Nepal Health Sector Support Programme III

(NHSSP – III)

Report: Technical Skill Development Trainings Impact Evaluation

6th June 2018

Disclaimer

This material has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.

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Abbreviations

DFID	Department for International Development
DUDBC	Department of Urban Development & Building Construction
KII	Key Informant Interview
MoHP	Ministry of Health and Population
NEC	Nepal Engineering Council
NHSS	Nepal Health Sector Strategy
NHSSP	Nepal Health Sector Support Programme
PMIS	Project Management Information System
PPMO	Public Procurement Monitoring Office

Chapter 1: Introduction

Background

The Nepal Health Sector Support Programme Phase III (NHSSP 3) is an initiative of the Nepal Ministry of Health and Population (MoHP) financed by the UK Department for International Development (DFID). The NHSSP 3 intends to support the goals of Nepal's National Health Sector Strategy (NHSS) and assist the MoHP in building a resilient health system to provide good quality health services for all.

As part of the capacity enhancement programme of NHSSP 3, two technical development trainings were provided by NHSSP, targeting technical personnel at DUDBC and MoHP. They are:

i) Orientation training on **Retrofitting and Tender Process** (Feb 5-6 2018)
ii) Training on **Multi-Hazard Resilient Health Infrastructure Planning, Designing, and Implementation** (April 26, 2018)

The orientation training on **Retrofitting and Tender Process** sought to impart knowledge on retrofitting, various types and approaches of retrofitting, norms and rate analysis for retrofitting works, and the uses and benefits of the e-GP system for procurement. Similarly, the training on **Multi-Hazard Resilient Health Infrastructure Planning, Designing, and Implementation** aimed to enhance the capacity of Ministry of Health (MoHP) and Department of Urban Development and Building Construction (DUDBC) staffs by introducing them to new and existing policies and guidelines for health infrastructure development, approaches of retrofitting and challenges in Nepalese context, procurement strategies adopted for retrofitting of functional health facilities, and the use of Project Management Information System (PMIS).

The programme schedules for these events are attached in Annex 1.

Objective of the Evaluation

NHSSP 3 commissioned this evaluation assignment with an overall objective of measuring short, medium and long-term impacts of these two technical skill development trainings. The specific objectives of this evaluation are:

i) to measure change in knowledge and capacities of the participants due to of the training, and

ii) to assess use, implementation and dissemination of the contents of the training by the participants

Areas for further capacity enhancement, as perceived by the participants, are also identified and analysed in the evaluation.

Chapter 2: Methodology

Impact Evaluation

Impact of the training can be broadly understood as the difference in knowledge and capacities of the participants as a direct result of their participation in the training events. An important expected outcome of the training is often the participants gain knowledge. Coupled with this assumption is an expectation that the environment under which participants work after the training is conducive to applying the newly learnt concepts, skills and tools. Therefore, the impact of the training events for this assignment has been examined by considering the usefulness and relevance of the training in the application of theoretical knowledge in their professions; whether the participants have been assigned more relevant responsibilities and if willingness among the participants to gain further knowledge on the subject matter has increased because of the training events.

Evaluation Tools

The primary tool for impact evaluation was developed in the form of two separate questionnaires for participants of the two training events. The questionnaires were related to the sessions of the training events and are based on the themes of Health Infrastructure Guidelines and Standards, Retrofitting, Procurement, and Project Management Information System (PMIS). Participants were asked to rate their increase in knowledge or usefulness and other changes due the training on a scale of 1 to 5, with 5 representing the highest level. The complete set of questionnaires is included in Annex 2.

Survey Respondents

The primary audience of the trainings comprised engineers, sub-engineers and other technical personnel at DUDBC and MoHP. In addition, the evaluation team met with senior officers at the DUDBC for in-depth interviews. These participants of the trainings were the targeted respondents for the impact evaluation (Annex 3).

Survey Methodology

The survey was carried out through email, and respondents were followed up by multiple phone calls. Based on the attendance sheets of the two training events, a list of potential respondents was prepared, listing the names, phone numbers and email addresses. Participants were approached through email to send the questionnaire. Non responders were reminded through a

second email and series of phone calls. A number of engineers said they were in the field, had limited access to the internet and would try to respond within a few days, which the study team did not have. Conducting full interviews over the phone was not feasible as the participants were not available to do so and wished to fill up the forms themselves.

Limitations

The timeframe for the evaluation was relatively short to conduct a comprehensive and detailed evaluation for this nature of assignment that would benefit from detailed consultations and interviews, preferably face-to-face ones. This would allow a full understanding of technical knowledge imparted by the trainings and joint review of impact indicators. To make up for the time deficit, the study team had to limit the communications to email and phone, while having some direct key informant interviews (KII) with senior members of the government institutions and trainers.

The evaluation tools were designed based on the review of the presentation slides and the two training completion reports provided by NHSSP and the findings of the evaluation are limited to the participants of the two trainings who are available or who would respond to our phone calls. The sample size is still adequate, but this could have been even larger for a deeper understanding of the impacts.

