



Annual Report 2019-20 (2076-77)

ENHANCING RURAL HEALTHCARE



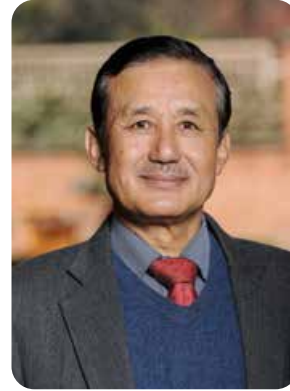
Executive Committee



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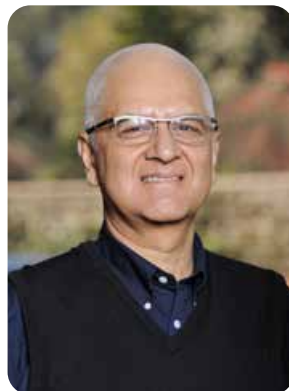
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Our Vision

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

I am deeply moved to see our partner hospitals across Nepal continuing their efforts to improve care, while dealing with the new safety concerns and strained resources brought on by this global pandemic. It has never been more clear why we must strengthen the building blocks of our nation's healthcare system, as the unresolved COVID-19 crisis points out our vulnerabilities. Our collective commitment to making high-quality health care available and accessible has been demonstrated through government support, investment of local finances, and individual initiative. Recognizing the critical importance of our work, we quickly adapted to the present situation to fulfill our five-year, **Nepal Rural Healthcare and District Hospital Support Project**.

NSI is not one to shy away from a public health emergency. Our response to COVID-19 was largely proactive in that we anticipated the need and worked to prepare government hospitals for COVID-19 treatment management. NSI distributed 10 ventilators in strategic locations across Nepal and coordinated with National Health Training Centre and National Academy of Medical Science to develop the Essential Critical Care Training. In addition to enhancements in equipment and training, NSI provided PPE to medical staff in 80 hospitals. Although this shift in our attention and the lockdown measures caused some delay in our regular activity, we understand that, as true advocates of rural health, we must go where we are most urgently needed. This year has tested and reinforced our relationships with partner agencies and hospitals to face the challenges presented by COVID-19 together.

Our training and capacity building activities make up an important part of our portfolio. NSI invests in the gatekeepers to good health. We see the disparities in health outcomes among rural and urban populations, and we utilize an upstream approach through essential workforce development to address specific health care service needs. NSI works with over 45 hospitals to build a confident and skilled workforce across multiple disciplines. In this program year, we have sponsored 451 trainees who have a nationwide geographical reach. What makes NSI unique is that we ensure that graduates of training programs return to an environment that enables them to continue refining their new skills.

Ultimately, our goal is to institutionalize all activities so that we achieve program sustainability. Therefore, we provide comprehensive support to hospitals in ways that facilitate systemic change. In 2018-19, the MoHP owned and scaled up our Rural Staff Support Program (RSSP), which provided key human resources, living support, and Continued Medical Education (CME), into a Partnership Program (RSSPP) and supports the process towards self-reliance. As a result, NSI was able to cover 18 RSSP district hospitals and an additional 24 RSSPP district hospitals, and we have seen a significant increase in motivation and retention of key hospital staff.

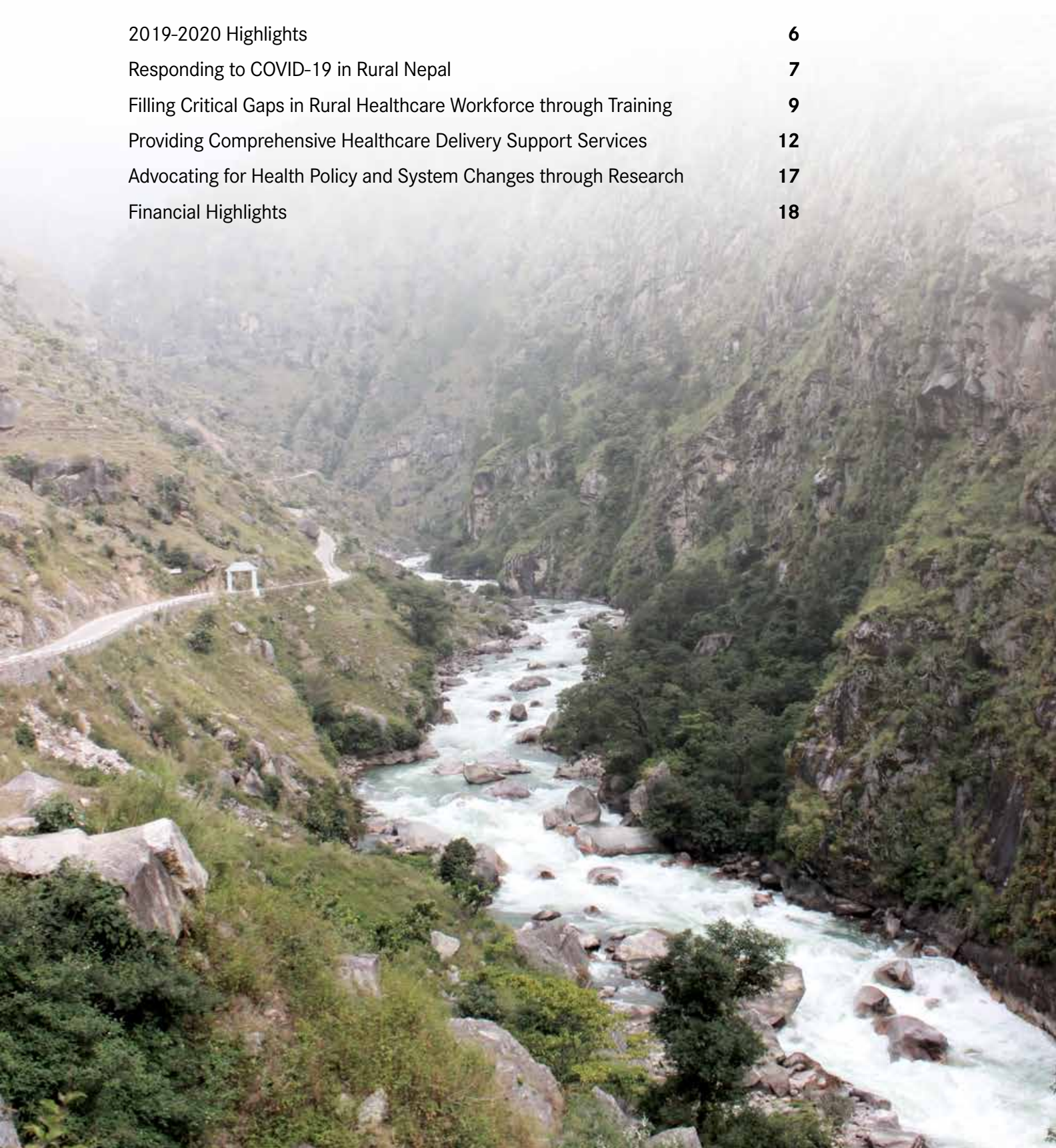
In our Hospital Management Strengthening Program (HMSP), MSS workshops and follow ups have been conducted in over 100 hospitals, majority of which have been done by the concerned departments of the central and provincial ministries. With the joint collaboration of NSI, the Government has developed five separate MSS tools and guidelines for different levels of health facilities.

