

NSI
Nick Simons Institute

ENHANCING RURAL HEALTHCARE

Annual Report
2082-83 (2025-26)

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Our Vision

Rural and underserved Nepalese receiving quality healthcare services within their own communities.

Our Mission

To innovate and scale up solutions to enhance rural healthcare by strengthening government hospital's capacities to deliver curative services.





Our Core Values

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

Message from the Executive Director



I am pleased to present the Nick Simons Institute's Annual Report for the fiscal year 2082–2083 (2025–26). This year marks the completion of the five-year Rural Hospital Strengthening Project, a significant milestone in NSI's continued commitment to strengthening Nepal's rural health system. Throughout the year, we worked closely with federal, provincial, and local governments, training institutions, health facilities, and frontline health workers to improve the quality and sustainability of healthcare services in some of Nepal's most underserved communities.

Despite persistent challenges in human resources, infrastructure, geography, and health system capacity, NSI continued to deliver practical, evidence-based, and locally owned solutions to strengthen institutions, build health workforce capacity, and improve rural health services.

During the year, we made notable progress across our core programme areas, including clinical training, health workforce development, institutional capacity strengthening, hospital strengthening, implementation of Minimum Service Standards, and quality improvement initiatives. These efforts enhanced the knowledge, skills, and confidence of doctors, nurses, paramedics, and biomedical personnel serving rural communities, while strengthening service readiness, governance, and the quality of care in supported health facilities. We are also proud to have produced several publications documenting our experiences and lessons learned, contributing to knowledge sharing and informing advocacy efforts at both the national and global levels. Above all, our focus has been on ensuring that the capacities, systems, and partnerships established through our work are sustained and continue to benefit communities well beyond the life of the project.

One of our significant achievements this year has been the continued strengthening of Provincial Biomedical Maintenance Units (PBMUs) in all provinces, which play a vital role in ensuring the functionality, maintenance, and sustainability of critical medical equipment across provincial health facilities. Together with our flagship Diploma in Biomedical Equipment Engineering and Anesthesia Assistant training programmes, these initiatives are helping build a stronger, more responsive, and sustainable health system for Nepal.

Our partnerships are the foundation of everything we do. We are grateful to the Ministry of Health and Food Safety, Provincial and local governments, academic institutions, development partners, health facilities, and training institutions for their continued collaboration and trust. Most importantly, we acknowledge the extraordinary dedication of frontline health workers, whose commitment to serving remote communities continues to inspire our work. I extend my sincere appreciation to Marilyn Simons and the Nick Simon Foundation, and the entire NSI team for their professionalism, dedication, and unwavering commitment.

As we conclude the Rural Hospital Strengthening Project, we also look ahead with optimism. The lessons learned, partnerships forged, and institutional capacities strengthened over the past five years provide a strong foundation for the next phase of our journey. Through the forthcoming Rural Health Systems Strengthening Project, NSI remains committed to working alongside government and partners to build resilient health systems, strengthen local capacity, and ensure quality healthcare. Together, we continue to move closer to our shared vision of stronger rural health systems and healthier communities across Nepal.

Dr. Archana Amatya
Executive Director



Table of Contents

An Overview of NSI	1
Major Achievements/Highlights of 2082-83	2
NSI Supported Sites	3
Training	5
Curative Service Support Program	11
Hospital Strengthening Program	15
Research Advocacy & Monitoring (Restructured as MEL)	17
Staff Development and Knowledge Sharing	19
Financial Details	21

An Overview of NSI

Nick Simons Institute (NSI), a non-governmental organization (NGO), has implemented its activities under the tripartite agreement with the Social Welfare Council (SWC) and Nick Simons Foundation International (NSFI) since 2014. The five-year project named **"Rural Hospital Strengthening Project"** was signed on October 2021.

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

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



Major Highlights of 2082-83 (2025-26)

- Trainer update of SBA/SHP modular training to 40 SBA trainers followed by accreditation of 7 SBA/SHP training sites in coordination with National Health Training Centre.
- NSI supported Provincial Health Training Centers of Sudurpaschim Province, Gandaki Province and HRDC of Karnali Province with manikins and necessary logistics for Primary Emergency Care training.
- NSI established Hospital Biomedical Units at Lamjung Hospital, Humla Hospital, and Lumbini Provincial Hospital.
- Biomedical Equipment Management Information System (BEMIS) software was implemented at Koshi Province in coordination with PHLMC Koshi Province.
- Strengthened 40 government hospitals across all 7 provinces, deploying 278 health professionals, expanding essential and specialized services, and serving 1.8 million patient visits, including 47,784 surgeries and 22,536 deliveries.
- Internal Continuing Medical Education (CME) systems institutionalized across CSSP-supported hospitals to promote continuous professional development.
- Institutionalized MSS in 138 government hospitals through 176 assessment events and strengthened government capacity by training 125 MSS Resource Persons across Nepal.
- MSS tools for two specialized hospitals - Cardiothoracic & Vascular Service Hospital and Orthopedic & Trauma Service Hospital were developed and approved by the Ministry.
- Six doctors awarded MDGP scholarships, contributing to the development and retention of skilled medical professionals for rural hospitals.
- Supported MoHP in advancing the National Surgical, Obstetric and Anesthesia Plan (NSOAP) through the National Stakeholder Workshop and sharing of the final draft NSOAP with MoHFS.
- Completed On-site Midwife/SBA-Led Birthing Unit Study at Bharatpur Hospital, Chitwan and Postoperative C-section outcomes Study at NSI supported sixteen first referral hospitals.
- NSI completes it's 20 years of service in Nepal.

NSI Supported Sites



- Hospital Support Program (HSP) Sites **(29)**
- Curative Service Support Program (CSSP) Sites **(40)**
- Training Centers **(21)**
- Provincial Biomedical Unit **(7)**



Training

The Nick Simons Institute (NSI) supports both clinical and non-clinical, skills-based training programs aimed at strengthening the competencies of healthcare workers by enhancing their knowledge and skills. These trainings are conducted in close coordination with the National Health Training Center (NHTC) and the Provincial Health Training Centers (PHTCs). NSI delivers these programs through a network of partner hospitals and accredited training sites, ensuring quality through trainer development, curriculum design and revision, training site standardization, and accreditation processes.

Clinical training includes AAC, OTTM, ASHP, SHP/SBA, MLP, PEC, ECCT, and Hemodialysis Training. Non-clinical training includes User Maintenance of BMET Lab, User Maintenance of BMET X-ray, User Maintenance of Cold Chain, BMET Refresher Training, Hemodialysis Equipment Maintenance Training, and the CTEVT-affiliated DBEE program.