It has been less than four months since the first training event on **Retrofitting and Tender Process** and less than one month since the second one on **Multi-Hazard Resilient Health Infrastructure Planning, Designing, and Implementation**. As such, the evaluation team feels that while the findings of this study do provide acceptable trends of impact trends or indications of impact, it is understandably too soon to measure the long term impacts. We consider long-term impact as demonstrated willingness, availability and access to continued professional development opportunities in the areas of retrofitting and multi-hazard resilient health infrastructure.

Chapter 3: Findings

The survey questionnaires were emailed to 38 participants of both trainings, limited to the technical personnel at DUDBC and MoHP, whose email addresses we could obtain from the attendance sheets or through telephone. In the rest of the report, Training 1 refers to the orientation training on retrofitting and tender process and Training 2 refers to the training on multi-hazard resilient health infrastructure planning, design and implementation.

A total of 23 participants of the two trainings responded in time for this evaluation. The number of participants who were sent the questionnaires and who responded on time, disaggregated by gender, is included in the table below.

Table 1: Number of potential and actual survey respondents

Gender	Questionnaire Sent			Questionnaire Responded		
	Training 1	Training 2	Total	Training 1	Training 2	Total
Male	19	13	32	13	5	18
Female	2	4	6	2	3	5
Total	21	17	38	15	8	23

Female participation in both training events was very low, but the response rate of females was 83% compared to 56% for males. As such female representation in the survey (22%) is more than the female representation in the trainings (16%).

Orientation on Retrofitting Works

Both the training events contained sessions relating to retrofitting of health infrastructure. Identical questions related to retrofitting were posed to participants of both training events. These questions sought to understand the change in retrofitting knowledge and concepts, whether participants were assigned more relevant responsibilities after the training, and if they had explored further to improve their understanding of retrofitting.

The orientation training on retrofitting and tender process covered several aspects of retrofitting in the first day, whereas the training on multi-hazard resilient health infrastructure had only one session devoted to retrofitting. As a result, increase in knowledge and understanding of retrofitting was felt mostly by participants of the first group, where 14 out of 15 respondents from that group (94%) felt moderate to large increase. The only participant who said he did not learn

much said the training covered general things already known to him earlier and that he had expected to learn more about retrofitting techniques, its process, theoretical background and approaches.

Fifty per cent of the participants in the second group thought that there was not much increase in their knowledge of retrofitting because of the training, 38% said moderate increase and 13% said they learned a lot from the training. Increased learning is an important outcome of capacity building activities towards achieving the desired impact, something that people use to build on their knowledge in the future (Figure 1).

