



# Annual Report

## 2021-22 (2078-79)

# Executive Committee



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## **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.**

# Message from Executive Director

Looking back on our progress this past year, I am increasingly hopeful for a future in which all people, even in the most remote areas of Nepal, can access health services in their own communities. In the spirit of reflection and assessing the actual merit of our activity, I can see how more than simply checking boxes or going through the motions, NSI is working to fundamentally change the system so that it better serves rural populations. It will surely take time, but we are on the right path.

In this year's Annual Report, we highlight the progress and new achievements made in our pillar programs: i) Training, ii) Curative Service Support Program, iii) Hospital Strengthening Program, and iv) Research, Advocacy and Monitoring. First, in partnership with the National Health Training Center (NHTC), we have trained close to 800 health workers across the country. Next, NSI has supported capacity building initiatives in a total of 48 hospitals; 9 of which, we have managed to phase out from recently. Additionally, we have established three (3) new Provincial Biomedical Management Units in Lumbini and Gandaki Provinces, and Pokhara. Furthermore, through one of our main collaborations with the Ministry of Health and Population (MoHP), NSI successfully launched Minimum Service Standard (MSS) Implementation Units within MoHP, the Department of Health Services (DoHS), and all provincial health offices. Lastly, NSI continues to reach new audiences by sharing our findings and has published three (3) peer-reviewed articles in international journals. These are just a few of the many accomplishments we are proud to report. None of which were made alone, and I would like to thank those whose leadership has made this possible.

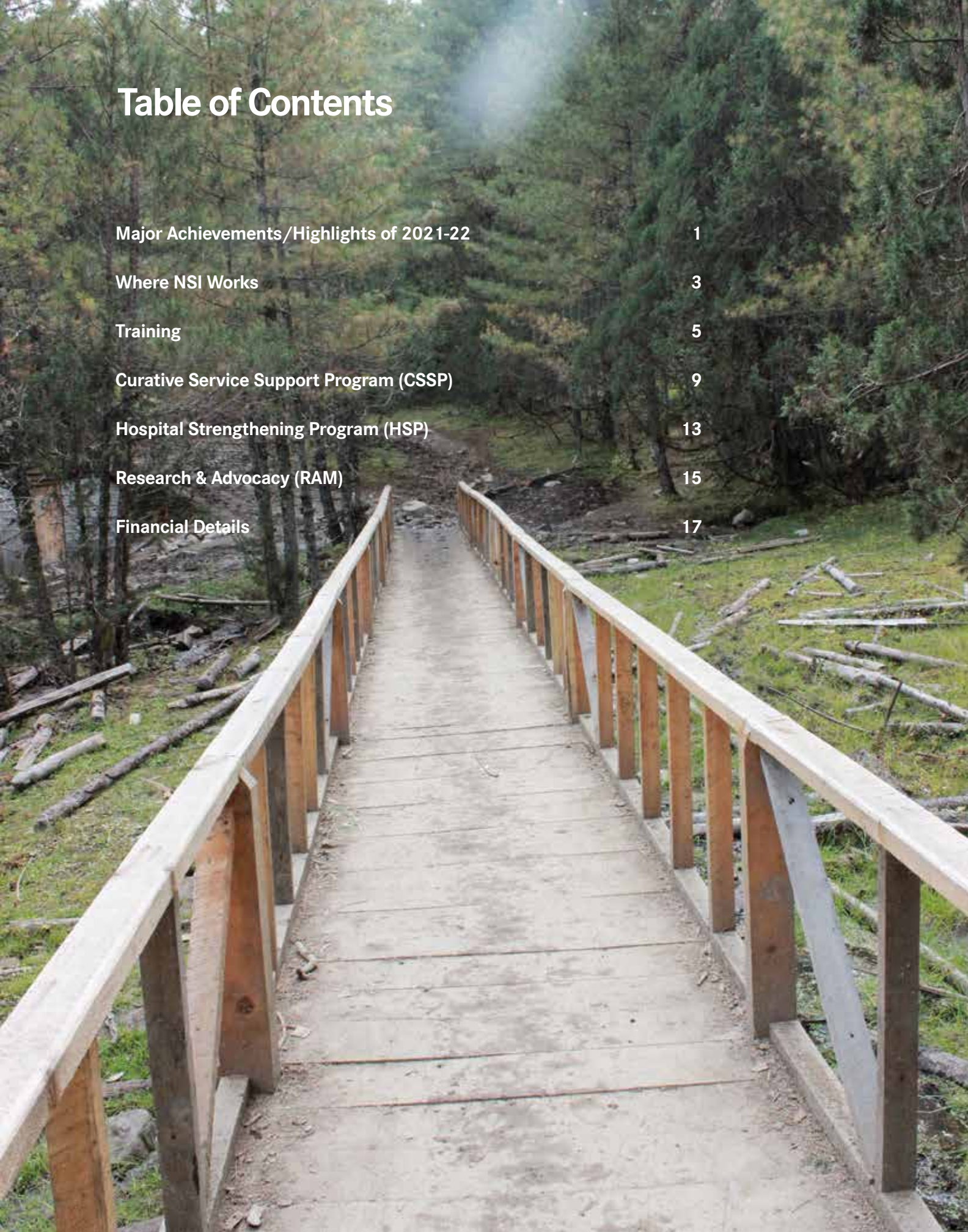
However, there is still much work to be done. In order to fully realize our mission and vision, we still require more equitable distribution of human resources. Our struggle to maintain an adequate health workforce in rural facilities is an endemic feature of our rural health system in Nepal. There remains, not a shortage of staff—but a lack of institutionalized and enforced deployment to the right places. This calls for an understanding of what the need and demand is in specific geographic regions and appropriate resource allocation. We must recognize that recruitment and retention go hand in hand. While recruitment focuses on filling vacant positions, retention is just as important to keep health workers satisfied with their employment and willing to stay. To overcome this challenge, we require a system that works to fill vacancies where it is most essential. In our experience, NSI has witnessed how proactive involvement of all players from government to local and hospital levels results in positive change.

With each passing year, the depth of our partnerships grows stronger. I am filled with pride and gratitude for the progress presented in this report. My heartfelt thanks go to those serving in the government at the central and provincial levels, who are instrumental in making our work successful.

**Dr Anil B Shrestha**  
Executive Director

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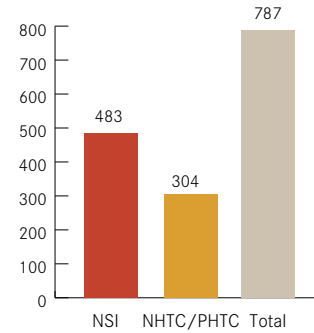


# Major Achievements

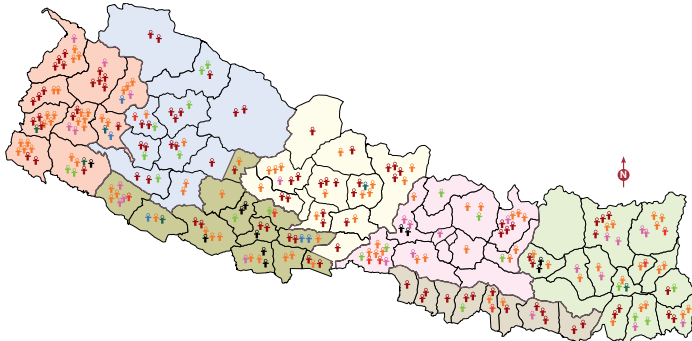
## Training

Trainings		2021-2022		
		Total # Trainees	NSI (on map)	NHTC/PHTC
Skilled Birth Attendant	SBA	208	107	101
Advance Skilled Birth Attendant	ASBA	32	32	0
Biomedical Equipment	DBEE	20	20	0
	Short courses	39	29	10
Anesthesia Assistant	AAC	-	-	-
Mid-Level Practicum	MLP	186	111	75
Operation Theatre Technique and Management	OTTM	51	35	16
Primary Emergency Care	PEC	85	85	0
Essential Critical Care Training	ECCT	84	48	36
Clinical Training Skills	CTS	82	16	66
	<b>TOTAL</b>	<b>787</b>	<b>483</b>	<b>304</b>

