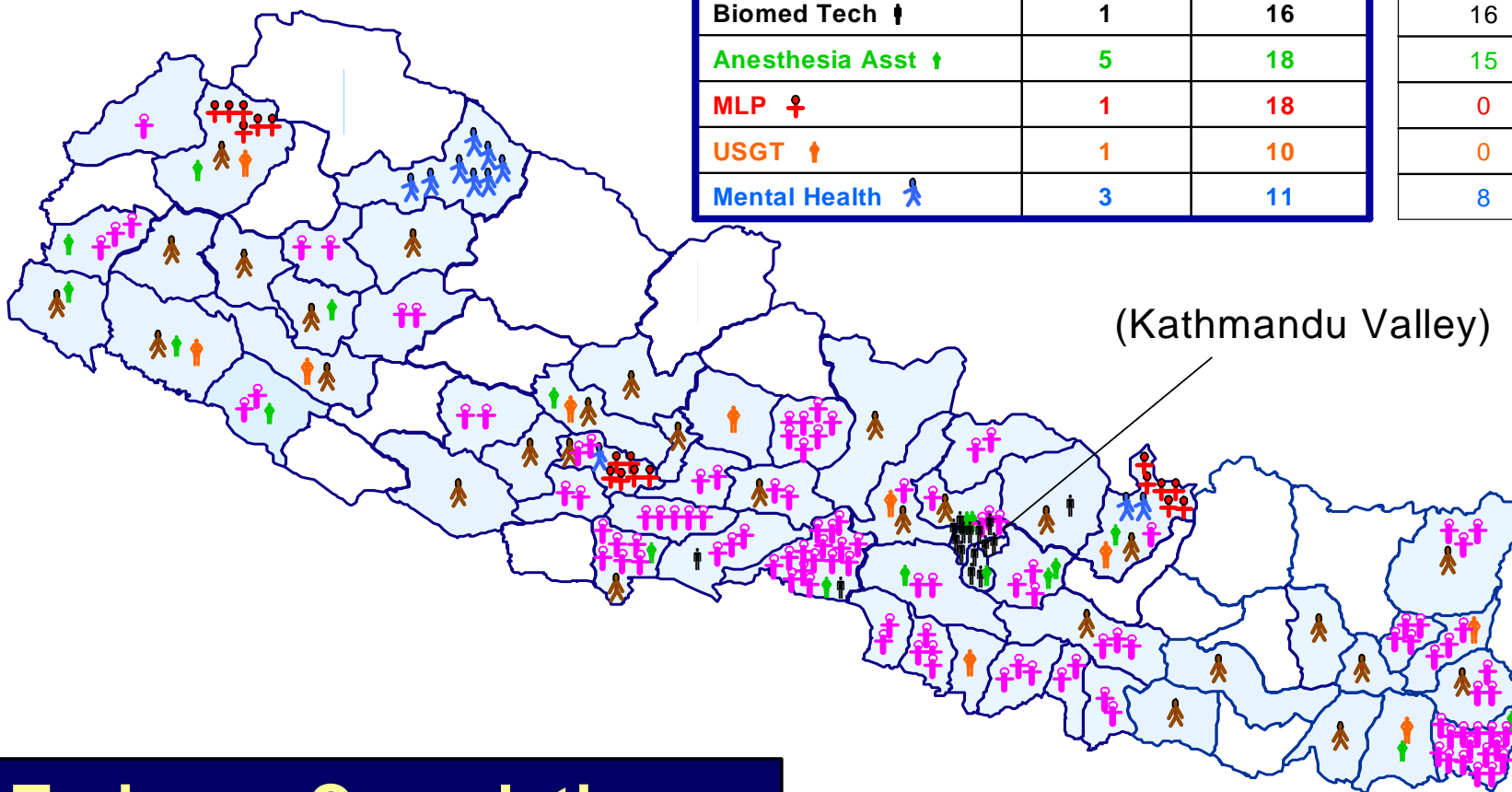
1. NSI developed Nepal's first continuous distance education CME on 7-set CD ROM (Volume 1).
2. NSI piloted the course for 65 doctors.

CHALLENGES:

- Developing Volume 2.
- Lobbying for compulsory CME for Nepal's doctors.



Training	# of Batches	# 2008-9 Trainees	# 2007-8 Trainees
Birth Attendant ♀	11	111	74
BMEAT ♂	2	29	0
Biomed Tech ↓	1	16	16
Anesthesia Asst ↑	5	18	15
MLP ♀	1	18	0
USGT ↑	1	10	0
Mental Health ♂	3	11	8



Trainees Completing Training at NSI Sites 2008-09

By district where they were working.