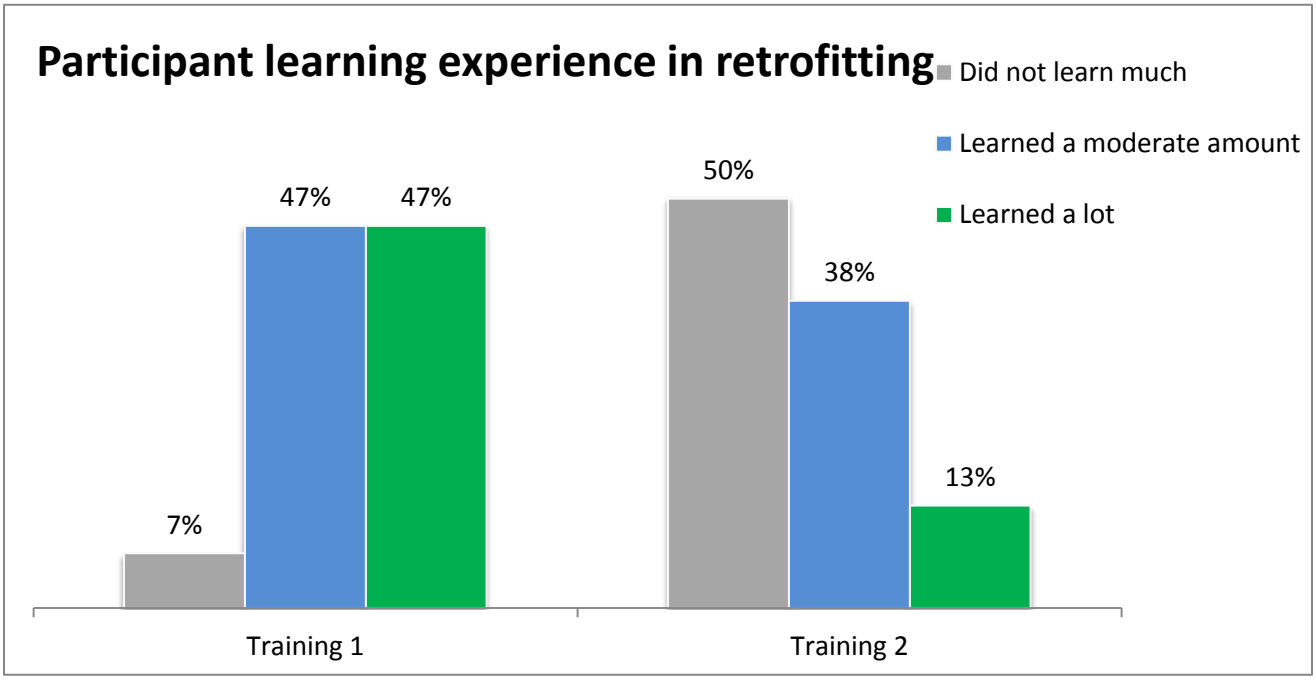

Figure 1: Participant learning experience in retrofitting

Regarding the content of the training, the idea of decanting and planning for it during a retrofitting exercise is the most important lesson that participants felt they learned. Overall, 70% of the participants of the two training events pointed to decanting, followed by types (48%) and approaches (39%) of retrofitting when asked about the important areas of their learnings (Figure 2).

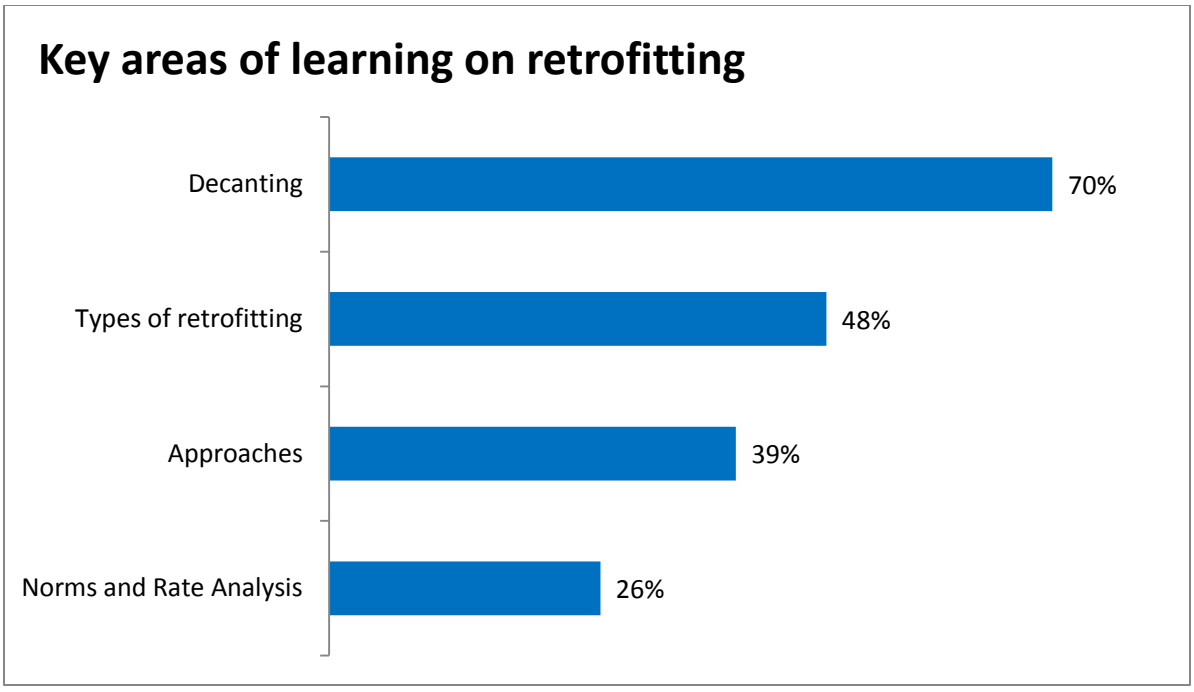

Figure 2: Key areas of learning on retrofitting

The trainings were criticized by some of the participants as being too theoretical, and would have been more attractive and effective if the training was more practical, covering for example, structural analysis based on simulation software.

An immediate impact indicator of the training would be the change in assigned responsibilities of the participants because of the training. It is encouraging to note that close to one-third of all participants (30%) said that they have been assigned tasks or projects related to retrofitting after the training. All these participants said that the contents of the training helped them to overcome challenges and be more efficient in their work.

Similarly, the practice of continued professional learning, building on the introductions provided by the trainings, is another step towards achieving short term impact. Promisingly enough, more than half of the participants (52%) said they have indeed sought further information on retrofitting after they took the training, mostly from the internet and a few from official sources like the **DUDBC Guidelines for retrofitting of load bearing structure and retrofitting of frame structure** (Figure 3).

