



ENHANCING RURAL HEALTHCARE

# Annual Report 2080-81 (2023-24)

# Executive Committee



**Bhekh B Thapa**  
Chairman Emeritus



**Vidyadhar Mallik**  
Chairperson



**Buddha Basnyat**  
Vice-Chairperson



**Mahendra Prasad  
Shrestha**  
Treasurer



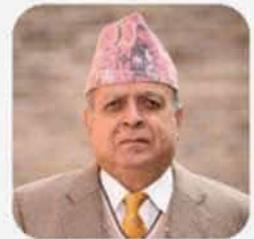
**Sheela Verma**  
Secretary



**Kunda Dixit**  
Member



**Siddhartha Rana**  
Member



**Baburam Marasini**  
Member



**Reeta Gurung**  
Member



**Late Pravin Mishra\***  
Member \*passed away on 11 Chaitra 2080



## 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 Values

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





## Message from the Executive Director

As I look back at the last fiscal year I am filled with pride and admiration at my colleagues' resilience, tenacity, and hard work. We rallied together to keep doing the work we do best, and I am incredibly proud of the work our team is doing to support and strengthen the healthcare system in partnership with the Government of Nepal.

This marks the end of year Three of the "Rural Hospital Strengthening Program", and this year has proved to be worthwhile and has set several landmarks for further endeavours towards our mission. We have invested time and resources in strengthening hospitals to be able to manage life-threatening surgical and medical emergencies. The number of major surgeries other than C-sections like appendectomy, laparotomy, hydrocele, and orthopaedics surgeries to name a few have increased significantly in government hospitals where the Curative Service Support Program has been implemented. Our work on establishing and implementing Minimum Services Standards has been continuing and we believe this is an important step to address quality at health facilities. We have also worked on strengthening various training sites, facilitated numerous training courses, and accredited a few sites with the support of the government of Nepal. This year we were successful in training 980 different cadres for various clinical trainings. We were able to accomplish the development of the Mid-Level Practicum (MLP) training site at Trishuli Hospital and Operation Theatre Technique and Management (OTTM) training site at Province Hospital Surkhet. Our approaches have shown commendable impact and outcomes where they have been deployed to date. Despite some challenges, we have been able to establish Provincial Biomedical Management Units at Koshi and Bagmati Province which leaves only Madhesh Pradesh which we will be working on this year. Along with this, the Biomedical Equipment Management Information System (BEMIS) was developed and piloted at Sudurpashchim Province. We believe this will help to support the Provincial government in taking stock of the condition of their equipment.

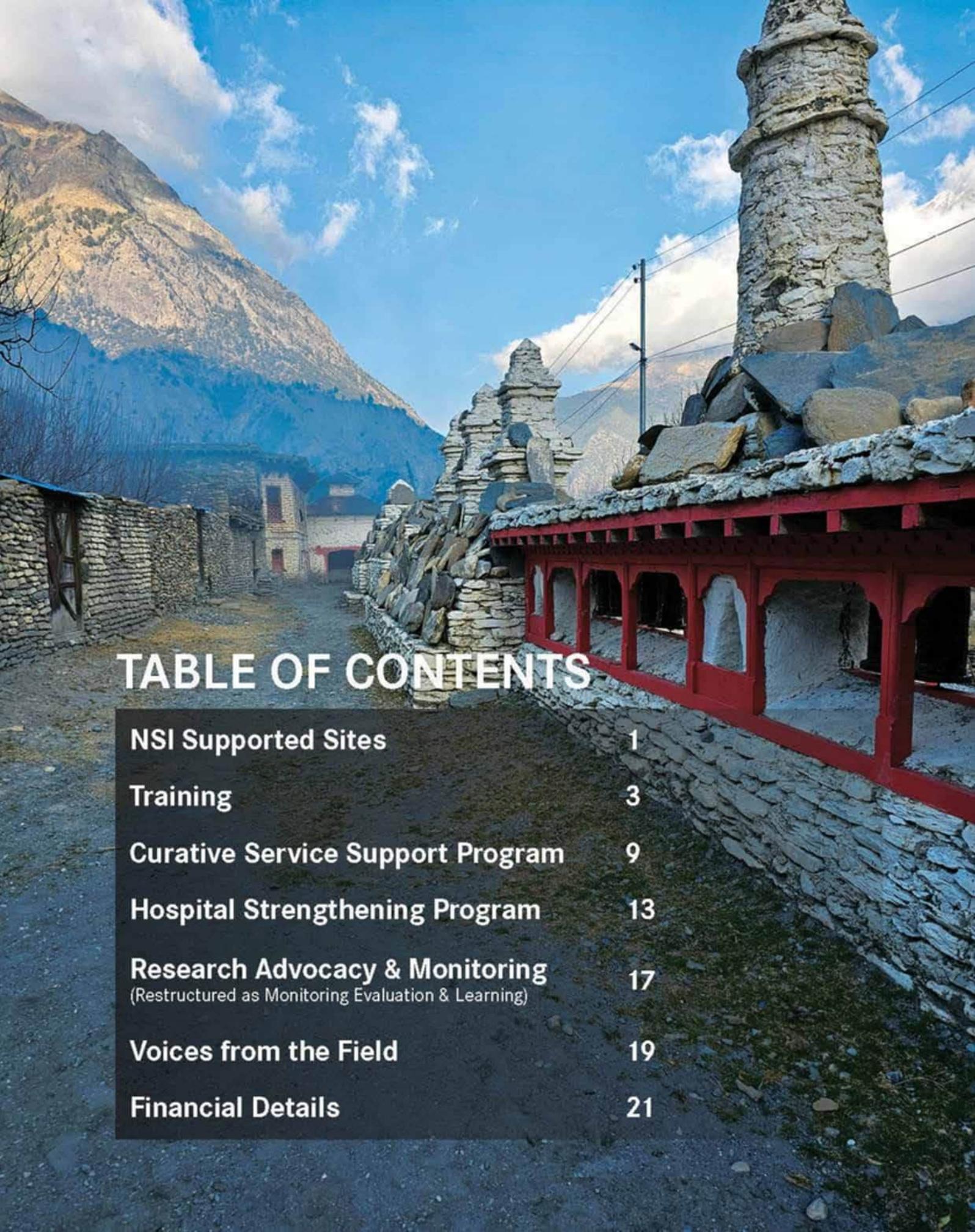
It is a matter of pleasure that we were honoured to receive the Sasakawa Health Prize at the World Health Assembly 77 in May 2023; we have utilized the prize money on helping to establish and strengthen Special newborn Care Units at 4 hospitals in Lumbini Province and train 60 doctors and nurses on the clinical management protocol. As newborn care is a priority of the Ministry of Health and Population, we plan to take this forward in the coming year in terms of strengthening more hospitals and training of cadres. The onsite midwife-led birthing unit at Bharatpur Hospital is running smoothly, our support will continue till the end of this current project.

The Mid-term evaluation was conducted by the Social Welfare Council in the anticipated timeline. We were able to undertake and complete an important study on the "Performance of the Curative Service Support Program of the Nick Simons Institute- An economic evaluation."

We believe that health system strengthening remains incomplete without strengthening curative health and our advocacy continues in this accord. We must be prepared for new challenges, as well as the need to calibrate, adapt and innovate. Throughout this year we saw improved results, however, there is more work to be done. We are working closely with all three levels of the government to identify and implement strategies to improve quality health care.

I express my deepest gratitude to our team at the Nick Simons Foundation, our chairperson, the members of the Executive Committee board and the Government of Nepal who have given their time and support to the work we do and allowing us to move forward together to fulfil our deep commitment.

**Dr. Archana Amatya**  
Executive Director



# TABLE OF CONTENTS

<b>NSI Supported Sites</b>	<b>1</b>
<b>Training</b>	<b>3</b>
<b>Curative Service Support Program</b>	<b>9</b>
<b>Hospital Strengthening Program</b>	<b>13</b>
<b>Research Advocacy &amp; Monitoring</b> (Restructured as Monitoring Evaluation & Learning)	<b>17</b>
<b>Voices from the Field</b>	<b>19</b>
<b>Financial Details</b>	<b>21</b>

# An Overview of NSI

Nick Simons Institute, 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 "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 and strengthened 20 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 Hospital Strengthening Program is being implemented in 133 different level hospitals. Research Advocacy and Monitoring work targets changes in government policy including incorporation of NSI's programs.



