



Annual Report 2020-21 (2077-78)

ENHANCING RURAL HEALTHCARE

Executive Committee



From left: Dr. Buddha Basnyat , Dr. Olak Jirel, Mr. Vidyadhar Mallik, Dr. Sheela Verma, Dr. Bhekh B Thapa (Chairperson), Dr. Kundu Yangzom, Mr. Keshab Bhakta Mathema, Mr. Siddhartha Rana and Mr. Kunda Dixit



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

This year NSI successfully completed the Rural Health Support Project, which was the continuation of the 5-year Nepal Rural Healthcare and District Hospital Support Project.

The COVID-19 pandemic has impacted our lives more than any event in most of our lifetimes. Programs were disrupted, “work from home” became mainstream, most of the hospitals we had supported were designated as covid hospitals. But despite these challenges, the healthcare providers worked relentlessly and selflessly to see that the services of the hospitals were not affected.

Provincial Biomedical Workshops were established in Sudur Pashim and Lumbini Provinces in collaboration with the respective provincial government. Numerous equipment were provided to the hospitals during the covid pandemic. With the establishment of these workshops it will help in the installation, maintenance and repair of these vital equipment. Essential Critical Care Training (ECCT) was provided to 182 clinical staffs and the training was revised from a 2-day training to a 6-day training. NSI supported in the training of 784 healthcare workers in various disciplines crucial to providing quality care to patients.

Pyuthan Hospital was developed as a Hub hospital, where multi specialized clinical services were provided by a team of consultant doctors. All the 32 CSSP hospitals provided emergency medical and surgical services including caesarian sections throughout the year, even during the pandemic. More importantly this year, Mangalbare, Baghauda, Bandipur, Lamahi, Rampur and Mehelkhuna hospitals started, for the first time, their surgical services after the implementation of CSSP. To conduct the CSSP program NSI has supported over 250 healthcare workers at 48 hospitals.

It is heartening to note that the MSS tool which was developed in 2014 by NSI in coordination with MoHP has now been incorporated into the government system and has been rolled out throughout the country at all levels of health facilities. MSS units were established at MoHP and DoHS and also the seven provinces for the implementation of MSS.

I am very proud and grateful to our NSI team and officials of the MoHP, DoHS and Provincial governments that made these programs possible. In spite of the challenges we faced due to COVID-19, restrictions on travel and a not so normal work environment we have achieved a great deal together with determination and support and a sense of cohesiveness. With so many programs stalled or halted elsewhere, we are grateful to all who have helped us get here.

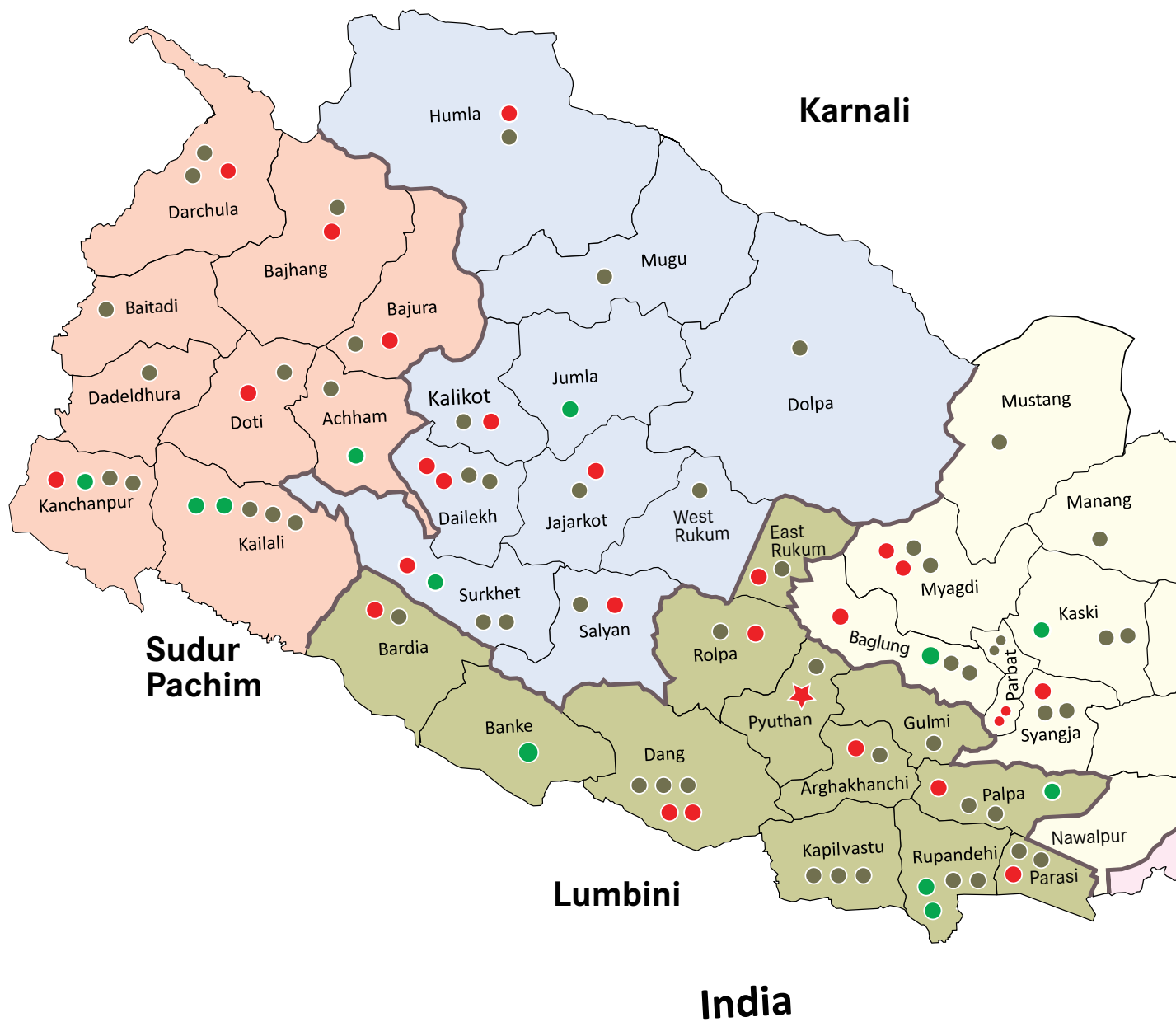
Dr Anil B Shrestha
Executive Director

TABLE OF CONTENTS

Covid-19 Response Activities	6
Highlights of 2020-21	7
An Overview of NSI	8
Training	10
Curative Service Support Program (CSSP)	14
Hospital Strengthening Program (HSP)	16
Research & Advocacy	20
Financial Details	22

