



ENHANCING RURAL HEALTHCARE

Annual Report 2081-82 (2024-25)

Executive Committee



Seated Row from Left: Dr. Reeta Gurung, Dr. Buddha Basnyat, Dr. Bhekh B Thapa, Mr. Vidyadhar Mallik, & Dr. Sheela Verma

Standing Row from Left: Mr. Siddhartha Rana, Dr. Baburam Marasini, Mr. Kunda Dixit, Mr. Mahendra Prasad Shrestha & Dr. Bharat Kumar Yadav



Our Vision

People in rural Nepal receiving quality healthcare services within their own communities.

Our Mission

To innovate solutions in rural healthcare – through training and hospital support – and to advocate for their scale up with the government of Nepal.



Our Core Values

- Share and Care
- Excellence
- Integrity
- Respect for the Individual

Message from the Executive Director



It is with great pride and a deep sense of purpose that I share with you the Nick Simons Institute's Annual Report for the fiscal year 2081-2082 (2024–25), a year that has not only marked continued progress in our mission but also brought us closer to an important milestone: NSI's 20th anniversary in 2026.

Over the past two decades, NSI has grown from a vision rooted in service to working at the forefront of rural healthcare strengthening in Nepal. This past year, our work has continued to reflect our core belief—that people in Nepal's most remote areas deserve access to high-quality, compassionate, and responsive healthcare, and that rural health workers are the key to realizing this right.

We continued to work closely with the Ministry of Health and Population, Provincial governments and Local governments to support rural hospitals, strengthen human resources for health, and improve service quality. Through the Rural Health Strengthening Project, we have maintained critical staffing in remote hospitals and continued to build the capacity of our health professionals through our collaboration with the National Health Training Center and the Provincial Health Training Centers. The MDGP program and the Training Centers remain pillars of clinical education and capacity building, ensuring that the next generation of health professionals are equipped not just with skills but with the confidence and commitment to serve where they are most needed. The Anesthesia Assistants and DBEE program continue to be our priority areas. We have been successful in establishing Provincial Biomedical Units in all provinces, which are functioning smoothly.

This year also saw the expansion of initiatives to implement and institutionalize the Minimum Service Standards (MSS) in specialized hospitals—an important step toward quality and accountability in healthcare delivery. NSI is proud to support the Ministry in scaling up MSS implementation and documentation at both the central and provincial levels. We acknowledge those who make this work possible: our federal and provincial partners who are making systemic improvements; and our NSI team, whose professionalism and passion for impact are unwavering.

At a time when the health sector continues to face resource constraints, shifting demands, and many challenges, we remain committed to listening, learning, and evolving. Our model has proven both resilient and scalable. As we approach our 20th year, we are engaging in thoughtful reflection on our journey and looking ahead to how we can continue to innovate while staying grounded in the realities of rural Nepal.

We are deeply grateful to Marilyn Simons and the Nick Simons Foundation International, our partners and supporters, as well as all those who share our vision of a stronger, more inclusive health system. Together, we look forward to shaping NSI's work—with humility, hope, and a renewed commitment to the people and communities we serve.

Dr. Archana Amatya
Executive Director



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An Overview of NSI

Nick Simons Institute (NSI), a non-government organization (NGO), has been implementing its activities as per the tri-patriate agreement with Social Welfare Council (SWC) and Nick Simons Foundation International (NSFI) since 2014. The five-year project named **“Rural Hospital Strengthening Project”** was signed on October 2021.

The project has four major components i) Training, ii) Curative Service Support Program, iii) Hospital Strengthening Program and iv) Research, Advocacy and Monitoring.

NSI partnered with National Health Training Center (NHTC) and Provincial Health Training Centers (PHTCs) to strengthened 21 training sites to facilitate trainings to healthcare cadres who have an impact on rural healthcare services. Curative Service Support Program was implemented in 40 hospitals across the country while the Hospital Strengthening Program is being implemented in 133 hospitals of various levels. Research Advocacy and Monitoring targets changes in government policy.



Rural Hospital Strengthening Project



Training



Curative Service
Support Program



Hospital
Strengthening
Program



Research,
Advocacy and
Monitoring

Highlights of 2081-82 (2024-25)

- Provincial Biomedical Management Unit (PBMU) established at Madhesh Province.
- Biomedical Equipment Management Information System (BEMIS) implemented at Lumbini Province, Gandaki Province and Karnali Province.
- Establishment of Onsite Midwife/Skilled Birth Attendant (SBA)-led birthing unit at Paropakar Maternity and Women's Hospital.
- Pilot batch of Mid Level Practicum (MLP) training was conducted at Trishuli Hospital and pilot batch of Operation Theatre Technique and Management (OTTM) training was conducted at Province Hospital Surkhet.
- Special Newborn Care Unit (SNCU) orientation was provided for participants of Rolpa Hospital, Pyuthan Hospital and Arghakhanchi Hospital followed by equipment support for SNCU at these hospitals.
- Major surgeries, such as Appendectomy, Herniorrhaphy and Caesarean Sections have been successfully conducted in 34 out of 35 Master of Doctorate in General Practice (MDGP)-led hospitals.
- NSI-seconded employees have been consistently deployed across all 40 hospitals as planned, ensuring uninterrupted service delivery.
- Minimum Service Standard (MSS) tools for two specialist service hospitals namely Cardiothoracic & Vascular Service Hospital and Orthopedics & Trauma Service Hospital were endorsed.
- 39 out of 126 hospitals scored equal and more than 85% in the MSS assessment of which 14 were NSI supported hospitals.
- Provided Orientation to 144 government officials as resource persons for MSS assessment.
- The findings and conclusions of the study on the role of non-physician anesthesia providers (Anesthesia Assistants) in surgical access and capacity in primary and secondary government hospitals of Nepal were shared with the Ministry of Health and Population, and other stakeholders.