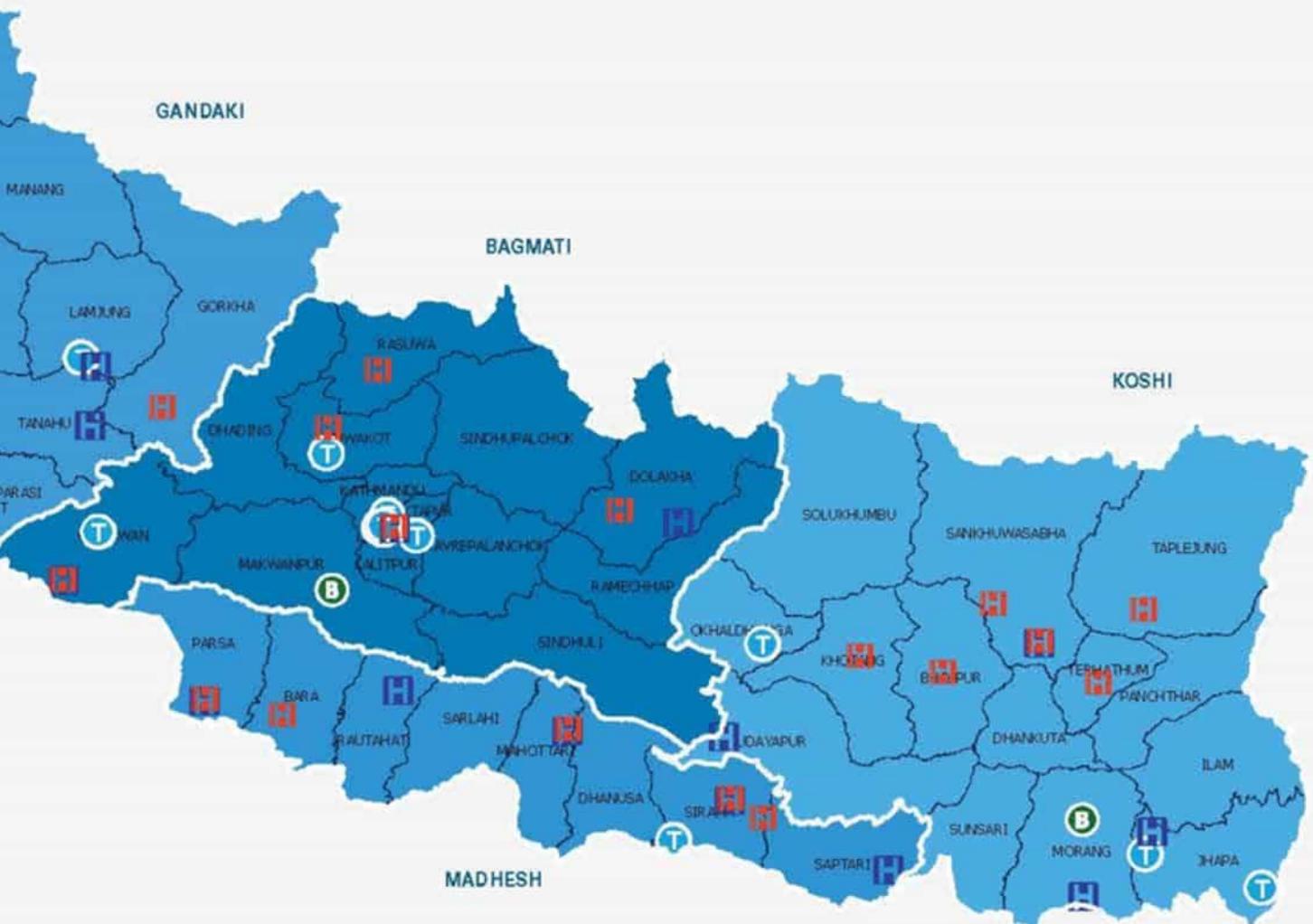
# Major Highlights of 2080-81 (2023-24)

1. Provincial Biomedical Management Units established at Koshi and Bagmati Provinces.
2. Biomedical Equipment Management Information System (BEMIS) developed and piloted in Sudurpashchim Province.
3. Onsite Midwife/SBA-led birthing unit at Bharatpur Hospital established.
4. Development of Mid-Level Practicum (MLP) training site at Trishuli Hospital.
5. Operation Theatre Technique and Management (OTTM) training site at Province Hospital Surkhet initiated.
6. District Hospital Baitadi an NSI supported site received the Best Hospital Award among Primary hospitals of Sudurpashchim province in the National MSS review. Similarly, Bardibas hospital received the Best Primary Hospital award of Madesh province in the provincial MSS review.
7. Darbang PHC upgraded to a 5-bed Basic Hospital, and inpatient service initiated.
8. BMET workshops established at District Hospitals Kalaiya, Lahan, Dullu and Jajarkot.
9. Special Newborn Care Unit (SNCU) services started in Bardibas, Lahan, Pokhariya and Kalaiya hospitals.
10. Laparoscopic surgeries started in Gorkha and Trishuli CSSP- hub hospital.
11. Ophthalmic services have expanded to and now provide surgeries at Trishuli hospital.
12. Surgeries such as appendectomy, laparotomy, hydrocele, orthopedic have increased at CSSP sites.
13. Dental services started at Madi Nagar hospital, Sankhuwasabha, and X-ray service in Nayanpur hospital, Siraha.

# NSI Supported Sites



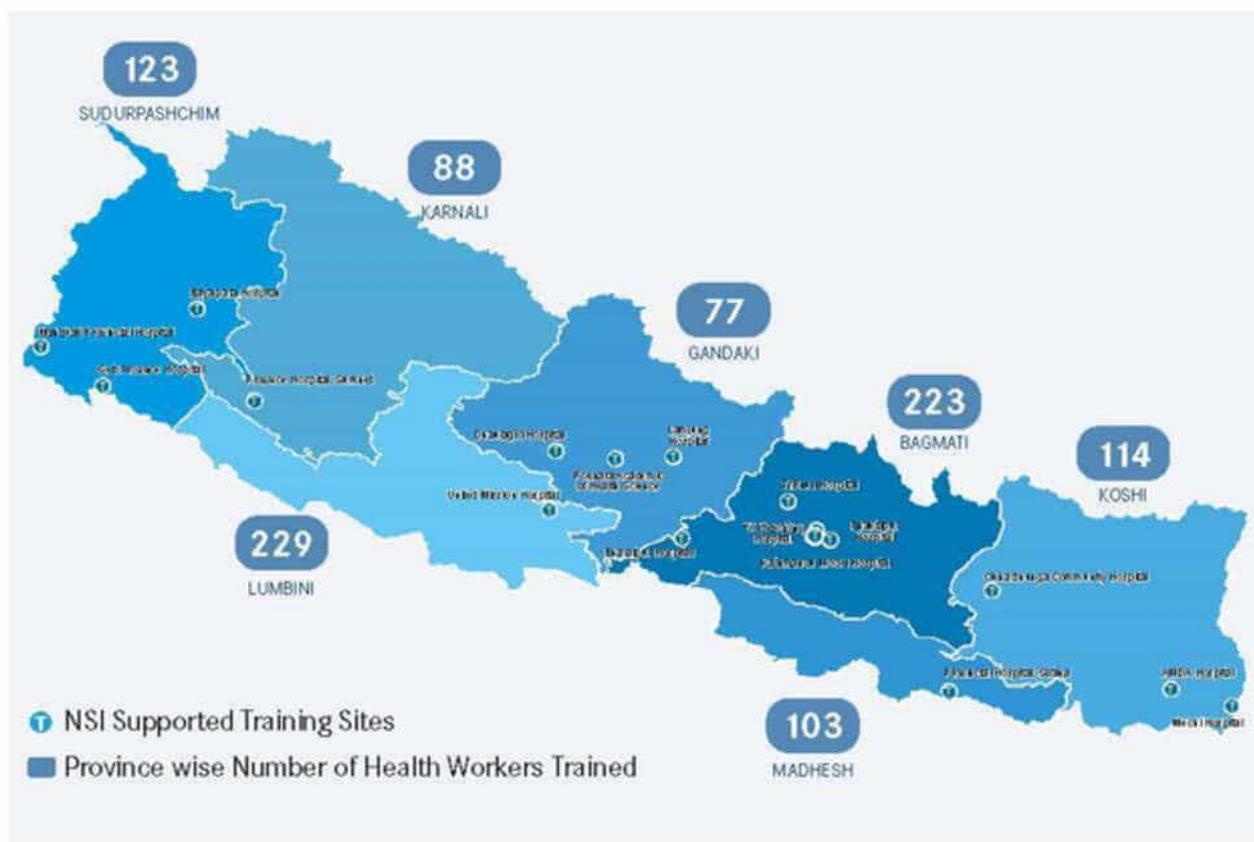
- Hospital Support Program (HSP) Sites (29)
- Curative Service Support Program (CSSP) Sites (40)
- Ⓣ Training Centers (20)
- Ⓟ Provincial Biomedical Unit (6)



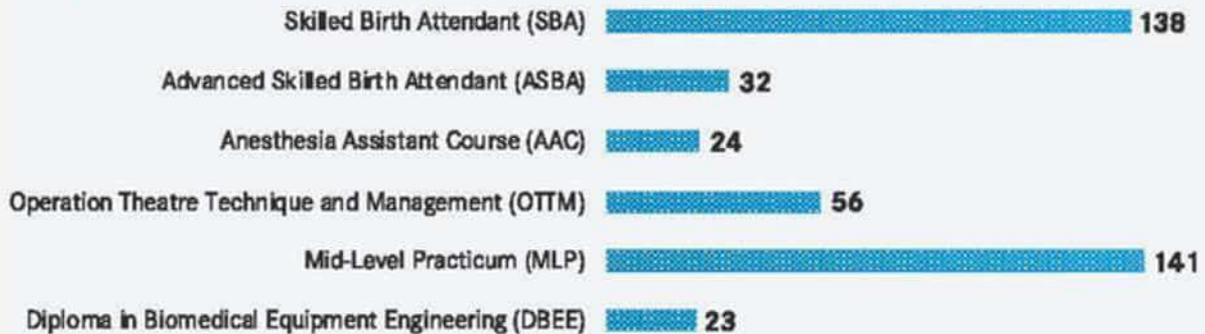
# Training

NSI supports skills based clinical trainings and non-clinical trainings to improve the competency of healthcare workers by enhancing their knowledge in coordination with National Health Training Center (NHTC) and Provincial Health Training Centers (PHTC). Through a network of partner hospitals and training sites, NSI ensures the quality of the trainings through trainers' development, curriculum update and development, accreditation and standardization of trainings sites.