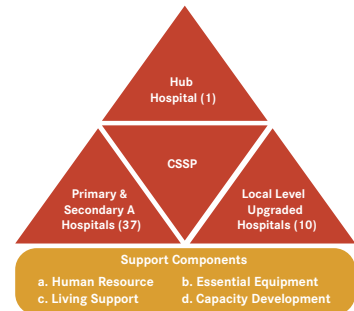
Training Funded by NSI, NHTC and Provincial Government



Districts where graduates are working

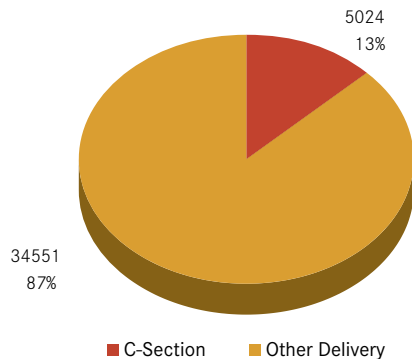


CSSP Modality

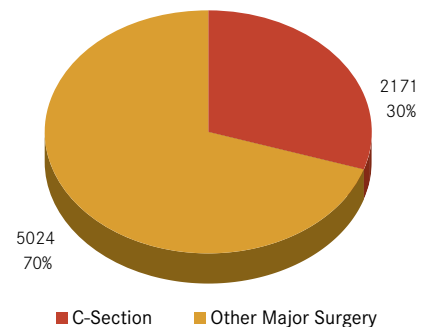


## Curative Service Support Program

Types of Deliveries

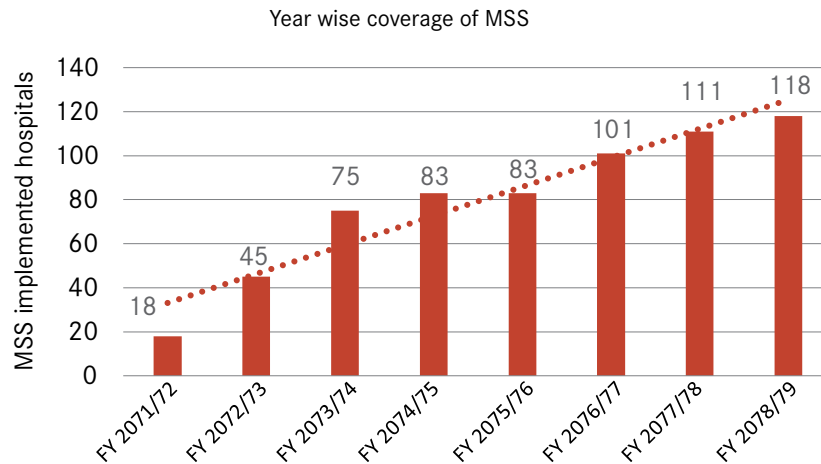


C-Section vs Other Major Surgeries performed

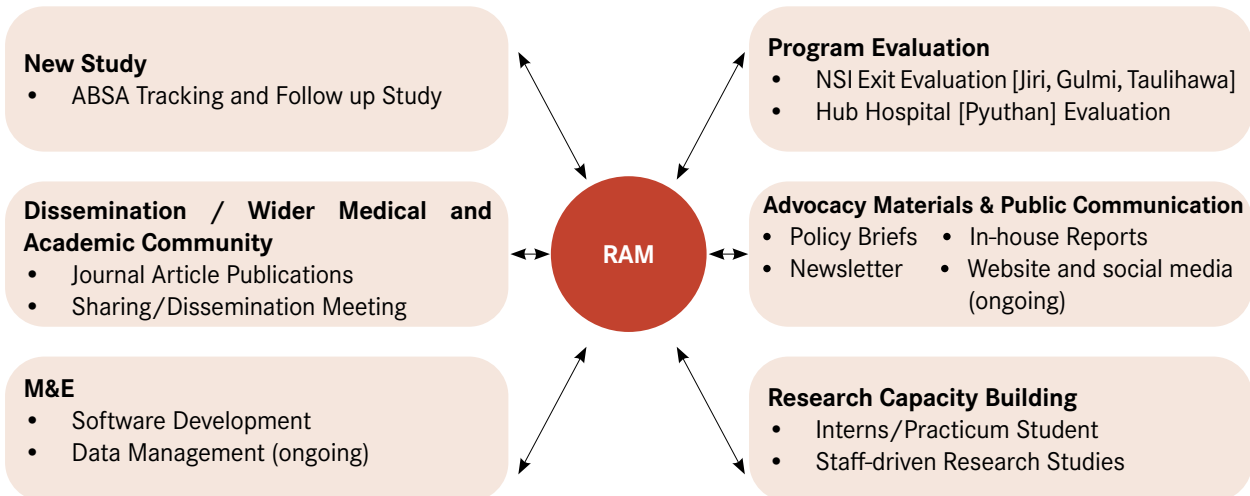


# Highlights of 2021-22

## Minimum Service Standard

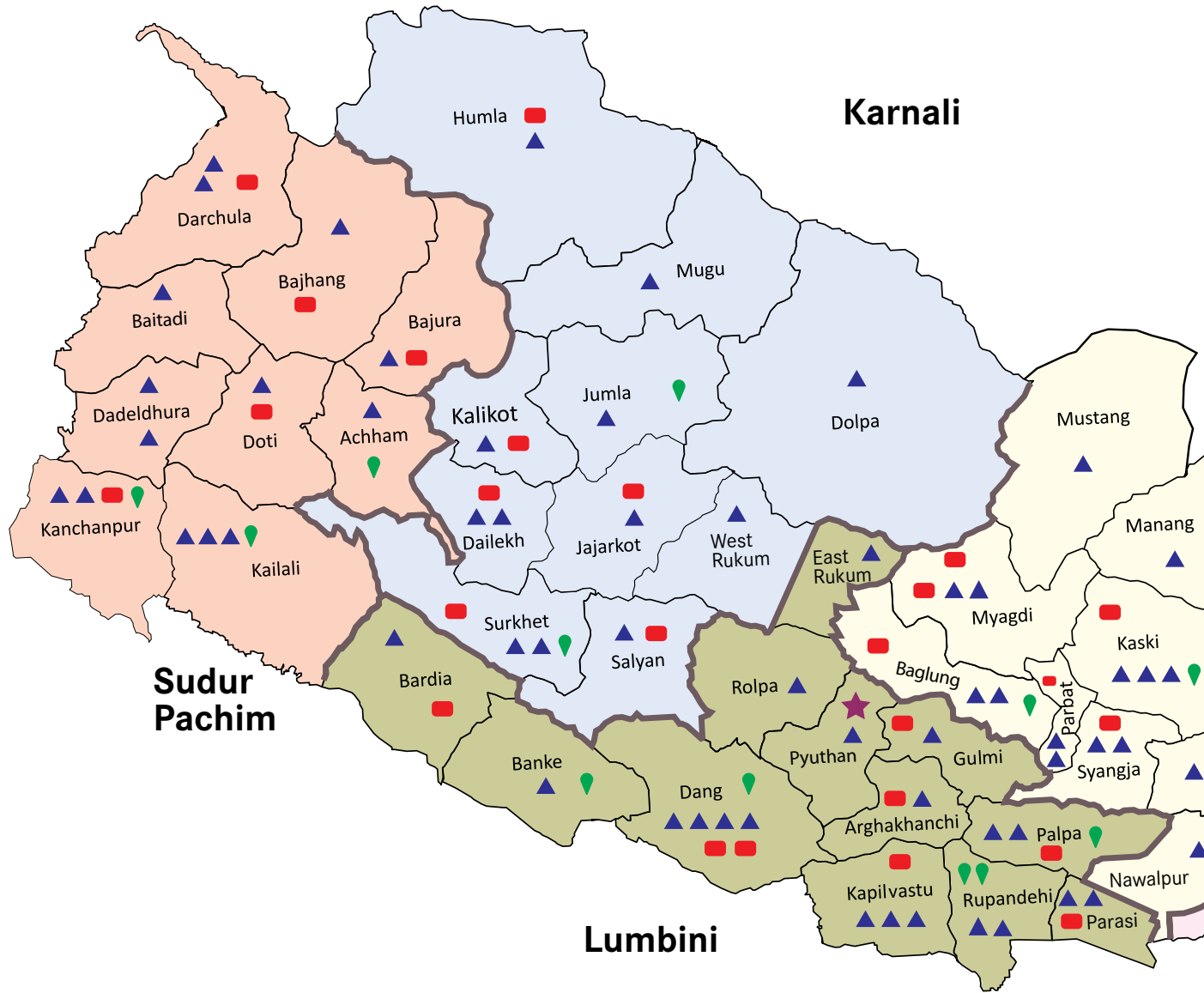


## Research, Advocacy and Monitoring



- Established Provincial Biomedical Management Unit (PBMU) in Lumbini and Gandaki Provinces.
- Completed MLP training site development and conducted pilot batch of training in Siraha Provincial hospital, Madhesh Pradesh.
- Completed 3rd revision of AAC training package under the leadership of anesthesiologist of NAMS.
- Commenced multi specialized surgical services in Pyuthan hospital's newly renovated building.
- Started indoor and surgical services in Pokhariya.

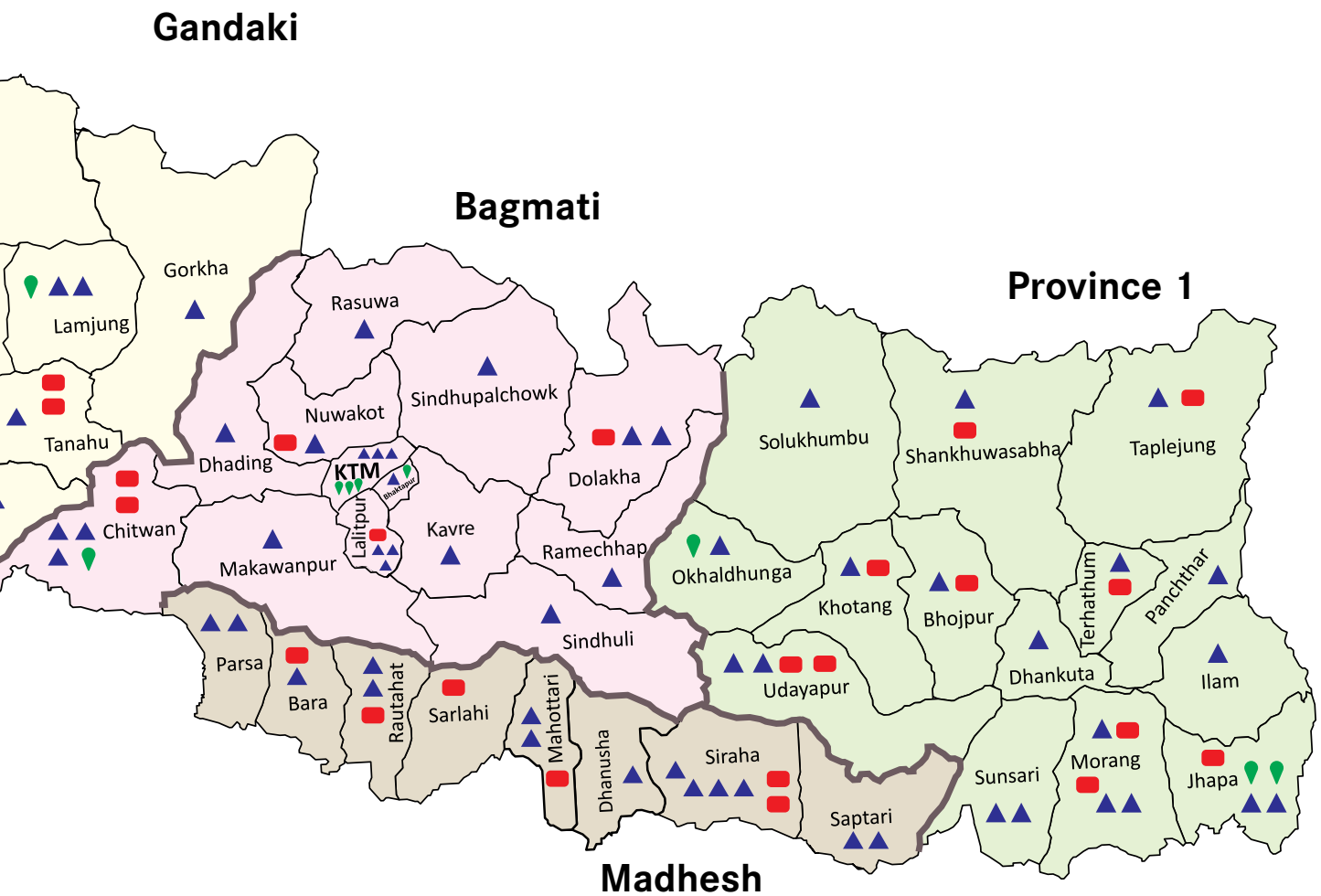
# Where NSI Works







- ★ Hub Hospital (1)
- CSSP Hospitals (47)
- ▲ HSP Hospitals (118)
- 📍 NSI Training Sites (21)



# Training

NSI facilitates to support skilled based clinical trainings to the government healthcare workers who mostly fall under the authority of government's National Health Training Center (NHTC) and Provincial Health Training Center (PHTC).