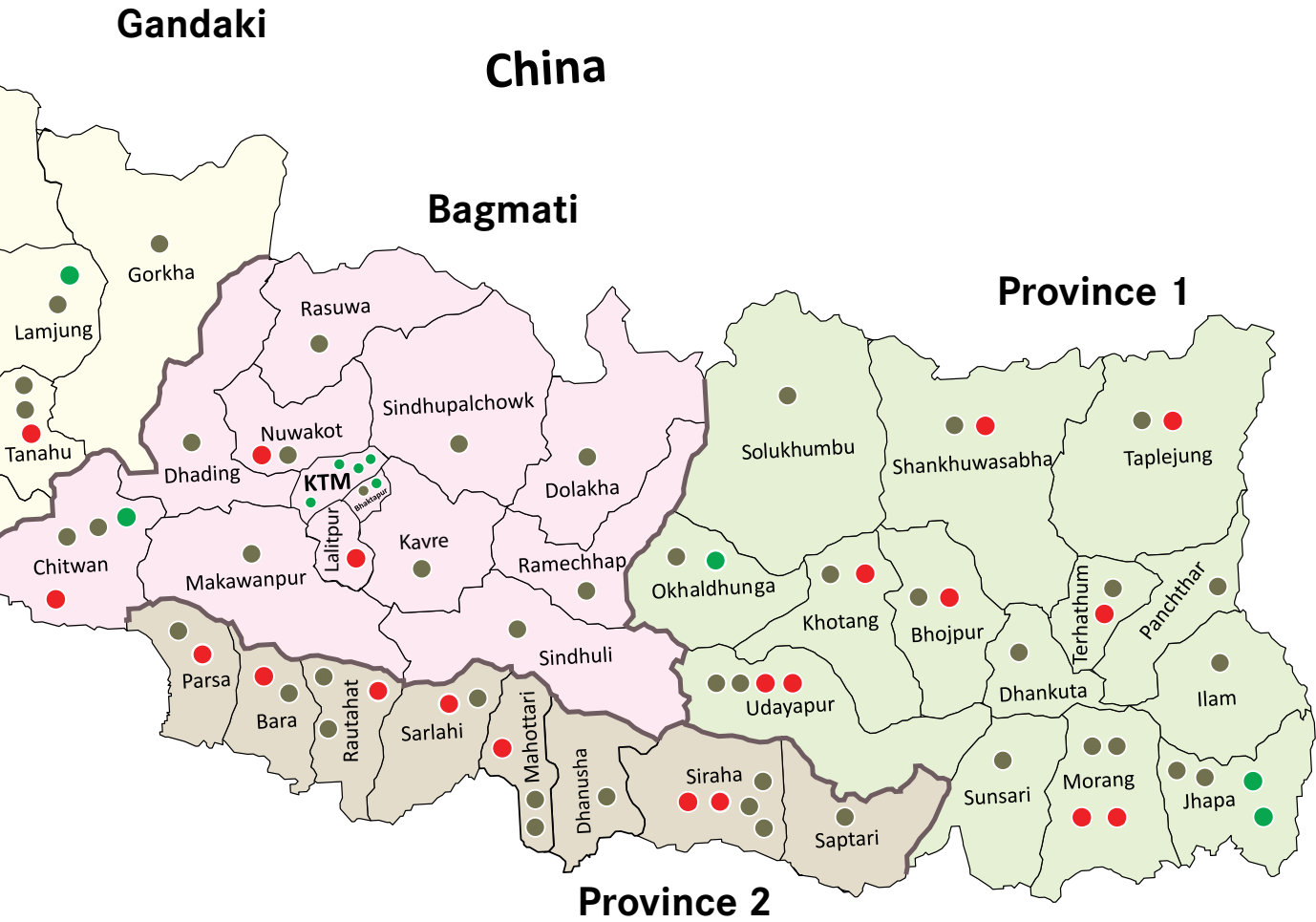


Where NSI Work





- ★ Hub Hospital (1)
- CSSP Hospitals (44)
- HSP Hospitals (99)
- Training Sites (22)



COVID-19 Response Activities

NSI has provided 100,000 units of Rapid Antigen Test Kit and 100 Oxygen Concentrator (total worth of NPR 76,074,425) to Ministry of Health and Population during COVID-19.

Items	Quantity	Distributed to
Owgers Oxygen Concentrator (10 L)	100	Province-1: Damak-3, Khotang-1, Mangalbare-2, Rangeli-3, Udayapur-3,
		Province-2: Gaur-3, Jaleswor-3, Kalaiya-3, Lahan-3, Malangawa-3, Nayanpur-2,
		Bagmati: Bagauda-1, Trishuli-4,
		Gandaki: Beni-3, Damauli-3, Darbang PHC-2, Parbat-3, Syangja-3,
		Lumbini: Arghakhachi-3, Bardiya-3, Gulmi-3, Kapilvastu-4, Lalatiya-2, Lamahi-2, Pyuthan-4, Rampur-2,
SD Biosensor Rapid Antigen Test Kit COVID-19	100,000	Karnali: Dailekh-3, Humla-3, Jajarkot-5, Kalikot-2, Mehalkuna-5, Salyan-3,
		Sudur Pachim: Bajura-2, Darchula-2, Dodhara-4
		Management Division, Department of Health Services