At present, these trainings are implemented through 21 training sites across all seven provinces. The number of healthcare workers trained is presented below. In addition, 48 participants in the Anesthesia Assistant Course and 18 in the Diploma in Biomedical Equipment Engineering course were trained.

Province	NSI Supported Training Sites	Number of Healthcare Workers Trained
Koshi (134)	AMDA, Damak	106
	Provincial Hospital, Bhadrapur	10
	Health Training Center, Dhankuta	18
Madhesh (54)	Provincial Hospital Siraha	15
	Health Training Center, Pathlaiya	39
Bagmati (655)	Paropakar Maternity and Women's Hospital	18
	NHTC/BMET	239
	NAMS, Bir Hospital	106
	Bharatpur Hospital	96
	Trishuli Hospital	16
	TU Teaching Hospital	12
	Nepal APF Hospital	46
	NSI Office	77
	Human Organ Transplant Centre (Sahid Dharma Bhakta Hospital)	16
	Shahid Gangalal National Heart Center	17
	Nepal Orthopedic Hospial	12
Gandaki (58)	Province Hospital, Besishahar Lamjung	8
	Dhaulagiri Hospital	10
	Pokhara Academy of Health Sciences	16
	Health Training Center, Gandaki	24
Lumbini (52)	United Mission Hospital Tansen	20
	Lumbini Provincial Hospital	12
	Health Training Center, Butwal	20
Karnali (84)	Province Hospital Surkhet	84
Sudurpashchim (118)	Seti Provincial Hospital	39
	Bayalpata Hospital, Accham	8
	Mahakali Provincial Hospital	48
	Health Training Center, Dhangadi	23

Number of Human Resources Trained 1,155

Long Term Trainings

- **176** Skilled Birth Attendant
- **28** Advanced Skilled Birth Attendant
- **8** Bachelor in Midwifery Science
- **18** Diploma in Biomedical Equipment Engineering
- **144** Mid-Level Practicum Training
- **16** Renal Replacement Therapy Training (Hemodialysis Training for Nurses)
- **48** Anesthesia Assistant Course
- **66** Operation Theatre Technique and Management

BMET Short Trainings

- **11** BMET Refresher
- **11** User Maintenance of BMET Lab
- **19** Biomedical Equipment Testing and Calibration
- **13** Hemodialysis Equipment Maintenance Training
- **12** User Maintenance of BMET X-Ray

Short Term Trainings

- **162** Primary Emergency Care
- **159** Essential Critical Care Training
- **47** Clinical Training Skills
- **24** SAFE Course in Obstetrics
- **74** Basic Life Support
- **78** Trainer's update on SHP/ SBA Modular Training
- **12** SNCU Exposure Orientation
- **21** Package of Essential Non-Communicable Disease (PEN)

Clinical Orientations

- **8** Cardiac Emergency Exposure Training
- **17** NCD/Cardiac Conclave
- **4** Orthopedic Training

Anesthesia Assistant Course (AAC)

AAC is a one-year academic program offered under the National Academy of Medical Sciences (NAMS). The 13th batch of 23 students was trained. The 14th batch of 26 students are enrolled and are undergoing training at the clinical sites. NSI supported the Anesthesia Assistant Course Program Committee (AACPC) to prepare the AAC SOP, which was later endorsed by NAMS Academic Council.

Advanced Skilled Health Personnel (ASHP)

ASHP is a revised module 5 of the SHP and SBA package which has adopted a blended learning approach that includes 4 weeks of self-paced learning under the guidance of a facilitator, followed by 56-day onsite group-based training at clinical training sites. In the reporting year, a total of 28 medical officers received training. Additionally, NSI supported NHTC to conduct ASHP training sites accreditation assessment and to finalize the revised ASHP learning resource package.

Diploma in Bio-medical Equipment Engineering (DBEE)

DBEE is an 18-month academic program affiliated with the Council for Technical Education and Vocational Training (CTEVT) and led by the National Health Training Center (NHTC) at the BMET Unit, Teku. During the reporting year, the 10th batch of the DBEE program, comprising 18 students, completed their studies and graduated. Meanwhile, the 11th and 12th batches are currently underway. Additionally, a range of short courses were conducted, including User Maintenance of Lab Equipment, User Maintenance of X-Ray Equipment, training on Maintenance of Hemodialysis Equipment for BMETs/Engineers, as well as refresher training and testing equipment training, with a total of 66 participants. An integrated preventive maintenance checklist for biomedical equipment was developed by NSI and endorsed by NHTC.

Essential Critical Care Training (ECCT)

ECCT was developed by NHTC to enhance the skills of medical officers and nurses working in intensive care units and high dependency units of the hospitals. Knowledge and skills developed through this course will enable the participants to provide essential care to critically ill patients. This training was conducted at NAMS Bir Hospital, Pokhara Academy of Health Sciences, and Bharatpur Hospital. In the current year, the training was delivered to 159 health workers.

Mid-Level Practicum (MLP) Training

MLP is a clinical-based course that helps to upgrade the skills of mid-level healthcare workers (Health Assistants and Auxiliary Health Workers) and enables them to provide basic health care services effectively. This year, a total of 144 mid-level healthcare workers were trained at 11 training sites.



140
Target

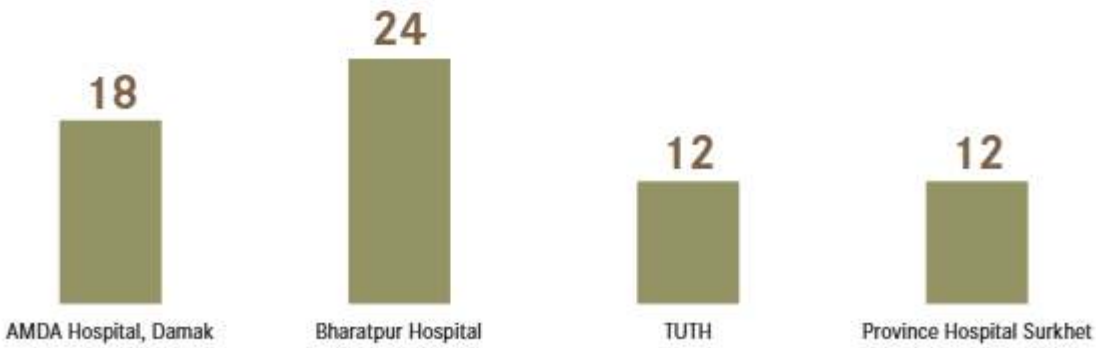
144
Achievement

Operation Theatre Technique and Management (OTTM)

OTTM course is a 42-day training designed to strengthen and enhance the skills of nurses in operation theatre techniques and management. This Learning Resource Package was revised during the reporting period which includes overall operation theatre management, infection prevention and control, pre-operative, intra-operative, and post-operative patient care, basic anesthesia/analgesic, basic orthopedic surgical care, safety of patients and OT staff and emergency preparedness in OT. This year, a total of 66 nurses received training.