## Advanced Skilled Birth Attendant (ASBA)

This is a course designed to train Medical Officers to conduct normal delivery, cesarian section including management of obstetric complications and blood transfusion services. This year 32 Medical Officers from NSI supported hospitals received this training in Bharatpur hospital, Chitwan.

## Anesthesia Assistant Course (AAC)

AAC is the one-year course under the National Academic of Medical Science (NAMS). A total of 24 new students enrolled in the course and 24 students who have completed the training.

Training Sites	Target	Achievement	Remarks
AMDA Damak, Bir, Bharatpur, Model, Paropakar Maternity, Pokhara, Tansen Hospitals	24	24	Course is conducted by NAMS Bir Hospital

## Biomedical Equipment Training (Short Courses)

NSI supports the government to conduct BMET short trainings to maintain and repair of hospital equipment through National Health Training Centre (NHTC), Teku.

This year NSI provided training to 29 lab and X-ray technicians from different government hospitals. Refresher training was provided to 10 BME technicians working in the different hospitals. In the previous year, a batch of lab technicians training was interrupted due to the lockdown imposed by government, this year it was also completed successfully.

## Diploma in Bio-medical Equipment Engineering (DBEE)

Diploma in Bio-medical Equipment Engineering (DBEE) course is an 18-month academic course affiliated to Council for Technical Education and Vocational Training (CTEVT) which is led by NHTC. The training is conducted at BMET Center, Teku. The sixth batch of the course was successfully completed this year. All graduates were deployed in government and private sector. The 7th and 8th batches are ongoing.