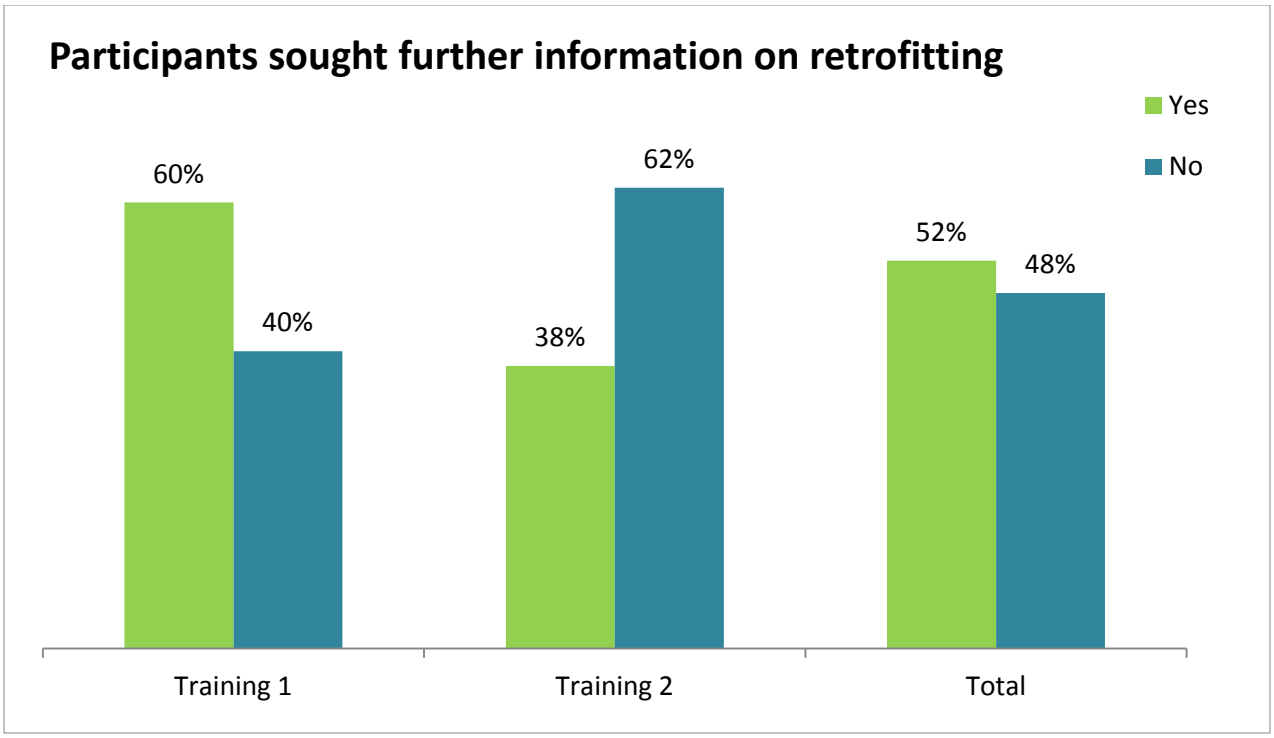

Figure 3: Participants sought further information on retrofitting

The limited opportunities for practical application may hinder the achievement of desired impacts of the capacity building exercises. For example, low opportunities for retrofitting prior to the earthquakes did not attract much need among the DUDBC engineers to seek skills in retrofitting. Similarly, if there are limited avenues for engagement and continued learning by DUDBC staff on retrofitting works after the earthquake and there is more focus on the new constructions, the attraction and usefulness of retrofitting will again diminish. Conversely, if the current trends in engagement of DUDBC engineers in retrofitting works continue, then there is enormous need for additional skills, as well as to cover more engineering team members (on technical skills) and authorities (on better understanding the strengths and limitations of retrofitting) for appropriate decision making on building multi-hazard resiliency in public infrastructure in general.

Public Procurement for Retrofitting Works

Participants of the orientation training on retrofitting and tender process were asked to rate the usefulness of the training content related to retrofitting of health infrastructure. Specific lessons learnt during the training were probed, and understanding sought on efficiency being experienced as a result of the knowledge provided by the training.

Almost half of the participants (47%) said they regularly use the learnings from the training on procurement and tender process in their current works (Figure 4). In a follow up question, 87% of them also thought that the skills that they gained in the training have resulted in more efficient procurement outcomes.