NSI Supported Sites

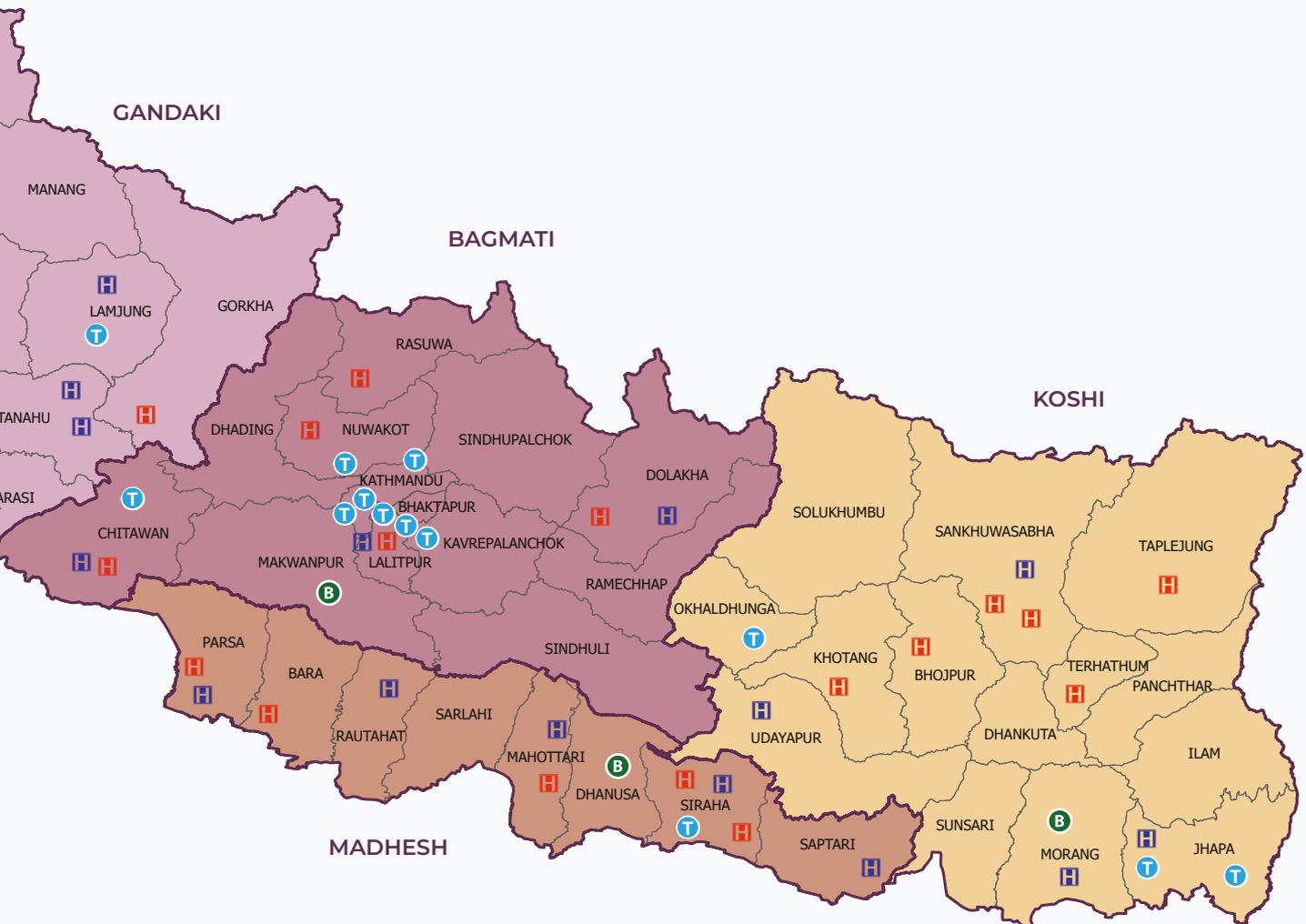


H Hospital Support Program (HSP) Sites (29)

H Curative Service Support Program (CSSP) Sites (40)

T Training Centers (21)

B Provincial Biomedical Unit (7)



Training

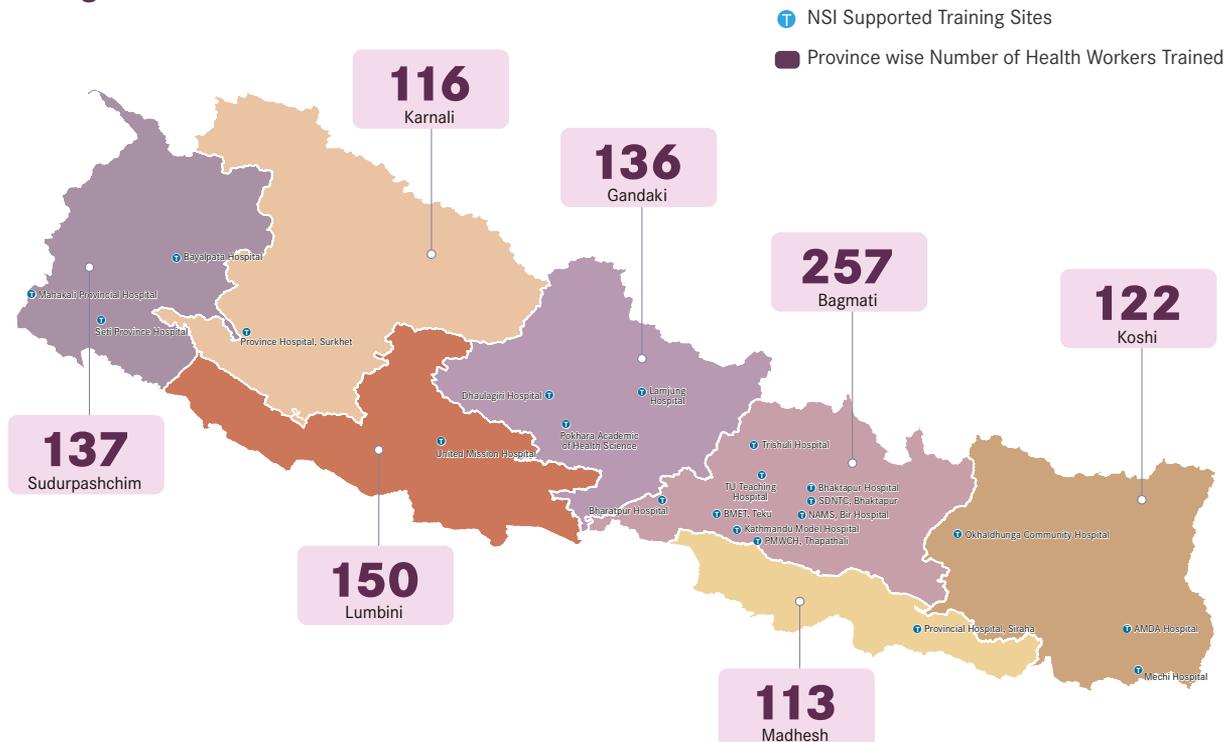
The Nick Simons Institute (NSI) supports both clinical and non-clinical, skills-based training programs aimed at strengthening the competencies of healthcare workers by enhancing their knowledge and skills. These trainings are conducted in close coordination with the National Health Training Center (NHTC) and the Provincial Health Training Centers (PHTCs).

NSI delivers these programs through a network of partner hospitals and accredited training sites, ensuring quality through trainer development, curriculum design and revision, training site standardization, and accreditation processes.

Clinical trainings include AAC, OTTM, ASBA, SBA, MLP, PEC, ECCT, and Hemodialysis Training. Non-clinical trainings include User Maintenance of BMET Lab, User Maintenance of BMET X-ray, User Maintenance of Cold Chain, BMET Refresher Training, Hemodialysis Equipment Maintenance Training, and the CTEVT-affiliated DBEE program.

At present, these trainings are implemented through 21 training sites across all seven provinces. The number of healthcare workers trained is presented below. In addition, 30 participants (9 Anesthesia Assistant and 21 Diploma in Biomedical Equipment Engineering training) who are not currently working in health facilities.

Training Data



Total Trainees

1061

Long Term Trainings



150

Skilled Birth Attendant



36

Advanced Skilled Birth Attendant



3

Bachelor in Midwifery Science



21

Diploma in Biomedical Equipment Engineering



155

Mid-Level Practicum Training



19

Renal Replacement Therapy Training (Hemodialysis Training for Nurses)



24

Anesthesia Assistant Course



61

Operation Theatre Technique and Management

BMET Short Trainings



16

General Training Skills



12

Hemodialysis Equipment Maintenance Training



11

User Maintenance of BMET Lab



10

User Maintenance of BMET X-Ray

Short Term Trainings



185

Primary Emergency Care



158

Essential Critical Care Training



70

Clinical Training Skills



24

SAFE Course in Obstetrics



24

Advanced Life Support in Obstetrics (ALSO)



24

SNCU Exposure Orientation



21

Package of Essential Non-Communicable Disease (PEN)

Clinical Orientations



12

Cardiac Emergency Exposure Training



21

NCD/ Cardiac Conclave



4

Orthopedic Training

Anesthesia Assistant Course (AAC)

The Anesthesia Assistant Course (AAC) is a one-year academic program offered under the National Academy of Medical Sciences (NAMS). The 12th batch of 24 students were trained at Bir Hospital, Model Hospital, Paropakar Maternity and Women's Hospital, Bharatpur Hospital, AMDA Damak Hospital, Pokhara Academy of Health Sciences, Tansen Mission Hospital, and Province Hospital Surkhet, who recently graduated. The 13th batch of 23 students are enrolled and are undergoing training at the aforementioned sites.