कोभिडमा राहत सामाजिक क्षेत्रको साथ
परोपकारी मनले बढाउँ सहयोगी हात



Rural Health Support Project

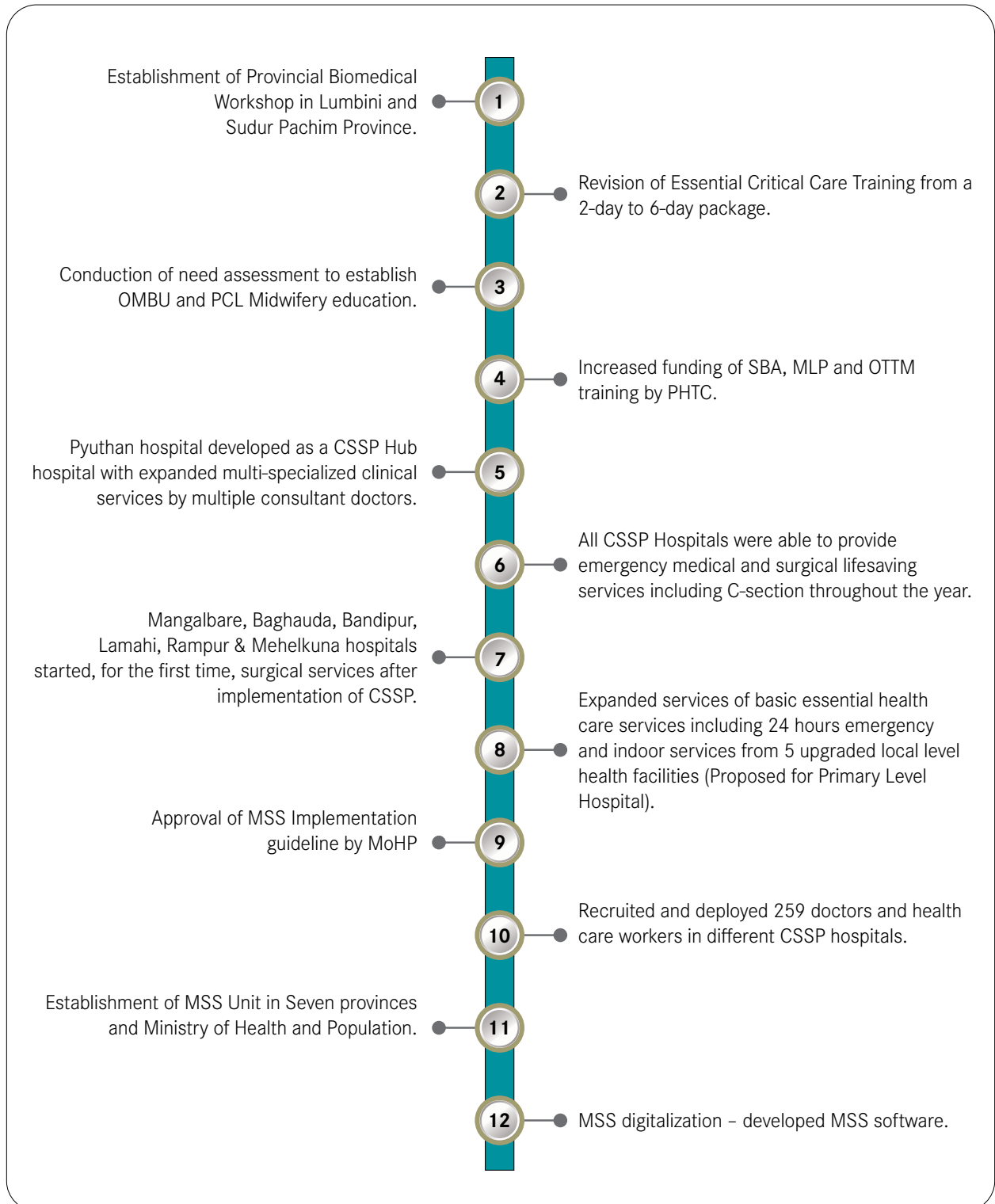
Nick Simons Institute, Nepal

7 June 2021

“सामाजिक क्षेत्र: राष्ट्रिय गौरव” आजको प्राथमिकता,
समृद्धि र सुखका लागि सामाजिक रूपान्तरण र उच्चशिक्षिता

(Social Welfare Council handed over the Rapid Antigen Test Kit and Oxygen Concentrator to Ministry of Health and Population on behalf of NSI in an event organized by SWC on 7 June 2021 at MoHP premises)

Highlights of 2020-21

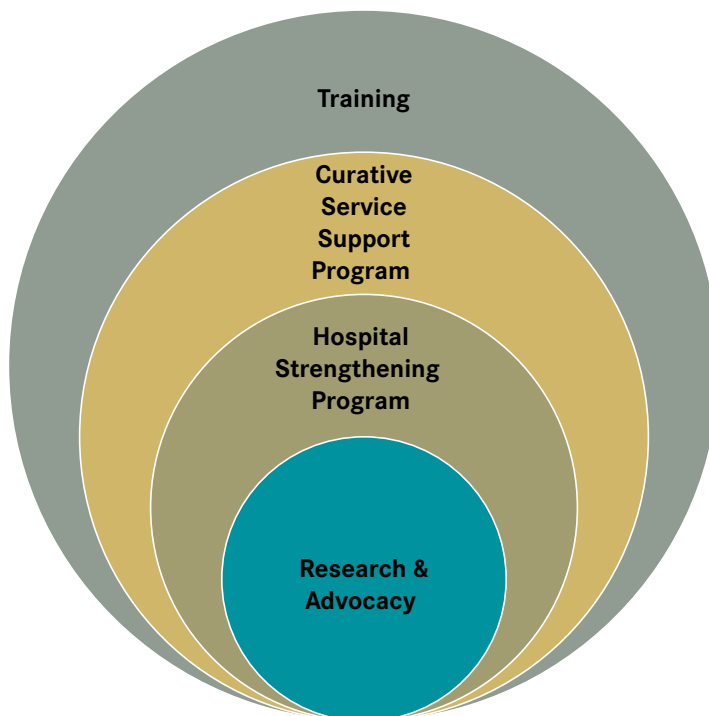


An Overview of NSI

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 was completed in July 2020 and the new one-year project named “Rural Health Support Project” has been signed on August 2020.

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

Under the training program NSI facilitated training of those healthcare cadres most likely to have impact in rural institution through different 22 training sites. Likewise, CSSP was implemented into 48 different level hospitals across the country whereas HSP was implemented into 97 different level hospitals. Finally, Research and Advocacy work targets changes in government policy including incorporation of NSI’s programs.











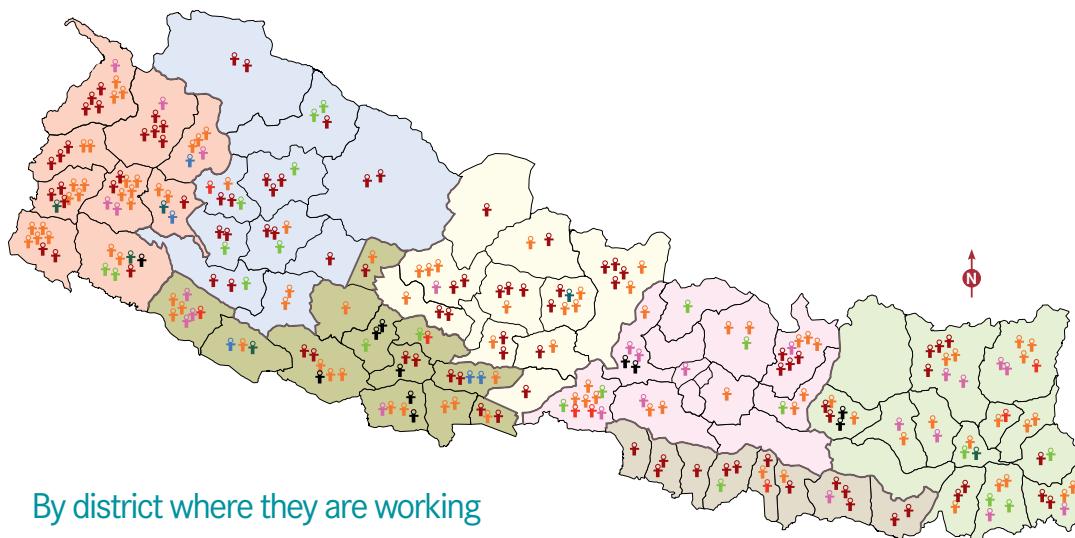


Training

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

Graduates Completing Training at NSI Sites 2020-21

Trainings	# of Trainees
Anesthesia  AAC	32
Assistant  SAFE course	21
Clinical Training Skills CTS	38
Diploma in Biomedical  DBEE	24
Equipment Engineering  Short courses	9
Essential Critical Care Training ECCT	182
Mid-Level Practicum  MLP	169
Operation Theatre Technique and Management  OTTM	66
Primary Emergency Care  PEC	49
Skilled Birth  SBA	187
Attendant  ASBA	28
TOTAL	784



By district where they are working

Advanced Skilled Birth Attendant (ASBA)

This is a course of 70 days designed to train Medical Officers to conduct normal deliveries and surgical procedures such as emergency caesarean section, including management of other obstetric complications and blood transfusion services. This year 28 Medical Officers received training from Bharatpur hospital.