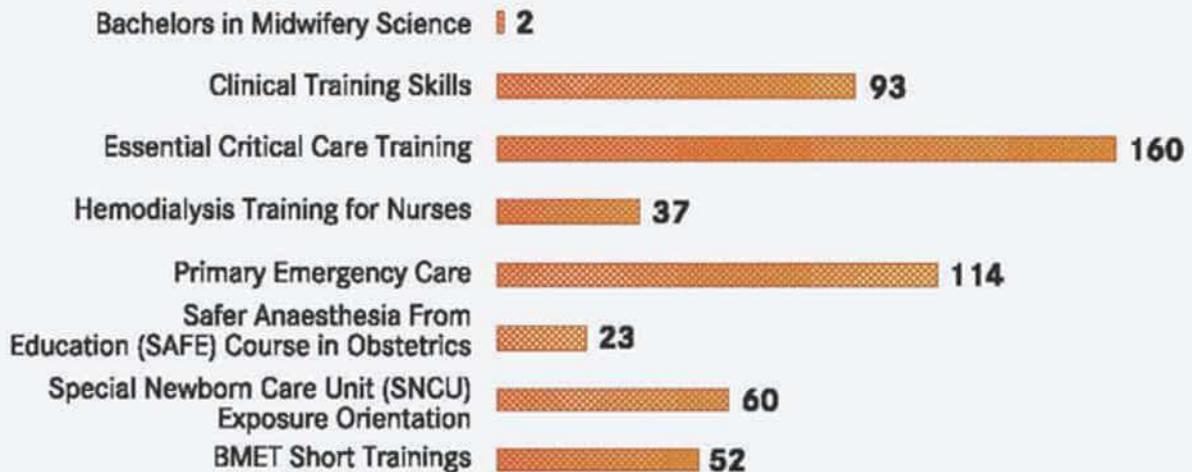
The clinical trainings are AAC, OTTM, ASBA, SBA, MLP, PEC, ECCT, Hemodialysis Training, non-clinical trainings are User maintenance of BMET Lab, User maintenance of BMET X-ray, User maintenance of cold chain, BMET refresher training and Hemodialysis equipment maintenance training and CTEVT affiliated DBEE program. These trainings are being implemented through 20 training sites across all 7 Provinces and the number of trained workers are as below.



### Long Term Trainings



### Short Term Trainings



### BMET Short Trainings

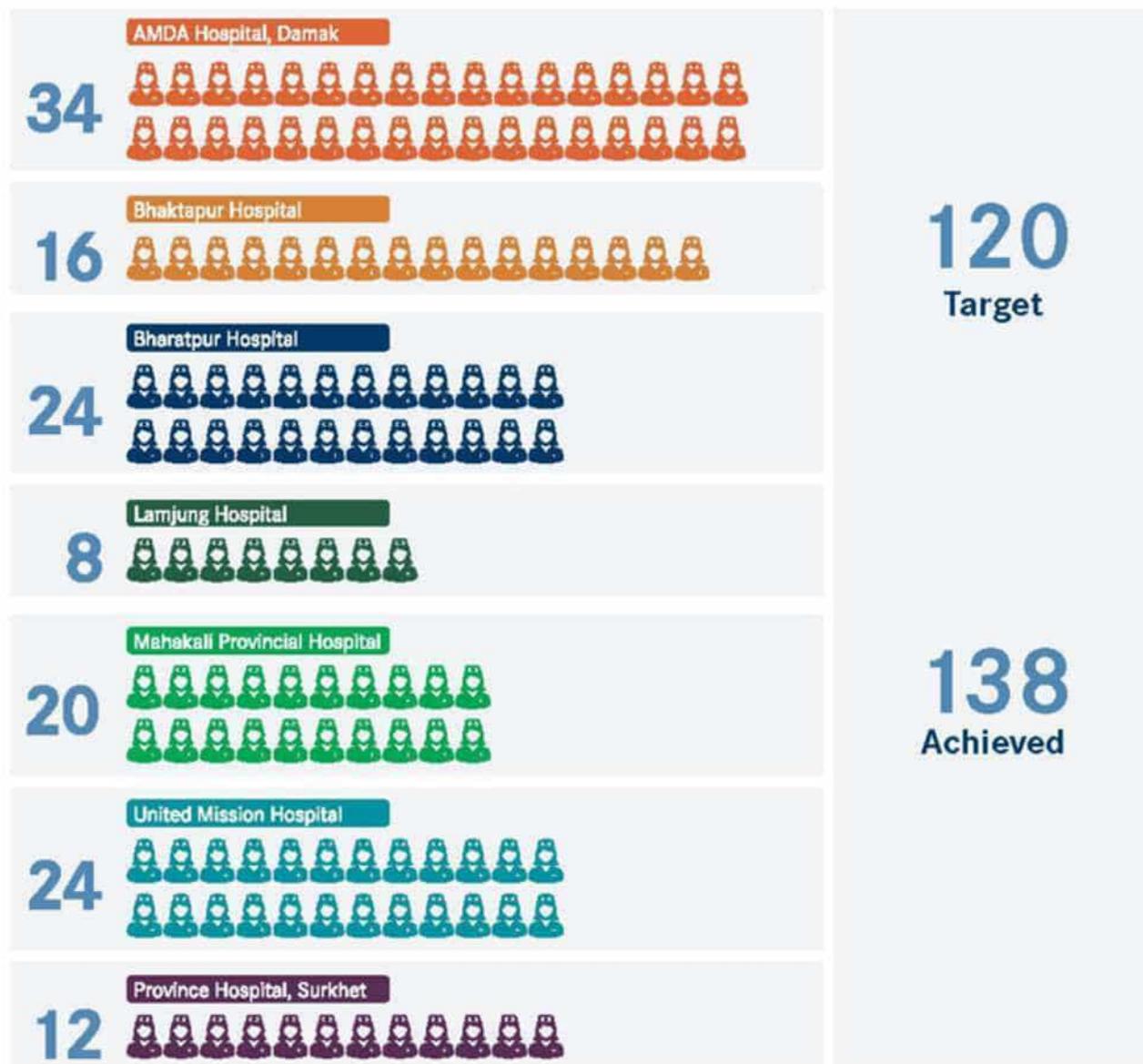


### Clinical Orientations



## 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. This year a total of 138 nurses received SBA training at various NSI supported training sites.



## Advanced Skilled Birth Attendant (ASBA)

This is a 70-day course designed to train Medical Officers to conduct normal delivery, cesarean section including management of obstetric complications and blood transfusion services. This year, 32 Medical Officers received training from Bharatpur Hospital, Paropakar Maternity and Women's Hospital and Province Hospital Surkhet. NSI supported the training site accreditation of Province Hospital Surkhet for ASBA training.

### Anesthesia Assistant Course (AAC)

AAC is a one-year course under the National Academic of Medical Sciences (NAMS). The 11th batch of 24 students enrolled and were trained at Bir Hospital, Model Hospital, Paropakar Maternity and Women's Hospital, Bharatpur Hospital, AMDA Damak Hospital, Pokhara Academy of Health Sciences, and Tansen Mission Hospital.