Courses	Target	Achievement	Remarks
DBEE	24	17	3 failed the final exam, 4 dropouts

## Essential Critical Care Training (ECCT)

In collaboration with NHTC and Department of Anesthesia of NAMS, Bir Hospital, NSI has developed and conducted an 6 day Essential Critical Care Training to address COVID-19 case management. The training is for the nurses and the doctors who are directly providing services in their COVID care units. Training was provided to 48 health workers at NAMS and PAHS, Pokhara. Most of the trainees were from NSI supported hospitals.

### Mid-Level Practicum (MLP)

MLP is a clinical-based course that helps to upgrade the skills of the government's mid-level healthcare workers (Health Assistants and Auxiliary Health Workers) who form the backbone of the rural healthcare team. A total of 186 mid-level healthcare workers graduated NSI supported training sites. Of the 186 graduates, 111 were funded by NSI and 75 were funded by PHTC.

Training Sites	Yearly Target	NSI Funded	PHTC funded	Remarks
AMDA Damak		17	0	
Baglung		9	10	
Bayalpata		8	None	
Bharatpur		10	10	
Lamjung		8	11	
Mechi	140	15	None	PHTCs actively allocating budget for MLP training
Okhaldhunga		18	None	
Seti		9	15	
Surkhet		None	29	
Tansen		17	None	
Total		111	75	

### Operating Theatre Technique and Management (OTTM)

The OTTM is a 42-day training designed to enhance the skills of nurses in Operation Theatre Techniques and Management, focusing on providing emergency surgical services in rural hospitals. This year 51 trainees received training from Bharatpur and TU Teaching hospital, Maharajganj. Among them 35 trainees were supported by NSI while 16 were supported by PHTC of Bagmati Province.

Training Sites	Yearly Target	NSI Funded	PHTC & NHTC	Remarks
Bharatpur	45	24	16	Bagmati province is active in funding this OTTM Training
TUTH		11	None	
Total		35	16	

### Primary Emergency Care (PEC)

Primary Emergency Care (PEC) is a 6-day training for nurses, HAs and MOs who provides emergency care at the emergency units of their district hospitals. The course focuses on Basic Life Support (BLS), Primary Trauma Care (PTC), Medical Emergencies, Basic Orthopedic Care and Management of Mass Casualties. Eighty-five health care workers received training from various districts hospitals.

### Skilled Birth Attendant (SBA)

This is a 60-day training for nurses to upgrade their skills to manage normal pregnancies, childbirth, immediate neonatal care, postpartum care including identification of obstetric complications and its management. A total of 208 nurses received training of which 108 were supported by NSI budget and 101 by PHTC at various NSI supported training sites.

Training Sites	Yearly Target	NSI Funded	PHTC funded	Remarks
AMDA Damak	120	24	12	PHTCs are actively allocating budget and conducting trainings
Bhaktapur		7	8	
Bharatpur		26	23	
Lamjung		8	20	
Mahakali		20	20	
Tansen Mission		10	10	
Total		107	101	

Every year provincial governments are increasing their funding for various training program.

### Midwifery Program:

#### 1. Onsite Birthing Unit:

To further address the country's high maternal and neonatal mortality, MoHP decided to develop specialized health professionals, the midwives, who are essential to reducing the high MMR and NMR.

NSI toward the end of this fiscal year received a letter from the Family Welfare Division, Teku to establish On Site Birthing Unit in 2 government hospitals: Paropkar Women's and Maternity hospital and Bharatpur hospital. Consultative meeting with the hospital management team have taken place. These birthing units will be used as clinical practices sites for the midwives who are undergoing training at NAMS and Maternity hospital.

#### 2. Scholarship to the Bachelor's Midwives Student:

Bachelor of Midwifery Sciences (BMS) program is developed by the government, and is being conducted in a few Academic Institutes in Nepal. NSI provided scholarships to five (5) BMS students studying in NAMS, Nursing Collage of Bir hospital. Upon completion of the studies they will be deployed to Bharatpur and Paropkar Maternity & Women's Hospital to strengthen their Birthing Units.

### Provincial Biomedical Management Unit (PBMU):

PBMU is a new undertaking by NSI to address the gaps in effective management and maintenance of Biomedical equipment at hospital. NSI established PBMU in Lumbini and Gandaki Provinces.



# Curative Service Support Program (CSSP)

The Curative Service Support Program (CSSP) is a continuation of the Rural Staff Support Program (RSSP) and Rural Staff Support Partnership Program (RSSPP). RSSP was launched in 2007 as a pilot program in 3 rural district hospitals to improve health care services of the hospitals with support of key human resources. RSSPP was a scale up approach of RSSP commenced in 2018 with same objectives and components.

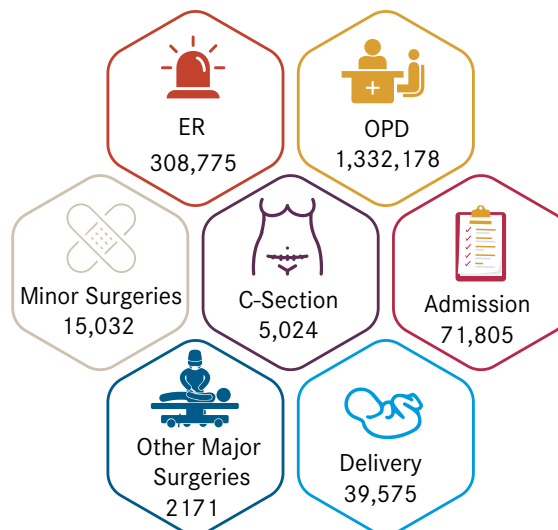
The CSSP has been implemented in 48 hospitals comprised of 29 Primary Hospitals and 19 Secondary Hospitals. Of the 29 Primary hospitals, 15 of them are under the local government.

The program is design to place key clinical human resources including specialist/MDGPs and other essential health workers (Medical Officer, Anesthesia Assistant, Staff Nurse and BMET) in program implemented hospitals. In addition, it provides support for essential equipment and living support for staff.

CSSP is implemented in 3 different modalities with the same components- HR, Essential equipment, Living Support & Capacity development but level of support differs according to modality.

- CSSP - Hub: Provides multi-specialized health care services including major surgeries. It is currently implemented in 1 hospital.
- CSSP – Primary and Secondary ‘A ‘Hospitals: Provides quality health care services including emergency surgeries such as C-section, Appendectomy, Laparotomy, Hernia, Hydrocele etc. led by MDGP doctor in 37 hospitals.
- CSSP – Local Level Upgraded Primary Hospital: Provide quality health care services led by Medical Officers in 10 hospitals.

## Service Utilization of CSSP Hospitals



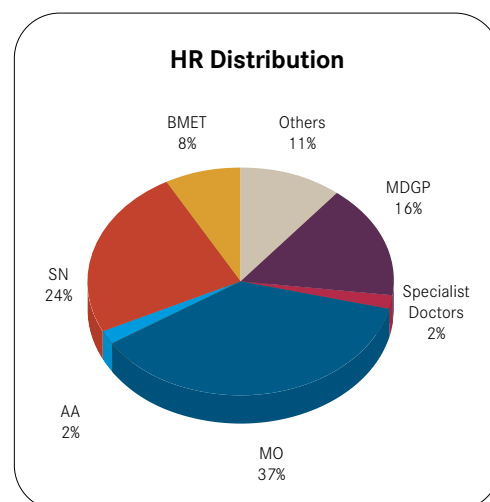
2021/2022

## Components of the CSSP

### i) Human Resource Support:

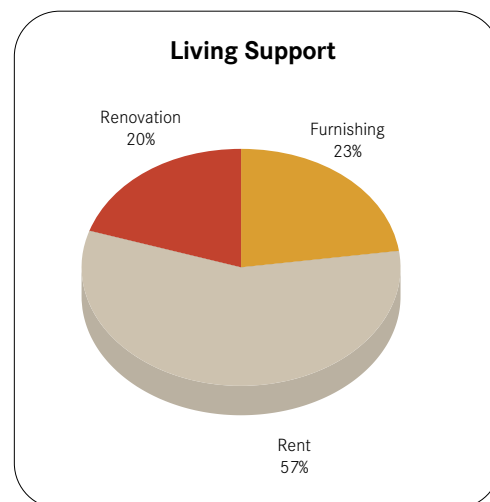
Human resource support is a major component of the program. Different cadres of human resources are recruited to fulfill the HR gaps of the hospitals, so that they can improve the quality in providing clinical services. They have been deployed in 3 ways – sanctioned post of government, direct contract by NSI and direct contract by hospital development committee.