Site	Target	Achievement	Remarks
Bharatpur	25	28	-

Anesthesia Assistant Course (AAC)

AAC is the one-year course under the National Academic of Medical Science (NAMS) and Karnali Academic of Health Science (KAHS). There are total of 32 candidates enrolled this year and the course was undertaken at 11 training sites.

Training Sites	Target	Achievement	Male	Female	Remarks
KAHS, Jumla	8	8	7	1	Bheri, Jumla, Seti, Surkhet
NAMS	24	24	17	7	AMDA, Bir, Bharatpur, Damak, Model, Paropakar, Pokhara, Tansen,

Diploma in Bio-medical Equipment Engineering (DBEE)

Diploma in Bio-medical Equipment Engineering (DBEE) course is a 18 month academic course affiliated to Council for Technical Education and Vocational Training (CTEVT) and is led by NHTC. The training is conducted at BMET Center, Teku. The sixth batch of DBEE program comprising of 24 participants is in progress. Likewise, BMET short courses for Lab & X-ray technicians were conducted at the BMET center but due to the lockdown imposed by government the training for lab technicians was interrupted and will be completed the following year.

Courses	Target	Achievement	Remarks
BMET Short Courses	25	9	-
DBEE	24	24	-

Essential Critical Care Training (ECCT)

NSI has developed and conducted an Essential Critical Care Training to address COVID-19 case management in conjunction with NHTC and technical support of Department of Anesthesia from the NAMS. The training is for the nurses and the doctors who are directly providing services in their COVID care units. Initially, the training was an intensive 2-day program and was focused on basic care related to COVID-19 treatment. This year, the training package has been revised as a 6-day training with onsite clinical exposure in ICU/HDU of training sites.

This year a 2-day training was provided to 178 health workers. The 6-day training was provided to 4 healthcare workers as pilot batch.

Mid-Level Practicum (MLP)

MLP is clinical-based course that helps to upgrade the skills of government's mid-level healthcare workers (Health Assistants and Auxiliary Health Workers) who form the back-bone of the rural health care team. This year a total of 169 mid-level healthcare workers graduated from various training sites/hospitals. Among them 55 were NSI funded and 114 were PHTC funded. It is one of a good example of scaling up and taking ownership by the provincial government.

Training Sites	Yearly Target	NSI Funded	PHTC funded	Total
AMDA Damak		8		8
Baglung			20	20
Bayalpata		13		13
Bharatpur			20	20
Lamjung			30	30
Mechi	130	8		8
Okhaldhunga		17	10	27
Seti			15	15
Surkhet		9	9	18
Tansen			10	10
Total		55	114	169

Operating Theatre Technique Management (OTTM)

The OTTM is 42-day long course designed to enhance the skills of staff nurses in OT techniques and management, especially focusing on providing emergency surgical services in rural hospitals.

Training Sites	Yearly Target	NSI Funded	PHTC & NHTC	Total
AMDA Butwal			6	6
Bharatpur	54	7	35	42
TUTH		18		18
Total		25	41	66

Primary Emergency Care (PEC)

Primary Emergency Care (PEC) is a 6-day training for nurses, HA and MOs who provide emergency care at the emergency units of district hospitals. The course focuses on Basic Life Support (BLS), Primary Trauma Care (PTC), Medical Emergencies, Basic Orthopedic Care and Management of Mass Casualties.

Sites	Target	NSI Funded	NHTC Funded	Total
NHTC/NSI	96	33	16	49

Skilled Birth Attendant (SBA)

This is a 60-day training that trains nurses who have been trained in the skills needed to manage normal pregnancies, childbirth and the postpartum care including identification management of those who develop obstetric complications and if needed timely referral to higher centers. This year a total of 80 nurses received SBA training from NSI budget and 107 from PHTC budget at various NSI supported training sites.

Training Sites	Yearly Target	NSI Funded	PHTC funded	Total
AMDA, Damak		20	12	32
Bhaktapur			8	8
Bharatpur		13	49	62
Lamjung Development Community	120		30	30
Mechi Zonal		29	8	37
Tansen Mission		18		18
Total		80	107	187

NSI also completed training site development for SBA training in Bhaktapur hospital and a batch of 8 nurses of different health institutions from Bagmati province's received training.

OTHER ACTIVITIES

Follow-up Enhancement Program (FEP)

A FEP is post training follow-up of training graduates carried out by trainers where graduates are working. During the field visit, trainers observe and assess the core skills and knowledge of trainees using a checklist. After assessment trainers provide on-sites coaching. Likewise, trainers also observe the enabling environment of the facilities, conduct meetings with management committee to share the gathered information and decide on further action needed to be taken by management committee for the improvement of service delivery.

A total of 112 graduates were followed up from Dang, Surkhet, Sarlahi and Udaypur district.

Provincial Biomedical Workshop (PBW)

It is a concept to address one of the major problems in modern day health institutions i.e., management and maintenance of biomedical equipment, faced by the hospitals all over Nepal through health technology management.

The activities of PBW establishment were conducted in partnership modality between NSI and authority of Provincial government. The responsibility of activities was shared between the NSI and Health Directorate in Sudur Pachim Province and PHTC in Lumbini province.

Although the process of establishment of PBW in both provinces started in 3rd quarter of the fiscal year, almost full budget was utilized by both the province and despite the lockdown due to covid, significant amount of work was done for the setup of the both PBW.

Assessments of hospitals for Midwifery PCL/Bridging Course

Need assessment to establish On-site Midwifery-led Birthing Unit (OMBU) and 3 years PCL Midwifery training was conducted at 5 different hospitals.

Curative Service Support Program (CSSP)

The Curative Service Support Program (CSSP) is the continuation of Rural Staff Support Program (RSSP) and Rural Staff Support Partnership Program (RSSPP). This program is implemented in 48 hospitals and healthcare facilities which includes 28 Primary Level Hospitals, 15 Secondary A Level Hospitals and 5 Local Level proposed Primary Hospitals (PHC & HP). The main objective of the program is to provide quality curative healthcare services to rural people within their own communities.