56
Target

66
Achievement



Primary Emergency Care (PEC)

PEC is a 6-day training for nurses, health assistants, and medical officers who provide emergency services at the emergency units of the hospitals. The course focuses on Basic Life Support (BLS), Primary Trauma Care (PTC), Medical Emergencies, Common Orthopedic Emergencies, and Mass Casualty Incident (MCI) Management. A total of 162 health workers were trained in PEC training across all Provinces. NSI supported Provincial Health Training Centers (PHTC) of Sudurpashchim, Gandaki Province, and HRDC of Karnali Province with manikins and necessary logistics to conduct PEC training.

Skilled Health Personnel/Skilled Birth Attendant (SHP/SBA)

This Skilled Health Personnel/ Skilled Birth Attendant (SHP/SBA) modular training has replaced existing SBA training with SHP/SBA training consists of competency-based four modules designed to strengthen maternal and newborn care.

NSI supported NHTC in the trainer's update of SHP/SBA modular training for 40 SBA trainers of Koshi, Sudurpaschim, Lumbini and Bagmati provinces. During the reporting year, a total of 176 nurses completed the SHP/SBA Module 1-4 training across various NSI-supported training sites. Additionally, NSI supported NHTC to conduct SHP/SBA training site accreditation for 7 training sites. Additionally, NSI supported NHTC to conduct SHP/SBA training site accreditation for 7 training sites.

Other Trainings

NSI has been supporting other trainings like Clinical Training Skills (CTS), Safer Anesthesia for Education (SAFE) courses for Anesthesia Assistants and Anesthesiologists, Special Newborn Care Unit (SNCU) orientation, and the Renal Replacement Therapy Training for nurses. Additionally, 1-day BLS training was provided to OTTM and RRT trainers and AAC candidates. Exposure training on Cardiac Emergency, Orthopedic, and Cardiac conclave for doctors and nurses was provided.

Provincial Biomedical Management Unit (PBMU)

NSI has supported the establishment and ongoing operations of seven PBMUs across Sudurpashchim, Gandaki, Lumbini, Karnali, Koshi, Bagmati, and Madhesh Provinces. In addition to providing technical assistance NSI has deployed one biomedical equipment technician to each PBMU. To further reinforce biomedical services, NSI helped establish Hospital Biomedical Units (HBUs) at Lamjung Hospital, Humla Hospital, and Lumbini Provincial Hospital.

Nick Simons Institute supported the Biomedical Equipment Management Information System (BEMIS) which is being implemented in Sudurpashchim, Lumbini, Gandaki, Karnali, and Koshi Provinces, and is in the early phase of implementation in Bagmati Province. As of the reporting date, approximately 18,000 biomedical equipment assets have been recorded in BEMIS.

Midwifery Program

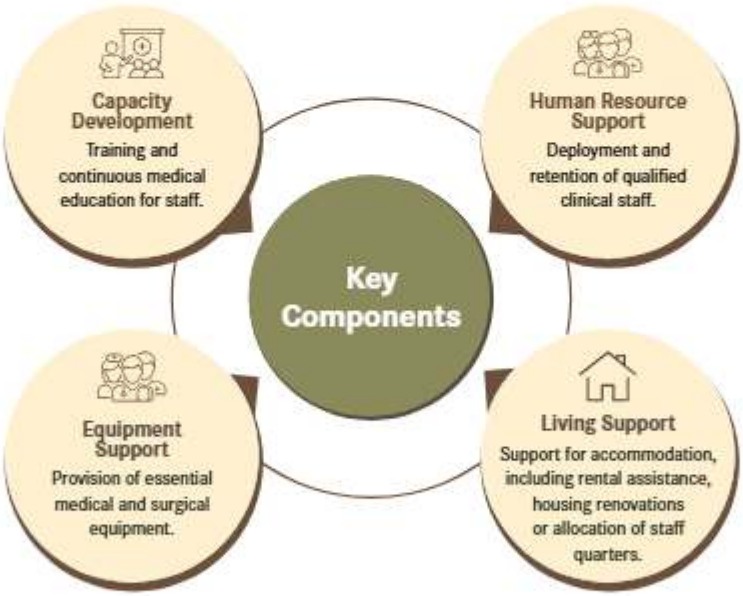
NSI supported the operationalization and functioning of onsite SBA/midwife-led birthing units at Paropakar Maternity and Women's Hospital and Bharatpur Hospital through the deployment of skilled midwives. Six at Paropakar Maternity and Women's Hospital and five at Bharatpur Hospital, strengthening the hospitals' capacity to provide quality, midwife-led maternity care.



Curative Service Support Program (CSSP)

The Curative Service Support Program (CSSP) continued to strengthen access to quality curative healthcare services in rural and underserved communities across Nepal through its support to 40 government hospitals. The program was implemented through three modalities: CSSP Hub Hospitals (3), CSSP Primary and Secondary A-Level Hospitals (CSSP-MDGP) (32), and CSSP - upgraded Primary Hospitals at the local level (CSSP-MBBS) (5).

In close collaboration with governments at the federal, provincial, and local levels, the program focused on improving the availability of skilled human resources, strengthening essential clinical services, enhancing hospital management systems, and ensuring the functionality and effective utilization of critical medical equipment.

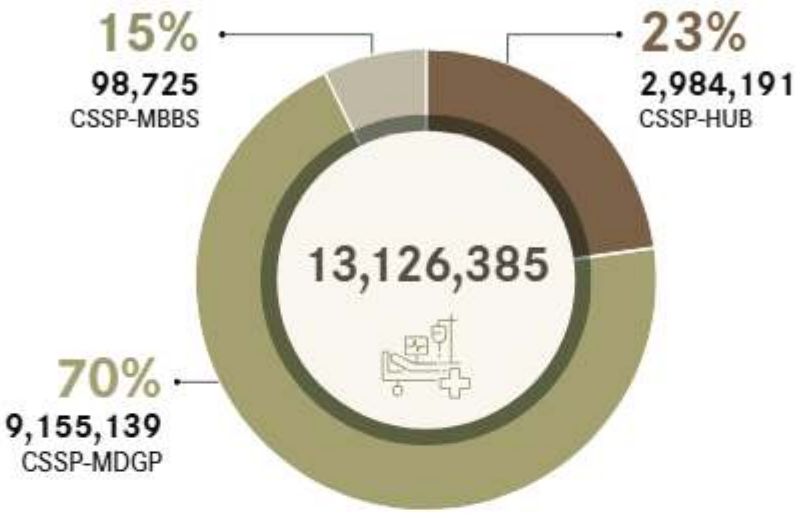


Human Resources Support

One of the key components of the Curative Service Support Program is the provision of skilled human resources to implemented hospitals. The program supports the deployment of MDGP physicians, Medical Officers, Staff Nurses, Anesthesia Assistants, Biomedical Equipment Technicians, and other Paramedical personnel. During FY 2082/83, a total of 278 clinical health professionals, including specialists/consultants, were deployed across 40 program-implemented hospitals through the respective Hospital Committees.