COVID-19 has magnified issues of caste, gender, income, and especially access to quality health services in rural Nepal. It has illuminated the complex sociological environment within which determinants of health and disease express themselves and calls for more methodical and concerted cooperation. We must leverage the intersection between pandemic preparedness and capacity building efforts to invest in longer-term health system strengthening. In this past year, we have all struggled with feelings of uncertainty and some have lost loved ones, but we have also found the strength and resilience to adapt and overcome all challenges.

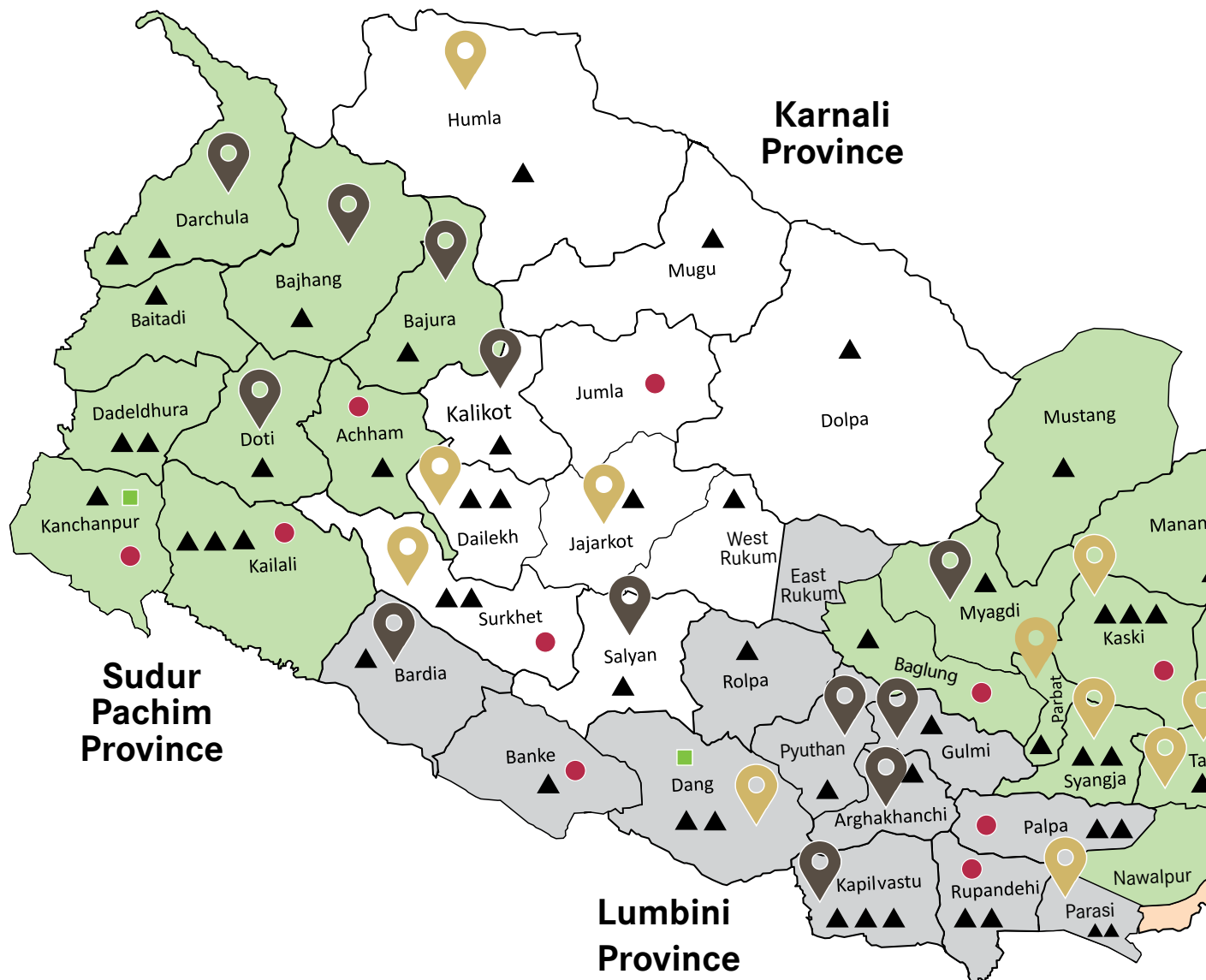
Dr Anil B Shrestha
Executive Director

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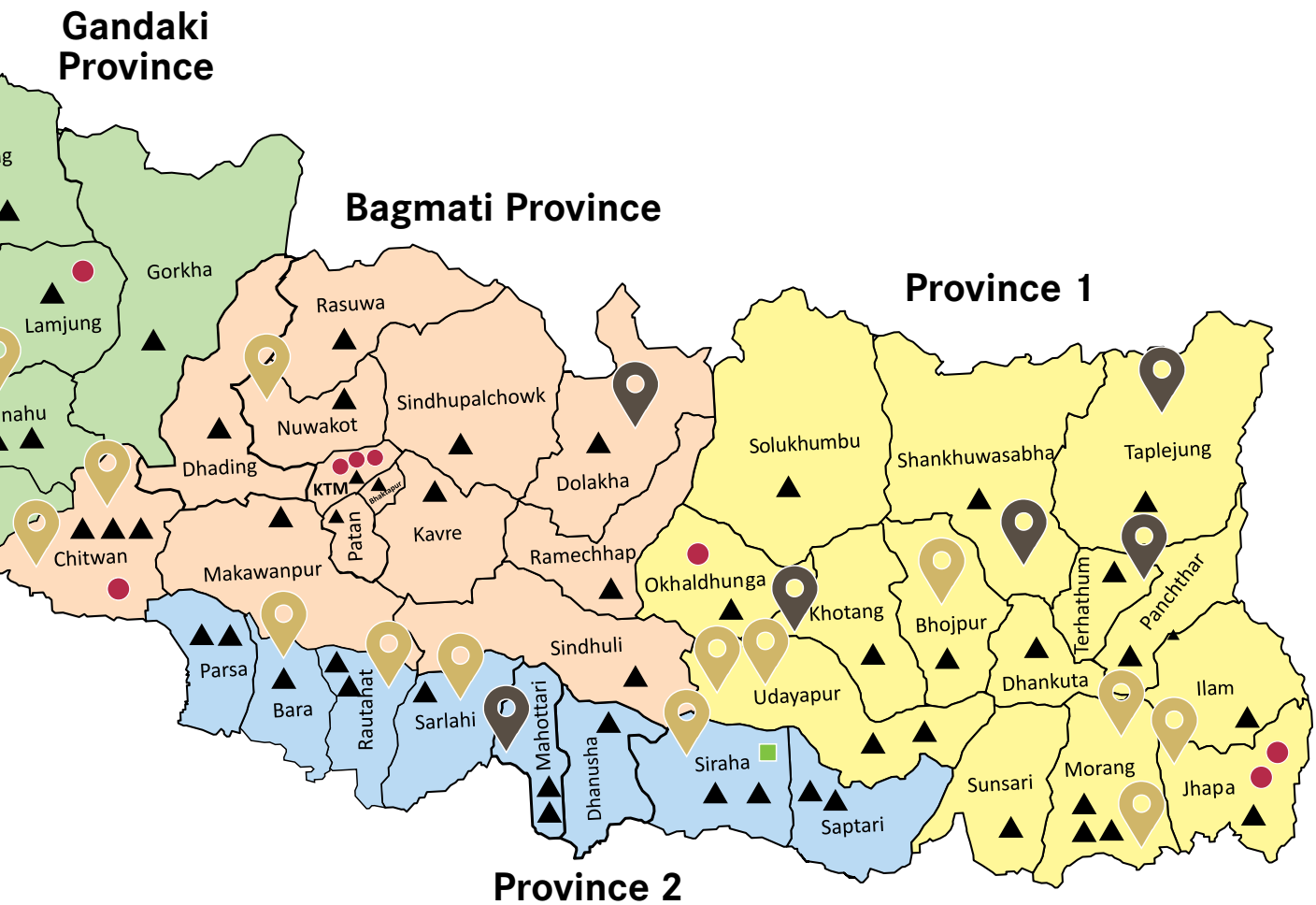
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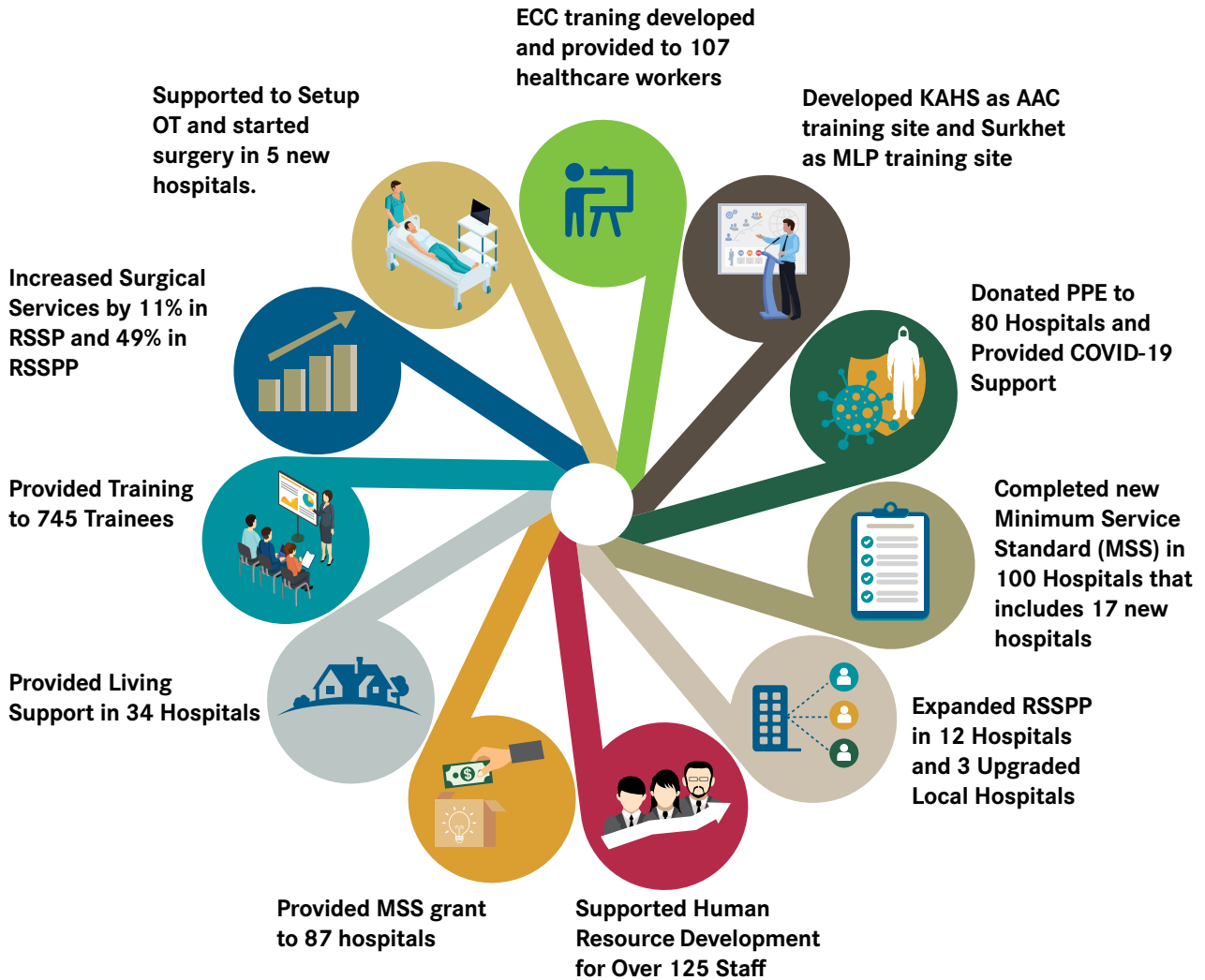
Where We Work



- 📍 Rural Staff Support Program (RSSP) = 18
- 📍 Rural Staff Support Partnership Program (RSSPP) = 24
- Local Level Hospital Support Partnership Program (LLHSP) = 3
- ▲ Hospital Management Strengthening Program (HMSP) = 100
- NSI Supported Training Sites = 18



2019-2020 Highlights



Responding to COVID-19 in Rural Nepal

In addition to the vital programs that we support every year, NSI responded to the urgent needs of rural hospitals across Nepal. Immediately after the first positive case of coronavirus disease 2019 (COVID-19) was identified, NSI was quick to mobilize support for national and local governments. We started our efforts by completing a full readiness assessment of government hospital preparedness for COVID-19 screening and treatment.

Having observed critical supply shortages of ventilators, NSI handed over 10 portable comprehensive care ventilators (CCV) to MoHP, donated by NSF. The CCVs were effectively distributed across Nepal to the following hospitals:

- Sukraraj Tropical and Infectious Disease Hospital
- Narayani Hospital, Parsa
- Beljhundi Hospital, Dang
- Bhim Hospital, Bhairahawa
- Surkhet Provincial Hospital (2 CCVs)
- Seti Provincial Hospital, Dhangadi (2 CCVs)
- Dhaulagiri Hospital, Baglung (2 CCVs)



NSI also distributed following item as Personal Protective Equipment (PPE) for the medical staff of 80 different hospitals.

Items	Quantity	Distributed to
Protective Suits	2,288	18 RSSP Hospitals
Safety Goggles	1,000	+
Face Protector	1,025	21 RSSPP Hospitals
Shoe Cover	5,700	+
Mask	25,700	14 Training Sites
IP Thermometer	100	+
Hand Sanitizer	1,881	27 Other Hospitals
		=
		Total 80 Hospitals



To enhance skill-level and confidence, NSI funded to develop and conduct an Essential Critical Care Training curriculum for nurses and doctors who are directly providing care in their COVID-patient units. The training is an intensive 2-day program and was designed to focus on basic critical care related to COVID-19 treatment. In conjunction with the National Health Training Center (NHTC) and the Department of Anesthesia from the National Academy of Medical Sciences (NAMS), the initial Essential Critical Care Training was conducted virtually on June 8-9, in three (3) pilot hospitals:

- Lumbini Provincial Hospital, Rupandehi
- Bheri Hospital, Nepalgunj
- Seti Provincial Hospital

The training program was guided by Anesthesiologist Trainers from NAMS and representatives of NHTC, but it is currently being carried forward by teams that were trained and graduated from the program. As of mid-July, a total of 170 medical staff have completed the training, and of these participants, 63 were sponsored by NHTC and 107 were sponsored by NSI. In this current COVID situation, this training is highly necessary and contributes to Nepal's preparedness for health emergencies in the future.