Orthopedics without a Doctor

*Ramesh Panti, Auxiliary Health Worker,
Tamghas Hospital, Gulmi*



There had already been nearly 2 weeks of continuous national strikes due to the Second People's Movement. Because the children were off from school, farmers had taken their kids to the fields to help them with the work.

The only doctor of Tamghas Hospital was away from the town on some special work. Now he couldn't return to the hospital because of a transport strike. So,

that is how I came to be the one and only person working in the emergency room when a woman brought in her 10-year old son.

The boy had fallen from a tree and now his right arm was misshapen like a bow. I sent him for an X-ray and it showed that he had a complete fracture of the upper bone of his arm, the humerus. The bone was displaced from where it ought to be.

I had trained in anesthesia in Patan Hospital, but now my question was: who will reduce this fracture? Due to the strike, I couldn't send the patient to a higher center: mobs were not even allowing ambulances to travel. But even if the roads had been open, this family was too poor to travel, so the boy's mother requested me to just do something.

When I was in anesthesia training in Patan Hospital, I had seen many reductions done by the orthopedic surgeons there. But unlike in Patan Hospital, there in Gulmi I had neither specialist doctor nor anesthesia assistants or staff nurses; there was me alone, and I am just an AHW. Still, I thought, 'I have to treat this patient at any cost', so I just started.

I gathered all the stuff I needed: plaster, medicines such as for anesthesia, equipments, and finally I found a bucket. After giving the boy an injection of lidocaine in his axilla (to make the whole arm numb), I bandaged all four fingers except the little finger. I tied his arm to the IV stand, with the elbow at 90° position. Then I put a bandage on the shoulder joint and pulled traction with the help of a full bucket of water. I did not know how much weight must be put for the traction. Without knowing the correct weight, I poured 10 liters of water into the bucket and let it pull for 15 minutes.

When I looked, I could see that the arm was now straight. With the help of our office assistant, Janardan Sharma, I applied a plaster cast. Then I sent for an X-ray to check the procedure. The bone was straight. I was really happy.

Later, when I showed the patient and X-ray to Dr. Tara Poudel, he was astounded. Since that time, I have done 10 or 12 cases with the same principle and most are quite successful.

RURAL STAFF SUPPORT PROGRAM

The Rural Staff Support Program (RSSP) is an adjunct to the training programs that NSI conducts.

Health care workers need more than medical education. Even the best trained worker will not be productive if posted to a non-supportive environment. RSSP is a pioneering program that aims to identify and refine the an integrated program of support to health care workers.

RSSP targets the districts hospitals in Dolakha, Gulmi, and Bajhang – all institutions that were providing a low level of care to their populations, but nevertheless where NSI saw potential for impact.

The 6 C's of RSSP

Communication

VSAT/Internet has been set up and works well in all three hospitals.

Continuing Medical Education

Staff are brought in for refresher courses.

Community Governance

NSI has taken an active role in building up the local governance board of each hospital.

Connection with a Larger Hospital

NSI links a smaller RSSP hospital with one of its regional partners – in a big brother relationship. This has not yet taken hold.

Children's Education

NSI contracts with Rato Bangala Foundation for them to support schools near to our support hospitals. This has been successful in 2 / 3 districts.

Captained by an MDGP

As expected, presence of an MDGP has been a critical feature. NSI scholarship GPs are only beginning to graduate, so this support has just started (see below).

Dr. Tilok Ghimire Comes to Gulmi Hospital

In September 2008, the first of NSI's 23 MDGP scholarship doctor graduated from his 3-year training program. After initial 6-month posting in Tansen, Dr. Tilok began work at the Gulmi District Hospital in March 2009.

The table below shows the increase in patient care during the first four months of Dr. Tilok's time.

	Outpatient Visits	Emergency Visits	Total Deliveries	Cesarean Sections
Apr-Jul 2007	3672	831	112	0
Apr-Jul 2008	4003	808	138	0
Apr-Jul 2009	12,617	1631	154	14



Jiri Hospital

Patient care at Jiri Hospital flourished during the first half of the year when Dr. Gunaraj Lohani joined 2 other doctors. Operations were conducted for the first time in 30 years. Unfortunately, at the end of the year all 3 doctors left for other hospitals or for further training. All the support we can give could not compensate for that loss.

Bajhang Hospital

The hospital in Chainpur, Bajhang is a long way from reaching its potential. It is extremely isolated and it has never performed well. We were encouraged that, at NSI urging, local people took over leadership of the Hospital Support Committee. We hope that the arrival of a GP doctor in 2009-10 will help things.

The Needs:

- (1) Changes in government policy, such as the creation of posts for MDGP Doctors, Anesthesia Assistants, and Biomedical Technicians.
- (2) Improved public and professional perception of rural health care workers.