Essential Equipment Support

Every year, NSI provides essential clinical equipment to the program-implemented hospitals based on the gaps identified in each hospital. This year, NSI provided essential equipment worth NPR 1,31,26,385 in 40 hospitals.



Essential Equipment Support in NPR to the Hospitals

Living Support

Limited access to suitable accommodation for clinical staff remains a significant challenge in rural government hospitals, affecting staff retention and continuity of care. To address this, NSI provided support to rental houses at 28 hospitals. This year, such support amounted to NPR 9,803,243 for the 40 hospitals.

NPR 9,803,243
living support

Capacity Development

NSI helped strengthen the clinical competencies of healthcare staff through various rural-based capacity development programs. During the fiscal year, 29 doctors and nurses benefited from these initiatives, such as orthopedic surgery, a cardiac conclave and cardiology emergency.

Continuing Medical Education (CME) Activities

Continuing Medical Education (CME) has been institutionalized across CSSP hospitals, with 35 of 40 (88%) conducting internal CMEs, demonstrating strong adoption of continuous professional development.

Key Services Utilization

The table below presents the utilization of key curative health services across CSSP-supported hospitals in FY 2082/83, disaggregated by facility type: CSSP-Hub, CSSP-MDGP, and CSSP- MBBS.

Status of Key Services Utilization				
Utilization	**CSSP-HUB**	**CSSP-MDGP**	**CSSP- MBBS**	**Total**
A. Total Patient Visits	**330,653**	**1,421,264**	**48,934**	**1,800,851**
ER	38,840	220,980	2,423	262,243
OPD	291,813	1,200,284	46,511	1,538,608
B. Total Deliveries including C-section	**3,000**	**19,238**	**298**	**22,536**
C. Admission	**10,694**	**57,645**	**625**	**68,964**
D. Surgeries	**8,639**	**36,488**	**2,657**	**47,784**
C-section	971	3,729	-	4,700
Major Surgeries Excluding C-section	1,189	1,568	-	2,757
Intermediate Surgeries	673	1,648	-	2,321
Minor Surgeries	5,806	29,543	2,657	38,006

1,800,851 Total Patient Visits

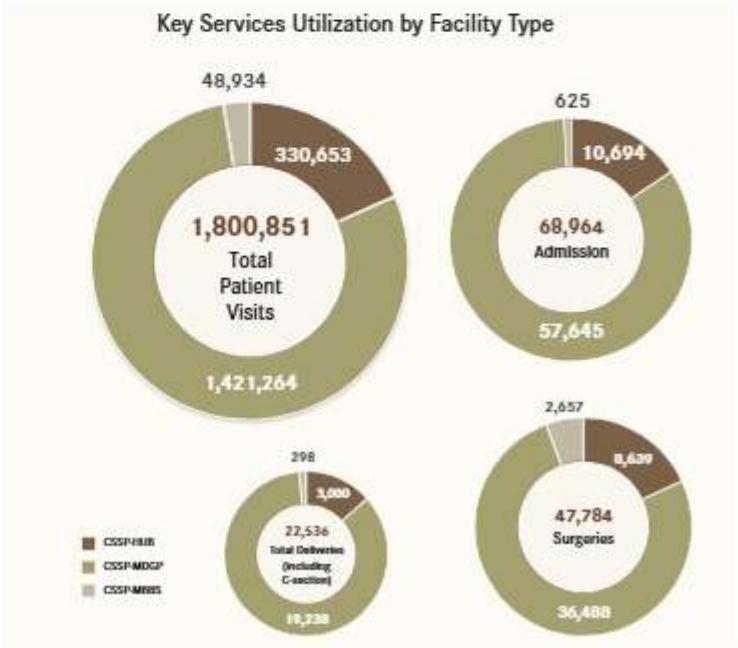
68,964 Total Admissions

47,784 Total Surgeries

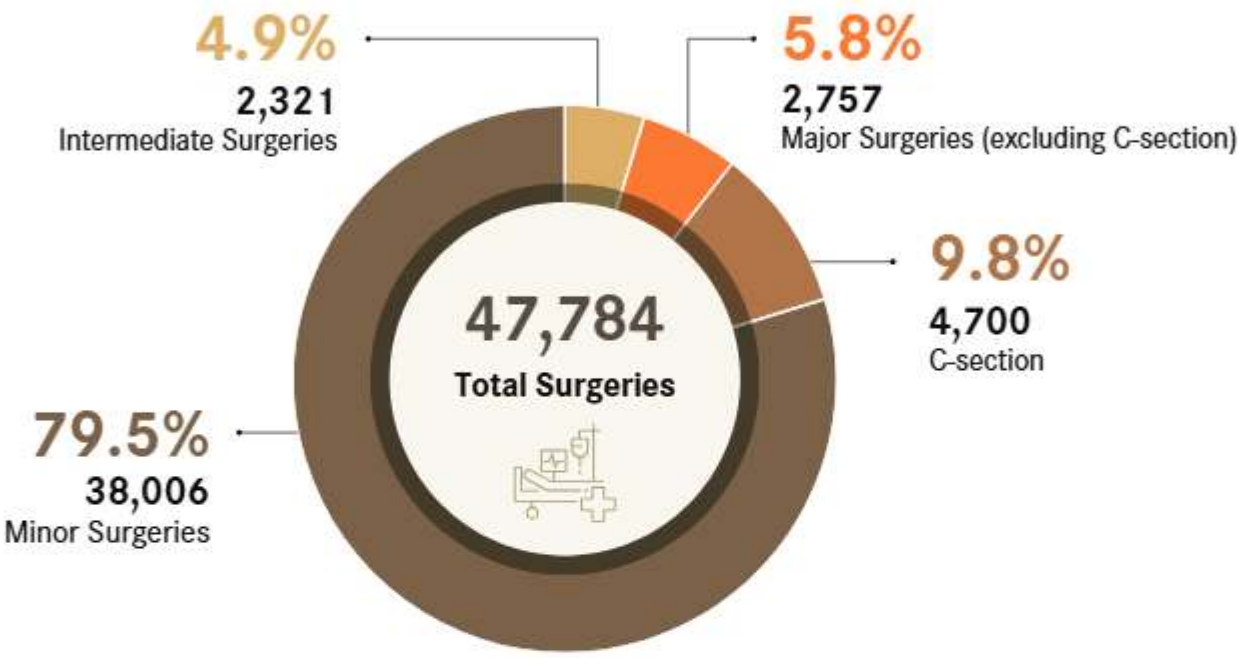
22,536 Total Deliveries (including C-section)

4,700 Total C-section

Primary and Secondary A-Level hospitals accounted for the largest share of services utilization across nearly every category, reflecting their central role in delivering curative care closest to communities. Hub hospitals continued to manage a substantial share of complex and emergency caseloads, while upgraded primary hospitals contributed a growing share of OPD and emergency visits as their service readiness improved.