“We appreciate the support we have received from NSI. During this time of social distancing and stay-at-home measures, we have been more connected than ever! And we will ultimately get through this together.” – Prof. Dr. Rabi Ram Shrestha, Anesthesiology, Bir Hospital.

Filling Critical Gaps in Rural Healthcare Workforce through Training

NSI continues to support skill-based training to government healthcare workers who are most likely to have an impact in rural institutions. These trainings focus on task-shifting – equipping available workers to do certain jobs in the absence of a doctor. We are making good progress in gradually scaling up trainings into the government system.

The evolving COVID-19 situation has tested our ability to adapt under uncertain circumstances. In many instances we have switched to the use of a virtual learning platform.

Number of Participants on Various Trainings

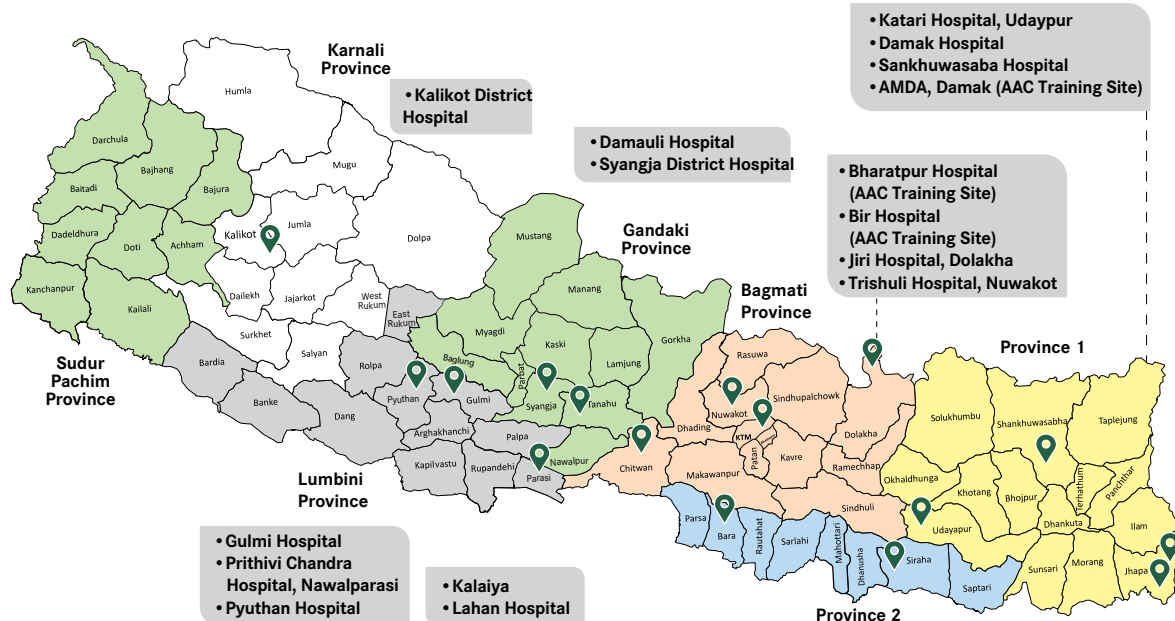
Academic & Other Trainings	Total	NSI Funded	Private Funded	NHTC Funded	Province Funded
AAC	24	9	3	10	2
DBEE	24	-	24	-	-
BMET Short Courses	26	26	-	-	-
Clinical Trainings					
ASBA	17	17	-	-	-
BLS	67	67	-	-	-
ECCT	170	107	-	63	-
MLP	159	68	-	-	91
OTTM	54	33	-	-	21
PEC	21	21	-	-	-
SAFE	21	21	-	-	-
SBA	162	82	-	-	80
TOTAL	745	451	27	73	194

Anesthesia Assistant Course (AAC)

Anesthesia services are limited to the hospitals inside the Kathmandu Valley and bigger hospitals and have yet to reach district hospitals and remote areas. The discrepancy in numbers between surgeons and anesthesiologists can be possibly attributed to income level, equipment availability, or trained anesthesiologists choosing to remain abroad. The lack of anesthesia in rural Nepal jeopardizes patient outcomes. Therefore, we must rely on anesthetic assistants to fill a critical gap in human resources.

NSI partners with the National Academy of Medical Sciences (NAMS) to conduct a one-year course that focuses on skills that are essential to safe surgery. AAC training is held in classroom, lab, and OT-based learning environments and offers clinical exposure, supervised by an Anesthesiologist. The training has also been initiated under the Karnali Academy of Health Sciences (KAHS) this year in Bheri, Seti, Surkhet, and Jumla. NSI sponsored 9 candidates of NAMS and 7 candidates of KAHS this year. To support the ongoing AAC training, NSI provided 16 Universal Anesthesia Machines (UAM) which were donated by Nick Simons Foundation International (NSFI), New York.

Hospital's Location where Universal Anesthesia Machine (UAM) in-place



Diploma in Biomedical Equipment Engineering (DBEE)

A common occurrence in hospitals in Nepal is when medical equipment breakdown and can no longer be used because there are few who are specialized in equipment maintenance and repair. The DBEE program effectively train technicians who understand medical instrumentation design and can provide repair and maintenance of these very essential medical equipments in different levels of health facilities in the country and it gives us the ability to carry out the planning and management of medical devices. The DBEE curriculum is divided into three semesters (18-months) with an internship period. The course is affiliated with the Council for Technical Education and Vocational Training (CTEVT) and administered by the National Health Training Center (NHTC). The BMET short courses are designed for the technicians of lab equipment, X-Ray equipment and cold chain equipment.

Mid-Level Practicum (MLP)

The MLP course aims to upgrade the skill of making clinical decisions for mid-level government healthcare workers (health assistants and auxiliary health workers) who form the back-bone of the rural health care team. MLP is a 60-day long course that reinforces mid-level staff ability to diagnose illnesses, perform clinical procedures, and manage their workplace. This year, Surkhet Pradesik Hospital in Karnali Province was developed and included as an MLP training site. A pilot training course was completed with 10 participants and the hospital received NHTC certification.

Operating Theatre Technique and Management (OTTM)

The OTTM course is 42 day long and is designed to enhance the skills of nurses in OT techniques, especially in OT team roles, aseptic practices, positioning and packaging of instruments, handling OT equipment, and other topics. The training was conducted in Bharatpur and AMDA Butwal hospitals this year.

Primary Emergency Care (PEC)

The course is designed to train healthcare personnel directly involved in the acute emergency care of patients in District Hospitals and Primary Health Centers. This is an off-site, in-service and group based clinical course. The training comprises basic life support, management of common medical emergencies, primary trauma care, common orthopedic emergencies and mass casualty incident management.

Skilled Birth Attendant (SBA)

While Nepal's maternal mortality ratio (MMR) has improved overall, there still remains a concern for persistent inequalities in access to care and maternal health outcomes. As a result, NSI has dedicated more attention to increasing the level of knowledge and degree of skill retention among SBAs. The SBA course is 60 day long and trains nurses providing services during pregnancy, childbirth and postpartum including management of life saving procedure and referral to the appropriate centers. We also facilitate an Advanced SBA (ASBA) course that is 70 days long and is designed to train Medical Officers to conduct normal delivery and surgical procedures to those with obstetric complications and blood transfusion services.

Additional NSI Training Courses:

Besides the regular trainings, NSI supported various other trainings.