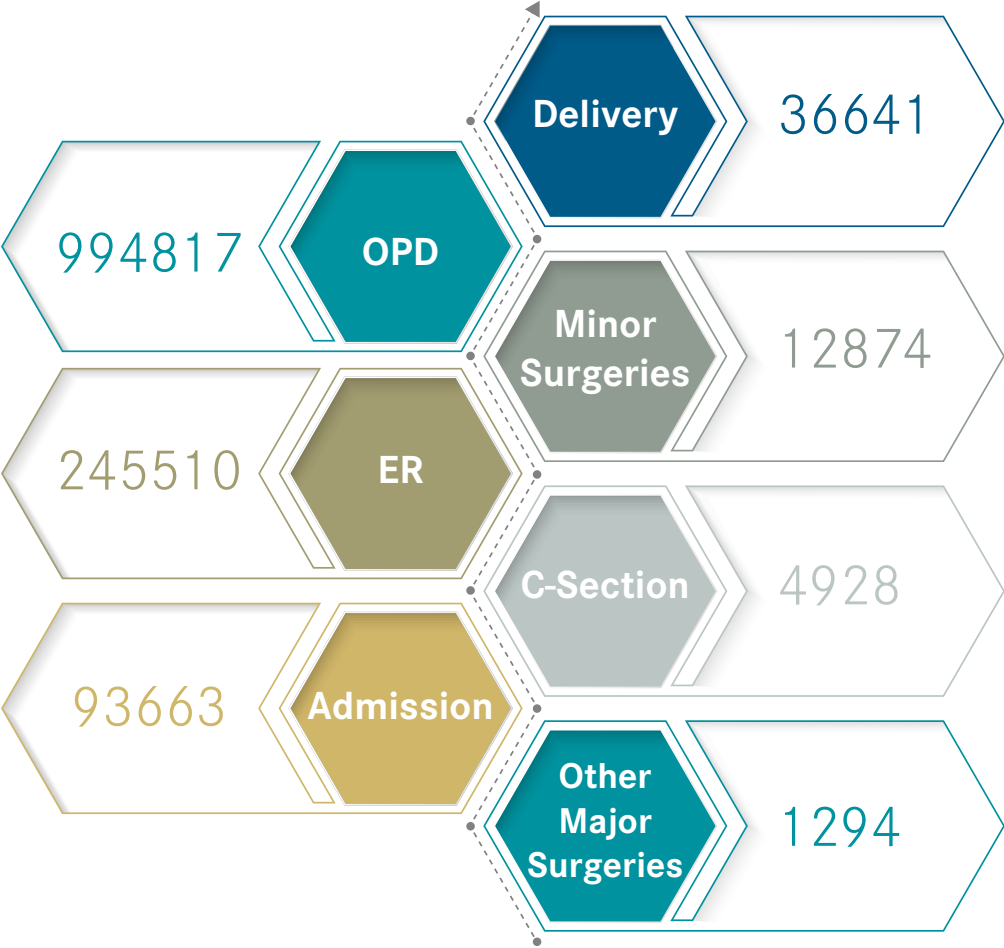
The program is designed to place key Clinical Human Resources including Consultant doctors, MDGPs and other essential health workers in program implemented hospitals. In addition, it supports essential equipment for the hospitals and living status standardization for doctors and health workers aiming to create workable environment of the hospitals.

The 3 different CSSP modalities:

- CSSP Hub Hospital: to provide multi-specialized healthcare services including major surgeries by multiple consultant doctors.
- CSSP Primary and Secondary A Hospitals: to provide quality healthcare services including emergency surgeries such as C-section, Appendectomy, Laparotomy, Hernia, Hydrocele etc. lead by MDGP doctor.
- CSSP Local Level Upgraded Hospitals: to provide basic and emergency healthcare services by Medical Officers.



Service Utilization at CSSP Hospitals for the Fiscal Year 2077/78



Hospital Strengthening Program (HSP)

HSP is a continuation of Hospital Management Strengthening Program (HMSP) which has been implemented in government hospitals since 2015. This program is designed to identify existing gaps on readiness towards the quality improvement of hospital services through self and joint assessment using Minimum Service Standards (MSS) tool. There are 4 categories of MSS tool to assess Primary, Secondary A, Secondary B and Tertiary level hospitals.

MSS is framed in three broad areas: Governance and Management, Clinical Services Management and Hospital Support Services Management.

System Strengthening

- MSS implementation guideline was developed and received approval from Ministry of Health and Population.
- 118 government officials received MSS Resource Person orientation with representation from all seven provinces.
- Technical and financial support was provided to conduct hospital management capacity development workshop to the hospital team in Gandaki province.
- Technical and financial support provided to conduct bi-annual MSS review workshop in Lumbini province
- MSS implementation unit was established at Ministry of Health and Population and Provincial Health Directorates.

MSS Implementation

MSS program has been conducted in 111 different levels of public hospitals. This year MSS was implemented by NSI as follows:

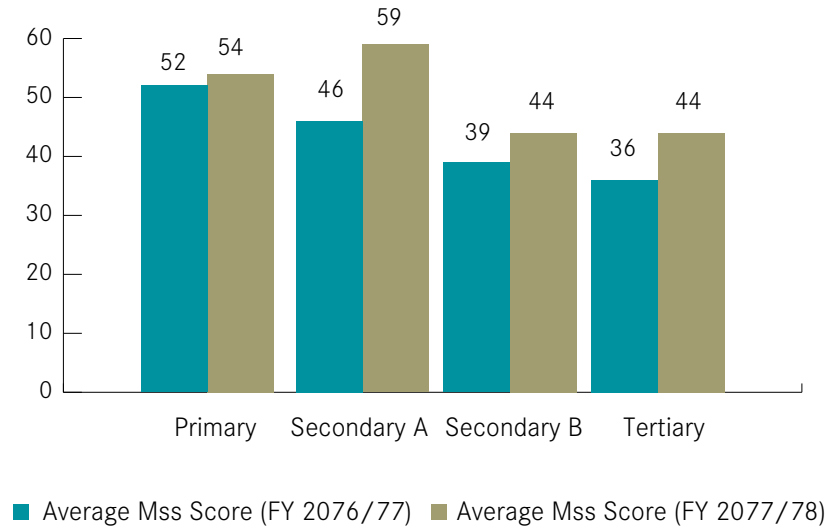
- 4 MSS assessments in 4 Secondary B level hospitals
- 6 MSS assessments in 5 Secondary A level hospitals.
- 5 MSS assessments in 5 local level upgraded primary hospitals
- MSS orientation workshop organized for upgraded 8 secondary A level hospitals.

Similarly, partial support was provided to conduct 84 MSS implementation in 70 Primary and Secondary A Level Hospitals and technical support provided to 6 Tertiary Level hospitals during MSS implementation by MoHP.