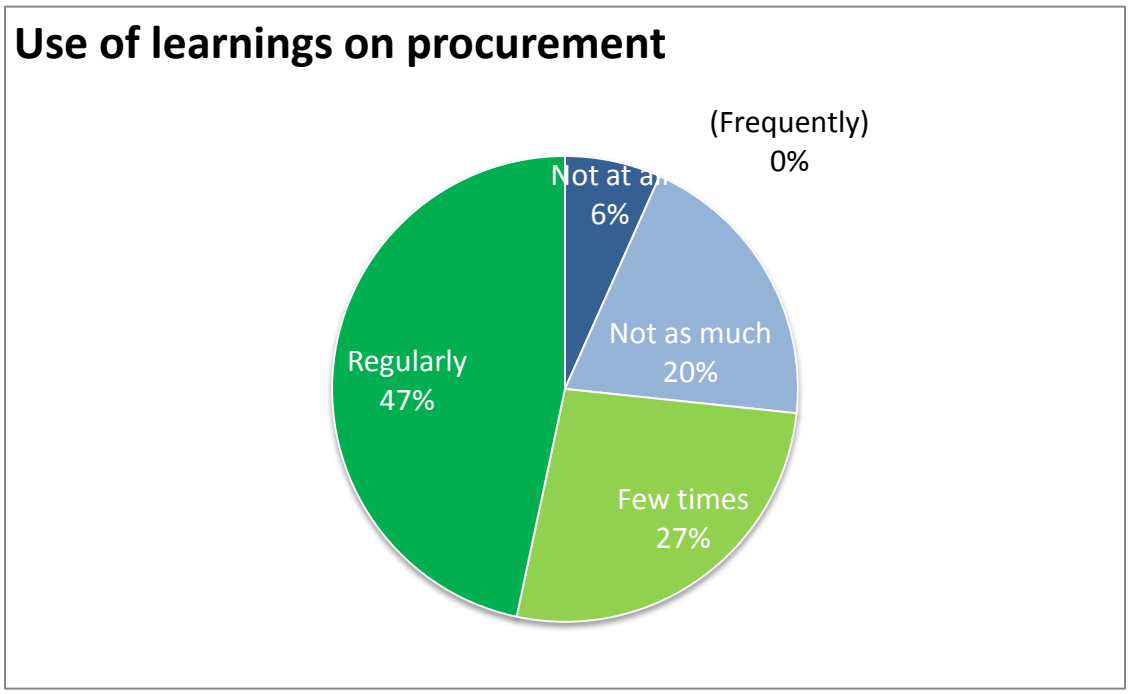

Figure 4: Use of learnings on procurement

Once again, the need for decanting while retrofitting a health facility, including the need for separate tender packages for decanting facility, was cited by 80% of the respondents as the most important lesson delivered by the training.

Content on estimation, norms and rate analysis for retrofitting works was felt lacking by participants. One of the participants of the first training said, "Clearly the norms for retrofit were

not that clear at the training. But other contents like decanting, its uses, need, and labour intensive retrofitting are the topics I learnt from the training".

Stakeholders at the DUDBC expressed during KIIs that the procurement process and criteria may need to be revised for retrofitting works. This was particularly essential as the requirement to meet prior experience requirement at the level of 80% of contract value is largely unrealistic for domestic firms since retrofitting is a relatively new approach for Nepal. Similarly, the possibility for variation in contracts can be anticipated to be high as techniques and design are only being applied, and flexibility in procurement system is required to address this.

53% of the participants said they have sought further information on public procurement for retrofitting works after they took the training. Continued learning of the participants in tender and procurement seems to be made possible by PPMO, which participants have cited as the source of further information, including about the electronic procurement portal e-GP.

Health Infrastructure Guidelines and Standards

The training on multi-hazard resilient health infrastructure planning, designing and implementation introduced participants to the new guidelines and standards for health infrastructure developed by the Government of Nepal. Respondents were asked to rate their level of understanding of the new guidelines and standards and whether they have used any of these guidelines and standards after the training, and if there are gaps in the use or implementation of these guidelines and standards.

Among the eight participants who responded to the survey, four of them (50%) said they learned a lot about the new **Health Infrastructure Guidelines and Standards**, saying they understand most aspects of the new guidelines (Figure 5). Two of them said they understand the main aspects of these guidelines while the remaining two said they did not learn much and have only a basic understanding of the new Health Infrastructure Guidelines and Standards.