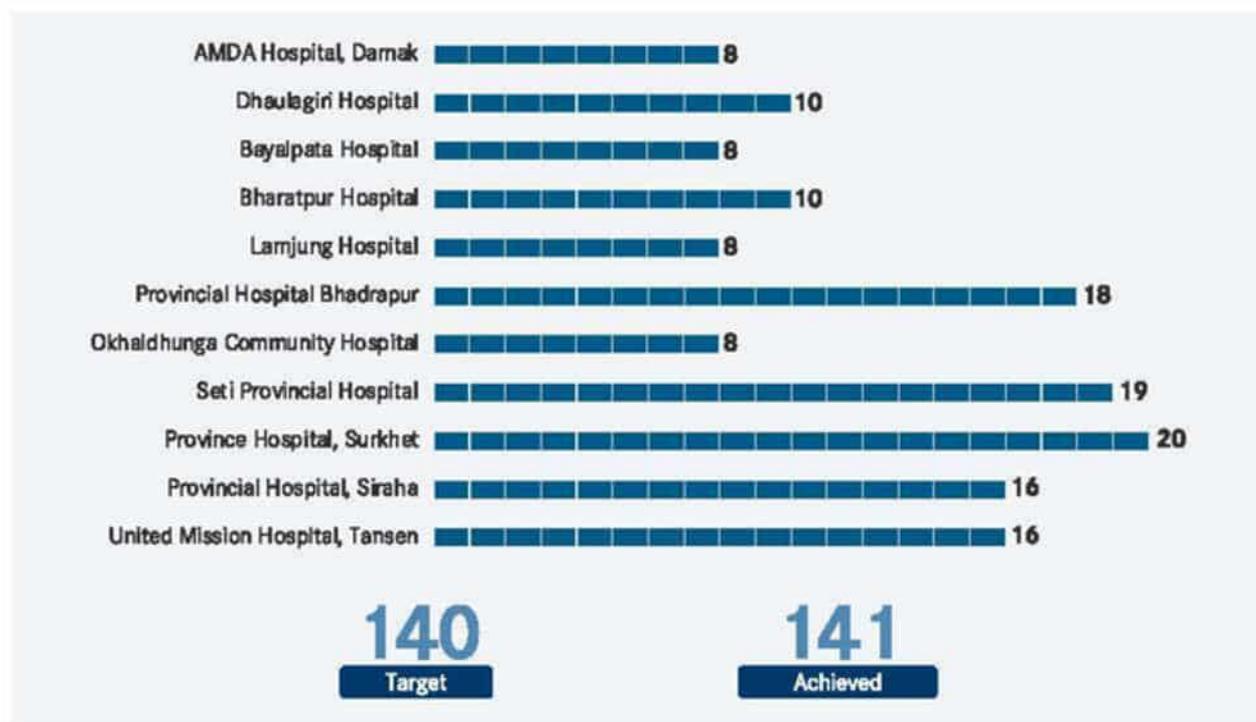
### Operation Theatre Technique and Management (OTTM)

The OTTM is 42-day long course designed to enhance the skills of nurses in Operation Theatre Technique 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 staffs and emergency preparedness in OT. This year, a total of 56 nurses received training from Bharatpur Hospital, AMDA Hospital and Tribhuvan University Teaching Hospital. A new training site for OTTM training was developed at Province Hospital Surkhet. The number of participants are as follows.



## 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 Auxillary Health Workers) and enables them to provide basic health care services. This year, a total of 141 mid-level healthcare workers were trained at 11 training sites. In addition, the MLP curriculum was revised to incorporate Basic Life Support Package for Essential Non-communicable diseases (PEN), Infection Prevention and Control (IPC), SHP/SBA module 2. The top 20 problems have been revised and made consistent with standard treatment protocol for Basic Health Services. A new training site for MLP training was developed at Trishuli Hospital.



## Diploma in Biomedical 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 Center, Teku. This year, the 8th batch of 23 DBEE students graduated. The 9th and 10th batch of DBEE program are running comprising of 23 and 24 participants respectively. Likewise, the short courses namely BMET refresher, User Maintenance of BMET lab, X-Ray, Cold Chain and Hemodialysis Equipment Maintenance were conducted where total of 52 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. Knowledge and skills developed through this course will enable the participants to provide essential critical care to critically ill patients. This training is being conducted at NAMS Bir Hospital, Pokhara Academy of Health Sciences and Bharatpur Hospital. This year the training was provided to 160 health workers.

### **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. 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 114 health workers were trained in PEC.

### **Other Trainings:**

NSI supports other trainings like Clinical Training Skills to develop trainers, SAFE anesthesia courses for AAs and anesthesiologists, clinical orientation on orthopedics, NCD/ Cardiac Conclave for doctors, Rural Doctor Training in Palliative Care, SNCU orientation and Hemodialysis training for nurses.

### **Provincial Biomedical Management Unit (PBMU)**

NSI has supported the establishment and operations of 4 provincial biomedical management units at Sudurpashchim Province, Gandaki Province, Lumbini Province and Karnali Province respectively. This year NSI supported the establishment of provincial biomedical management units in Bagmati Province and Koshi Province. In addition to technical support NSI provides human resource, one biomedical equipment technician in each PMBU. NSI also supported the establishment of BMET lab setup at 6 hospitals namely Rolpa Hospital, Bardibas Hospital, Lahan Hospital, Dullu Hospital, Jajarkot Hospital and Kalaiya Hospital.

NSI developed Biomedical Equipment Management Information System (BEMIS) software in collaboration with Sudurpashchim Provincial Health Directorate and piloted in the same province.

### **Midwifery Program**

NSI supported the establishment of onsite SBA/Midwife-led birthing unit at Bharatpur Hospital and provided two midwives. NSI supported the assessment of Proficiency Certificate Level midwifery school in Gandaki Province and shared the findings with the province government.

# Curative Service Support Program (CSSP)

The CSSP aims to assist government hospitals to increase the effectiveness of surgical and clinical services. This program has been implemented in 40 government hospitals across the country. The government has categorized these 40 hospitals as Primary, Secondary 'A' and Local Level Upgraded Primary hospitals (PHC and HP). NSI has grouped these hospitals in 3 groups according to the services they provide and who they are led by. The groups are namely CSSP Hub, CSSP Primary & Secondary A and CSSP Local Level Upgraded hospitals.



## Human Resources Support

A total of 283 consultant doctors, medical officers, nurses, hospital managers and paramedics were supported at 40 CSSP hospitals through the Hospital Development Committee.



## Living Support

NSI's approach to address this challenge is to assist the government by increasing the government's housing capacity of its HR by renting additional space, renovating living quarters and furnishing it. The total amount of the Living Support was NPR 18,064,550.00.

## Essential Equipment Support

NSI provides essential equipment to help in proper functioning of CSSP hospitals based on their need. This year NSI provided equipment worth of NPR. 22,919,190.03 distributed in all seven provinces.



## Capacity Development

CSSP provides various clinical trainings to doctors, nurses and other health cadres serving in remote hospitals to enhance their knowledge and skills on relevant and essential subjects.

## Continue Medical Education (CME)

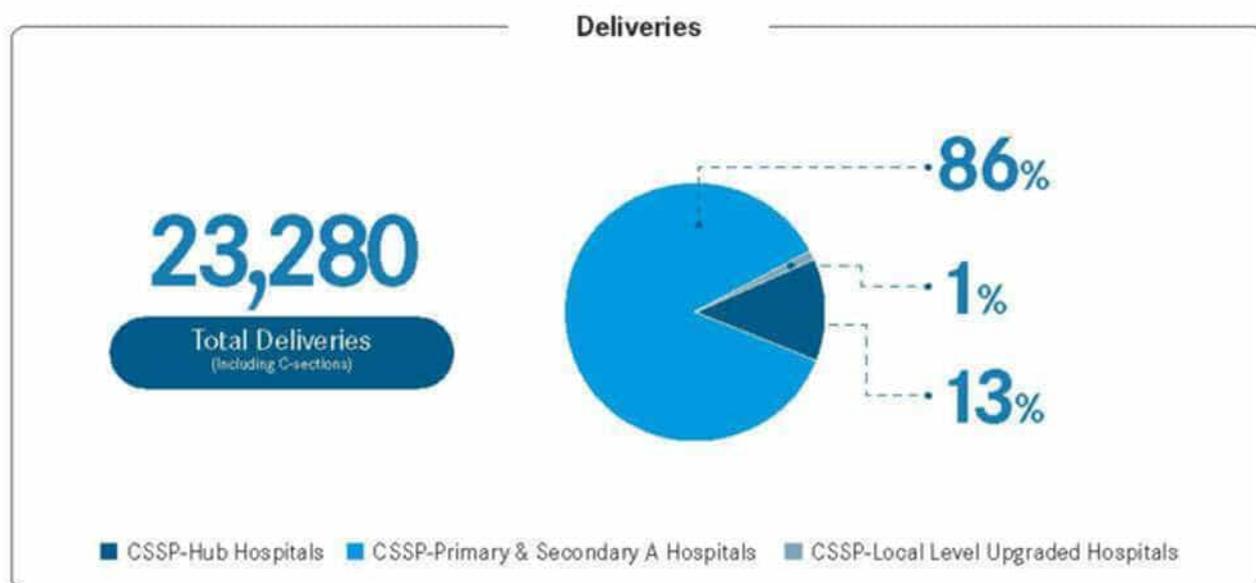
To update the skills and medical knowledge of the healthcare workers at the 40 CSSP hospitals, NSI encourages the hospitals to conduct weekly CME and sets a target of 40 CMEs each hospital for the year.