Basic Life Support (BLS)

The course is designed to equip with the skills need to perform high quality basic life support for victims of all ages, which is the essential foundation for more advanced life support techniques. It also teaches to perform CPR in a team setting both in and outside of hospital and to relieve choking in adults, children and infants.

Safer Anesthesia from Education (SAFE)

This is a 5-day training introduced in collaboration with NAMS, NHTC and World Federation of Anesthesia Society that aims to equip anesthesia service providers, both physician and non-physician anesthetist, with the essential skills and knowledge in obstetric and pediatric anesthesia to deliver safe care to their patients. The training is led by the anesthesia department of NAMS.

Follow-up Enhancement Program (FEP)

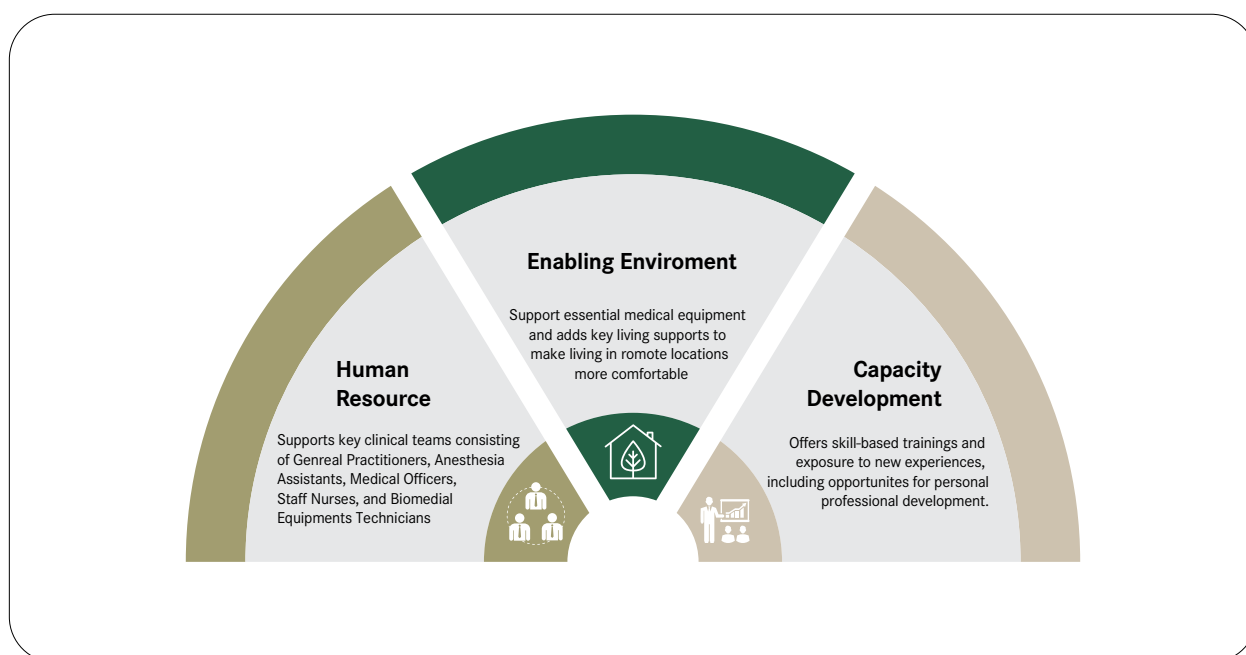
FEP is a follow up visit carried out by the trainers to assess trainees' skills where they work. During their follow up visits, the trainers observe their core skills using the skill checklist on clients (if available) or on anatomical models. The coaching is provided if the skills were observed to be below acceptable levels.

The trainers observe the overall environment of the facility and helps to improve it. From the facility records, they confirm whether trainees are using their skills independently including referral. They also conduct meeting with the staff and the health post management team to share the information gathered and advise for further improvement if any.

Providing Comprehensive Healthcare Delivery Support Services

The Hospital Support Program (HSP) is an innovative initiative aimed to enhance lifesaving emergency and essential services and improve minimum service standards of government hospitals. We provide the following support programs:

Hospital Support Program	Program Description	Total No. of Hospitals
Rural Staff Support Program (RSSP)	The RSSP and RSSPP enhances the effectiveness of Nepal’s government hospitals, transforming them into institutions that can provide a range of services, including operations. This program mainly focuses on the areas of Human Resources Support, Essential Medical Equipment Support, Healthcare Worker ‘Living Supports’ and Continuing Medical Education to improve and provide quality healthcare services of the rural Nepal.	18
Rural Staff Support Partnership Program (RSSPP)	The LLHSPP is depicted from RSSP/RSSPP as a new model to provide Basic Emergency Obstetric and Neo natal Care (BEONC) at the local level hospitals. NSI supports in key HR, enabling environment support. (living support, essential medical equipment support, Training).	24
Local Level Hospital Support Partnership Program (LLHSPP)	The program is designed to identify the gaps on readiness towards the quality improvement of hospital services by self and joint assessment using Minimum Service Standards (MSS) bi-annually and develop action plan scientifically. In addition to hospital strengthening grant by MoHP/MoSD, NSI also provides MSS support grant to fulfill identified gaps.	3
Hospital Management Strengthening Program (HMSP)		100



Human Resource

Human Resource (HR) support to government hospitals is one of the key components of HSP activity. Managing and deploying the right HR is the biggest gap as well as challenge in the government healthcare system. In the 42 hospitals, a total of 125 staff members were supported.

Cadre	Numbers
MDGP Doctor	36
Medical Officer	33
Anesthesia Assistant	22
Staff Nurses	17
BMET	17
Total	125

Enabling Environment

NSI acknowledges the importance of creating an environment that is conducive to enabling staff members to fulfill their duties successfully. We offer support for comfortable living quarters by furnishing, renovating, building, renting, and assuring good internet access.



Additionally, an enabling environment includes essential capital items or medical equipment that allow healthcare workers to continue developing and refining their skills. NSI assessed hospital capital support gaps and provided equipment to 41 different level of hospitals.

Capacity Development

As described in earlier sections, NSI facilitates skill-based trainings and exposure to different specialized services and best practices. The table below displays the total trainings provided under Hospital Support Program in each province by topic in this year.