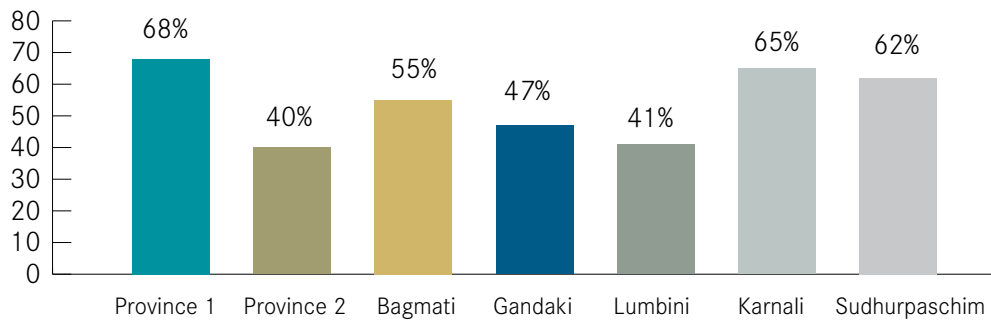


Latest MSS Scores based on revised MSS tool

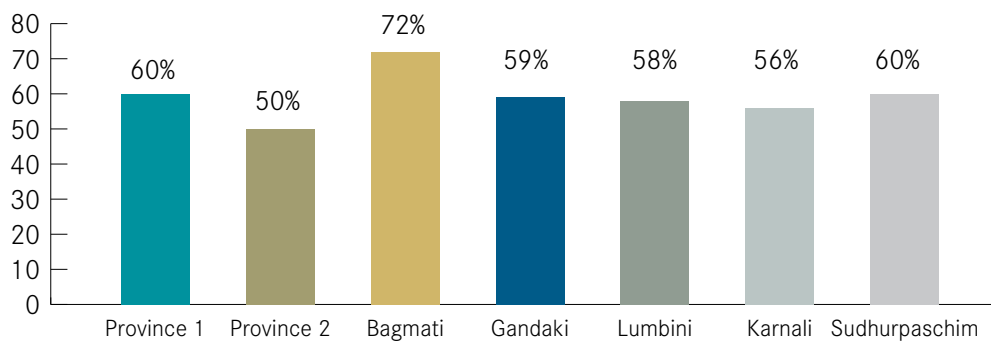
National average MSS Score of different level of hospitals in FY 2076/77 and 2077/78



Province wise Average MSS Score of Primary hospitals



Province wise Average MSS Score of Secondary A Hospitals



Top five Primary Hospitals (Based on Latest MSS Score till Asar 2078)

SN	Hospital's Name	Province	Total Score
1	District Hospital Taplejung	Province 1	89 %
2	District Hospital Bajhang	Sudurpashchim	88 %
3	District Hospital Dhankuta	Province 1	83 %
4	District Hospital Bhojpur	Province 1	82 %
5	District Hospital Dailekh	Karnali	82 %

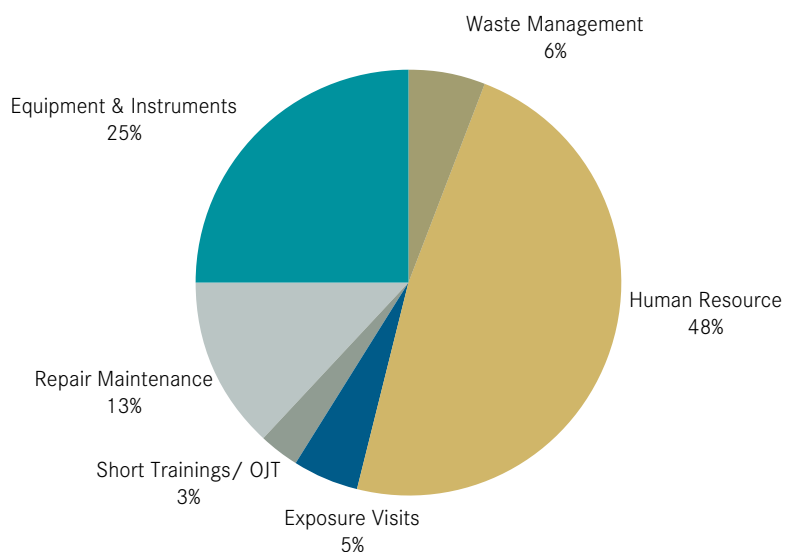
Top five Secondary A Hospitals (Based on Latest MSS Score till Asar 2078)

SN	Hospital Name	Province	Total MSS Score
1	Trishuli Hospital	Bagmati	89 %
2	Bhaktapur Hospital	Bagmati	83 %
3	Dhading Hospital	Bagmati	73 %
4	Bardiya Hospital	Lumbini	72 %
5	District Hospital Sankhuwasabha	Province 1	71 %

MSS Score of Secondary B Hospitals (Based on Latest MSS Score till Asar 2078)

SN	Hospital Name	Province	Total MSS Score
1	Lumbini Provincial Hospital	Lumbini	48 %
2	Seti Provincial Hospital	Sudur Paschim	46 %
3	Province Hospital Karnali	Karnali	45 %
4	Provincial Hospital Janakpur	Province 2	39 %

NSI Grant utilization status



NSI provided a complementary flexible grant of NPR 400,000 to 90 Primary and Secondary A level hospitals which was used for essential requirement. Data shows that 48% of the grant was used for Human Resources and 25% for equipment and instruments, 27% was used for other expenses.

Success Story of MDGP doctor in Rural Hospital



Dr. Rajan Ghimire, MDGP was posted in Terathum District Hospital under Curative Service Support Program (CSSP) of Nick Simon Institute for 2 years after successful completion of his MD course from Institute of Medicine Maharajunj, Kathmandu. He completed the course in 2019 with scholarship of Nick Simons Institute (NSI).

Terhathum district is the hilly district lies in the eastern part of Nepal in the Province 1. The administrative headquarters of Terhathum district is Myalung, where Terathum District Hospital is situated. The hospital is only treatment center for poor rural people of the Terathum.

Dr. Ghimire had started to work in the hospital as Clinical Coordinator from 29 May 2019. During his service period, he dealt with different cases successfully. Among them, one of the remarkable successful case stories is described in brief.

A 13-year-old boy presented in Outpatient Department (OPD) of Terathum District Hospital with complaints of not able to close the right eye, increased lacrimation, mouth deviation, and swelling of the right side of the face for 2 days. He was fine before 2 days when he was slapped and punched over the face during a quarrel with a friend.

On observation, there was swelling on the right side of the face too and no fever, loss of consciousness, limb weakness, cough, and ear discharge. No history of any recent viral infection, namely, mumps, measles, or herpes zoster.

During the examination, the patient was sitting comfortably in the chair. The angle of the mouth had deviated to the left side (Figure 1). There was an absent forehead crease on the right side of the face. He could not close the mouth completely and therefore could not blow the cheek and snarl. He was not able to close the right eye completely. On the otoscope examination, the right tympanic membrane had bulged and was erythematous. His clinical hearing assessment showed the sensorineural type of hearing loss with normal Rinne test in both ears and sound better heard in the left ear during the Weber test. Sensory, motor, and reflexes were normal. Other systemic findings were unremarkable.

The patient was counseled for further evaluation in a higher center with a non-contrast computed tomography (CT) of the head as it was not available in our center. However, because of the long distance to travel and associated cost, the patient party opted to get treatment in our center only, on an empirical basis. According to Dr. Ghimire his provisional diagnosis was the Right sided traumatic facial nerve palsy with sensorineural hearing loss with right-sided otitis media with effusion.