NSI Impact:

- (1) Key policymakers are well-informed and have begun to accept the pressing need for these posts. Much work remains before this translates into concrete changes.
- (2) Perception is hard to measure, but NSI works continuously in these areas.

1st Annual Rural Health Care Workers' Conference

In January 2009, NSI and the Health Ministry conducted the first conference specifically for workers from rural government health institutions. Unlike most medical meetings, this group integrated doctors, nurses, and paramedical workers.

The three days included

- Sharing of interesting stories from the field.
- Continuing medical education workshops.
- Question and answer with Director General.
- Brainstorming about future associations of health care workers.

***Karmayogika Kaatha* Airing of a 6-Month Radio Program**

From June – December 2008, NSI worked with Antenna Foundation Nepal to produce a 26-segment radio program which focused on the lives and careers of notable rural health care workers. Each segment featured a docudrama taken from a real life story about the person.

The program was aired throughout Nepal on 18 FM stations, included two in Kathmandu. Finally, the program was put on DVD for distribution of these stories to academic institutions, where students could be inspired.

NSI MEDICAL RESEARCH

(Status 2008-09)

Published Papers

- ❖ Hayes BW, Butterworth K, Neupane B. Nepal's general practitioners - factors in their location of work. Mid East J Family Medicine 2008; 16:17-19.

Studies Submitted (Accepted for publication)

- ❖ Measuring quality of rural-based, government health care workers in Nepal (Internet Journal of Allied Health Sciences and Practice).
- ❖ Task-Shifting and innovative medical education (J Nepal Medical Association).

Research in Progress or Writing Phase

- ❖ Pilot Study of Continuing Medical Education in Nepal (2 papers).
- ❖ Career path of Nepali MBBS graduates of IoM.
- ❖ Factors affecting career choice of MBBS students in Nepal.



How Did We Do in 2008 -09 ?

**Compared to
Selected Key Indicators
from the
NSI 2008-09 Annual Plan**

TRAINING	Annual Plan Indicator	<i>Needs Performance Attention</i> ◀
1.1 General	- Site development workplans in use.	MLP, SBA in full use.
	- 3 Training site buildings started (Lamjung, Ddhura, Damak)	Only Lamjung started. ▶
1.2 Anesthesia Assistant	- New one-year course approved.	Approved by NAMS. Some materials still being developed.
	- Train 24 AAs.	18 trained.
	- Field test "Universal Anesthesia Machine"	Prototypes coming to Nepal in 2010.
1.2 Biomedical	- Train 20 BMET (4 th batch).	16 trained.
	- Develop new BM Asst. course.	Course developed.
	- Train 20 BMEAT.	29 trained.
1.3 Mental Health	- Continue training/support 4 districts	Ongoing through CMC.
1.4 Mid-level Practicum	- Complete development new course.	Course developed.
	- Train 27 MLP in pilot phase.	18 trained.
	- Conduct program to provide replacement for trainees.	Successfully done in 3 districts.
1.5 Skilled Birth Attendant	- Develop new sites: Patan, Tansen, Lamjung	Only Tansen running. ▶
	- Train 182 SBA.	111 trained. ▶
1.6 Ultrasound	- Revise curriculum and training norms.	Revised.
	- Train 30 doctors in USG.	10 trained.

RURAL STAFF SUPPORT PROGRAM	Annual Plan Indicator	<i>Needs Performance Attention</i> ▶
2.1 Coordination	- Hire RSSP Coordinator.	Hired.
2.2 Communication	- All sites running internet thru VSAT.	All running.
	- Telemedicine system set up.	Deferred because government is starting their own system.
2.3 Continuing Medical Education	- Train SBA (10), MLP (27), and BMEAT (4)	Trained SBA (3), MLP (18), and BMEAT (3).
	- Complete development of NepalCME distance course.	7 CD ROM set completed and on market.
	- Register 50 doctors in CME pilot.	65 doctors registered. 29 completed course.
2.4 Hospital Connection	- 3 inter-hospital conferences scheduled.	None done. ▶

2.5 Children's Education	- Continue Rato Bangala Foundation support to schools in 3 districts.	Bajhang has dropped out.
2.6 Community Governance	- MoUs signed with 3 Hospital committees.	3 MoUs signed.
	- Bajhang committee to move towards formation of Hospital Development Committee.	Committee strengthened under local chairperson. Still not HDC.
	- Attend 2 meetings each per year.	Done
2.7 MDGP Doctor	- GPs in 2 / 3 hospitals.	Effectively only 1 / 3 covered over the whole year. ◀
	- Improve GP housing in Jiri, Gulmi, and Bajhang.	One building complete, two in process.