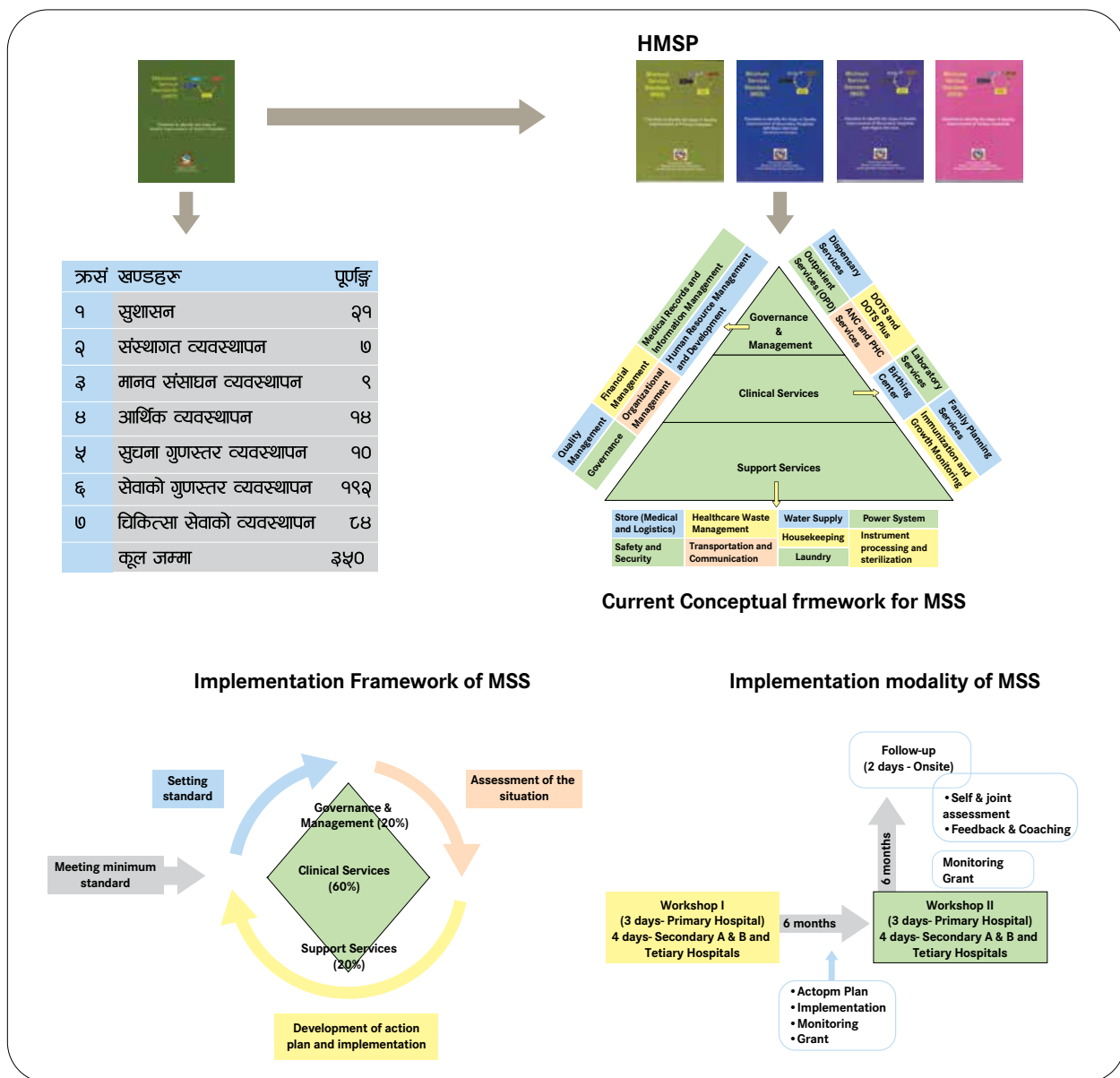
Province	SBA	ASBA	OTTM	Orthopedic	Anesthesia	Hemodialysis	Conference	Total
Province 1	11	3	3	1	-	-	2	20
Province 2	-	-	-	1	-	-	-	1
Bagmati	1	-	1	-	-	-	-	2
Gandaki	4	1	2	-	2	5	1	15
Lumbini	5	5	-	1	-	-	-	11
Karnali	1	3	6	2	-	-	-	12
Sudur Pachim	3	-	-	1	-	-	-	4
Total	25	12	12	6	2	5	3	65

Hospital Management Strengthening Program

Hospital Management Strengthening Program (HMSP) has been scaled up within government system as MSS implementation program. Currently, it is well understood that MSS is a standard gap identification tool for the readiness of hospitals for quality services. MSS is a comprehensive tool for optimal preparation of the hospitals for the minimum services that are needed to be provided by these health facilities and has potential to bring a positive change.

After implementation of MSS for 4 years at the district hospital and its existing achievements during this period, the MSS tool for Primary hospital has been revised and new MSS tools for all level of hospital and health facility has been developed, which include 4 categories of hospitals Primary, Secondary A, Secondary B and Tertiary level Hospitals as well as Health Posts. The eight section of the tool is divided into three broad areas namely :

1. Management and Governance
2. Clinical Services and
3. Hospital Support Services.



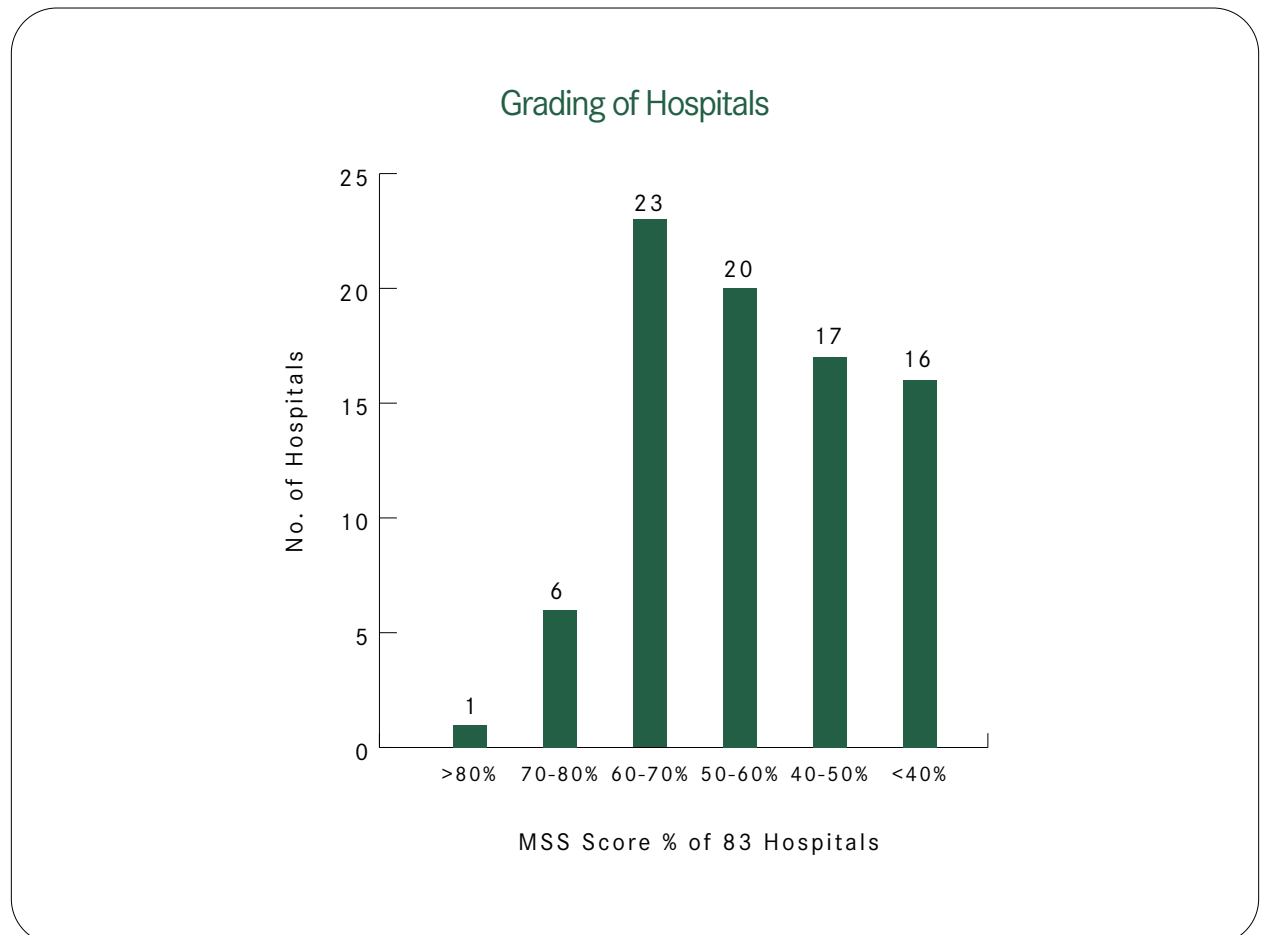
MSS has been implemented in 100 different level of hospitals all over the country, which includes continuation of MSS Follow up in 83 hospitals and expansion of the program in 17 additional hospitals. Provincial Directorate Office under Ministry of Social Development (MoSD) is taking lead role for MSS implementation in provincial hospitals.