Across CSSP-supported hospitals, a total of 47,784 surgeries were performed. Minor surgeries accounted for most of the surgeries (79.6%), followed by C-sections (9.8%), major surgeries excluding C-sections (5.8%), and intermediate surgeries (4.9%). This reflects the high demand for routine surgical care while demonstrating the programme's continued efforts to strengthen and expand access to major and specialised surgical services.



Total Surgeries Conducted at Different Hospitals

During FY 2082/83, CSSP strengthened rural government hospitals by integrating workforce support, clinical capacity, equipment, and infrastructure. These investments enabled hospitals to deliver a broader range of essential and specialised services closer to communities, strengthening local capacity and reducing reliance on referrals.

With the continued support from NSI, these hospitals were increasingly able to manage emergency cases, provide surgical and maternity services, strengthen diagnostics, and offer specialized care closer to communities, reducing unnecessary referrals and building health system resilience.

The scale of service utilization — 1.8 million patient visits, 262,243 emergency cases, and 47,784 surgical procedures- reflects both the program's reach and the critical role of CSSP-supported hospitals in Nepal's rural health system.

Hospital Strengthening Program (HSP)

The Hospital Strengthening Program (HSP) is implemented through two components: System Strengthening, which focuses on institutionalizing the Minimum Service Standards (MSS) within Nepal's government health system, and Program Implementation, which focuses on regular hospital assessment using MSS tools to identify service gaps, prioritize improvement areas, and support evidence-based action planning.

176	138	11	15
MSS assessment events	Hospitals assessed	Newly enrolled hospitals	Hospitals upgraded a tier

MSS is a Government of Nepal's program designed to assess and strengthen the quality and readiness of health facilities. During the reporting period, 176 MSS events were conducted in 138 hospitals, including 61 Primary, 40 Secondary A, 19 Secondary B, 12 Tertiary, and 6 Specialized hospitals. NSI supported the government teams in various aspects of MSS implementation and directly conducted 37 assessments and provided technical support to strengthen the quality and effectiveness of the supervision process in 34 hospitals. 138 hospitals across the country are now conducting MSS, an increase from 126 in FY 2081/82. The national average score for FY 2082/83 stands at 66.6%.

Score Distribution

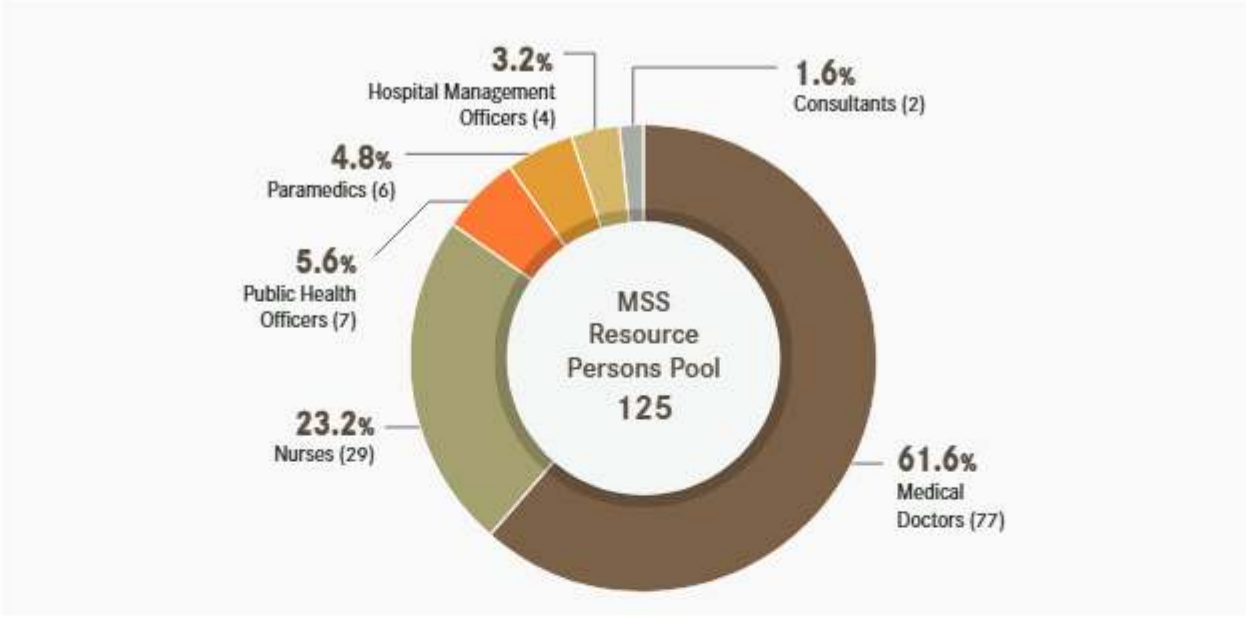
Score Band	Hospitals	Breakdown by Level
85 - 100%	34	Primary 10, Sec A 18, Sec B 5, Tertiary 1
70 - 84%	33	Primary 13, Sec A 9, Sec B 8, Tertiary 3
50 - 69%	47	Primary 21, Sec A 9, Sec B 5, Tertiary 7, Specialized 5
0 - 49%	24	Primary 17, Sec A 4, Sec B 1, Tertiary 1, Specialized 1

As per the MSS guidelines, hospitals should be assessed twice a year. In FY 2082/83, 38 of 138 hospitals (27.5%) were assessed twice - a decline from 46% in FY 2081/82. Restoring the twice-yearly cadence, particularly for hospitals assessed only once this year, is a key priority for the coming year.

NSI has been supporting nine MSS Implementation Officers deployed at the Quality Standard and Regulation Division (QSRD) Ministry of Health and Food Safety, the Curative Service Division at the Department of Health Services, and all seven Provincial Health Directorates, strengthening MSS implementation and coordination at federal and provincial levels.