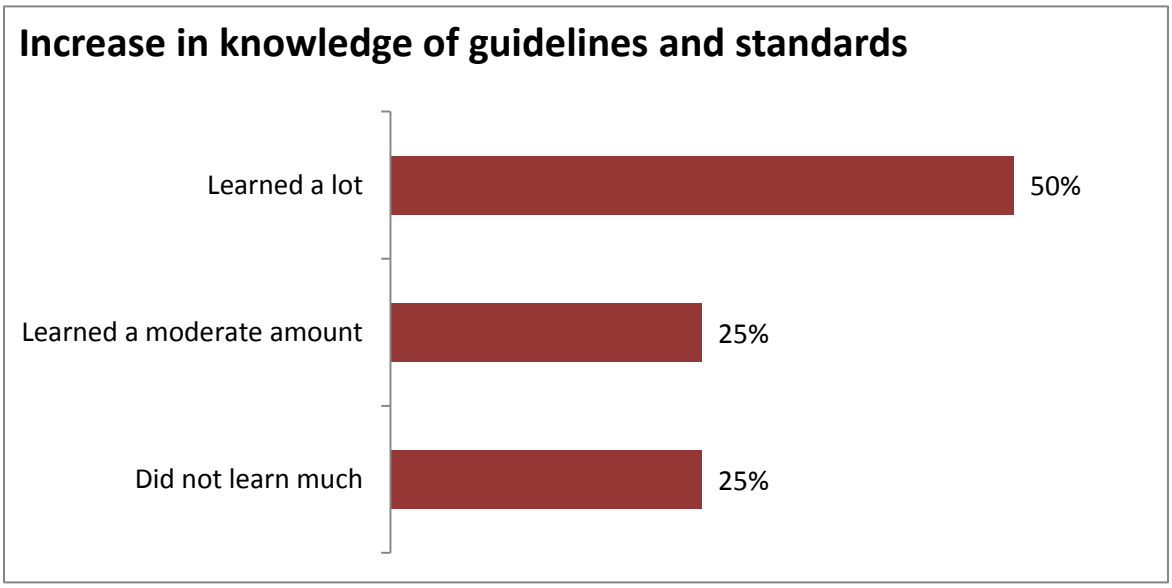

Figure 5: Increase in knowledge of guidelines and standards

All eight respondents said they regularly use these guidelines and standards in their current work, so there is continuation of learning and opportunity for application. With regard to the gaps in the use or implementation of the guidelines and standards, none of the participants could say that all is clear and adequate. People feel there are still some gaps and missing content and registered their desire for more practical orientation to fully understand and implement these new guidelines and standards.

Project Management Information System (PMIS)

DUDBC has developed a Project Management Information System (PMIS) to manage all the information related to ongoing health infrastructure development projects. The system is accessible in the form of an Android application and allows users to track every activity, maintain activity logs, manage data and prepare reports, and engage in two-way communication with other project staff.

The participants of the training on multi-hazard resilient health infrastructure planning, designing and implementation were introduced to this application in the training, and were asked during the evaluation about the usefulness of PMIS and frequency of use by the respondents.

While majority of the respondents said the introduction to PMIS has been useful to them, only one of them reported frequent use. Even those who said the training was very useful or extremely useful said they had only installed the application on the phone but rarely or never use it (Figure 6). This has perhaps something to do with their roles in the organisation - if they are required or authorised to use the PMIS in the projects they are currently involved.

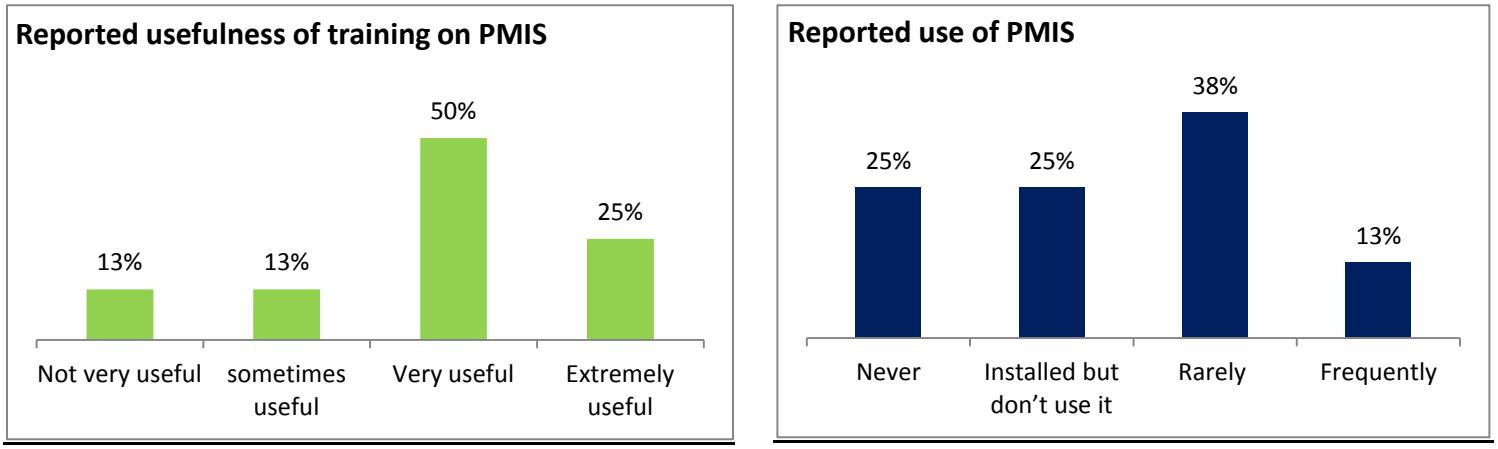

Figure 6: Reported usefulness of PMIS training and reported use

Further Training Needs

At the end of the survey, respondents were asked to list additional skills or knowledge areas that they felt necessary to build on what they have learnt. Eighteen out of 23 respondents answered this question, and it appears that majority of them want to learn more about the practical and technical aspects of retrofitting, such as the revised norms by DUDBC for retrofitting works and building design and analysis for retrofitting. Participants felt the trainings were to theoretical, like classes during a "graduate school tenure", and would like to see more simulations and hands on exercises including site visits in future training events.