This year a total of 289 clinical human resources were recruited and placed in different CSSP hospitals.



### ii) Living Support:

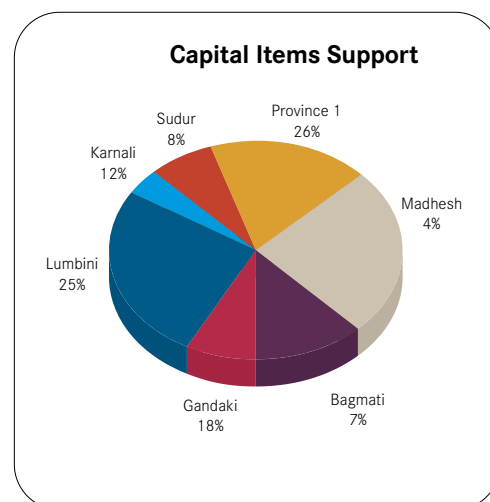
CSSP provides living support for clinical staff. Most of the government hospitals have been facing a shortage of quarters for doctors and other clinical staff. The program supports to uplift the living standards in three different ways – Renting Houses, Renovation, and Furnishing the quarters. In the 48 CSSP hospitals the program rented housing for 18 hospitals. Six received grants for quarter renovation and 25 hospitals received a standard furnishing package. NSI provided NPR. 8,295,237.35 for living support.



### iii. Essential Instrument (Capital Items) Support:

Every year, NSI provides essential equipment to the hospitals to address their equipment needs. The total amount of all supplies was equivalent to NPR 39,122,833.47.

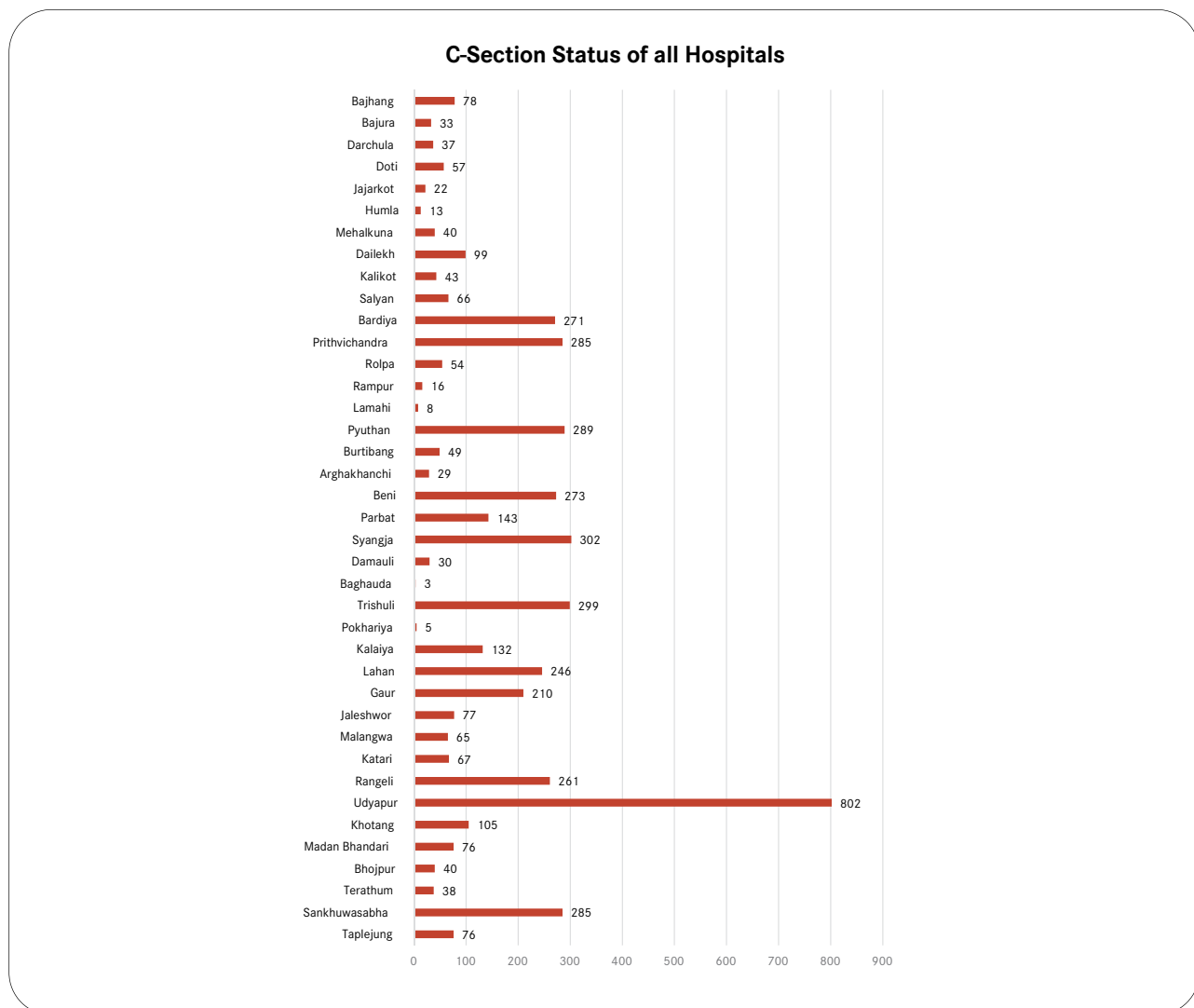
Province	Amount
Province 1	10,150,330.46
Madhesh	1,749,978.09
Bagmati	2,601,090.50
Gandaki	7,053,335.70
Province 5	9,778,794.45
Karnali	4,726,184.00
Sudurpachhim	3,063,120.27
Total	39,122,833.47



**iv. Capacity Building Activities:**

The program focuses on enhancing knowledge and skills of the clinical staff by providing different skill-based trainings and exposures to update the clinical staffs skills and knowledge. The table below shows province-wise training received by the hospitals.

Training/ Province	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudur	Total
ASBA	6	4	1	1	4	6	6	28
SBA	13	20	2	4	5	10	4	58
OTTM	10	7	1	2	4	4	4	32
MLP	12	5	3	0	7	9	9	45
Palliative				2	2			4
Cardiac	5		2	3	5	4	2	21
Ortho	1	3	1	1		1	1	8
Dialysis		2		2	2			6
Others		1			3			4





# A Rare Case Encounter in District Hospital Sankhuwasabha

A 69-years male presented with gradual shortness of breath and difficulty in walking, and not able to lie down for about 2-months. He had history of Hypertension and respiratory disease but was not under medication. He was a chronic smoker and had been consuming alcohol for a long period.



He was restless, and on general examination, his BP was 90/60, PR was 110/min and SpO2 was 95%. ECG showed to be of low voltage and a huge cardiomegaly was seen on X-ray.

Echocardiography showed a huge pericardial effusion, which was compressing the heart. Cardiac tamponade was diagnosed. As he did not want to be referred to another hospital, we planned to aspirate under local anesthesia with spinal needle.

After counselling, we were able to get consent for Pericardiocentesis. Aspiration with ECHO Probe under local anesthesia at surface Subxiphoid Approach. It was very difficult to know the correct position. After two or three attempts it was finally possible to penetrate in the Pericardium, thin red color fluid was aspirated.