Advanced Skilled Birth Attendant (ASBA)

This 70-day course is designed to equip Medical Officers with the skills required to conduct normal deliveries and cesarean sections, as well as to manage obstetric complications and provide blood transfusion services. In the reporting year, a total of 36 Medical Officers received this training at Bharatpur Hospital, Paropakar Maternity and Women's Hospital, and Province Hospital Surkhet. Additionally, with the support of the Nick Simons Institute, the revised Module 5 of the Advanced Skilled Health Personnel (ASHP) training package was piloted at Paropakar Maternity and Women's Hospital.

Diploma in Bio-medical Equipment Engineering (DBEE)

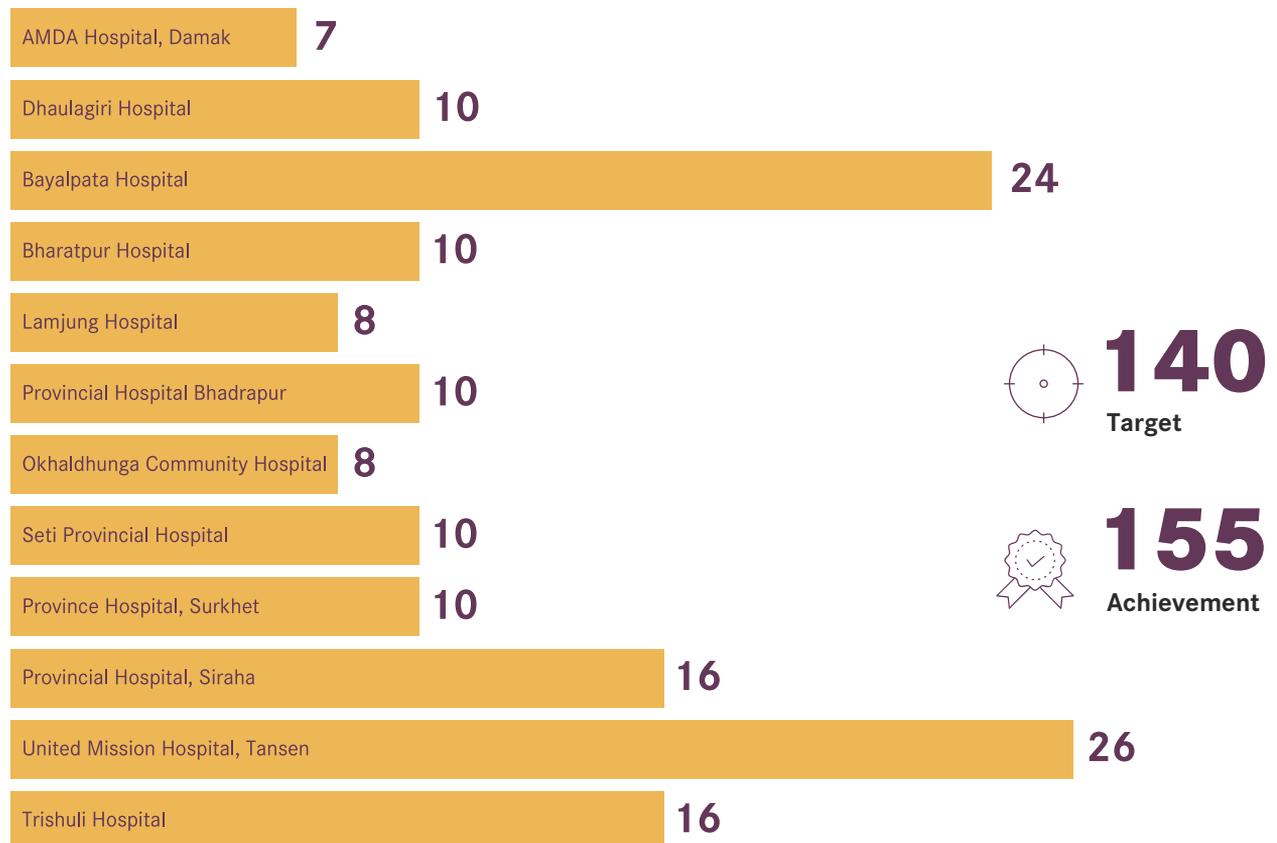
Diploma in Biomedical Equipment Engineering (DBEE) is an 18-month academic course affiliated to the Council for Technical Education and Vocational Training (CTEVT) and led by National Health Training Center (NHTC) at BMET Unit, Teku. In the reporting year, the 9th batch of the DBEE program, consisting of 21 students, successfully completed their studies and graduated. Concurrently, the 10th and 11th batches of the program are actively underway, comprising 18 and 30 students, respectively, who are currently receiving training at the designated DBEE training sites. Likewise, the short courses, User Maintenance of BMET lab, User Maintenance BMET X-Ray, Hemodialysis Equipment Maintenance Training and General Training Skills were conducted where total of 49 participants were trained.

Essential Critical Care Training (ECCT)

Essential Critical Care Training was developed by NHTC for medical officers and nurses working in intensive care units and high dependency units of the hospitals. The Essential Critical Care Training was developed by the National Health Training Center (NHTC) to enhance the skills of medical officers and nurses working in Intensive Care Units (ICUs) and High Dependency Units (HDUs) of hospitals. Knowledge and skills developed through this course will enable the participants to provide essential care to critically ill patients. This training is being conducted at NAMS Bir Hospital, Pokhara Academy of Health Sciences and Bharatpur Hospital. In the current year, the training was delivered to 158 health workers.

Mid-Level Practicum (MLP) Training

MLP is a clinical-based course that helps to upgrade the skills of mid-level healthcare workers (Health Assistants and Auxiliary Health Workers) and enables them to provide basic health care services effectively. This year, a total of 155 mid-level healthcare workers were trained at 12 training sites. Two training batches were conducted for MLP at the newly established MLP training site at Trishuli Hospital.



Operation Theatre Technique and Management (OTTM)

The Operation Theatre Techniques and Management (OTTM) course is a 42-day program designed to strengthen and enhance the skills of nurses in operation theatre techniques and management. The key features of this course are overall operation theatre management, infection prevention, pre-operative, intra-operative and post-operative patient care, basic anesthesia/analgesic, basic orthopedic surgical care, safety of patient and OT staff and emergency preparedness in OT. This year, a total of 61 nurses received training from Bharatpur Hospital, AMDA Hospital, TU Teaching Hospital and Province Hospital Surkhet. The curriculum for the OTTM training has been updated and revised in collaboration with the National Health Training Center (NHTC) to ensure alignment with current standards and best practices.

Primary Emergency Care (PEC)

Primary Emergency Care (PEC) is a 6-day training for nurses, health assistants and medical officers who provide emergency services at the emergency units of the hospitals. The course focuses on Basic Life Support (BLS), Primary Trauma Care (PTC), Medical Emergencies, Basic Orthopedic Care and Management of Mass Casualties. A total of 185 health workers were trained in PEC training in all Provinces. NSI provided support to the Armed Police Force Hospital by supplying manikins and necessary logistics to establish it as a PEC training site.

Skilled Birth Attendant (SBA)

This 60-day training program is designed for nurses to enhance their competencies in managing normal pregnancy and childbirth, immediate neonatal care, and postpartum care, with a particular focus on the identification and management of obstetric complications. During the reporting year, a total of 150 nurses successfully completed the SBA training across various NSI-supported training sites.

Other Trainings:

NSI supports other trainings like Clinical Training Skills (CTS) to develop trainers, Safer Anesthesia For Education (SAFE) courses for Anesthesia Assistants and Anesthesiologists, Special Newborn Care Unit (SNCU) orientation, Advanced Life Support in Obstetrics (ALSO) and the Renal Replacement Therapy Training for nurses. Orientation on Orthopedic training, and Cardiac Conclave for doctors and nurses was provided.