## Key Service Utilizations

In this program key service utilizations refer to emergency, outpatient, inpatient, maternity including C-section operations and other major surgical services conducted in the hospitals. A total of 14,90,199 patients received services in 40 CSSP implementing government hospitals. Out of that CSSP hub hospitals provided services to 243,652 (16%) of the total patients while 12,09,471 (81%) patients were in CSSP- Primary and Secondary A hospital. Similarly, 37,076 (3%) patients were provided services at CSSP local level upgradation primary hospitals. Among them 64,075 (4%) patients required hospitalization.

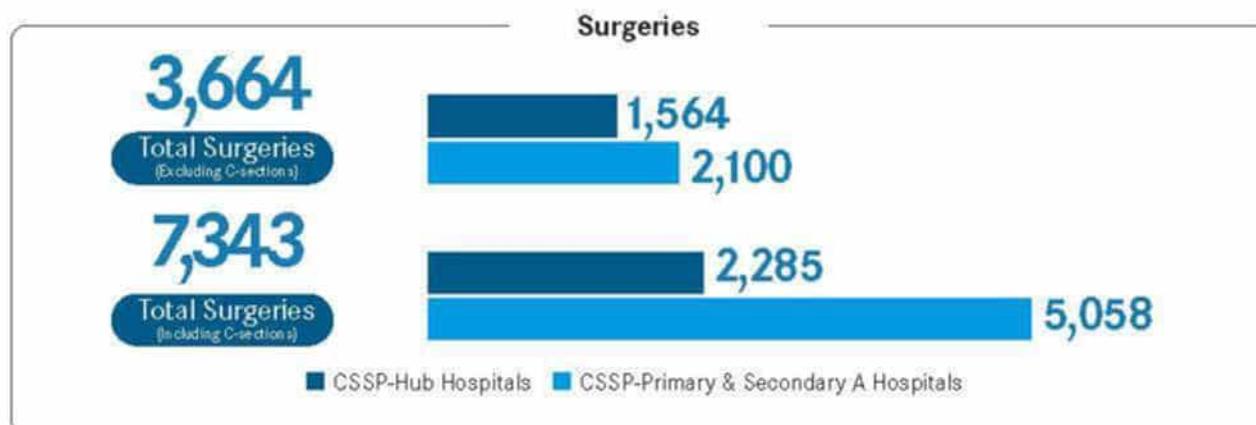
## Deliveries

The total number of deliveries in the rural government hospital is one of key indicators of service utilization. In the 40 CSSP of the implementing government hospitals, the total number of reported deliveries was 23,280 and out of these 3,679 (15.8%) required C-section for childbirth.



## Surgeries

Out of 40 hospitals, 35 hospitals have surgery facilities. The total number of surgeries performed at these 35 hospitals was 7,343 and half of them were major surgeries other than C-sections (3,664). This shows that rural hospitals are gradually becoming capable of performing other types of major surgeries as well.



Status of Key Service Utilizations				
Utilization Indicators	Total	CSSP- Hub Hospitals (3)	CSSP- Primary & Sec. A Hospitals (32)	CSSP-Local Level Upgraded Hospitals (5)
<b>Total patients examined</b>	<b>14,90,199</b>	<b>2,43,652</b>	<b>12,09,471</b>	<b>37,076</b>
Emergency	2,41,151	33,850	2,05,421	1,880
OPD	12,49,048	2,09,802	10,04,050	35,196
<b>Admission</b>	<b>64,075</b>	<b>9,946</b>	<b>53,594</b>	<b>535</b>
<b>Total Deliveries including C-sections</b>	<b>23,280</b>	<b>2,984</b>	<b>20,035</b>	<b>261</b>
<b>C-Sections</b>	<b>3,679</b>	<b>721</b>	<b>2,958</b>	<b>0</b>
<b>Total Surgeries including C-sections</b>	<b>7,343</b>	<b>2,285</b>	<b>5,058</b>	<b>0</b>
<b>Total surgeries excluding C-sections</b>	<b>3,664</b>	<b>1,564</b>	<b>2,100</b>	<b>0</b>
Gynaecological Surgeries	229	123	106	0
Orthopedic Surgeries	1,719	791	928	0
General Surgeries	1,716	650	1,066	0



# Hospital Strengthening Program (HSP)

The Ministry of Health and Population (MoHP) of Nepal has made equitable and high-quality healthcare a priority. To address disparities in the quality of hospital services, the Minimum Service Standards (MSS) for Hospitals were introduced in 2071-72 (2014-15). This formed the Hospital Management Strengthening Program.

It establishes clear benchmarks to assess whether health facilities have the necessary resources and infrastructure to provide the essential services expected from them. This framework aims to standardize services readiness across hospitals. MSS is framed in three broad areas: Governance and Management, Clinical Services Management and Hospital Support Services Management.

## Timeline of MSS tools and Implementation Guidelines

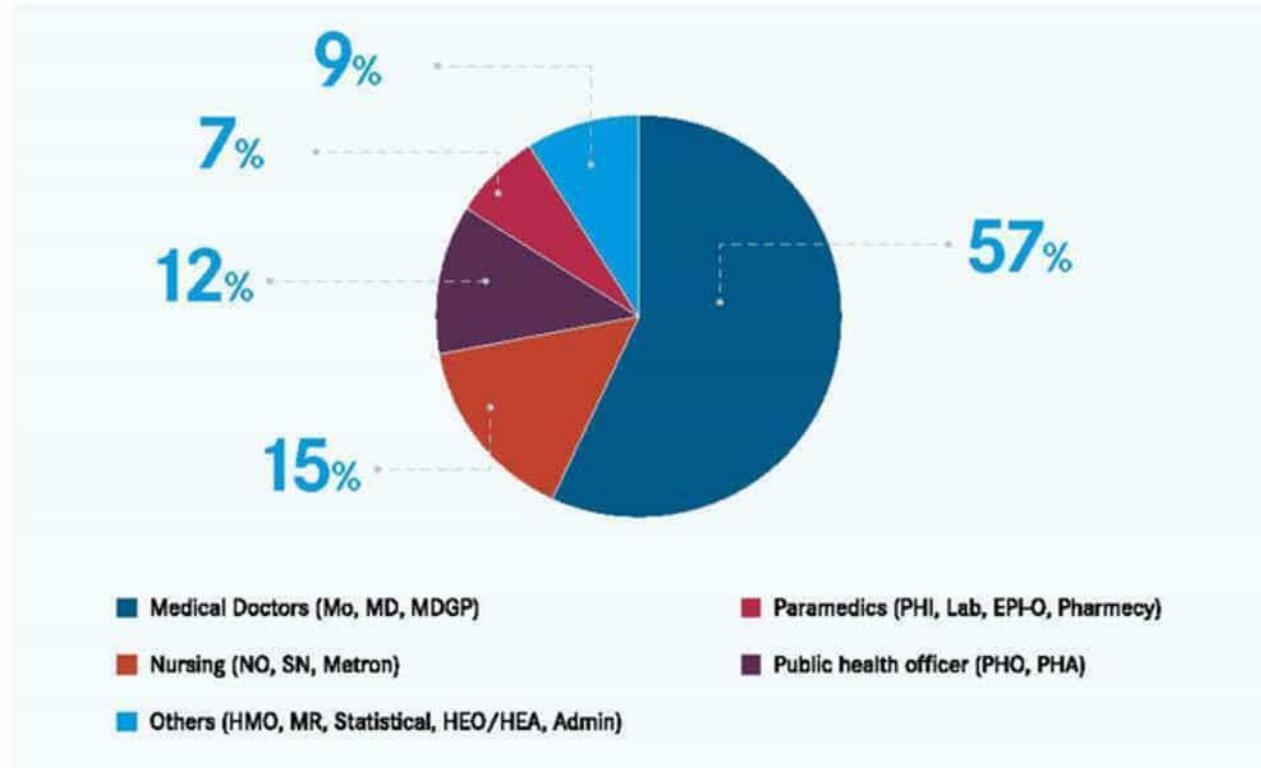


## System Strengthening

To establish a functional MSS (Minimum Service Standards) unit, NSI has been actively involved in advocating for its inclusion within the government health system. NSI advocates the establishment of MSS implementation units both at the Federal and Provincial levels of the government health system with the focus on integrating MSS standards into routine health services to enhance the readiness and consistency of healthcare delivery.

NSI has also placed an MSS Implementation Officer in each of the 7 provinces, one at Department of Health Services (DoHS) and one at Ministry of Health and Population (MoHP). We have worked on building the capacity of the MSS Officers. To help develop and expand the government's capacity to conduct MSS, NSI has provided orientation to 100 government personnel of different cadres this year.