Before Treatment (Figure 1)



After Treatment (Figure 2)

The patient treated with oral prednisolone (1mg/kg/day, that is, 40mg q24h for 2weeks, followed by 30mg q24h for 2weeks, 20mg q24h for 2weeks, 10mg q24h for 2weeks, and 5mg q24h for 2weeks and stopped), cefpodoxime 100mg q12h for 7days, cetirizine 10mg q24h for 28days, and carboxymethyl cellulose eyedrop in right eye q6h for 6weeks. The patient was followed up weekly. His symptoms completely resolved after 6 weeks of the incident (Figures-2). After complete resolution of symptoms, we followed him at the third month from the incident during which time he had no symptoms.

Hospital is not only infrastructure and medical equipment, but there must also be appropriate and skilled clinical team to provide right health service in right time. Rural people of the Nepal have been depriving from even basic health care service due to un-accessibility and unavailability of the healthcare service provider. Because of such fact, rural people have been suffering and they have been wasting time and money as well. This was one of remarkable success story of posting skilled and appropriate doctor rural hospital of Nepal.

Research and Advocacy

Research and advocacy are integral parts of NSI as they are the foundation for strengthening programs and organizational work. The research unit conducted scientific research to generate evidence-based data for two purposes: to help to develop NSI strategy; and to strengthen its advocacy for policy/system change. NSI continued to design and conduct new research to generate evidence to improve current programs and suggest policy/system changes in Nepal’s primary healthcare system. Operational and follow-up research studies pertaining to the development of NSI programs and policy change were also carried out as and when necessary.



As part of its regular activities, NSI continued advocacy and public communications past year. However, due to the COVID-19 pandemic, the annual rural healthcare workers conference was not organized. Similarly, NSI published only one volume of newsletter which was usually published twice a year. NSI public communication via the meetings, websites and social media were regularly conducted.

Regular monitoring along with impact evaluations, process evaluations and assessments relevant to meet NSI’s institutional goals were conducted. NSI developed a robust database system to store relevant data collected from each hospital and programs to be used for records as well as periodic analysis, reporting, advocacy and dissemination/publications purposes. This unit oversees the Monitoring and Evaluation and also provides technical support to concerned departments as needed.

Key Activities	Achievements	Remarks
Conferences Attended /Presented	2	<ul style="list-style-type: none"> 6th Global Symposium on Health Systems Research [HSR 2020] Nepal Health Research Council Conference [virtual]
In-House Reports / Advocacy Materials Published	2	<ul style="list-style-type: none"> Clinical competency retention among mid-level health workers after mid-level practicum training in Nepal. How effective is the deployment of biomedical equipment technicians in improving functional status of medical devices in the government hospitals of rural Nepal?
Internal Evaluations / Assessments	4	<ul style="list-style-type: none"> Final Evaluation of Electronic Health Records (EHR) Pilot Project Survey to establish Provincial Biomedical Workshop Rapid Assessment of Follow up & Enhancement Program (FEP) Baseline study to establish Hub Hospital Program
Internship / Practicum	3	<ul style="list-style-type: none"> National - 1, International students - 2 [Grinnell College, John Hopkins University]
Journal Article Published	1	<ul style="list-style-type: none"> Acharya, Y., James, N., Thapa, R., Naz, S., Shrestha, R. & Tamang S. (2021). Content of Antenatal Care and Perception about Services Provided by Primary Health Hospitals in Nepal: A Convergent Mixed Methods Study. International Journal for Quality in Health Care, Volume 33, Issue 2, 2021, mzab049 https://doi.org/10.1093/intqhc/mzab049
Research / Studies Conducted	2	<ul style="list-style-type: none"> A review of service utilization among the NSI associated hospitals during COVID in Nepal http://nsi.edu.np/images/category/20_3_Nick_Simons_Institute_-_Hospital_Service_Utilization_Study_-_v03A.pdf Review of rural staff support program (RSSP) and rural staff support partnership program (RSSPP) hospitals
Staff Driven research	2	<ul style="list-style-type: none"> Clinical competency retention among mid-level health workers after mid-level practicum training in Nepal. Medical equipment management in rural hospital of Nepal



Financial Details

Summary of Expenses

A. Program Expenses

1. Training	Federal	Province 1	Province 2
1.1 Travel, Monitoring and Program Coordination	23,297,587	-	-
1.2 Biomedical Equipment Technician	24,359,480	-	-
1.3 Anesthesia Assistant Course	2,726,534	302,758	-
1.4 Skilled Birth Attendant	4,432,178	874,670	2,165,930
1.5 Mid-level Practicum	2,827,226	2,037,588	830,528
1.6 Continuing Professional Development	3,169,145	-	-
1.7 Operation Theater Management	206,112	1,758,616	88,764
1.8 Course Development	5,821,269	-	-
1.9 Follow-up & Evaluation Program	192,098	420,549	299,868
1.10 Technical Support to NHTC and New Training Sites (Hospitals)	1,787,864	-	-
1.11 Capacity Building of Provincial Health Training Center	496,095	1,232,568	152,251
Training Total	69,315,587	6,626,748	3,537,340
2. Curative Service Support Program (CSSP)			
2.1 Recruitment and Deployment of HR	-	33,863,536	16,584,861
2.2 Living Support to Deployed HR	-	1,375,950	837,468
2.3 Hospital Equipment Support	-	2,949,278	1,521,789
2.4 Travel, Monitoring and Program Coordination	31,909,204	5,448,359	3,938,174
CSSP Total	31,909,204	43,637,124	22,882,292
3. Hospital Strengthening Program (HSP)			
3.1 Implementation of Minimum Service Standard	-	512,812	686,176
3.2 Grants to the Hospitals	-	5,600,000	2,800,000
3.3 Support MoHP and Provincial Health Directorate	9,090,900	818,019	1,126,818
HSP Total	9,090,900	6,930,830	4,612,994
4. Research & Advocacy			
4.1 Research Studies and Disseminations	4,738,307	-	-
4.2 Advocacy Committee Meetings	3,670,164	-	-
4.3 Healthcare Workers Conference and Newsletter Publication	326,875	-	-
4.4 SWC Monitoring and Evaluation fee	-	-	-
4.5 SWC Evaluation Team expenses (DSA, Transport)	499,738	-	-
Research & Advocacy Total	9,235,084	-	-
5. COVID Response	73,885,663	-	-
Total Program Expenses	193,436,438	57,194,702	31,032,625