Provincial Biomedical Management Unit (PBMU)

NSI has supported the establishment and operations of 6 provincial biomedical management units in Sudurpaschim Province, Gandaki Province, Lumbini Province, Karnali Province, Koshi Province, Bagmati Province. This year, NSI supported the establishment of the Provincial Biomedical Management Unit (PBMU) in Madhesh Province. In addition to providing technical assistance, NSI provided human resource support by deploying one biomedical equipment technician to each PMBU. NSI contributed to strengthening biomedical services by supporting the establishment of BMET laboratories at Dadeldhura Hospital, Madhyabindu Hospital, and Bhaktapur Hospital. Furthermore, NSI facilitated the deployment and implementation of the Biomedical Equipment Management Information System (BEMIS) in Sudurpaschim, Lumbini, Gandaki, and Karnali Provinces.

Midwifery Program

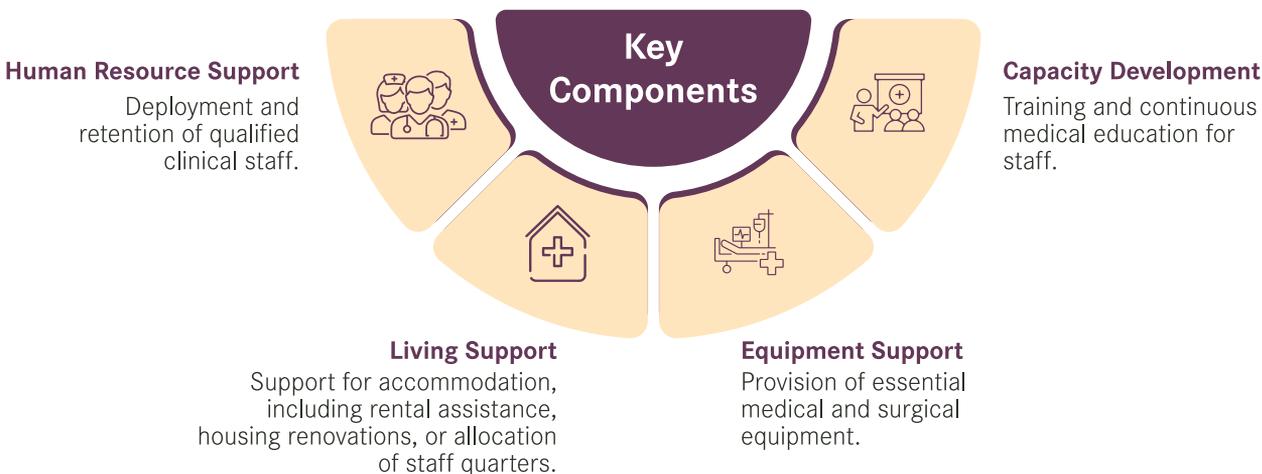
NSI facilitated the establishment of an onsite SBA/Midwife-led birthing unit at Paropakar Maternity and Women's Hospital, officially inaugurated by Honorable Mr. Pradip Paudel, Minister of Health and Population. To ensure operational functionality, NSI has deployed two midwives who received their Bachelors degree in Midwifery sciences at Paropakar Maternity and Women's Hospital, and three midwives at Bharatpur Hospital to support the respective onsite SBA/Midwife-led birthing units.



Curative Service Support Program (CSSP)

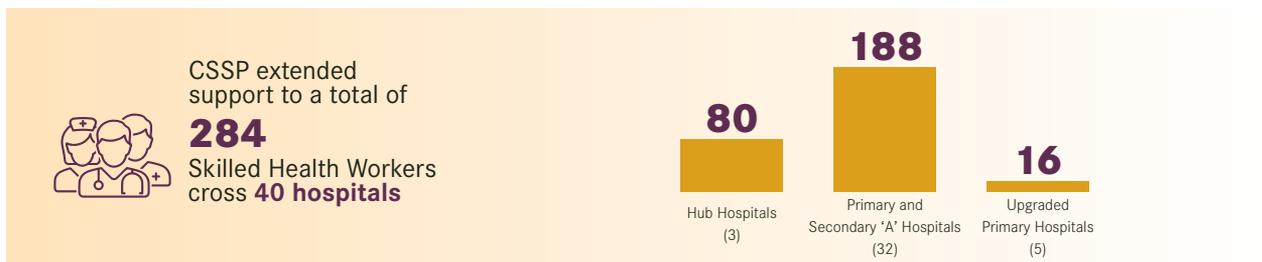
The Curative Service Support Program (CSSP), an initiative of the Nick Simons Institute, aims to strengthen government hospitals in Nepal by improving the availability and quality of curative health services in rural and remote areas.

The program works in partnership with the Ministry of Health and Population (MoHP) to deploy and retain skilled healthcare professionals such as MDGPs, Medical Officers, Staff Nurses, Anesthesia Assistants, and Biomedical Equipment Technicians, to reduce service gaps, strengthen surgical and emergency care, to foster public confidence in government hospitals. Currently, the program provides support to 40 hospitals across Nepal.



Human Resources Support

The Curative Service Support Program ensures the availability of essential clinical personnel in rural hospitals to deliver consistent emergency and surgical care.

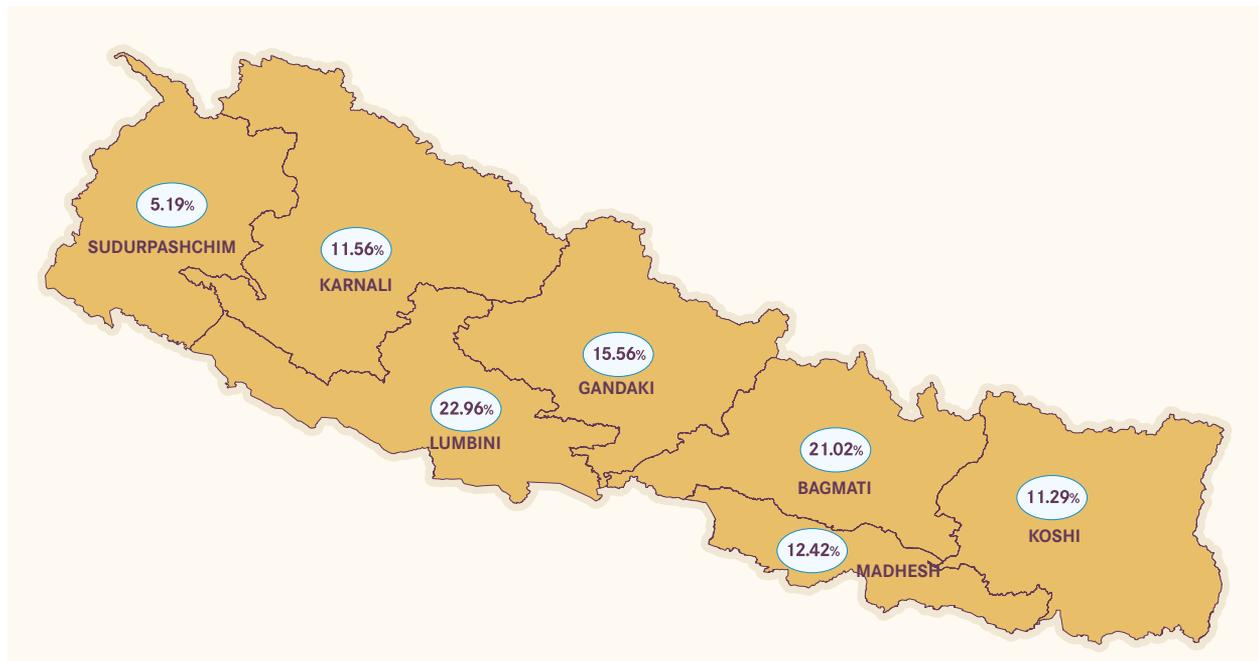


Living Support

CSSP addresses one of the major challenges in retaining skilled health workers in rural hospitals—lack of accommodation—by providing support for housing rent, renovation of staff quarters, provision of furnishings, and Internet connectivity. In FY 2081/82, 35 out of 40 hospitals benefited from these supports. Total expenditure on living support amounted to more than NPR 9 million.