### MSS-Resource Persons

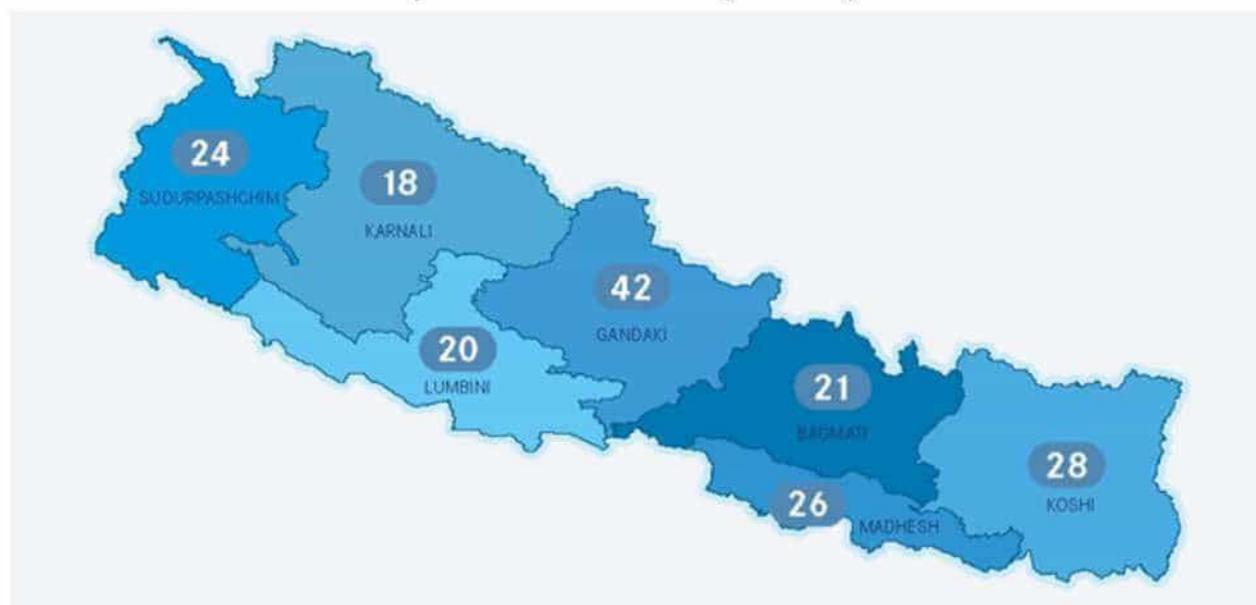


NSI provided technical and financial support for MSS national and provincial reviews, conducted MSS orientations to medical graduates and faculty; and has provided financial and technical support to develop MSS tools for Trauma and Heart Service hospitals.

## MSS Implementation

MSS has been implemented in 133 hospitals till date. This year, the target was to implement MSS in 127 hospitals, with each hospital being assessed two times. However, MSS was implemented in only 125 hospitals for a total of 179 assessments. Of the 125 hospitals, NSI conducted 35 assessments in 29 hospitals directly, and provided partial financial support for the rest of the assessments.

### Province wise MSS events implemented in 2080-81 (2023-24)



## Key achievements

### Well functioning MSS Implementation Units

Successfully conducted provincial and national MSS reviews. Established federal and provincial MSS Implementation and Quality Improvement (QI) committees.

### Expansion of MSS Resource Person Pool

Provided MSS resource person orientation to 100 government officials, increasing the pool of trained personnel of different cadres.

### Development of Specialized MSS Tools

Initiated the development of two new MSS tools for specialized service hospitals, focusing on Trauma and Heart services.

### Program Expansion

MSS program was implemented in 6 new hospitals.

### Integration with Provincial Budgets

Linked most provincial hospital budgets with MSS assessment findings, ensuring financial alignment with quality improvement goals.



### A Success Story

## “Appendicular Abscess Management in a Resource-Limited Setting”

A 70-year-old female, presented to the Outpatient Department (OPD) with a history of abdominal pain and fullness persisting for 8-10 days. She had experienced abdominal pain and vomiting two weeks ago, for which she sought treatment at a local clinic. On abdominal examination, a large non-mobile mass was palpated at the right iliac fossa, prompting further investigation. Abdominal ultrasound revealed a large pocket of free fluid collection in the abdominal cavity. Considering the clinical findings, the case was diagnosed as an appendicular abscess. In the Emergency Department (ER), a USG-guided aspiration was performed, draining frank pus with a foul smell. Laboratory investigations indicated leukocytosis with a high neutrophil count, supporting the diagnosis.

Upon admission, the patient was placed on nil per oral (NPO) status. Intravenous antibiotics, including Inj. Ceftriaxone, Inj. Metronidazole, Inj. Ondansetron, and Inj. Ranitidine, were initiated. Intravenous fluids, CBC, RBS, urine RE, ECG, C-Xray PA view, HIV, HBSag, HCV, urea, creatinine, Na, and K conducted. Due to the economic constraints preventing transfer to a tertiary center, the decision was made to proceed with surgery at Doti District Hospital. Surgery was performed under spinal anesthesia, involved draining 500-600 ml of foul-smelling pus from the right iliac fossa. Peritoneal lavage with normal saline was conducted, and abdominal drainage was maintained. Given the high-risk nature of the surgery, high-risk consent was obtained. Postoperatively, the patient received broad-spectrum antibiotics, including Inj. Tazobactam/piperacillin, Inj. Metronidazole, Inj. Ketorolac, Inj. Pantoprazole, Inj. Tramadol, and Inj. Ondansetron. Intravenous fluid management was closely monitored over the first 72 hours. The patient resumed oral intake after 12 hours, and a gradual transition to a semi-solid diet was attempted. Mobilization commenced on the 3rd postoperative day, with the catheter removed and abdominal drainage recorded and managed accordingly.

On the 6th postoperative day, the abdominal drain was removed, and sutures were removed on the 7th postoperative day. The patient demonstrated improved clinical status, and after 8 days of hospitalization, she was discharged with a 5-day course of broad-spectrum antibiotics. The patient's post-discharge followup revealed a healthy recovery, normalized appetite, and overall satisfaction. Both the patient and family expressed gratitude and provided blessings to the treating medical team. This case exemplifies the successful management of appendicular abscess in a resource-limited setting. Despite economic challenges, the collaboration between the medical team and the patient's determination led to a positive outcome, demonstrating the importance of adaptability and patient-centered care in challenging healthcare environments.

**Dr. Nirajan Shrestha, MDGP**  
Doti Hospital, Sudurpashchim Province

# Research, Advocacy and Monitoring (Restructured as MEL)

MEL unit conducts scientific research to generate evidence-based information mainly for two purposes: to develop NSI strategy; and to strengthen its advocacy for policy/system change. This year an economic evaluation of CSSP of NSI was conducted. The purpose of this study was to provide an economic assessment of the NSI's CSSP Program. With an emphasis on the program's financial impact, its effectiveness and efficiency in providing curative healthcare services were evaluated. The findings of the study not only helped in understanding the economic insights of NSI approach and its contribution to Nepal's health system but also provided information for the next phase of program planning.

The MEL plan was revised this year. All twenty MEL indicators were systematically measured.

The other research studies, internal evaluations and assessments provided critical insights into program performance, identified areas for improvements, and the factors influencing effectiveness of service delivery. The findings emphasized the need for targeted interventions in health workforce development and the value of evidence-based advocacy in shaping health policies.

The Annual Rural Health Worker's Conference took place in March 2024. The conference served as a platform for rural healthcare workers, professionals and policy makers to share their common challenges and success experienced in rural healthcare settings, while also enhancing knowledge through CME sessions.



Key Activities	Achievements	Remarks
 <p>Research and Studies</p>	3	<ul style="list-style-type: none"> <li>Performance of Curative Service Support Program of NSI: An Economic Evaluation</li> <li>Effect of Deploying Anesthesia Assistant in Enhancing Emergency Surgical Services in Nepal</li> <li>Factors Associated with Changes in MSS Score trend</li> </ul>
 <p>Internal Evaluations / Assessments / Reports / Advocacy Materials</p>	5	<ul style="list-style-type: none"> <li>Post-Training assessment of ECCT training graduates</li> <li>OJ assessment of SBA and MLP training sites</li> <li>BMET status report</li> <li>Newsletters</li> <li>NSI brochure</li> </ul>
 <p>Journal Article</p>	1	<ul style="list-style-type: none"> <li>Addressing Critical Gaps in Health Workforce in Nepal's Maternal Healthcare System-accepted in European Journal of Medical Sciences</li> </ul>
 <p>Conferences Attended</p>	2	<ul style="list-style-type: none"> <li>10<sup>th</sup> National Summit of Health and Population Scientists in Nepal</li> <li>XVII<sup>th</sup> National Conference of NESOG</li> </ul>



**आवाज**  
स्वास्थ्यकर्मीको  
NSI  
National Health Training Center

**बिना सम्पन्न नभई सेवा बाटैकै रिजल्टि सिटिजन मिलाउनु नयाँ शैली**

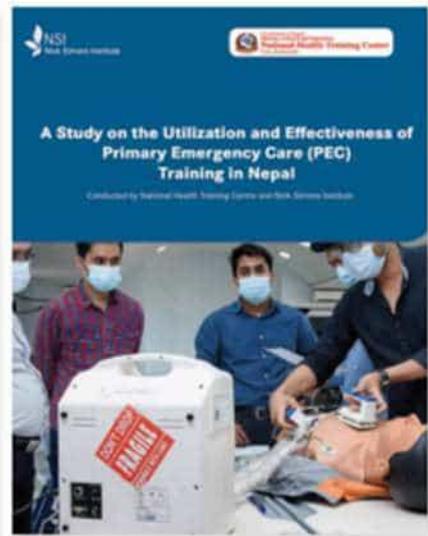
... (text continues) ...