SCHOLARSHIP	Annual Plan Indicator	Performance <i>Needs Attention</i> ◀
3.1 MDGP	- 6 doctors added.	7 added.
3.2 MD Anesthesia	- 2 doctors added.	None added.

ADVOCACY	Annual Plan Indicator	<i>Needs Performance Attention</i> ◀
4.1 Advocacy	- Government posts for GP,AA, BMET	Steady progress; long road. ◀
	- Conduct Rural Health Care Workers Conference.	Done

MONITORING + EVALUATION	Annual Plan Indicator	<i>Needs Performance Attention</i> ◀
5.1 M + E	- Training supervision tool finalized.	In full use.
	- AAT Follow up study.	Completed.
	- SBA Follow up study.	Government postponed. ◀
5.2 Research	- 2 studies completed.	1 completed, two in process.
	- 2 studies published.	1 published, 1 accepted.

CENTRAL OFFICE	Annual Plan Indicator	<i>Needs Performance Attention</i> ◀
6.1 Office	-Obtain land.	5 ropanis in Sanepaa.
	- Design new office.	Done under JSA.
6.1 Staff	- Utilize full Professional Development Fund.	Over-used during the year.
	- Develop new salary ladder.	Discussion begun.

SUMMARY

The NSI team accomplished (or nearly accomplished) 85 % of its program targets during the year. Usually, where we fell short we continued to make progress towards the target and we just didn't get the job done as quickly as planned. Some problems, like government posts, will take more time.

**Nick Simons Institute
Annual Report
2008-09 (2065-66)**

Finance Report

- (1) Program Area Summary
- (2) Functional Summary
- (3) Payment Source Summary
- (4) Detailed Budget / Expenditure

Nick Simons Institute
Program Summary of Expenses for the 2065/66

Group	Previous Year's Actual	FY 65/66 Actual	FY 65/66 Budgeted
1. Training			
1.1 Anesthesia Assistant Technician	11,110,990	8,452,972	9,710,000
1.2 Bio Medical Equipment Technician	5,217,059	8,759,247	6,198,333
1.3 Mental Health Training	2,428,954	2,986,505	3,086,505
1.4 Mid Level Practicum	5,336,295	8,304,575	8,816,667
1.5 Skilled Birth Attendant	7,717,192	11,001,253	11,345,000
1.6 Ultrasound	953,567	930,146	2,210,000
1.7 General Training	1,847,962	2,900,777	2,825,000
Total Training Expense	34,612,019	43,335,476	44,191,505
2. RSSP			
2.1 Communication	1,018,024	384,056	640,000
2.2 Continuing Med Education	409,234	2,533,559	3,500,000
2.3 Community Governance	450,000	683,787	950,000
2.4 Connection with NSI Centers	-	1,200	800,000
2.5 Children's Education	1,279,035	-	1,620,000
2.6 Captaincy by MDGP	-	390,000	2,100,000
2.7 Capital Subsidy	1,105,891	1,036,341	1,500,000
2.8 Administration	163,402	1,421,481	1,960,000
2.9 CME Development	-	3,588,392	3,436,000
Total RSSP Expense	4,425,586	10,038,815	16,506,000
3. Scholarships			
3.1 Anesthesia	480,000	642,000	1,134,000
3.2 MDGP	2,810,645	5,741,915	6,269,012
3.3 Other Scholarships	-	102,240	-
Total Scholarship Expense	3,290,645	6,486,155	7,403,012
4. Advocacy			
4.1 Advocacy General	48,106	-	200,000
4.2 Marketing	394,736	442,851	590,000
4.3 Radio Program	961,365	2,177,380	2,422,700
4.4 Rural Healthcare Workers Conference	-	2,726,236	2,750,000
Total Advocacy Expense	1,404,208	5,346,467	5,962,700
5. Monitoring & Evaluation			
5.1 M & E General	67,665	65,982	1,800,000
5.2 Research	615,894	296,794	500,000
Total Monitoring & Evaluation Expense	683,559	362,776	2,300,000
6. Office			
6.1 Staff Salary	6,943,664	9,025,327	9,874,364
6.2 Staff Development	502,809	2,280,016	1,350,000
6.3 Consultants	1,139,112	1,285,000	1,560,325
6.4 Insurance	165,102	307,011	240,000
6.5 Utilities	330,616	508,415	593,000
6.6 Office Consumables	499,768	640,907	545,000
6.7 Rent & Equipment	1,083,404	3,160,590	2,961,155
6.8 Other	1,847,911	1,506,582	1,474,000
Total Office Expense	12,512,386	18,713,847	18,597,844
7. Land & Building			
7.1 NSI Office	-	801,616	1,750,000
7.2 Jiri Doctors' Quarters	-	2,750,000	3,000,000
7.3 Bharatpur Hospital Building	-	3,193,349	2,000,000
7.4 Lamjung Hospital Training Building	-	4,500,000	13,000,000
Total Land & Building Expense	-	11,244,965	19,750,000
Grand Total (1 - 7)	56,928,403	95,528,500	114,711,061