Program impact with visible changes in Hospital level

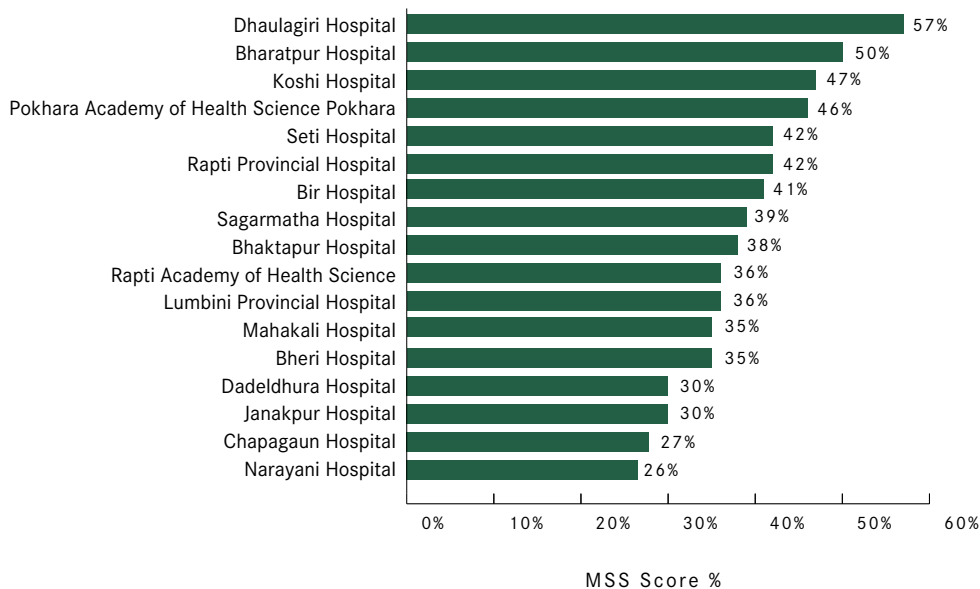
Governance and management: Hospital service quality is in high priority of Federal, Provincial and Local government, and have allocated budget linked with MSS gaps. Hospital Management Committee (HMC) is taking ownership in overall service improvement and expansion of hospital services. Most of the HMC chairperson and medical superintendent (MeSu) consider MSS as a guiding document for the improvement of quality health services.

Clinical Service Management: Considerable improvement has been observed in Diagnostic services - like Digital X-ray service, Improvement in laboratory services with Auto and semi auto analyzers and expansion of its range of test up to culture, T3, T4, TSH, HbA1c and others. Some hospitals have started surgeries with new setup of operation theatre and few has upgraded its range of major surgeries.

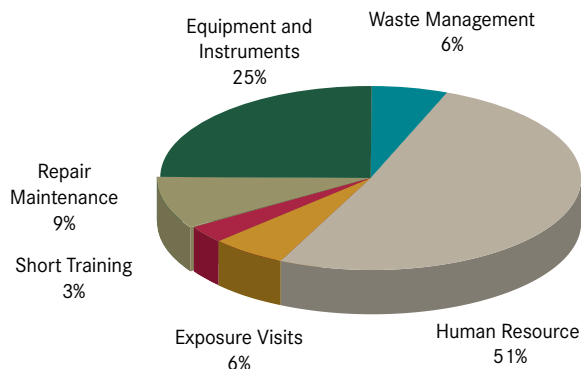
Hospital Support Service Management: Establishment and upgrading of separate laundry, CSSD, housekeeping aservices, autoclaving of contaminated waste, are the novel achievements of primary and secondary A level hospitals.



MSS implemented in 17 new Hospitals



MSS Grant: Hospitals are using NSI grant to start new services or upgrading of existing hospital services like pharmacy, lab, laundry CSSD, OT etc. NSI is providing a complementary flexible grant to the program hospitals in the last 5 years. Grant utilization trend in these years and FY 2076/77 shows most of the hospitals are suffering from a scarcity of human resources with 51% of total grants being used for HR expenses in which they hire clinical and nonclinical staffs to run pharmacy, laundry, CSSD, diagnostic, laboratory, nursing staffs for IPD services. The second highest utilization of the grant 25% is for equipment and instruments like- Patient monitor, Dental chair, Dental sets, surgical sets-etc, which are essential to provide day to day health care services. The specifics of the utilization of these grants will be useful for government administrators when they plan and budget for hospitals in the upcoming years.



Advocating for Health Policy and System Changes through Research

Research is the foundation for any successful advocacy works. Successful advocacy work requires accurate evidence to support a policy/system change. There is a big gap between research, practices and policies in almost everything also in health and healthcare in Nepal. NSI strives to generate evidence-based data to supporting advocacy and system change.

NSI conducted multiple research studies and internal assessments for program feedback, policy advocacy and high impact publications. These studies were related to routine health care system/services, human resources, biomedical equipment technology and also the recent COVID-19 pandemic. In collaboration with Ministry of Health and Population, NSI embarked on establishing a MSS tool for district hospitals in 2014. Since then a number of MSS tool have been developed for various levels of government hospitals. This year MSS tool was developed and workshop for the implementation was conducted at 9 government tertiary level hospitals. This year MoHP allocated budget to all seven provinces to conduct follow up on the MSS. Despite COVID-19 pandemic, 10 follow up were conducted by the provinces themselves.

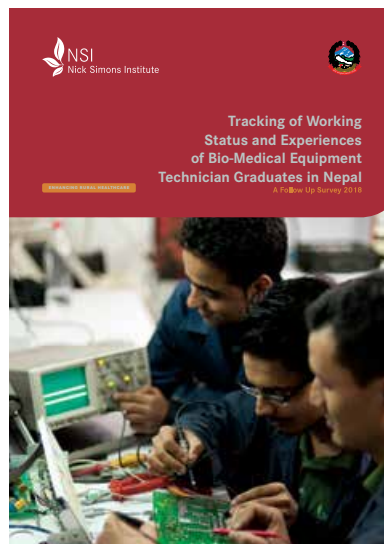
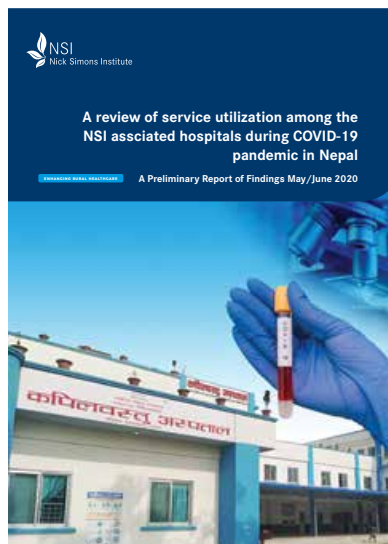
Swasthyakarmi Ko Aawaj

NSI publishes two volume of Newsletter (Swasthyakarmi Ko Aawaj) every year with the objective of creating linkages between more than 7000 rural healthcare workers, the government and NSI. But due to COVID-19 only one volume was published this year. However, the regular/periodic advocacy meeting and sharing with Nepal Government's Federal Ministry of Health and Population, Provincial Governments and other relevant stakeholders were conducted.