**PLOS ONE**

**Novel on-site follow-up and enhancement program (FEP) improves knowledge, clinical skills and enabling environment of skilled birth attendants in Nepal**

... (text continues) ...



**NSI**  
National Health Training Center

**A Study on the Utilization and Effectiveness of Primary Emergency Care (PEC) Training in Nepal**

... (text continues) ...

# Voices from the Field

“ We are truly grateful for NSI’s support and the encouragement in managing the hospital services we have today. Initially, we were unsure how to begin and expand hospital services, but NSI provided valuable orientation and guidance. Additionally, we had the opportunity to visit five different hospitals, which provided us with important learning experiences. As a result, we gained the motivation and confidence to expand services at Bardibas Hospital

Hospital Management Committee, Bardibas Hospital ”

“ The hospital upgrading has been possible due to government, community stakeholders and NSI support. The dedicated team support from NSI has ensured 24 hrs service. Due to the support, we extended service of x-ray, USG and lab. From the government, free medicine are available. That’s why the patient doesn’t need to go to private and higher facilities for services at higher costs

Hospital Management Committee, Nayanpur Hospital ”

“ Overall, the quality of services at the hospital has improved significantly. With the presence of an MDGP, ASBA, OT nurse, AA, and BMET, we were able to manage complex cases effectively. Our confidence has grown, enabling us to perform at a higher level, thanks to this skilled team

Health worker, Bhojpur Hospital ”

“ NSI has supported to conduct MSS assessment. And based on the MSS report, we assess the quality of care. For e.g. while procurement we verify from the MSS requirements and so on. We continuously monitor based on MSS guideline

Health worker, Arghakhanohi Hospital ”

“ Good, keep motivating all the rural health care workers in the rural areas

Health worker (participant of the conference) ”

“ NSI played a pivotal role in assuring 24/7 obstetric services in district hospital level as implementing partner and advocacy

Health worker, Sankhuwasabha Hospital

“ Availability of BMET has been contributing a lot in application and maintenance of equipment

Health worker, Mehelkuna Hospital

“ The support of nursing staffs, medical officer and anaesthesia assistant from NSI is helping a lot in solving variety of cases smoothly. Patient flow has increased with the availability of additional service and specialist services like orthopaedic, mental health, eye care in the hospital. Now, 24hrs emergency and C/S service are running uninterrupted from the NSI support

Health worker, Mehelkuna Hospital

“ NSI's support in providing equipment and training for MCH services has ensured both the availability and quality of care at the hospital, while also building confidence among health workers in handling complicated cases

Health worker, Sankhuwasabha Hospital

“ I noticed a significant improvement. The PEC training (provided by NSI) greatly enhanced the clinical skills of the two newly recruited Medical Officers. Previously, in trauma cases, we would stabilize the patient's vitals before referring them. Now, we are able to manage all necessary care on-site

Health worker, Siraha Hospital

“ In-depth analysis of the needs and support for enhancing rural healthcare and a valuable platform (Rural Healthcare Workers Conference) for healthcare workers with minimal exposure

Health worker (participant of the conference)

# Financial Details

Expenses	Federal	Koshi	Madhesh
<b>1. TRAINING</b>			
1.1 Program Coordination, Monitoring and Travel	25,150,971	349,099	112,422
1.2 Biomedical Equipment Technician (BMET)	35,430,708	-	-
1.3 Anesthesia Assistant Course (AAC)	5,698,938	-	2,093,155
1.4 Skilled Birth Attendant (SBA)	-	2,275,319	1,871,301
1.5 Advance Skilled Birth Attendant (ASBA)	8,228,694	-	-
1.6 Mid Level Practicum (MLP)	489,290	2,923,040	3,037,516
1.7 Continuing Professional Development - BLS video	991,575	-	-
1.8 Operation Theatre Management	6,392,685	-	-
1.9 Course Development	6,470,145	-	-
1.10 Short Course (ECCT, PEC, CTS, Safe Course)	5,856,327	2,444,773	2,324,823
1.11 Technical Support to NHTC and New Training sites (Hospitals)	2,193,238	-	-
1.12 Capacity Building of Province Health Training Center and Institutional Support	-	650,088	1,246,614
1.13 Midwifery - PCL Course	11,328,944	-	-
<b>Training Total</b>	<b>108,231,515</b>	<b>8,642,319</b>	<b>10,685,831</b>
<b>2. CURATIVE SERVICE SUPPORT PROGRAM (CSSP)</b>			
2.1 CSSP-HUB (Multispeciality)	-	-	-
2.2 CSSP-Primary & Secondary Hospitals (MDGP)	60,790,569	36,152,000	12,185,800
2.3 CSSP-Local level upgraded Hospitals (MBBS)	-	-	-
2.4 Program Coordination, Monitoring and Travel	17,575,838	5,795,446	4,219,227
<b>CSSP Total</b>	<b>78,366,407</b>	<b>41,947,446</b>	<b>16,405,027</b>
<b>3. HOSPITAL STRENGTHENING PROGRAM (HSP)</b>			
3.1 MSS-System Strengthening	5,901,876	1,878,761	2,843,364
3.2 MSS- Program Implementation	-	618,192	997,555
3.3 MSS- Complementary Grant	-	-	-
3.4 Electronic Health Record	17,835,832	-	-
3.5 Program Coordination, Monitoring and Travel	9,046,081	613,061	593,313
<b>HSP Total</b>	<b>32,783,789</b>	<b>3,110,014</b>	<b>4,434,232</b>

Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	Local	Total
336,854	631,671	507,129	444,194	669,813	-	28,202,153
-	2,767,658	2,162,965	2,698,112	2,150,883	-	45,210,326
-	241,830	-	200,000	-	-	8,233,923
3,500,007	925,828	3,214,103	1,832,527	2,419,595	-	16,038,680
-	-	-	-	-	-	8,228,694
2,329,324	2,245,688	2,151,313	2,545,775	3,147,334	200,000	19,069,280
-	-	-	-	-	-	99,1575
-	-	-	-	613,125	-	7,005,810
-	-	-	-	-	-	6,470,145
4,318,891	1,500,512	3,157,328	2,923,361	2,102,265	-	24,628,279
-	-	-	-	-	-	2,193,238
1,229,748	963,103	1,128,272	971,015	1,052,569	6,060,000	13,301,409
-	-	-	-	-	-	11,328,944
<b>11,714,824</b>	<b>9,276,290</b>	<b>12,321,110</b>	<b>11,614,984</b>	<b>12,155,583</b>	<b>6,260,000</b>	<b>190,902,456</b>
18,990,858	25,179,580	22,249,372	-	-	-	66,419,810
11,890,305	12,459,546	24,068,613	30,692,176	28,013,785	41,799,501	258,052,295
-	-	-	-	-	25,332,560	25,332,560
3,093,325	5,242,550	828,301	3,345,924	3,316,830	1,748,093	45,165,534
<b>33,974,488</b>	<b>42,881,676</b>	<b>47,146,286</b>	<b>34,038,100</b>	<b>31,330,615</b>	<b>68,880,154</b>	<b>394,970,199</b>
2,535,917	2,699,383	1,428,690	2,500,355	2,402,514	-	22,190,860
998,323	494,776	1,175,225	987,344	1,271,577	1,958,853	8,501,845
-	-	-	-	-	-	-
-	-	-	-	-	-	17,835,832
317,957	194,114	605,334	323,150	825,106	33,333	12,551,450
<b>3,852,197</b>	<b>3,388,273</b>	<b>3,209,249</b>	<b>3,810,849</b>	<b>4,499,197</b>	<b>1,992,186</b>	<b>61,079,986</b>