Functional Summary

Functional Area	Expenditure (NRs. Million, rounded to nearest)
Training site development	26
Curriculum development	22
Office staff	11
Training tuition	10
Scholarships (PG doctors)	7
Non-training rural support	6
Office extension	6
Advocacy	5
Research	1
Other	2
TOTAL	96

Payment Source Summary

Payment Source	Amount (NRs. Million, rounded to nearest)
Nick Simons Institute (Nepal)	74
Nick Simons Foundation (NY)	18
Income (Nepal)	4
TOTAL	96

Nick Simons Institute Detail Budget / Expenditure

Program Heading	Sub Headings	Budget FY 65-66 NPR	Actual FY 65-66 NPR	Variance NPR (over expenses to be approved)	Remark	
1 Training						
1.1 JHPIEGO (Johns Hopkins Training Consult)	1.1.1 Consultant Fees	7,000,000	11,707,500	4,707,500	NSF	
	1.1.2 Other Tech Assistance	-	-	-		
		7,000,000	11,707,500			
1.2 BMET (Biomedical Equipment Technician)	1.2.1 Staff (2)	715,000	660,000			
	1.2.2 Marketing	200,000	200,000			
	1.2.3 Equipment / Furnishing	300,000	359,307			
	1.2.4 Training Trainers	-	-			
	1.2.5 Equipment Transport	50,000				
	1.2.6 Needs Assessment	-				
	1.2.7 BMEAT Curriculum Development	200,000	35,971			
	1.2.8 External Consultancy	1,600,000	1,308,052		NSF	
	1.2.9 Program Support (S)	500,000	510,248			
	1.2.10 BMEAT Training	300,000	1,783,169	1,483,169		
		3,865,000	4,856,747			
1.3 AAT (National) (Anesth Asst.)	1.3.1 National Training Consultant	300,000	107,664			
	1.3.2 Marketing	100,000	5,449			
	1.3.3 Course Development	200,000	105,124			
	1.3.4 Training Materials	200,000	3,000			
	1.3.5 Training Trainers	50,000	1,913			
	1.3.6 Equipment	100,000				
	1.3.7 External Consultancy (S)	3,500,000	2,854,632		NSF	
	1.3.8 Steering Committee	100,000	48,498			
	1.3.9 Assessment of new sites	100,000	15,660			
		4,650,000	3,141,939			
1.4 SBA (National) (Skilled Birth Attendant)	1.4.1 Training Materials, Equipment	3,400,000	2,847,147			
	1.4.2 National Trainers' Workshop	400,000	404,985			
		3,800,000	3,252,131			
1.5 Mid-level Practicum	1.5.1 MoHP meetings, consultancy	500,000	518,783			
	1.5.2 Curriculum development	1,500,000	1,665,129			
	1.5.3 New Site Assessments	150,000	150,000			
	1.5.4 Replacement ML Workers	2,000,000	2,352,861			
	1.5.5 External Consultancy	-	-			
		4,150,000	4,686,773			
1.6 Mental Health Training	1.6.1 Grant to CMC - Nepal	2,786,505	2,986,505			
	1.6.2 Staff	200,000				
	1.6.3 Marketing	100,000				
		3,086,505	2,986,505			
1.7 Bharatpur Hospital (Chitwan Government Hospital)	1.7.1 General					
	1.7.1.1 Hosp Support	1,000,000	2,028,383	1,028,383		
	1.7.1.2 Office	-	-			
	1.7.1.3 Staff	-	-			
	1.7.1.4 Equipment	200,000	122,145			
	1.7.1.5 Building	2,000,000	3,193,349	1,193,349	BLD -- OT revision	
	1.7.1.6 Communication	120,000	60,000			
			3,320,000	5,403,876		
	1.7.2 SBA					
	1.7.2.1 Training Develop	150,000	150,000			
	1.7.2.2 Equipment/Supply	200,000	191,870			
	1.7.2.3 Non-NSI visits	30,000				
			380,000	341,870		
	1.7.3 AAT					
	1.7.3.1 Training Develop	40,000	7,486			
	1.7.3.2 Equipment/Supply	300,000				
	1.7.3.3 Non-NSI Visits	300,000				
			640,000	7,486		
	1.7.4 Other Trainings					
1.7.4.1 Training Develop	100,000					
		100,000	-			