The Total Expenses Expressed in Percentage in the Provinces is Illustrated in the Map Below.



Equipment Support

To strengthen service readiness, CSSP invested over NPR 12 million on essential medical equipment, ensuring hospitals are equipped to manage surgical, obstetric, and emergency cases.



Capacity Development

CSSP focuses on improving clinical competency through targeted training programs and Continuous Medical Education (CME) sessions. Specialized training was provided to 45 participants.

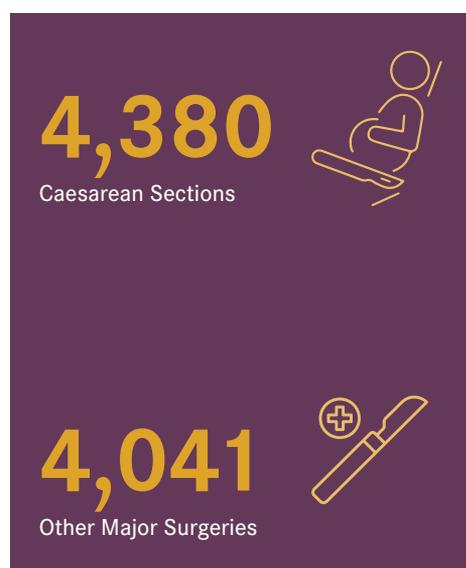
Service Utilization

CSSP-supported hospitals demonstrated a significant increase in service uptake, reflecting improved access, trust, and capacity in rural healthcare delivery total patient volume for the CSSP hospitals for the reporting year was 1,665,351.



Caesarean Sections

Caesarean sections remain a critical maternal health service, ensuring safe outcomes for mothers and newborns. During the reporting year, CSSP-supported hospitals conducted 4,380 C/S deliveries.

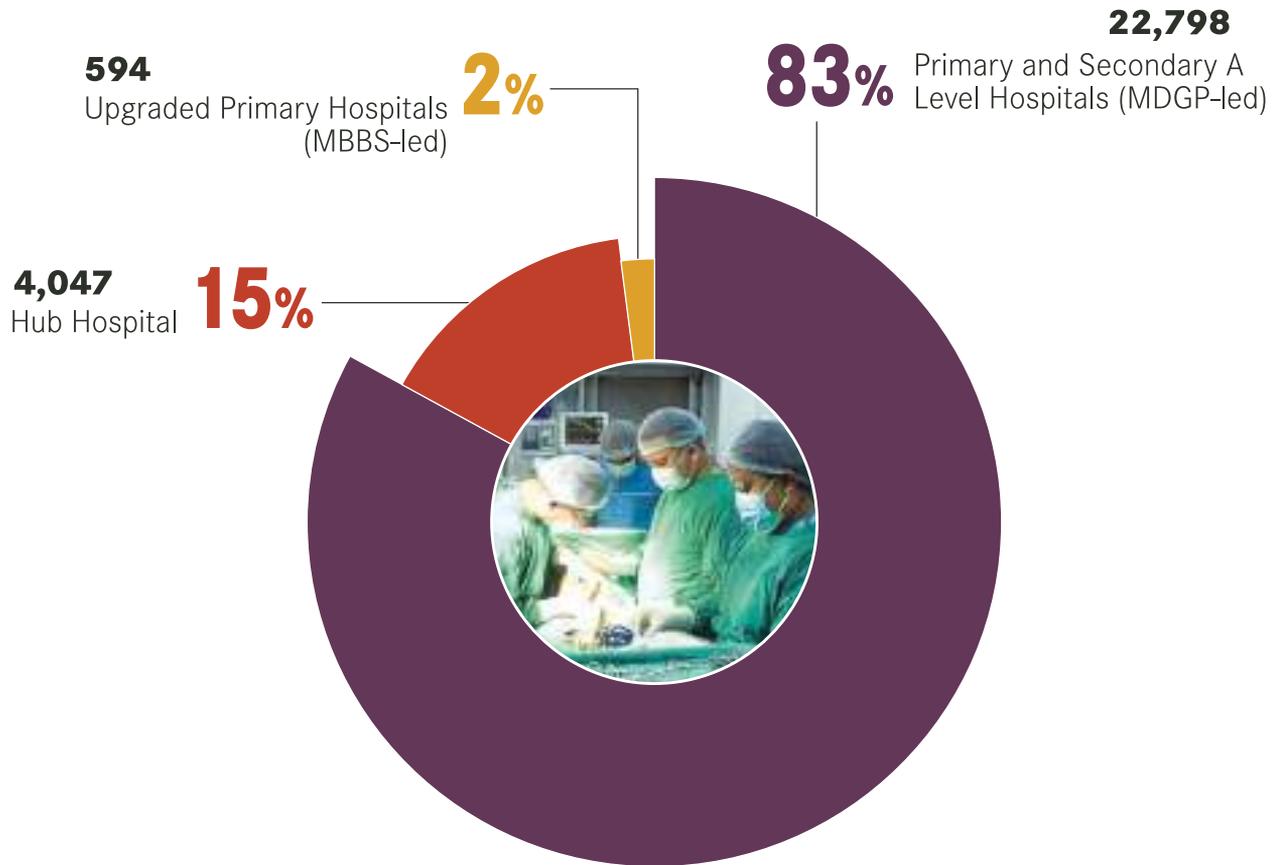


Other Major Surgeries

CSSP-supported hospitals conducted 4,041 major surgeries beyond C-sections, with HUB and provincial hospitals like Trishuli, Gorkha, RKSUPM, and Kalaiya leading in volume. MDGP-led district hospitals expanded surgical access, while some remote facilities highlighted ongoing capacity gaps. Overall, CSSP strengthened surgical services in rural settings, ensuring essential lifesaving care nationwide.

Status of Key Service Utilizations				
Utilizations	Hub Hospital	Primary and Secondary A Level Hospitals	Upgraded Primary Hospitals	Total
A. Total Patient Visits	332,986	1,287,619	44,746	1,665,351
ER	37,443	215,399	1,936	254,778
OPD	295,543	1,072,220	42,810	1,410,573
B. Total Deliveries including C-section	2,967	19,398	302	22,667
C. Admission	12,290	50,637	1,218	64,145
D. Surgeries	4,047	22,798	594	27,439
C-section	855	3,525	-	4,380
Major Surgeries Excluding C-Section	1,548	2,493	-	4,041
Intermediate Surgeries	322	483	-	805
Minor Surgeries	1,322	16,297	594	18,213

During the fiscal year, a total of 27,439 surgical cases were carried out across CSSP-supported hospitals, reflecting a broad range of surgical activity across district-level health facilities.