Presentations

1. Does Follow Up and Enhancement program enable to retain knowledge and skills of SBAs and improve working environment in Nepal? presented at the conference organized by Perinatal Society of Nepal (PESON).
2. Increasing the Access to C-section and other surgeries in rural Nepal, presented at the conference organized by Perinatal Society of Nepal (PESON).

Publications



Financial Highlights

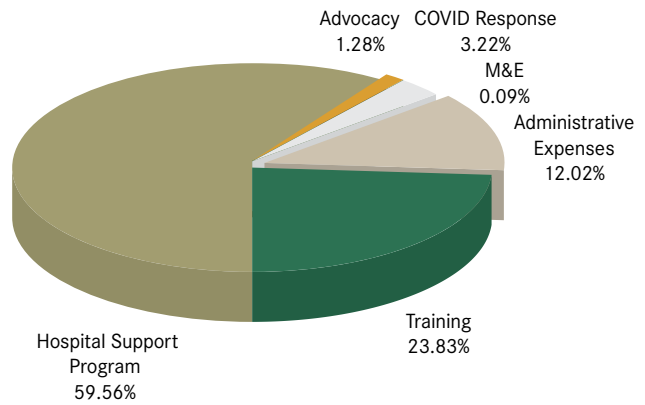
SUMMARY OF EXPENSES

A. Program Expenses

1. TRAINING	Expenses
1.1 Professional Staff and Academic Institution Support (NSI, NHTC, NAMS)	35,192,786
1.2 Biomedical Equipment Technician (BMET) Course Development	10,170,621
1.3 Anesthesia Assistant Course (AAC) Development	13,959,889
1.4 Skilled Birth Attendant (SBA) Course Development	16,339,511
1.5 Mid-level Practicum (MLP) Course Development	17,601,974
1.6 Continuing Professional Development (CPD) Course Development	1,420,649
1.7 Operation Theater Management (OTTM) Course Development	3,230,082
1.8 Clinical Training Skills (CTS) Course Development	562,939
1.9 Follow-up & Enhancement Program (FEP)	4,405,434
Total Training	102,883,885
2. HOSPITAL SUPPORT PROGRAM (HSP)	
2.1 Program Coordination and Travel	41,203,448
2.2 Recruited Hospital Staff (MDGP, AA, MO, SN, BMET)	115,239,180
2.3 Communication	533,079
2.4 Continuing Medical Education (CME)	14,400
2.5 Connection with District Health Posts	-
2.6 Management Grant	33,960,175
2.7 Comfortable Quarter	175,094
2.8 GP Flexible Fund	1,795,147
2.9 Extra Staff Phase Out	-
2.10 Hospital Management Strengthening Program	64,247,770
2.11 Hospital Staff Scholarships (MDGP Doctor, Anesthesia Asst.)	-
Total HSP	257,168,293
3. ADVOCACY	
3.1 Advocacy Meetings	1,406,295
3.2 Public Communications	2,747,298
3.3 Field Research	1,371,650
Total Advocacy	5,525,243
4. MONITORING & EVALUATION (M &E)	
4.1 Program M&E	391,827
4.2 Annual CPAC / DPAC Meetings SWC Evaluations (Twice in 5 years)	-
Total M & E	391,827
5. COVID RESPONSE	13,884,294
Total Program Expenses	379,853,540
B. Administrative Expenses	
1. Administrative Staff	30,652,407
2. Legal Consultants	1,271,906
3. Insurance, Utilities, Consumables	4,561,612
4. Maintenance Contracts, Stationary, Misc.	15,408,083
Total Administrative Expenses	51,894,008

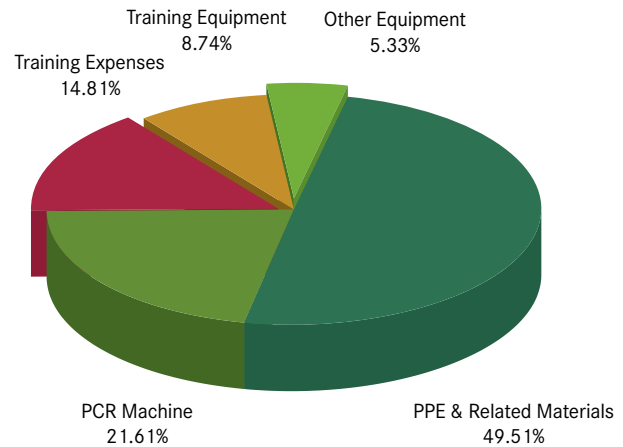
Expenses Summary

Program	Expenses
Training	102,883,885
Hospital Support Program	257,168,293
Advocacy	5,525,243
Monitoring & Evaluation	391,827
COVID Response	13,884,294
Administrative Expenses	51,894,008
Total	431,747,550



COVID Response Expenses

Particulars	Expenses
PPE & Related Materials	6,874,592
PCR Machine	3,000,000
Training Expenses	2,056,739
Training Equipment	1,212,963
Other Equipment	740,000
Total	13,884,294



NSI Staff



Abhaya Raj Pradhan
Finance Officer
Since 2006



Aiesta Shahi
HSP Officer
Since 2019



Anil Shrestha
Executive Director
Since 2016



Ashish Chauhan
BMET Instructor
Since 2014



Bal Sunder Chansi
HSP Sr. Coordinator
Since 2012



Bhumika Gurung Shakya
Cook
Since 2006



Bikash Shrestha
Deputy Director
Since 2006



Bimal Chandra Pun
HSP Officer
Since 2018



Deepa Chitrakar
M&E Officer
Since 2007



Hari Bhakta Kayastha
Driver/Messenger
Since 2006



Indra Rai
Training Manager
Since 2006



Janardan Pathak
HSP Officer
Since 2017



Jonu Pakhrin Tamang
Training/FEP Officer
Since 2017



Kashim Shah
Sr Program Manager
Since 2013



Madhav Bhusal
MLP Training Coordinator
Since 2011



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 Budhathoki
Research Officer
Since 2014



Rukesh Shrestha
Gardener/Security
Since 2011



Rupesh Maharjan
HSP Admin Assistant
Since 2015



Sajani Shakya
Office Admin Assistant
Since 2016



Salomi Poudel
BMET Instructor
Since 2014



Sharada Shah
HSP Coordinator
Since 2008



Shovana Chitrakar Rai
FEP Sr. Coordinator
Since 2011



Subin Man Joshi
Finance Assistant
Since 2014



Sumati Shakya
Training Administrator
Since 2007



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 2017



Taramuni Shakya
Administrative Manager
Since 2006



Tej Bahadur Shrestha
Housekeeping
Since 2011

The names are in alphabetical order.



Nick Simons Institute

P O Box 8975, EPC 1813

Sanepa, Lalitpur

Phone: 5451978

Email: nsi@nsi.edu.np

Web: www.nsi.edu.np