Expenses	Federal	Koshi	Madhesh
<b>4. RESEARCH, ADVOCACY AND MONITORING (RAM)</b>			
4.1 Research and Studies Conduction	8,174,302	-	-
4.2 Database and Software	128,650	-	-
4.3 Dissemination/Conferences	249,624	-	-
4.4 Healthcare Workers Conference and NS Award	9,216,739	-	-
4.5 Publications (Brochure, Newsletter, etc.)	3,606,943	-	-
4.6 SWC Monitoring and Evaluation fee	0	-	-
4.7 SWC Evaluation Team expenses (DSA, Transport)	387,440	-	-
4.8 Social Audit	678,000	-	-
4.9 Monitoring visits	491,099	-	-
4.10 Data Management, Software and Equipment	1,531,713	-	-
<b>RAM Total</b>	<b>24,464,510</b>	-	-
<b>5. ADMINISTRATION</b>			
5.1 HR Expenses (Salary, Dashain Bonus, Gratuity and Other Allowances)	40,502,837	-	-
5.3 Staff Development and Planning	6,071,352	-	-
5.3 Consultants (Legal, Audit and Other Consultants)	1,569,079	-	-
5.4 Insurance (Vehicle, Property and Medical)	3,651,150	-	-
5.5 Utilities (Telephone and Electricity)	1,240,747	-	-
5.6 Consumable (Household, Kitchen Supplies and Groceries)	2,412,938	-	-
5.7 Equipment and Office Expenses	10,064,798	-	-
5.8 AMC/Out Sourcing Services	5,030,970	-	-
<b>Administration Total</b>	<b>70,543,871</b>	-	-
<b>Grand Total</b>	<b>314,390,092</b>	<b>53,699,779</b>	<b>31,525,090</b>

### Summary of Program Expenses

Governance	Training	CSSP	HSP	RAM
<b>Federal</b>	108,231,515	78,366,407	32,783,789	24,464,510
<b>Koshi</b>	8,642,319	41,947,446	3,110,014	
<b>Madhesh</b>	10,685,831	16,405,027	4,434,232	
<b>Bagmati</b>	11,714,824	33,974,488	3,852,197	
<b>Gandaki</b>	9,276,290	42,881,676	3,398,273	
<b>Lumbini</b>	12,321,110	47,146,286	3,209,249	
<b>Karnali</b>	11,614,984	34,038,100	3,810,849	
<b>Sudurpashchim</b>	12,155,583	31,330,615	4,499,197	
<b>Local</b>	6,260,000	68,880,154	1,992,186	
<b>Total</b>	<b>190,902,456</b>	<b>394,970,199</b>	<b>61,079,986</b>	<b>24,464,510</b>

Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	Local	Total
-	-	-	-	-	-	8,174,302
-	-	-	-	-	-	128,650
-	-	-	-	-	-	249,624
-	-	-	-	-	-	9,216,739
-	-	-	-	-	-	3,606,943
-	-	-	-	-	-	-
-	-	-	-	-	-	387,440
-	-	-	-	-	-	678,000
-	-	-	-	-	-	491,099
-	-	-	-	-	-	1,531,713
-	-	-	-	-	-	<b>24,464,510</b>
-	-	-	-	-	-	-
-	-	-	-	-	-	40,502,837
-	-	-	-	-	-	6,071,352
-	-	-	-	-	-	1,569,079
-	-	-	-	-	-	3,651,150
-	-	-	-	-	-	1,240,747
-	-	-	-	-	-	2,412,938
-	-	-	-	-	-	10,064,798
-	-	-	-	-	-	5,030,970
-	-	-	-	-	-	<b>70,543,871</b>
<b>49,541,509</b>	<b>55,546,239</b>	<b>62,676,644</b>	<b>49,463,933</b>	<b>47,985,395</b>	<b>77,132,340</b>	<b>741,961,022</b>

### Summary of Expenses



# NSI Staff



**Aarati Maharjan**  
Office Administrative Assistant



**Abhaya Raj Pradhan**  
Sr. Finance Officer



**Aiesta Shahi**  
Program Officer, HSP



**Ajay Bholan**  
Driver



**Archana Amatya**  
Executive Director



**Archana Bohara**  
Training Officer



**Arpana BC Kalaunee**  
Training Manager



**Bal Sunder Chansi Shrestha**  
Sr. Program Coordinator, HSP



**Bhumika Gurung Shakya**  
Cook



**Bidhya Gurung**  
Training Officer



**Bikash Shrestha**  
Deputy Director



**Bimal Chandra Pun**  
Program Officer, HSP



**Bindiya Lama**  
Program Officer, HSP



**Bishal Shrestha**  
Administrative Assistant



**Deepa Chitrakar**  
Program Officer, M&E



**Janardan Pathak**  
Program Officer, HSP



**Meena Dulal**  
Housekeeper



**Mohammad Kashim Shah**  
Sr. Program Manager



**Muktinath Ghimire**  
Security Guard



**Naba Raj Shrestha**  
Administrative Coordinator



**Palin Subba**  
Admin/ Finance Officer



**Pravin Paudel**  
MEL Manager



**Rabina Shakya**  
Administrative Coordinator, HSP



**Rabindra Bhandari**  
Research Officer



**Rita Pokhrel**  
Sr. Program Coordinator, HSP



**Rukesh Shrestha**  
Driver



**Sagar Singh**  
Instructor, BMET



**Sajani Shakya**  
Administrative Officer, Training



**Salomi Poudel**  
Instructor, BMET



**Subin Man Joshi**  
Finance Officer



**Sujata Bhattarai**  
Instructor, BMET



**Sumati Shakya**  
Training Administrator



**Suraj Shrestha**  
Program Officer, HSP



**Surendra Shrestha**  
Driver



**Suresh K. Shrestha**  
Team Leader, BMET



**Sushil Basnet**  
Program Officer, HSP



**Sushmita BC**  
Training Coordinator



**Taramuni Shakya**  
Administrative Manager



**Tej Bahadur Shrestha**  
Housekeeper

**NSI  
Previous  
Staff**

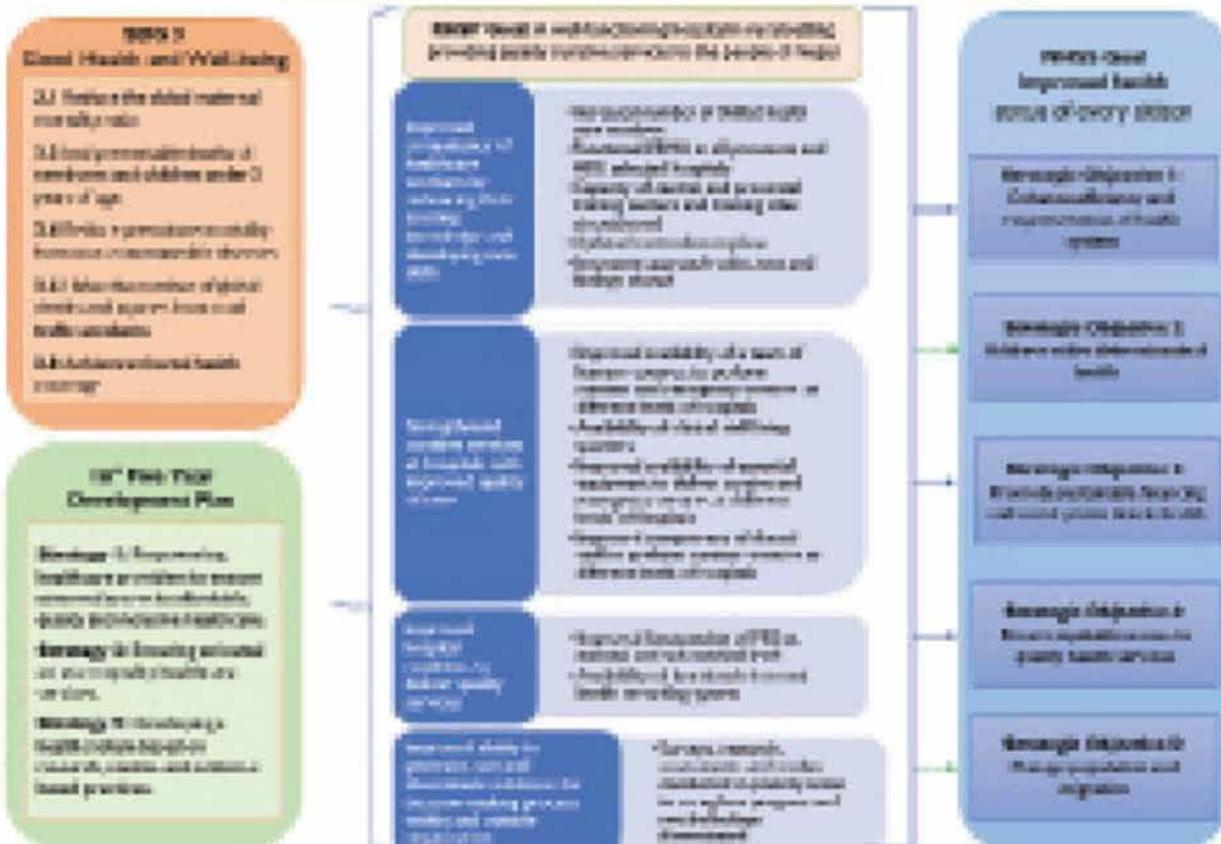


**Jonu Pakhrin**  
Program Officer, Training



**Sushma Lama**  
Program Officer, HSP

Health Transformation with NHU for National Health, Equity and Prosperity





**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)