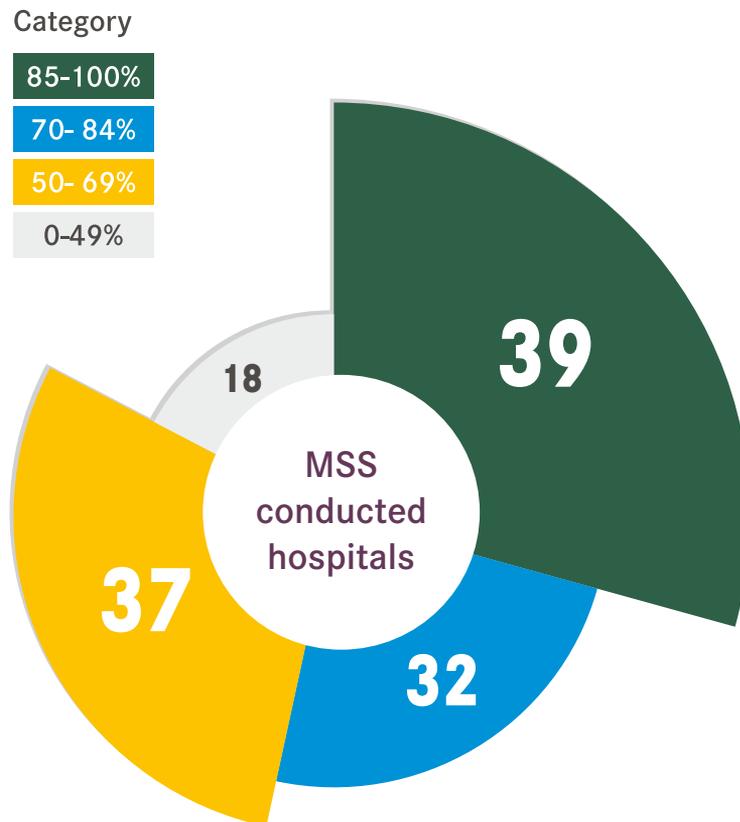


Surgical Services Conducted at Different Hospitals

Hospital Strengthening Program (HSP)

The Hospital Strengthening Program (HSP) has two major components. The first, System Strengthening, focuses on the institutionalization of the Minimum Service Standards (MSS) within the government health system. The second component, Program Implementation, focuses on regular assessment of hospitals using MSS tools to identify gaps and develop action plans.

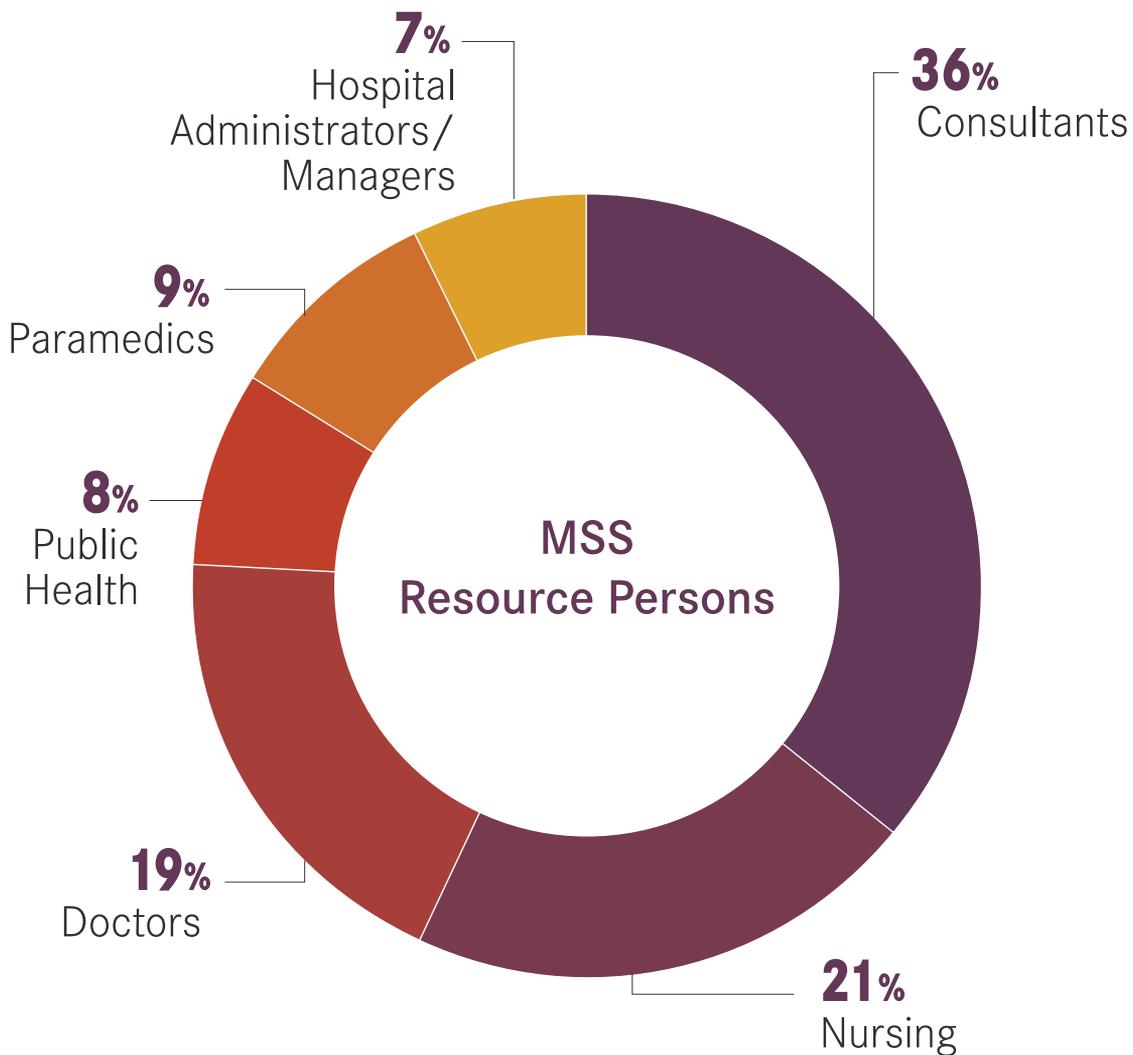
This year MSS was conducted at 126 hospitals of which 29 were conducted by NSI directly. A total of 183 MSS events were conducted in 126 hospitals this year, of which NSI directly conducted 36 events in 29 hospitals.



Number of MSS Conducted Hospitals and their Scores

Periodic MSS assessments remain a cornerstone of quality improvement. These assessments review the availability and readiness of hospital services, help to identify gaps and service delivery bottlenecks, and motivate hospitals to address shortcomings through the development and execution of action plans.

As part of the system strengthening program, NSI trained 144 government personnels as Resource Persons to conduct the MSS assessment at the hospitals. A total of ten MSS tools, along with the MSS Implementation Guideline, are currently available to assess the hospitals, with two new MSS tools developed for Cardiothoracic & Vascular Service Hospital and Orthopedics & Trauma Services Hospitals in the reporting year.



Types of Cadres who Received MSS Resource Person Orientation

Research, Advocacy and Monitoring (Restructured as MEL)

Monitoring, Evaluation, and Learning (MEL) is a core component of NSI, tracking program progress, effectiveness, and impact to inform decision-making and policy advocacy. In FY 2081/82, all 18 MEL indicators were systematically measured, with findings shared with program and training teams to support evidence-based planning and continuous improvement.

Internal assessments were conducted routinely to monitor progress of NSI's programs and research studies were initiated, and articles were published in respected journals.

The 13th Annual Rural Health Worker's Conference in March 2025 provided a platform for rural healthcare workers, professionals, and policymakers to share experiences and gain knowledge through CME sessions. NSI also continued publishing policy briefs, brochures, and research to support evidence-based advocacy.