MSS Resource Persons Pool

One hundred twenty five government personnel were oriented as MSS Resource Persons in FY 2082/83, in three batches, to build government capacity, Koshi Province initiated its own Resource Person workshop for the first time this year. This marks a concrete example of MSS implementation scaling up within government - from a federally led activity toward provincial ownership.



Institutions	Federal	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of Resource Persons	14	30	-	5	16	29	18	13

The expanding pool of province-based Resource Persons is strengthening government ownership and facilitating the gradual transition of MSS implementation to federal, provincial, and hospital levels.

Revision of MSS Tool and Implementation Guideline

Ten MSS tools tailored to different levels and types of hospitals, along with the MSS Implementation Guideline, are currently in use. The MSS tool for tertiary hospitals and the Implementation Guideline are being revised by the QSRD, Ministry of Health and Food Safety, with technical support from NSI.

MSS supports government hospitals to identify and address critical service gaps, strengthen clinical readiness, and improve the quality and responsiveness of care. By building the capacity of government staff and strengthening hospital systems, MSS is reinforcing government ownership and laying the foundation for sustained improvements in hospital performance and service delivery.

Research, Advocacy and Monitoring

(Restructured as MEL)

Monitoring, Evaluation, and Learning (MEL) remains a core component of NSI, tracking program progress, assessing effectiveness, and impact to inform decision-making and policy advocacy. In FY 2082/83, all 18 MEL indicators were systematically measured, and its findings shared with the CSSP and training teams to support evidence-based planning and continuous improvement.



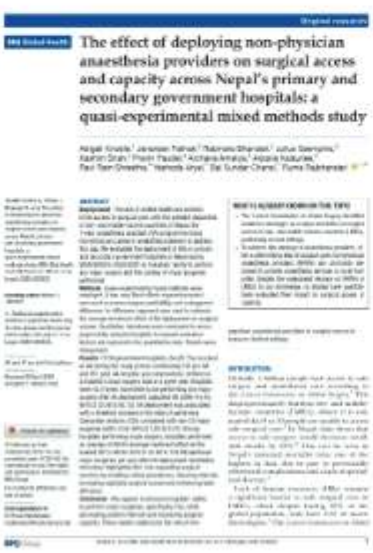
Data quality was strengthened through staff orientation, routine reviews, assessments, and field-based coaching on recording and reporting. Three research studies were completed, and their findings shared with participating hospitals, while outputs from earlier research were published in peer-reviewed journals.

Research findings were disseminated to federal and provincial governments and relevant stakeholders to inform evidence-based decision-making. The Rural Health Workers' Conference, postponed to next year. Regular publication of newsletters, briefs, brochures, and research articles supported evidence-based advocacy and learning.

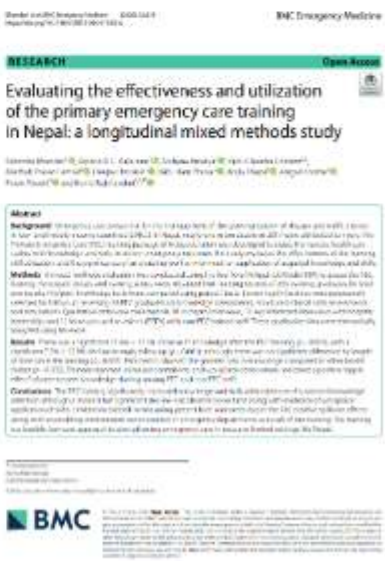


NSI of 20th Anniversary

Key Activities	Achievements	Remarks
Research Studies	3	• Postoperative Cesarean Section Outcomes Follow-up Study (Post-Op study) • Implementation study on Onsite Midwife/SBA-led Birthing Unit (OMSBU study) • Assessment of Surgical, Anesthesia and Obstetric (SAO) Care in Nepal (NSOAP survey).
Internal Evaluations Assessments/ Reports/ Advocacy Materials	4	• Post-Training assessment of ECCT training graduates • Newsletters • Voices from the Field • BEMIS Technical brief
Journal Article	2	• Evaluating the effectiveness and utilization of the primary emergency care training in Nepal: A longitudinal mixed methods study, BMC Emergency Medicine (2026), https://doi.org/10.1186/s12873-026-01593-w • The effect of deploying non-physician anesthesia providers on surgical access and capacity across Nepal's primary and secondary government hospitals: a quasi-experimental mixed methods study. BMJ Global Health. 2026;11:e020332. https://doi.org/10.1136/bmjgh-2025-020332
Conferences Attended	5	• 1st International Conference on Health Economics in Nepal • 12th National Summit of Health and Population Scientists in Nepal • 30th ANEMECON and 5th National Health Summit • 15th SAFOG Conference & 18th NESOG National Conference • 13th National Seminar on Healthcare Management


The effect of deploying non-physician anaesthesia providers on surgical access and capacity across Nepal's primary and secondary government hospitals: a quasi-experimental mixed methods study


स्वास्थ्यकर्मीको आवाज


Evaluating the effectiveness and utilization of the primary emergency care training in Nepal: a longitudinal mixed methods study

Staff Development and Knowledge Sharing

NSI encourages continuous professional development by investing in staff capacity-building and creating opportunities for staff to participate in national and international conferences, present their work, publish research, and share knowledge and learning.

In March, four staff participated in a Project Life Cycle Management with Log Frame Tools training at Corporate Training Bangkok. NSI also organized a workplace wellbeing workshop to support staff wellbeing and a positive work environment. In May, staff came together in Pokhara for the Annual Planning Retreat, providing an opportunity to reflect, plan, and strengthen team collaboration.

This year also marked 20 years of NSI, celebrated with a small internal gathering to recognize this important milestone and the contributions of our staff over the years.



Sharing the findings of the On-site Midwife/SBA-Led Birthing Unit Study at the 15th SAFOG Conference & 18th NESOG National Conference