Program Heading	Sub Headings	Budget FY 65-66 NPR	Actual FY 65-66 NPR	Variance NPR (over expenses to be approved)	Remark
1.8 AMDA Damak Hosp	1.8.1 General				
	1.8.1.1 Hosp Support	800,000			
	1.8.1.2 Office	-			
	1.8.1.3 Staff	-			
	1.8.1.4 Equipment	200,000			
	1.8.1.5 Building	120,000			BLD – Design only
	1.8.1.6 VSAT/ Bandwidth	180,000	132,238		
		1,300,000	132,238		
	1.8.2 SBA				
	1.8.2.1 Training Develop	300,000	243,630		
	1.8.2.2 Equipment/Supply	200,000	113,348		
	1.8.2.3 Non-NSI visits	30,000			
		530,000	356,979		
	1.8.3 AAT				
	1.8.3.1 Training Develop	-	200,460		
	1.8.3.2 Equipment/Supply	-			
	1.8.3.3 Non-NSI Visits	-			
		-	200,460		
	1.8.4 MLP				
	1.8.4.1 Training Develop	300,000	252,452		
	1.8.4.2 Equipment/Supply	750,000	675,566		
	1.8.4.3 Non-NSI Visits	50,000	2,000		
		1,100,000	930,018		
1.8.5 Other Trainings					
1.8.5.1 Training Develop	100,000				
	100,000	-			
1.9 Tansen Hospital	1.9.1 General				
	1.9.1.1 Hosp Support	1,000,000			
	1.9.1.2 Office	-			
	1.9.1.3 Staff	-			
	1.9.1.4 Equipment	200,000			
	1.9.1.5 Building	-			
	1.9.1.6 VSAT Bandwidth	130,000	115,288		
		1,330,000	115,288		
	1.9.2 SBA				
	1.9.2.1 Training Develop	400,000	370,011		
	1.9.2.2 Equipment/Supply	200,000	148,218		
	1.9.2.3 Non-NSI visits	50,000	17,034		
		650,000	535,262		
	1.9.3 AAT				
	1.9.3.1 Training Develop	-			
	1.9.3.2 Equipment/Supply	-			
	1.9.3.3 Non-NSI Visits	-			
		-	-		
	1.9.4 MLP				
	1.9.4.1 Training Develop	250,000	124,804		
	1.9.4.2 Equipment/Supply	750,000	569,199		
	1.9.4.3 Non-NSI Visits	50,000	24,792		
		1,050,000	718,795		
1.9.5 Other Trainings					
1.9.5.1 Training Develop	100,000				
	100,000	-			
1.10 Dandeldhura Hospital	1.10.1 Hospital Support	1,500,000	1,500,000		
	1.10.2 Site Assessment	-	192,103		
	1.10.4 VSAT Bandwidth	130,000	115,288		
	1.10.5 General Training (S)	500,000	591,812		
		2,130,000	2,399,203		
1.11 Lamjung Hospital	1.11.1 General				
	1.11.1.1 Training Building/Complex	13,000,000	4,500,000		BLD
	1.11.1.2 Training Development	-	16,030		
	1.11.1.3 Hosp Support	500,000	750,000	250,000	
	1.11.1.4 Equipment	500,000	750,000	250,000	
	1.11.1.5 VSAT Bandwidth	130,000	115,288		
	1.11.1.6 Non NSI Visit	-			
	14,130,000	6,131,318			