Key Activities		Achievements	Remarks
	Research and Ongoing Studies	3	<ul style="list-style-type: none"> • Postoperative (Post OP) Cesarean Section Outcomes Study • Onsite Midwife/SBA-led Birthing Unit (OMSBU) • Survey on Surgical, Anesthesia and Obstetric (SAO) Care (NSOAP).
	Internal Evaluations Assessments/ Reports/ Advocacy Materials	4	<ul style="list-style-type: none"> • Post-Training assessment of OTTM training graduates • Newsletters • NSI brochure
	Journal Article	3	<ul style="list-style-type: none"> • Addressing Critical Gaps in Health Workforce in Nepal's Maternal Healthcare System. https://doi.org/10.46405/ejms.v6i9.519 Europasian Journal of Medical Sciences • Minimum service standards assessment tool and the hospital strengthening program: a novel first step towards the quality improvement of Nepal's national hospital system: https://doi.org/10.1016/j.lansea.2025.100548. The Lancet Regional Health- Southeast Asia • Factors Affecting Job Satisfaction among the Biomedical Equipment Technicians Working in Health Sector of Nepal: A Mixed-Methods Study; https://doi.org/10.70280/njph(2024)v1i1.7. Nepal Journal of Public Health
	Conferences Attended	7	<ul style="list-style-type: none"> • 10th National Summit of Health and Population Scientists in Nepal • NMA Conference - 4th Nepal Health Summit (NHS4) • Health AI for All Conference • CUGH 2025 conference in Atlanta • XVIIIth NESOG conference • HRH conference, Sri Lanka • 1st INSPIRE Health forum in Manila (BEMIS)



Financial Details

Budget Heading	Federal	Koshi	Madhesh
1. TRAINING			
1.1 Program Coordination, Monitoring and Travel	24,411,740	230,883	83,081
1.2 Biomedical Equipment Technician (BMET)	19,320,129	1,654,534	13,594,068
1.3 Anesthesia Assistant Course (AAC)	5,433,635	-	-
1.4 Skilled Birth Attendant (SBA)	2,636,406	2,098,696	2,051,290
1.5 Advance Skilled Birth Attendant (ASBA)	5,642,430	272,209	-
1.6 Mid-level Practicum (MLP)	1,954,797	2,033,742	2,922,870
1.7 Continuing Professional Development	294,885	-	-
1.8 Operation Theater Management	5,924,039	-	-
1.9 Course Development	2,968,570	-	-
1.10 Short Courses	5,079,566	2,540,239	1,910,469
1.11 Technical Support to NHTC and Training Sites	2,018,650	-	-
1.12 Capacity Building of PHTC	-	991,366	949,891
1.13 Midwifery PCL Course	14,611,471	-	-
Training Total	90,296,317	9,821,669	21,511,669
2. CURATIVE SERVICE SUPPORT PROGRAM (CSSP)			
2.1 CSSP-HUB (Multi-speciality)	-	-	-
2.2 CSSP-Primary & Secondary Hospitals (MDGP)	57,163,624	35,321,672	10,881,162
2.3 CSSP-Local level upgraded Hospitals (MBBS)	-	-	-
2.4 CSSP Program Coordination, Monitoring and Travel	20,327,230	6,512,811	5,794,055
CSSP Total	77,490,854	41,834,483	16,675,217
3. HOSPITAL STRENGTHENING PROGRAM (HSP)			
3.1 MSS-System Strengthening	3,962,630	2,387,434	2,720,725
3.2 MSS Program Implementation	-	1,480,878	850,595
3.3 MSS- Complementary Grant	-	-	-
3.4 Electronic Hospital Record	11,715,731	-	-
3.5 Program Coordination, Monitoring & Travel	11,224,095	126,710	133,550
HSP Total	26,902,456	3,995,022	3,704,870

Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	Local	Total
396,317	473,591	447,551	481,908	242,804	-	26,767,875
-	2,105,163	349,228	1,833,511	208,124	-	39,064,757
-	250,000	168,000	200,000	-	-	6,051,635
2,698,748	1,000,000	1,959,087	1,995,050	2,796,143	-	17,235,419
-	-	-	-	-	-	5,914,639
2,026,759	2,007,287	4,424,303	2,049,476	3,022,453	200,000	20,641,686
-	-	-	-	-	-	294,885
-	-	-	-	-	-	5,924,039
-	-	-	-	-	-	2,968,570
4,076,336	2,596,484	2,664,518	2,004,510	2,355,327	-	23,227,449
-	-	-	-	-	-	2,018,650
1,331,881	1,252,396	1,345,000	1,027,381	1,123,074	4,860,000	12,880,989
-	-	-	-	-	-	14,611,471
10,530,041	9,684,921	11,357,686	9,591,836	9,747,925	5,060,000	177,602,063
18,289,370	24,071,335	19,310,705	-	-	-	61,671,410
13,213,296	12,767,412	23,395,915	31,119,067	27,230,485	36,147,059	247,239,692
-	-	-	-	-	25,761,195	25,761,195
5,813,971	5,252,511	2,083,212	3,855,246	4,347,144	1,716,184	55,702,364
37,316,637	42,091,258	44,789,832	34,974,313	31,577,629	63,624,438	390,374,661
2,774,136	2,297,361	2,594,810	2,095,638	2,607,644	-	21,440,378
485,550	1,150,194	661,468	690,026	436,874	1,866,997	7,622,582
-	-	-	-	-	-	-
-	-	-	-	-	-	11,715,731
145,888	592,194	593,202	557,727	304,283	-	13,677,649
3,405,574	4,039,749	3,849,480	3,343,391	3,348,801	1,866,997	54,456,339

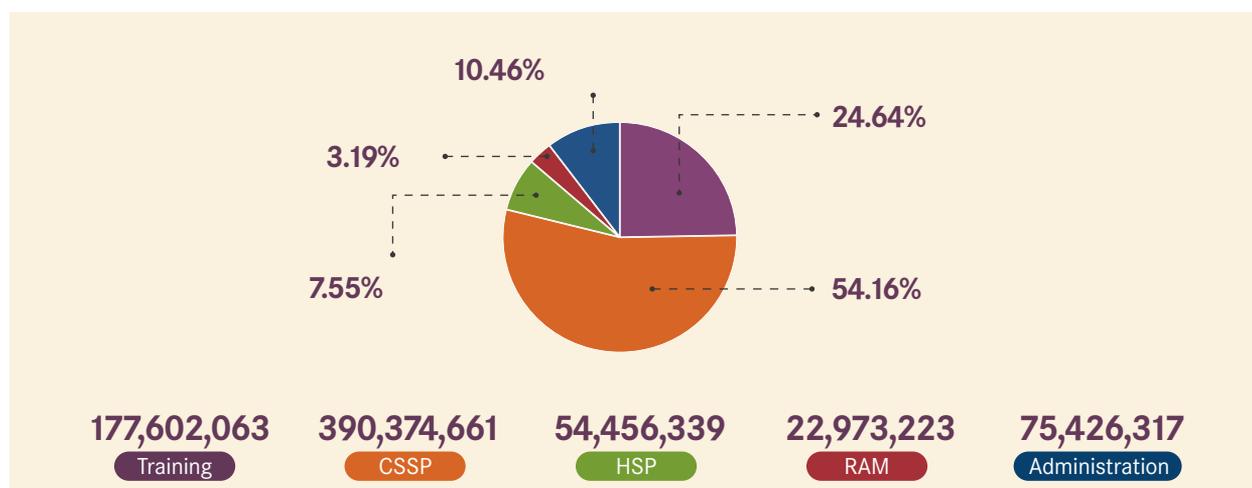
Budget Heading	Federal	Koshi	Madhesh
4. RESEARCH, ADVOCACY AND MONITORING (RAM)			
4.1 Research and Studies Conduction	8,613,850	-	-
4.2 Database and Software	168,000	-	-
4.3 Dissemination/Conferences	848,777	-	-
4.4 Healthcare Workers Conference and NS Award	7,153,904	-	-
4.5 Publications (Brochure, Newsletter, etc.)	3,237,567	-	-
4.6 SWC Monitoring and Evaluation fee	-	-	-
4.7 SWC Evaluation Team expenses (DSA, Transport)	-	-	-
4.8 Social Audit	999,994	-	-
4.9 Monitoring visits	489,432	-	-
4.10 Data Management, Software and Equipment	1,461,699	-	-
RAM Total	22,973,223	-	-
5. ADMINISTRATION			
5.1 HR Expenses	42,954,767	-	-
5.2 Staff Development and Planning	6,957,787	-	-
5.3 Consultants	1,386,595	-	-
5.4 Insurance	3,368,840	-	-
5.5 Utilities	1,142,799	-	-
5.6 Consumables	2,239,979	-	-
5.7 Equipment and Office Expenses	11,434,408	-	-
5.8 AMC	5,941,142	-	-
Administration Total	75,426,317	-	-
Grand Total	293,089,166	55,651,174	41,891,756