Workshop on Wellbeing at the workplace



Annual Planning and Staff Retreat

Financial Details

Budget Heading	Federal	Koshi	Madhesh
1. TRAINING			
1.1 Program Coordination, Monitoring and Travel	39,867,636	704,329	319,558
1.2 Biomedical Equipment Technician (BMET)	29,039,119	1,639,393	5,379,721
1.3 Anesthesia Assistant Course (AAC)	6,095,181	-	-
1.4 Skilled Birth Attendant (SBA)	-	2,215,787	1,928,250
1.5 Advance Skilled Birth Attendant (ASBA)	5,661,251	118,644	-
1.6 Mid-level Practicum (MLP)	-	2,045,470	2,924,430
1.7 Continuing Professional Development	968,410	-	-
1.8 Operation Theater Management	5,890,971	-	-
1.9 Course Development	3,317,542	-	-
1.10 Short Courses	4,933,845	2,593,274	2,532,142
1.11 Technical Support to NHTC and Training Sites	2,086,361	-	-
1.12 Capacity Building of PHTC	-	842,664	1,237,542
1.13 Midwifery PCL Course	16,610,931	-	-
Training Total	**114,471,247**	**10,159,561**	**14,321,643**
2. CURATIVE SERVICE SUPPORT PROGRAM (CSSP)			
2.1 CSSP-HUB (Multi-speciality)	-	-	-
2.2 CSSP-Primary & Secondary Hospitals (MDGP)	44,993,586	34,300,534	11,439,491
2.3 CSSP-Local level upgraded Hospitals (MBBS)	-	-	-
2.4 CSSP Program Coordination, Monitoring and Travel	21,553,196	7,674,689	3,515,021
CSSP Total	**66,546,782**	**41,975,223**	**14,954,512**
3. HOSPITAL STRENGTHENING PROGRAM (HSP)			
3.1 MSS-System Strengthening	5,698,313	2,318,543	2,383,809
3.2 MSS Program Implementation	-	1,433,121	1,061,514
3.3 MSS- Complementary Grant	-	-	-
3.4 Electronic Hospital Record	19,217,780	-	-
3.5 Program Coordination, Monitoring & Travel	10,723,229	316,354	311,996
HSP Total	**35,639,322**	**4,068,018**	**3,757,319**

Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	Local	Total
401,737	655,603	701,375	958,429	861,273	-	44,469,940
2,469,124	839,616	695,829	1,471,004	763,119	-	42,296,925
-	139,555	299,453	200,000	199,488	-	6,933,677
2,113,979	827,959	1,991,789	1,782,529	3,168,804	-	14,029,097
-	-	-	-	-	-	5,779,895
2,043,255	1,986,677	2,073,398	2,050,064	3,020,126	200,000	16,343,420
-	-	-	-	-	-	968,410
-	-	-	-	-	-	5,890,971
-	-	-	-	-	-	3,317,542
4,699,291	2,410,252	2,723,933	2,593,953	2,146,694	-	24,633,385
-	-	-	-	-	-	2,086,361
1,246,290	1,436,787	720,493	1,423,903	1,434,513	5,960,000	14,302,192
-	-	-	-	-	-	16,610,931
12,973,676	**8,296,449**	**9,206,270**	**10,479,882**	**11,594,017**	**6,160,000**	**197,662,745**
19,709,427	22,335,168	19,237,877	-	-	-	61,282,472
12,327,276	10,661,690	24,306,369	33,242,904	28,249,901	39,753,348	239,275,099
-	-	-	-	-	20,348,394	20,348,394
6,587,484	9,290,666	8,121,227	5,948,983	4,358,877	1,889,103	68,939,245
38,624,187	**42,287,524**	**51,665,473**	**39,191,887**	**32,608,778**	**61,990,845**	**389,845,210**
2,220,578	2,338,618	1,963,623	2,515,651	1,238,422	-	20,677,557
1,146,368	1,037,723	617,415	1,077,982	442,838	1,898,475	8,715,436
-	-	-	-	-	-	-
-	-	-	-	-	-	19,217,780
121,715	443,368	566,792	554,871	162,094	-	13,200,419
3,488,661	**3,819,709**	**3,147,830**	**4,148,504**	**1,843,354**	**1,898,475**	**61,811,192**

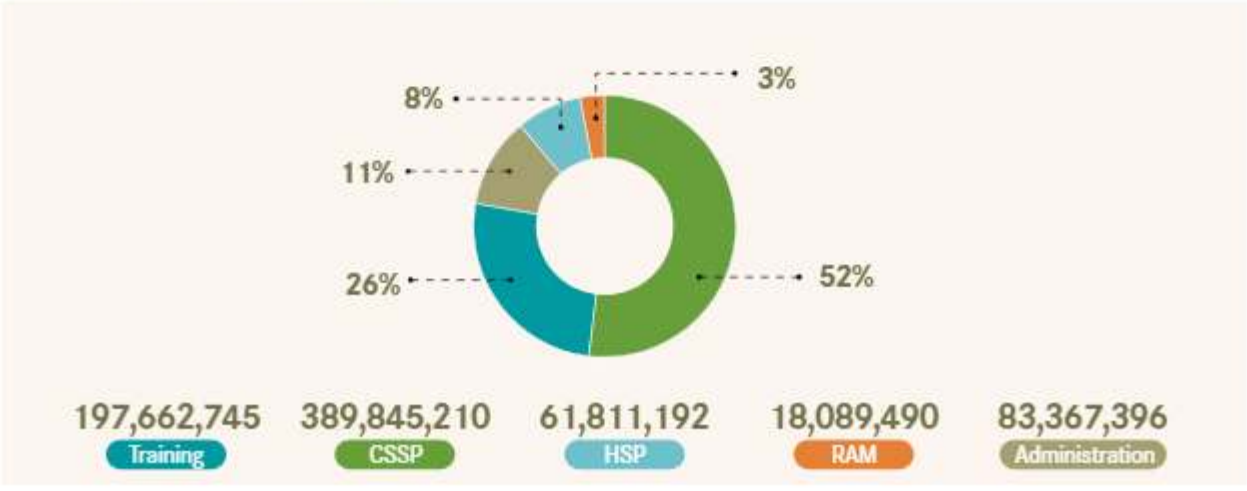
Budget Heading	Federal	Koshi	Madhesh
4. RESEARCH, ADVOCACY AND MONITORING (RAM)			
4.1 Research and Studies Conduction	9,695,123	-	-
4.2 Database and Software	154,008	-	-
4.3 Dissemination/Conferences	468,054	-	-
4.4 Healthcare Workers Conference and NS Award	1,780,530	-	-
4.5 Publications (Brochure, Newsletter, etc.)	2,843,541	-	-
4.6 SWC Monitoring and Evaluation fee	-	-	-
4.7 SWC Evaluation Team expenses (DSA, Transport)	308,540	-	-
4.8 Social Audit	998,355	-	-
4.9 Monitoring visits	379,762	-	-
4.10 Data Management, Software and Equipment	1,461,578	-	-
RAM Total	**18,089,490**	-	-
5. ADMINISTRATION			
5.1 HR Expenses	54,639,877	-	-
5.2 Staff Development and Planning	6,722,656	-	-
5.3 Consultants	1,479,300	-	-
5.4 Insurance	3,513,421	-	-
5.5 Utilities	1,175,478	-	-
5.6 Consumables	2,258,965	-	-
5.7 Equipment and Office Expenses	7,766,857	-	-
5.8 AMC	5,810,841	-	-
Administration Total	**83,367,396**	-	-
Grand Total	**318,114,237**	**56,202,802**	**33,033,474**