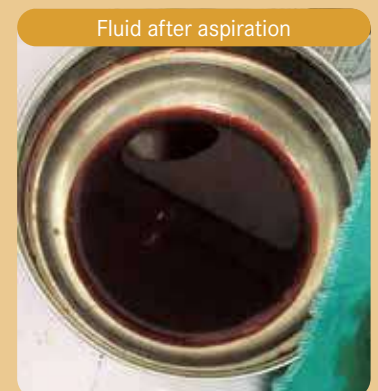
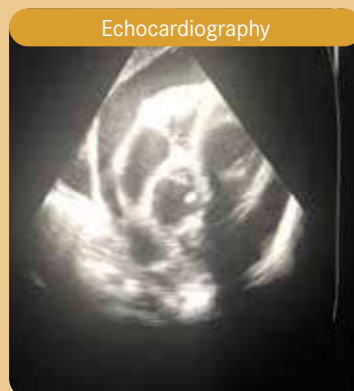
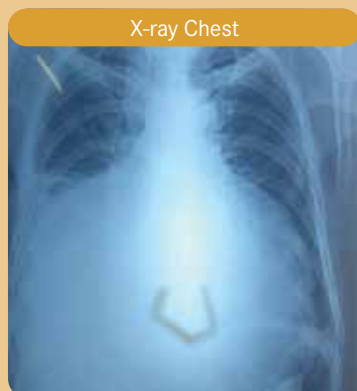
Initially I was scared whether I had punctured the vessels, but as it was done Ultrasound guided, I was confident it was in position. I tried again and 100ml of thin red colour fluid was aspirated which didn't clot. The patient felt better, and was stable.

Patient's family was convicted for further treatment as diagnosis was made. They were not willing to go to higher center but after counselling they were convinced and was referred to BPKIHS for further analysis and treatment.

Patient was referred to BPKIHS where it was planned for Pericardiocentesis and Pigtail insertion.

Patient was admitted and Pericardiocentesis was done, and about 400ml red color fluid was aspirated. Patient was better and could walk without being breathless and was stable.

Working at remote areas are a challenge, however immediate care and timely refer is essential.



# Hospital Strengthening Program (HSP)

In 2013, in partnership with the National Health Training Center, Hospital Management Training (HMT) was piloted in four hospitals. Its success led to NSI collaborating with the Ministry of Health and Population (MoHP) to launch the Hospital Management Strengthening Program (HMSP) in 2014 (FY 2071/72) at district level hospitals. After 4 years of implementing the program, its tool the Minimum Service Standard (MSS) was revised in 2018. At the same time the MSS tool was categories for 4 type of hospitals (Primary, Secondary A, Secondary B, Tertiary level Hospitals) and Health Post. The MSS tool has three sections namely, **Management & Governance, Clinical Services and Hospital Support Services.**

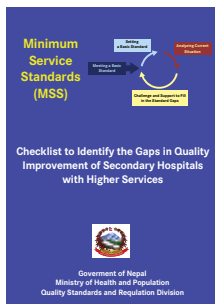
## Minimum Service Standard (MSS)



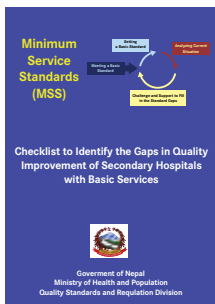
4 new MSS were developed for different levels of hospitals



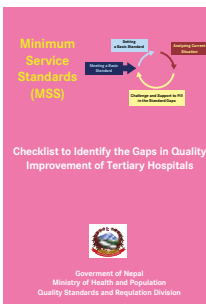
Health Post



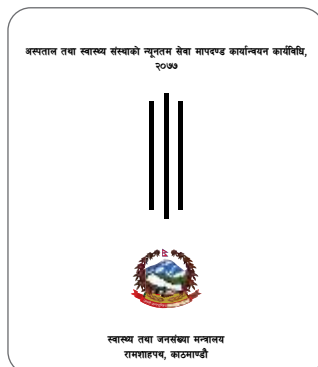
Secondary A Hospitals



Secondary B Hospitals



Tertiary Hospitals



## Components of HSP

### i. System Strengthening

- HR Support
- Capacity Building
- Tool Development Support

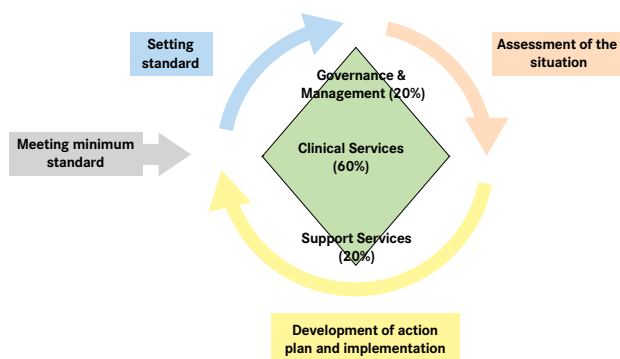
### ii. MSS Implementation

- Orientation and Workshop
- Hospital Assessments and Follow-up
- MSS Grant

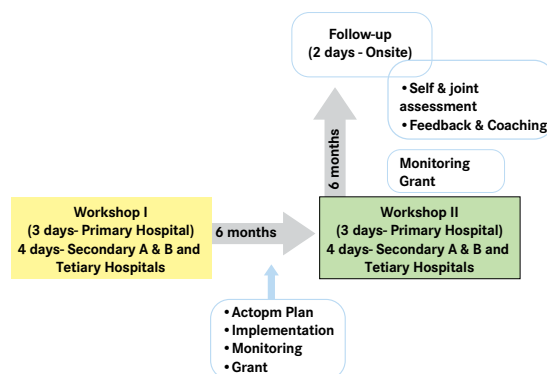
### Achievements

- 9 MSS units established MoHP, DoHS and seven provinces. Provided HR and orientation on MSS.
- Resource person orientation provided to 70 government officials.
- MSS orientation provided to 50 health insurance board staff and 35 nursing campus faculties of Bir hospital.
- Initiated the development of MSS tool for 4 specialized hospitals (Maternity, Pediatric, Psychiatric, and Infectious disease).
- Developed and handed over MSS tool software to MoHP.
- Translated MSS tools in Nepali for Primary and Secondary A level hospitals.
- 43 MSS events were conducted (2 Secondary A hospitals, 6 Secondary B hospitals, 14 upgraded primary hospitals, 21 local level primary hospitals).
- NSI grant provided to 30 hospitals.

### Implementation Framework of MSS



### Implementation Modality of MSS



## Research, Advocacy and Monitoring (RAM)

Research, Advocacy and Monitoring are an integral parts of NSI. The RAM conducts implementation research to generate evidence-based data to improve ongoing programs and suggest policy/system changes in Nepal's primary healthcare system. Operational and follow-up studies pertaining to the development of NSI programs are carried out as needed.

Advocacy and public communications were continued through stakeholders meeting, website and social media. Two Newsletters were published.

Monitoring and impact evaluations and assessments were conducted.



The M&E database system was revised and upgraded to allow for the collection of data from hospitals and training sites, produce reports for monitoring, analysis and evidence based advocacy. RAM also provided technical support to staff for their capacity development in research.