DUDBC officials feel that the trainings have been instrumental in introducing basic but essential concepts related to retrofitting and needs to be continued with much longer, detailed and hands-on learning based training events. These are necessary to visibly improve the capacities of the technical personnel at DUDBC. It is cited that two big topics – retrofitting and procurement – were covered in two days, and participants only got a brief orientation. With these, the participants are more aware of these topics and have taken away important lessons related to the retrofitting of a health facility, including need for separate tender packages that need to be designed to ensure smooth transition and continuous service delivery. DUDBC considers that participants now seek further knowledge and skill additional capacity building opportunities in the future.

Chapter 4: Comments on Context, Culture and Policy Environment

Both training events appear to be timed well to prepare for the ongoing extensive design and implementation of the retrofitting works. This is particularly important given that retrofitting is still a relatively new area of preparing for multi-hazard events and is associated with several misconceptions on the efficiency and effectiveness of retrofitting in meeting these hazards. For example, some consider retrofitting to be very expensive, complex and time consuming there are others who feel that benefits of retrofitting outweigh cost debates due to cultural, heritage protection and functional advantages of strengthening existing structures suitable for retrofitting. These debates are largely due to inadequate experience in the country in retrofitting at a larger scale.

In this context and culture of bringing in personal perceptions to make decisions on technical areas, it is only appropriate that capacity is built rapidly, and more rational approach is taken in decision making. Capacity building events are expected to be more practical events, and possibly coupled with on-the-job trainings, for participants to have more hands-on experience, something rare among the engineering communities in Nepal.

Similarly, the policies to promote individual learning and accreditation need to be strengthened and widened. The learning environment in Nepal for engineering professionals has so far been weak, and remains limited as engineers climb up the career ladder. More recently, some opportunities for learning or recognition of skills are emerging slowly with a number of initiatives from Nepal Engineering Council (NEC, but this needs to expedite to meet emerging rapid challenges and opportunities in new construction design approaches as well as material strength and their costs.

Chapter 5: Recommendations

Impact evaluation is a new practice in Nepal, and this assignment seeks something that would allow these types of assessments to be more regular, useful in designing new trainings and ensure value for money for these events. In a wider context of the evaluation experience and findings of the impact evaluations, we recommend the following:

a. Carry out preparatory actions during the training event to support the evaluation process. For example, baseline assessment of the participants' understanding on areas of training, as well as expectations.
b. The training organisers are to seek written signed commitment from the participants to engage and support training impact evaluations as part of their contributions to training event.
c. Design the training to meet the practical needs of the participants, depending on their skill requirements in the post training periods, followed up with regular communication on the usefulness and gaps of the contents in meeting practical needs.
d. Evaluate training impact at different intervals, making them a more regular process. This could be three months, six months and a year later.
e. Design training sessions to reflect the depth of the subject matter. Trainings in areas such as retrofitting would need to be seven days or more for better impact.
f. The design of these events should incorporate adult learning principles to be effective and attractive to participants with wide experience and aptitudes (i.e. not to be 'too theoretical' or 'superficial').
g. The survey for this study shows that female participants were more diligent in responding, and readily available to share their experiences. It would be useful to consider wider women participation in the training events for possible higher impacts.

Annex 1 – Programme Schedule of the Training Events

Orientation Training on "Retrofitting and Tender Process"
Venue: Hotel Himalaya, Skyline Hall, Lalitpur
5th – 6th February 2018

Day 1			
Time	**Session**	**Outline**	**Facilitators**
10:00-10:15	Tea and Registration		
10:15-10:45	Opening Session		
10:45-12:15	Session-I	Hospital Retrofitting in Nepal: Need, Challenges and Approach	Dr. Santosh Shrestha
12:15-12:30	Tea Break		
12:30 - 13:30	Session II	Functional Retrofitting	Ar. Sunil Khadka / Ar. Gyanendra Shakya
13:30-14:30	Lunch Break		
14:30-15:30	Session-III	Retrofitting Experiences	Er. Manohar R. Bhandari Er. Nilam Mainali
15:30 – 16:00	Session IV	Decanting Strategy in Retrofitting Works	Er. Nabin Malakar
Day 2			
10:00-10:15	Registration and Tea		
10:15-11:00	Session-I	Tendering Process for Retrofitting works	Shakti Prasad Shrestha/ Er. Subash Bhattarai
11:00-11:45	Session II	Norms and Rate Analysis for Retrofitting works	Er. Soyuz Gautam Er. Sudip Pathak Er. Ashim Adhikari
11:45-12:00	Tea Break		
12:00-13:00	Session III	Procurement Process and Procedure	Er. Mani Ram Gelal, DDG, DUDBC
13:00-14:00	Lunch Break		
14:00-15:00	Session IV	E-Government Procurement System (e-GP)	Er. Amod Ulak, PPMO
15:00-15:30	Closing followed by Hi-tea		

Training on "Multi-Hazard Resilient Health Infrastructure Planning, Designing and Implementation"