Governance-wise Summary of Program Expenses

Governance	Programs			
	Training	CSSP	HSP	RAM
Federal	114,471,247	66,546,782	35,639,322	18,089,490
Koshi	10,159,561	41,975,223	4,068,018	-
Madhesh	14,321,643	14,954,512	3,757,319	-
Bagmati	12,973,676	38,624,187	3,488,661	-
Gandaki	8,296,449	42,287,524	3,819,709	-
Lumbini	9,206,270	51,665,473	3,147,830	-
Karnali	10,479,882	39,191,887	4,148,504	-
Sudurpashchim	11,594,017	32,608,778	1,843,354	-
Local	6,160,000	61,990,845	1,898,475	-
Total	**197,662,745**	**389,845,210**	**61,811,192**	**18,089,490**

Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	Local	Total
-	-	-	-	-	-	9,695,123
-	-	-	-	-	-	154,008
-	-	-	-	-	-	468,054
-	-	-	-	-	-	1,780,530
-	-	-	-	-	-	2,843,541
-	-	-	-	-	-	-
-	-	-	-	-	-	308,540
-	-	-	-	-	-	998,355
-	-	-	-	-	-	379,762
-	-	-	-	-	-	1,461,578
-	-	-	-	-	-	**18,089,490**
-	-	-	-	-	-	54,639,877
-	-	-	-	-	-	6,722,656
-	-	-	-	-	-	1,479,300
-	-	-	-	-	-	3,513,421
-	-	-	-	-	-	1,175,478
-	-	-	-	-	-	2,258,965
-	-	-	-	-	-	7,766,857
-	-	-	-	-	-	5,810,841
-	-	-	-	-	-	**83,367,396**
55,086,524	**54,403,682**	**64,019,573**	**53,820,273**	**46,046,149**	**70,049,320**	**750,776,033**

Summary of Total Expenses



NSI Staff



Aarati Maharjan
Office Administrative Assistant



Aiesta Shahi
Program Officer, HSP



Ajay Bholan
Driver



Archana Amatya
Executive Director



Anisha Maharjan
Program Officer, HSP



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



Dinesh Bahadur Koirala
MEL Manager



Janardan Pathak
Program Officer, HSP



Manaswi Parajuli
Instructor, BMET



Manish Manandhar
Finance Coordinator



Meena Dulal
Housekeeper



Mohammad Kashim Shah
Sr. Program Manager



Muktinath Ghimire
Security Guard



Naba Raj Shrestha
Administrative Coordinator



Palin Subba
Admin/Finance Officer



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



Subindra Man Joshi
Finance Officer



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



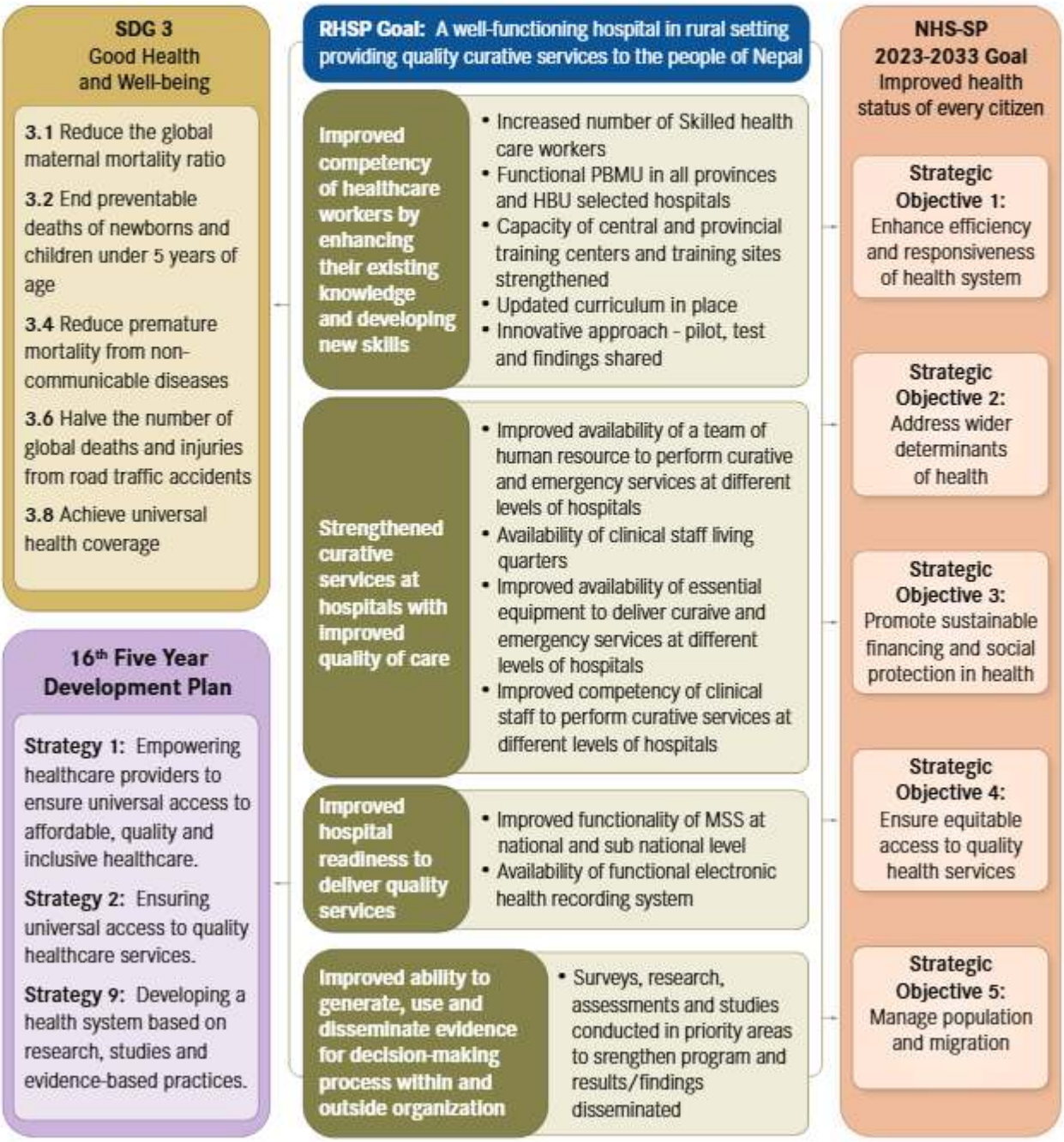
Taramuni Shakya
Administrative Manager



Tej Bahadur Shrestha
Housekeeper



Result Framework with link to National Health Goals and Plans



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