Program Heading	Sub Headings	Budget FY 65-66 NPR	Actual FY 65-66 NPR	Variance NPR (over expenses to be approved)	Remark
	1.11.2 SBA				
	1.11.2.1 Training Develop	300,000	300,000		
	1.11.2.2 Equipment/Supply	200,000	132,533		
	1.11.2.3 Non-NSI Visits	50,000			
		550,000	432,533		
	1.11.3 MLP				
	1.11.3.1 Training Develop	275,000	265,066		
	1.11.3.2 Equipment/Supply	750,000	789,090		
	1.11.3.3 Non-NSI Visits	50,000	16,666		
		1,075,000	1,070,822		
1.12 NHTC	1.12.1 NHTC Assistant	195,000	157,000		
	1.12.2 General Support		232,509	232,509	
		195,000	389,509		
1.13 Patan Hospital					
	<u>1.13.1 General</u>				
	1.13.1.1 Hospital Support	1,000,000			
	1.13.1.2 Staff	500,000			
		1,500,000	-		
	1.13.2 SBA				
	1.13.2.1 Training Development	200,000	175,671		
	1.13.2.2 Equipment Supply	300,000	876		
		500,000	176,546		
	1.13.3 AAT				
	1.13.3.1 Training Development	50,000	12,815		
	1.13.3.2 Equipment Supply		-		
		50,000	12,815		
	1.13.4 Ultrasound				
	1.13.4.1 Training Development	50,000			
	1.13.4.2 Equipment Supply	100,000	33,109		
		150,000	33,109		
1.14 General Training	1.14.1 NSI Network Meeting	200,000	112,065		
		200,000	112,065		
1.15 Ultrasound	1.15.1 Curriculum Development				
	1.15.1.1 Potential site assess	200,000			
	1.15.1.2 Curriculum development	300,000	225,209		
	1.15.1.3 Curriculum consultant	160,000	72,059		
	1.15.2 Doctor training	900,000	599,769		
		1,560,000	897,037		
TOTAL TRAINING EXPENSE (1)		59,191,505	51,028,825		
2. Rural Staff Support Program					
2.1 Bajhang	2.1.1 RSSP Field Officers (MDGP)	700,000			
	2.1.2 Office	100,000	50,000		
	2.1.3 Travel	250,000	274,886		
	2.1.4 Communication	130,000	140,941		
	2.1.5 Continuing Med Education	1,100,000	898,374		
	2.1.6 Connection with NSI Centers	350,000			
	2.1.7 Children's Education	540,000			
	2.1.8 Community Governance	350,000	250,000		
	2.1.9 Capital Subsidy	500,000	444,036		
	2.1.10 Other	100,000			
		4,120,000	2,058,238		
2.2 Dolakha	2.2.1 RSSP Field Officers (MDGP)	700,000			
	2.2.2 Office	100,000			
	2.2.3 Travel	180,000	172,376		
	2.2.4 Communication	130,000	126,335		
	2.2.5 Continuing Med Education	1,200,000	974,474		
	2.2.6 Connection with NSI Centers	200,000	1,200		
	2.2.7 Children's Education	540,000			
	2.2.8 Community Governance	300,000	150,000		
	2.2.9 Capital Subsidy	500,000	62,112		
	2.2.10 Other	100,000			
	2.2.11 Jiri Doctors' Quarters	3,000,000	2,750,000		BLD
		6,950,000	4,236,496		

Program Heading	Sub Headings	Budget FY 65-66 NPR	Actual FY 65-66 NPR	Variance NPR (over expenses to be approved)	Remark
2.3 Gulmi	2.3.1 RSSP Field Officers (MDGP)	700,000	390,000		
	2.3.2 Office	100,000	115,000		
	2.3.3 Travel	180,000	188,573		
	2.3.4 Communication	130,000	116,780		
	2.3.5 Continuing Med Education	1,200,000	660,710		
	2.3.6 Connection with NSI Centers	250,000			
	2.3.7 Children's Education	540,000			
	2.3.8 Community Governance	300,000	283,787		
	2.3.9 Capital Subsidy	500,000	530,193		
	2.3.10 Other (S)	650,000	563,954		
		4,550,000	2,848,997		
2.4 RSSP General	2.4.1 RSSP	200,000	56,692		
	2.4.2 VSAT/TM Training	250,000			
	2.4.3 Nepal CME Advertisement	180,000	155,533		
	2.4.4 CME Conference (ALSO) (S)	1,300,000	1,249,206		
	2.4.5 CME Consultant	1,656,000	1,873,200		NSF
	2.4.6 CME Admin	200,000	200,000		
	2.4.7 Evaluate CME Pilot	100,000	110,452		
		3,886,000	3,645,084		
TOTAL RSSP EXPENSES (2)		19,506,000	12,788,815		
3. Scholarships					
3.1 MDGP Scholarships	3.1.1 Tuition NAMS (S)	3,105,710	3,380,000		
	3.1.2 Tuition/Stipend IoM	3,163,302	2,361,915		
	3.1.3 Stipend BPKIHS	-			
		6,269,012	5,741,915		
3.2 MD Anesth Scholarships	3.2.1 Tuition NAMS	1,134,000	642,000		
		1,134,000	642,000		
3.3 Other Scholarships	3.3.1 General Scholarship (New item)	-	102,240		
		-	102,240		
TOTAL SCHOLARSHIP EXPENSES (3)		7,403,012	6,486,155		
4. Measurement / Evaluation					
4.1 M-E Component	4.1.1 AAT Follow-up Study	400,000	65,982		
	4.1.2 SBA Follow-up Study	1,200,000			
	4.1.3 SBA Dissemination Workshop	200,000			
		1,800,000	65,982		
4.2 Research/Assess	4.2.1 Research Studies (MBBS)	300,000	233,478		
	4.2.2 Other	200,000	63,316		
		500,000	296,794		
TOTAL M/E EXPENSES (4)		2,300,000	362,776		
5. Advocacy					
5.1 Marketing	5.1.1 Brochures	200,000	113,000		
	5.1.2 Advertisements	150,000	122,311		
	5.1.3 Conference Support	200,000	207,540		
	5.1.4 Website	40,000			
	5.1.5 Rural HCW Conference (S)	2,700,000	2,676,236		
	5.1.6 Nick Simons Award	50,000	50,000		
		3,340,000	3,169,087		
5.2 Advocacy Committees	5.2.1 BMET, AAT, MDGP	100,000			
	5.2.2 Advocacy Consultation	100,000			
		200,000	-		
5.3 Radio Program	5.3.1 Production/Distribution	1,922,700	2,177,380		
	5.3.2 Dissemination CD ROMs	100,000			
	5.3.3 Follow up Survey	400,000			
		2,422,700	2,177,380		
TOTAL ADVOCACY EXPENSES (5)		5,962,700	5,346,467		