# Financial Details

## Summary of Expenses

Budget Heading	Federal	Province 1	Madhesh
<b>1. TRAINING</b>			
1.1 Program Coordination, Monitoring and Travel	15,397,203	156,524	88,965
1.2 Biomedical Equipment Technician (BMET)	15,596,876	-	-
1.3 Anesthesia Assistant Course (AAC)	7,708,119	112,000	-
1.4 Skilled Birth Attendant (SBA)	-	2,810,339	2,279,208
1.5 Advance Skilled Birth Attendant (ASBA)	4,715,001	-	-
1.6 Mid Level Practicum (MLP)	-	2,370,851	4,816,758
1.7 Continuing Professional Development - BLS video	-	-	-
1.8 Operation Theatre Management	2,794,673	-	-
1.9 Course Development	-	-	-
1.10 Short Course (ECCT, PEC, CTS, Safe Course)	5,507,131	-	-
1.11 Technical Support to NHTC and New Training sites (Hospitals)	1,986,085	-	-
1.12 Capacity Building of Province Health Training Center and Intitutional Support	-	392,184	2,054,671
1.13 Midwifery - PCL Course	3,555,849	-	-
<b>Training Total</b>	<b>57,260,937</b>	<b>5,841,898</b>	<b>9,239,602</b>
<b>2. CURATIVE SERVICE SUPPORT PROGRAM (CSSP)</b>			
2.1 CSSP-HUB (Multispeciality)	-	-	-
2.2 CSSP-Primary & Secondary Hospitals (MDGP)	23,139,840	43,282,279	22,079,994
2.3 CSSP-Local level upgraded Hospitals (MBBS)	-	-	-
2.4 Program Coordination, Monitoring and Travel	11,244,985	5,001,104	2,580,152
<b>CSSP Total</b>	<b>34,384,825</b>	<b>48,283,383</b>	<b>24,660,147</b>
<b>3. HOSPITAL STRENGTHENING PROGRAM (HSP)</b>			
3.1 MSS-System Strengthening	7,738,541	2,047,802	1,987,802
3.2 MSS- Program Implementation	-	284,313	807,350
3.3 MSS- Complementary Grant	-	-	-
3.4 Electronic Health Record	17,340,415	-	-
3.5 Program Coordination, Monitoring and Travel	5,894,506	354,070	250,099
<b>HSP Total</b>	<b>30,973,462</b>	<b>2,686,185</b>	<b>3,045,251</b>
<b>4. RESEARCH, ADVOCACY AND MONITORING (RAM)</b>			
4.1 Research and Studies Conduction	5,809,604	-	-
4.2 Database and Software	48,654	-	-
4.3 Dissemination/Conferences	514,681	-	-
4.4 Healthcare Workers Conference and NS Award	-	-	-
4.5 Publications (Brochure, Newsletter, etc.)	3,472,942	-	-
4.6 SWC Monitoring and Evaluation fee	-	-	-
4.7 SWC Evaluation Team expenses (DSA, Transport)	-	-	-
4.8 Social Audit	-	-	-
4.9 Monitoring visits	174,918	-	-
4.10 Data Management, Software and Equipment	1,951,793	-	-
<b>RAM Total</b>	<b>11,972,592</b>	-	-
<b>B. Administrative Expenses</b>			
1. HR Expenses (Salary, Dashain Bonus, Gratuity and Other Allowances)	43,608,709	-	-
2. Staff Development and Planning	2,041,110	-	-
3. Consultants (Legal, Audit and Other Consultants)	1,255,356	-	-
4. Insurance (Vehicle, Property and Medical)	3,498,766	-	-
5. Utilities (Telephone and Electricity)	1,115,263	-	-
6. Consumable (Household, Kitchen Supplies and Groceries)	1,980,321	-	-
7. Equipment and Office Expenses	10,212,779	-	-
8. AMC/Out Sourcing Services	4,965,338	-	-
<b>Total Administrative Expenses</b>	<b>68,677,644</b>	-	-
<b>Grand Total</b>	<b>203,269,460</b>	<b>56,811,466</b>	<b>36,944,999</b>

Bagmati	Gandaki	Lumbini	Karnali	Sudur Paschim	Local	Total
105,860	200,788	91,012	152,660	297,598	-	16,490,610
-	2,243,696	1,932,995	-	1,898,829	-	21,672,395
-	165,000	-	-	-	-	7,985,119
2,103,835	800,513	1,635,026	1,756,512	1,742,216	-	13,127,648
-	-	-	-	-	-	4,715,001
2,650,034	1,965,219	2,710,392	2,024,389	1,746,926	200,000	18,484,569
-	-	-	-	-	-	-
-	-	-	-	-	1,138,712	3,933,385
-	-	-	-	-	-	-
4,451,910	1,189,164	-	-	-	-	11,148,204
-	-	-	-	-	-	1,986,085
392,184	-	-	-	-	7,060,000	9,899,039
-	-	-	-	-	-	3,555,849
<b>9,703,822</b>	<b>6,564,380</b>	<b>6,369,425</b>	<b>3,933,561</b>	<b>5,685,569</b>	<b>8,398,712</b>	<b>112,997,905</b>
-	-	41,185,887	-	-	-	41,185,887
9,153,978	19,581,172	25,640,177	31,342,056	20,981,867	-	195,201,363
-	-	1,314,754	-	-	25,090,270	26,405,024
3,824,897	4,398,099	1,893,319	2,401,100	2,123,112	139,216	33,605,985
<b>12,978,875</b>	<b>23,979,271</b>	<b>70,034,137</b>	<b>33,743,155</b>	<b>23,104,979</b>	<b>25,229,486</b>	<b>296,398,259</b>
2,048,047	1,549,631	2,118,923	1,926,955	1,764,740	-	21,182,441
440,237	813,258	1,496,463	897,156	444,584	694,783	5,878,145
-	-	-	-	-	12,001,715	12,001,715
-	-	-	-	-	-	17,340,415
128,139	507,034	1,151,124	296,550	541,425	205,876	9,328,823
<b>2,616,423</b>	<b>2,869,923</b>	<b>4,766,510</b>	<b>3,120,661</b>	<b>2,750,749</b>	<b>12,902,374</b>	<b>65,731,539</b>
-	-	-	-	-	-	5,809,604
-	-	-	-	-	-	48,654
-	-	-	-	-	-	514,681
-	-	-	-	-	-	-
-	-	-	-	-	-	3,472,942
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	174,918
-	-	-	-	-	-	1,951,793
-	-	-	-	-	-	<b>11,972,592</b>
-	-	-	-	-	-	43,608,709
-	-	-	-	-	-	2,041,110
-	-	-	-	-	-	1,255,356
-	-	-	-	-	-	3,498,766
-	-	-	-	-	-	1,115,263
-	-	-	-	-	-	1,980,321
-	-	-	-	-	-	10,212,779
-	-	-	-	-	-	4,965,338
-	-	-	-	-	-	<b>68,677,644</b>
<b>25,299,120</b>	<b>33,413,574</b>	<b>81,170,073</b>	<b>40,797,378</b>	<b>31,541,297</b>	<b>46,530,572</b>	<b>555,777,939</b>

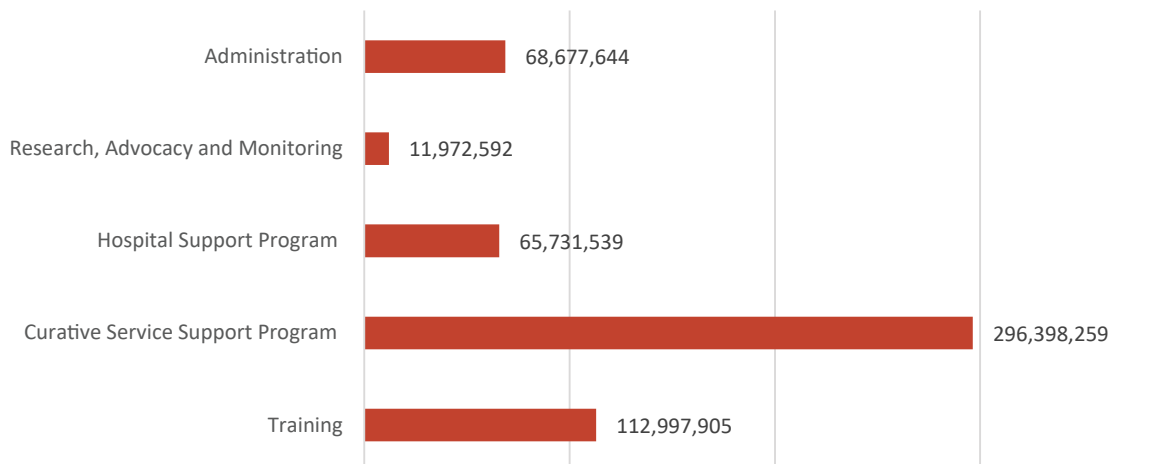
## Summary of Program Expenses

	Federal	Province 1	Madhesh
Training	57,260,937	5,841,898	9,239,602
Curative Service Support Program	34,384,825	48,283,383	24,660,147
Hospital Strengthening Program	30,973,462	2,686,185	3,045,251
Research, Advocacy and Monitoring	11,972,592	-	-