Governance-wise Summary of Program Expenses

Governance	Programs			
	Training	CSSP	HSP	RAM
Federal	90,296,317	77,490,854	26,902,456	22,973,223
Koshi	9,821,669	41,834,483	3,995,022	-
Madhesh	21,511,669	16,675,217	3,704,870	-
Bagmati	10,530,041	37,316,637	3,405,574	-
Gandaki	9,684,921	42,091,258	4,039,749	-
Lumbini	11,357,686	44,789,832	3,849,480	-
Karnali	9,591,836	34,974,313	3,343,391	-
Sudurpashchim	9,747,925	31,577,629	3,348,801	-
Local	5,060,000	63,624,438	1,866,997	-
Total	177,602,063	390,374,661	54,456,339	22,973,223

Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	Local	Total
-	-	-	-	-	-	8,613,850
-	-	-	-	-	-	168,000
-	-	-	-	-	-	848,777
-	-	-	-	-	-	7,153,904
-	-	-	-	-	-	3,237,567
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	999,994
-	-	-	-	-	-	489,432
-	-	-	-	-	-	1,461,699
-	-	-	-	-	-	22,973,223
-	-	-	-	-	-	-
-	-	-	-	-	-	42,954,767
-	-	-	-	-	-	6,957,787
-	-	-	-	-	-	1,386,595
-	-	-	-	-	-	3,368,840
-	-	-	-	-	-	1,142,799
-	-	-	-	-	-	2,239,979
-	-	-	-	-	-	11,434,408
-	-	-	-	-	-	5,941,142
-	-	-	-	-	-	75,426,317
51,252,252	55,815,928	59,996,998	47,909,540	44,674,355	70,551,435	720,832,604

Summary of Total Expenses



NSI Staff



Sitting Row from Left: Dinesh B. Koirala, Anisha Maharjan, Nabaraj Shrestha, Sumati Shakya, Taramuni Shakya,

Standing First Row from Left: Ajay Bholan, Deepa Chitrakar, Sagar Singh, Rabindra Bhandari, Aarati Maharjan, Rita Pokhrel, Prasansha Chitrakar, Surendra Shrestha.

Standing Second Row from Left: Janardan Pathak, Muktinath Ghimire, Bimal Pun, Manish Manandhar, Shrestha, Sushil Basnet, Subin Man Joshi, Bal Sunder Chansi Shrestha, Rabina Shakya, Rojit Shakya.



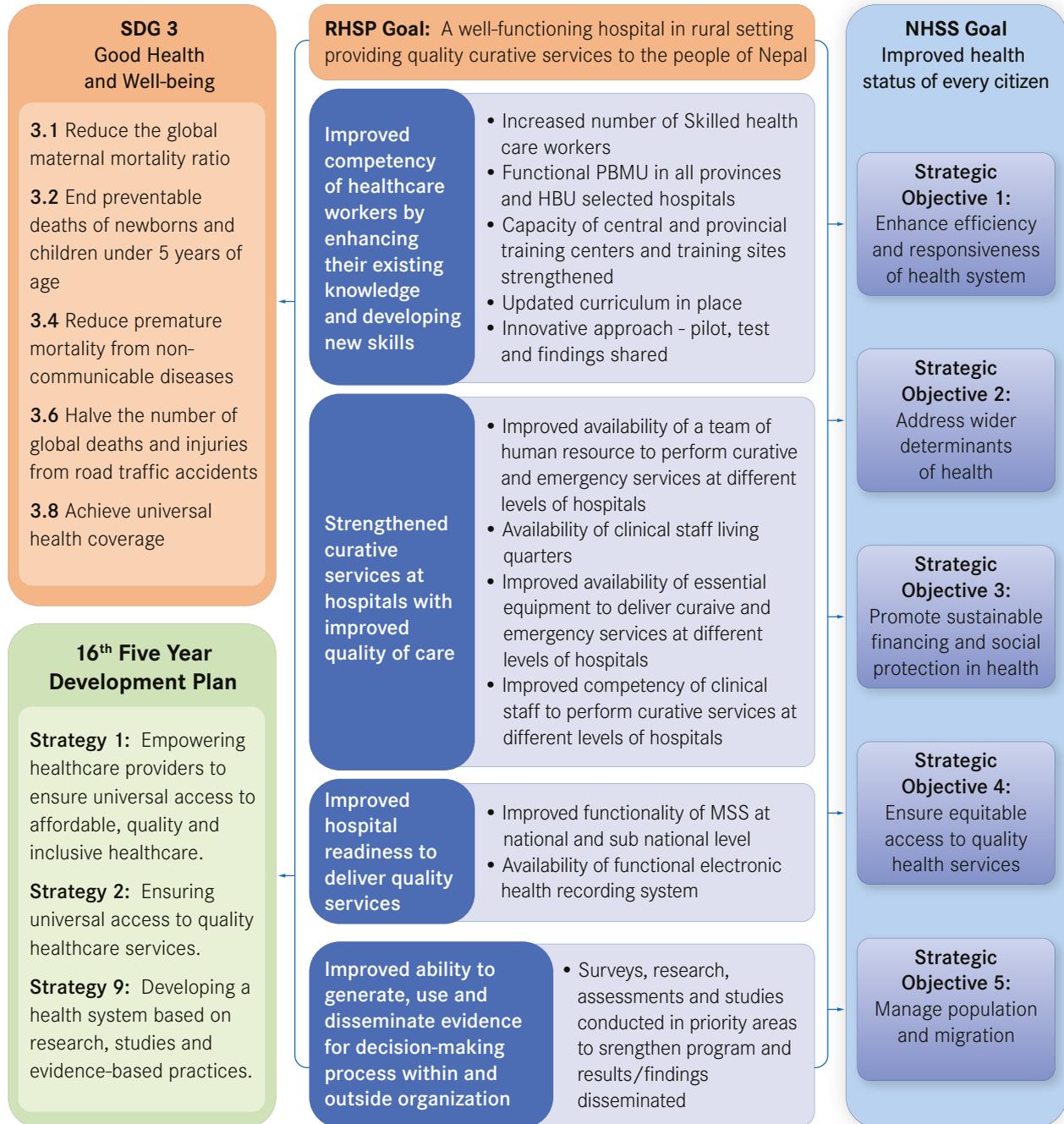
Archana Amatya, Bikash Shrestha, Arpana BC Kalaunee, Mohammad Kashim Shah, Palin Subba.

Tej B. Shrestha, Salomi Poudel, Sajani Shakya, Meena Dulal, Aiesta Shahi, Bidhya Gurung, Sushmita BC,

Rukesh Shrestha, Archana Bohara, Santosh Bhele, Bishal Shrestha, Bhumika Gurung Shakya, Suresh



Result Framework with link to National Health Goals and Plans





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