Program Heading	Sub Headings	Budget FY 65-66 NPR	Actual FY 65-66 NPR	Variance NPR (over expenses to be approved)	Remark
6. Central Office Development					
6.1 Staff Development	6.1.1 Staff Development Fund	1,200,000	2,230,016	1,030,016	
	6.1.2 Computer Skills workshop	150,000	50,000		
		1,350,000	2,280,016		
6.2 Space Development	6.2.1 Architect (S, S)	1,750,000	801,616		BLD
	6.2.3 Building	-			
		1,750,000	801,616		
TOTAL OFFICE DEV EXP (6)		3,100,000	3,081,632		

7. Office Expenses					
7.1. Staff Salary	7.1.1 Salary	8,000,000	7,229,261		
	7.1.2 Staff PF	846,000	739,796		
	7.1.3 Dashain Bonus	555,000	531,572		
	7.1.4 Gratuity Provision	473,364	524,698		
		9,874,364	9,025,327		
7.2. Consultants	7.2.1 Legal	580,000	380,000		
	7.2.2 Auditor	100,325	125,000	24,675	
	7.2.3 Other Consultancy	880,000	780,000		
		1,560,325	1,285,000		
7.3. Insurance	7.3.1 Health Insurance	150,000	179,150		
	7.3.2 Vehicle Insurance	60,000	127,861	67,861	
	7.3.3 Office Insurance	30,000			
		240,000	307,011		
7.4. Utilities	7.4.1 Telephone	150,000	137,598		
	7.4.2 Water	8,000	6,298		
	7.4.3 Electricity	65,000	55,611		
		223,000	199,507		
7.5. Office Consumable	7.5.1 Household	60,000	72,006	12,006	
	7.5.2 Kitchen Supplies	45,000	63,663	18,663	
	7.5.3 Groceries	240,000	305,238	65,238	
		345,000	440,907		
7.6 Other	7.6.1 Fuel	120,000	181,645	61,645	
	7.6.2 Vehicle Maintenance	30,000	21,165		
	7.6.3 Conveyance	24,000	31,919	7,919	
	7.6.4a Rent (S)	1,110,155	1,083,866		
	7.6.4b Stationary	200,000	200,000		
	7.6.5 Postage and Delivery	45,000	41,341		
	7.6.6 VSAT/Video Bandwidth	370,000	308,907		
	7.6.7 Board Meeting	230,000	351,894	121,894	
	7.6.8 TAG Meeting	15,000			
	7.6.9 Furniture	40,000			
	7.6.10 Entertainment	30,000	4,869		
	7.6.11 Membership / Renewal	50,000	34,090		
	7.6.12 Books and Periodicals	10,000	5,031		
	7.6.13 Office Equipment (S)	1,180,000	1,323,998		
	7.6.14 Computer & Printer	191,000	233,593	42,593	
	7.6.15 Field Visit / Travel	250,000	215,335		
	7.6.16 Visa Fee	100,000	69,615		
	7.6.17 Promotional Expenses	100,000	14,505		
	7.6.18 AMC	80,000	100,717	20,717	
	7.6.19 Miscellaneous	100,000	104,371		
	7.6.20 Repair and Maintenance	45,000	93,977	48,977	
	7.2.21 Bank Charges	5,000	17,399	12,399	
	7.6.22 Annual Planning Meeting	200,000	218,709		
	7.6.23 Two wheeler (Scooter)	130,000	133,900		
7.6.24 NSI Annex (S)	350,000	385,233			
	5,005,155	5,176,079			
TOTAL OFFICE EXPENSES (7)		17,247,844	16,433,830		
TOTAL EXPENSES (1-7)		114,711,061	95,528,500	10,679,511	