### Total Expense Summary

	Total
<b>Training</b>	112,997,905
<b>Curative Service Support Program</b>	296,398,259
<b>Hospital Support Program</b>	65,731,539
<b>Research, Advocacy and Monitoring</b>	11,972,592
<b>Administration</b>	68,677,644

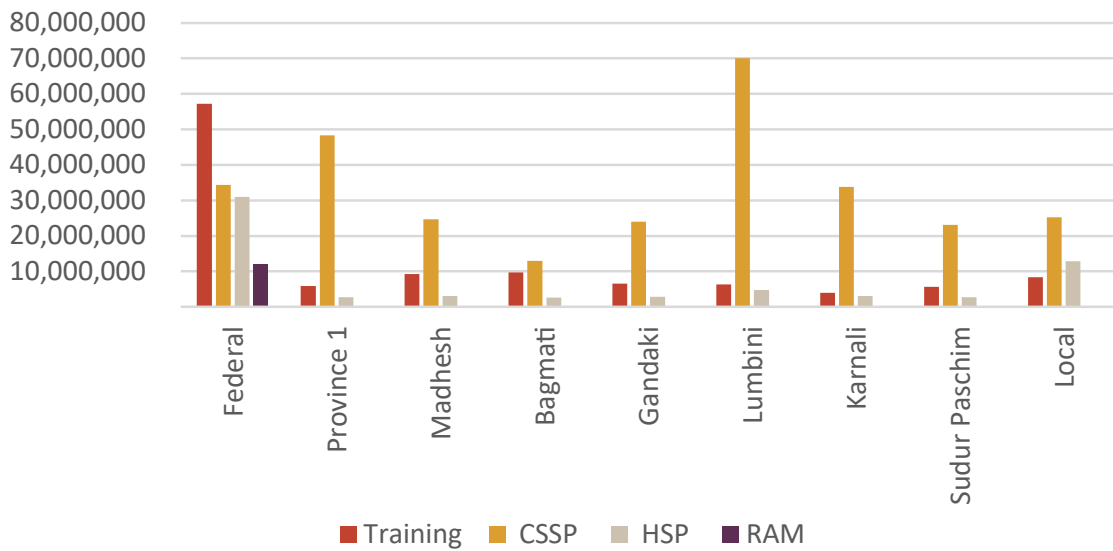
### Total Expense Summary



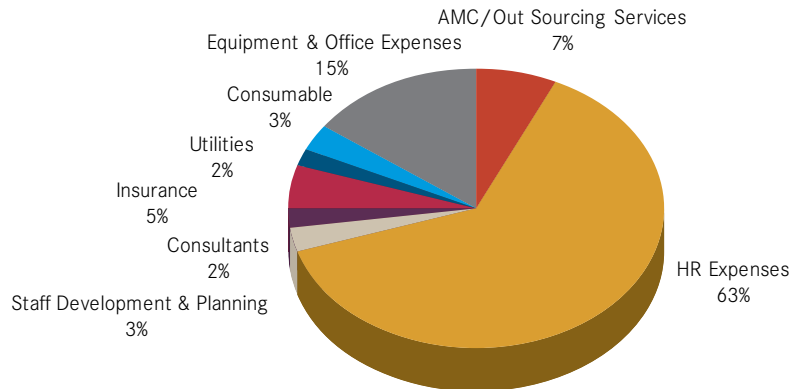


Bagmati	Gandaki	Lumbini	Karnali	Sudur Paschim	Local	Total
9,703,822	6,564,380	6,369,425	3,933,561	5,685,569	8,398,712	112,997,905
12,978,875	23,979,271	70,034,137	33,743,155	23,104,979	25,229,486	296,398,259
2,616,423	2,869,923	4,766,510	3,120,661	2,750,749	12,902,374	65,731,539
-	-	-	-	-	-	11,972,592

### Program Expense Summary



### Administrative Expense Summary



# NSI Staff



**Abhaya Raj Pradhan**  
Sr. Finance Officer  
Since 2006



**Aiesta Shahi**  
HSP Officer  
Since 2019



**Anil Shrestha**  
Executive Director  
Since 2016

**Ashish Chauhan**  
BMET Deputy  
Team Leader  
Since 2010



**Bal Sunder Chansi Shrestha**  
HSP Sr.  
Coordinator  
Since 2012



**Bhumika Shakya**  
Cook  
Since 2009



**Bikash Shrestha**  
Deputy Director  
Since 2006



**Bimal Chandra Pun**  
HSP Officer  
Since 2017



**Deepa Chitrakar**  
M&E Officer  
Since 2008

**Hari Bhakta Kayastha**  
Driver/Messenger  
Since 2006



**Indra Rai**  
Training Manager  
Since 2006



**Janardan Pathak**  
HSP Officer  
Since 2017



**Jonu Pakhrin**  
Training/FEP  
Officer  
Since 2017



**Kashim Shah**  
Sr Program  
Manager  
Since 2014



**Madhav Bhusal**  
MLP Training  
Coordinator  
Since 2010

**Meena Dulal**  
Housekeeping  
Since 2006



**Mukti Ghimire**  
Security  
Since 2006



**Naba Raj Shrestha**  
Administrative  
Coordinator  
Since 2006



**Palin Subba**  
Admin/Finance  
Officer  
Since 2007



**Rabina Shakya**  
HSP Administrative  
Coordinator  
Since 2006



**Ram Kumari  
Lama**  
HSP Officer  
Since 2018



**Rita Pokhrel**  
HSP  
Sr. Coordinator  
Since 2008



**Rita Thapa**  
Research Officer  
Since 2012



**Rukesh Shrestha**  
Driver  
Since 2012



**Rupesh  
Maharjan**  
HSP Admin. Officer  
Since 2014



**Sagar Singh**  
BMET Instructor  
Since 2020



**Sajani Shakya**  
Office Admin  
Officer  
Since 2015



**Salomi Poudel**  
BMET Instructor  
Since 2015



**Subin Man Joshi**  
Finance Officer  
Since 2014



**Sumati Shakya**  
Training  
Administrator  
Since 2008



**Suraj Shrestha**  
HSP Officer  
Since 2019



**Suresh K.  
Shrestha**  
BMET Team  
Leader  
Since 2007



**Suresh Tamang**  
Sr. Research  
Coordinator  
Since 2019



**Sushil Basnet**  
HSP Officer  
Since 2019



**Susma Lama**  
HSP Officer  
Since 2016



**Taramuni Shakya**  
Admin. Manager  
Since 2006



**Tej Bahadur  
Shrestha**  
Housekeeping  
Since 2010



Note: The names are on alphabetical order.



**Nick Simons Institute**

P.O.Box 8975, EPC 1813 Sanepa, Lalitpur, Nepal

Phone: 977-1-5451978, 5420322, 5450318

Email: [nsi@nsi.edu.np](mailto:nsi@nsi.edu.np)

[www.nsi.edu.np](http://www.nsi.edu.np)