B. Administrative Expenses

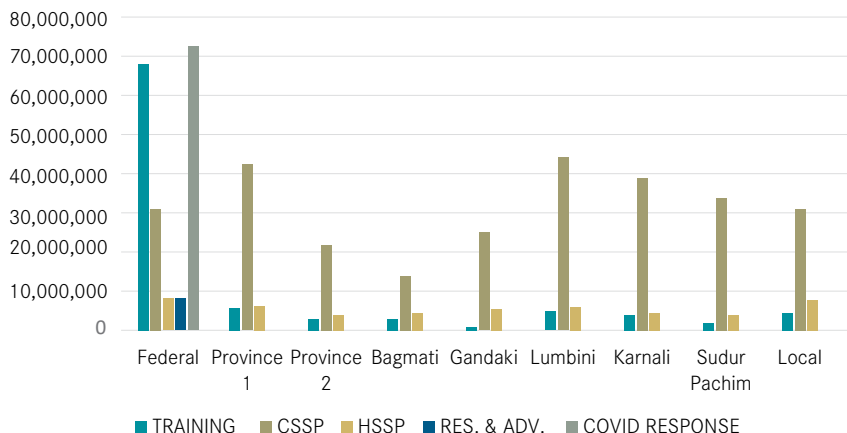
	Federal	Province 1	Province 2
1. HR Expenses (Salary, Dashain Bonus, Gratuity and Other Allowances)	31,605,831	-	-
2. Staff Development and Planning	1,090,906	-	-
3. Consultants (Legal, Audit and Other Consultants)	1,175,118	-	-
4. Insurance (Vehicle, Property and Medical)	2,483,552	-	-
5. Utilities (Telephone and Electricity)	912,291	-	-
6. Consumable (Household, Kitchen Supplies and Groceries)	1,209,683	-	-
7. Equipment and Office Expenses	7,648,825	-	-
8. AMC/Out Sourcing Services	4,058,420	-	-
Total Administrative Expenses	50,184,626	-	-

Bagmati	Gandaki	Lumbini	Karnali	Sudur Pachim	Local	Total
-	-	-	-	-	-	23,297,587/-
-	-	-	-	-	-	24,359,480/-
-	150,000	1,180,000	1,789,737	-	-	6,149,028/-
3,107,287	-	2,691,738	895,246	2,037,606	-	16,204,653/-
9,000	1,200,000	862,498	1,751,038	848,779	-	10,366,654/-
-	-	-	-	-	-	3,169,145/-
88,764	-	277,211	-	-	-	2,419,467/-
-	-	-	-	-	-	5,821,269/-
-	-	355,943	303,816	-	-	1,572,273/-
-	-	-	-	-	4,958,268	6,746,132/-
365,401	-	513,151	-	-	-	2,759,465/-
3,570,452	1,350,000	5,880,540	4,739,835	2,886,384	4,958,268	102,865,154/-
						190,976,033/-
7,906,016	18,707,694	33,674,375	31,957,124	25,786,066	22,496,361	190,976,033/-
386,251	1,042,026	1,473,567	654,489	442,564	1,853,994	8,066,308/-
1,650,159	1,255,884	3,462,410	1,452,959	2,901,779	7,831,292	23,025,549/-
4,581,978	5,337,003	6,421,631	6,019,667	5,410,877	-	69,066,894/-
14,524,404	26,342,607	45,031,981	40,084,238	34,541,286	32,181,647	291,134,783/-
						6,202,302/-
1,152,630	950,337	1,719,817	395,391	785,140	-	6,202,302/-
3,600,000	4,000,000	4,400,000	3,600,000	3,600,000	8,400,020	36,000,020/-
569,887	1,190,742	665,756	1,043,714	567,442	-	15,073,276/-
5,322,516	6,141,079	6,785,573	5,039,105	4,952,582	8,400,020	57,275,597/-
						4,738,307/-
-	-	-	-	-	-	4,738,307/-
-	-	-	-	-	-	3,670,164/-
-	-	-	-	-	-	326,875/-
-	-	-	-	-	-	-
-	-	-	-	-	-	499,738/-
-	-	-	-	-	-	9,235,084/-
-	-	-	-	-	-	73,885,663
23,417,372	33,833,686	57,698,094	49,863,178	42,380,252	45,539,935	534,396,282/-
Bagmati	Gandaki	Lumbini	Karnali	Sudur Pachim	Local	Total
-	-	-	-	-	-	31,605,831/-
						1,090,906/-
-	-	-	-	-	-	1,175,118/-
-	-	-	-	-	-	2,483,552/-
-	-	-	-	-	-	912,291/-
-	-	-	-	-	-	1,209,683/-
-	-	-	-	-	-	7,648,825/-
-	-	-	-	-	-	4,058,420/-
-	-	-	-	-	-	50,184,626/-

Summary of Program Expenses

	Training	CSSP	HSP	Research & Advocacy	Covid Response	Total
Federal	69,315,587	31,909,204	9,090,900	9,235,084	73,885,663	193,436,438
Province 1	6,626,748	43,637,124	6,930,830	-	-	57,194,702
Province 2	3,537,340	22,882,292	4,612,994	-	-	31,032,625
Bagmati	3,570,452	14,524,404	5,322,516	-	-	23,417,372
Gandaki	1,350,000	26,342,607	6,141,079	-	-	33,833,686
Lumbini	5,880,540	45,031,981	6,785,573	-	-	57,698,094
Karnali	4,739,835	40,084,238	5,039,105	-	-	49,863,178
Sudur Pachim	2,886,384	34,541,286	4,952,582	-	-	42,380,252
Local	4,958,268	32,181,647	8,400,020	-	-	45,539,935
Total	102,865,154/-	291,134,783/-	57,275,597/-	9,235,084/-	73,885,663/-	534,396,282/-

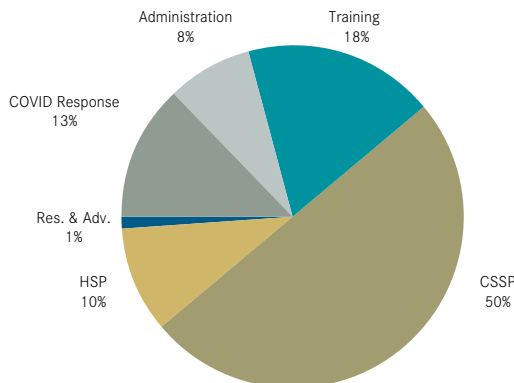
Summary of Program Expenses



Summary of Total Expenses

Total Expense Summary

	Total
Training	102,865,154
CSSP	291,134,783
HSSP	57,275,597
Research & Advocacy	9,235,084
Covid Response	73,885,663
Administration	50,184,626
Total	584,580,907



NSI Staff



Sitting: (from left) Dr. Suresh Tamang, Sumati Shakya, Rita Pokharel, Bikash Shrestha, Alesha Shahi, Palin Subba, Sharada Shah, Dr. Kashmir Shah
First row: Sajani Shakya, Tej Bahadur Shrestha, Sushil Basnet, Madhav Bhusal, Subin Joshi, Abhaya Pradhan, Sagar Singh, Rabina Shakya, Ashish Chauhan, Suraj Shrestha, Janardan Pathak, Deepti Mathema, Shovana Rai
Second row: Deepa Chitrakar, Arjun Ghimire, Ram Kumari Lama, Bhumika Gurung, Indra Rai, Hari Bhakta Kayastha, Rupesh Maharjan, Bimal Pun, Dr. Anil B. Shrestha, Bal Sunder Chanski, Rita Thapa, Salomi Poudel, Sushma Lama, Suresh K. Shrestha, Jonu Pakhrin, Meena Dulal, Rukesh Shrestha, Naba Raj Shrestha, Taramuni Shakya



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