Venue: Hotel Himalaya, Skyline Hall, Lalitpur
26 April 2018

Time	Session	Outline	Facilitators
8:00-8:30	Breakfast and Registration		
8:30-9:00	Opening Session		
9:00-10:00	Session-I	Existing policies and guidelines for health infrastructure development	Ar. Sunil Khadka, Lead advisor Ar. Gyanendra Shakya, Sr. Architect
10:00 - 11:30	Session II	Guidelines for design and construction of Health Infrastructure - I	Ar. Sunil Khadka, Lead advisor Ar. Gyanendra Shakya, Sr. Architect
11:30-12.00	Tea Break		
12:00 -13:00	Session-III	Guidelines for design and construction of Health Infrastructure - II	Ar. Sunil Khadka, Lead advisor Ar. Gyanendra Shakya, Sr. Architect
13:00 – 14:00		Lunch Break	
14:00 – 15.30	Session IV	Approaches of Retrofitting and challenges in Nepalese context	Dr. Santosh Shrestha, Senior Earthquake Resilience Advisor
		Procurement strategies for retrofitting of functional health facilities	Er. Subash Bhattarai, Policy Development Advisor
15:30-17:00	Session V	DUDBC Project Management Information System	Er. Himal KC, SDE, DUDBC
17:00-17:30	Session VI	Closing followed by Hi-tea	

Annex 2 – Evaluation Questions

Impact Evaluation of the Orientation Training on Retrofitting & Tender Process

1.	The training event aimed to introduce you to and increase your knowledge of retrofitting. Please rank your learning experience – which one of these statements matches your experience most closely?		**1** I didn't learn anything at all – I do not understand the theory and practice of retrofitting **2** I did not learn much – I feel I have a basic understanding of the theory and practice of retrofitting **3** I learned a moderate amount – I feel I understand the main aspects of the theory and practice of retrofitting **4** I learned a lot – I feel I understand most aspects of the theory and practice of retrofitting **5** I learned a great deal – I feel I have a good understanding of all aspects of the theory and practice of retrofitting
2.	What are the most important areas that you learned about retrofitting in the training? *(You can mark more than one area)*		a) Decanting b) Types of retrofitting c) Approaches of retrofitting d) Norms & Rate Analysis for retrofitting e) Other _____
3.	As a result of the training, have you been assigned tasks or projects related to retrofitting?		a) Yes b) No
4.	If yes, did the contents of the training enable you to overcome challenges and be more efficient in your work?		a) Yes b) No
5.	Have you sought any further information on retrofitting after you took the training? *If yes, from where did you seek this information?*		a) Yes b) No *Source of information:*

			_____
6.	How extensively have you used the learnings from the training on procurement/tender process in your current profession?		**1** I have not used at all **2** I have not used as much as I would have liked to **3** I have used only a few times **4** I have used regularly **5** I have used frequently
7.	What are the most important lessons that you learned about procurement related to retrofitting of health infrastructure in the training? *(You can mark more than one area)*		a) Need for decanting b) Criteria for qualification c) Norms and Rate Analysis d) Use of e-GP system e) Other _____
8.	Have you noticed that skills that you gained in the sessions on procurement/tender processes have resulted in more efficient procurement outcomes?		a) Yes a) No
9.	Have you sought any further information on public procurement for retrofitting works after you took the training? *If yes, from where did you seek this information?*		a) Yes b) No *Source of information:* _____
10.	What additional skills or knowledge areas do you feel necessary to build on what you have learnt? Please specify.		

Impact Evaluation of the Training on Multi-Hazard Resilient Health Infrastructure Planning, Designing and Implementation

1.	The training event aimed to introduce you to and explain the new Health Infrastructure Guidelines and Standards. Please rank your learning experience – which one of these statements matches your experience most closely?	**1** I didn't learn anything at all – I do not understand the new Health Infrastructure Guidelines and Standards **2** I did not learn much – I feel I have a basic understanding of the new Health Infrastructure Guidelines and Standards **3** I learned a moderate amount – I feel I understand the main aspects of the new Health Infrastructure Guidelines and Standards **4** I learned a lot – I feel I understand most aspects of the new Health Infrastructure Guidelines and Standards **5** I learned a great deal – I feel I have a good understanding of all aspects of the new Health Infrastructure Guidelines and Standards
2.	Do you regularly use any of these Guidelines and Standards in your current work?	a) Yes b) No
3.	Are you experiencing any gaps in the use or implementation of the Guidelines and Standards?	a) No, all is clear and adequate b) Some minor contents missing c) There are major gaps d) I need practical orientation to fully understand e) Other _____
4.	The training event aimed to introduce you to and increase your knowledge of retrofitting. Please rank your learning experience – which one of these statements matches your experience most closely?	**1** I didn't learn anything at all – I do not understand the theory and practice of retrofitting **2** I did not learn much – I feel I have a basic understanding of the theory and practice of

		retrofitting **3** I learned a moderate amount – I feel I understand the main aspects of the theory and practice of retrofitting **4** I learned a lot – I feel I understand most aspects of the theory and practice of retrofitting **5** I learned a great deal – I feel I have a good understanding of all aspects of the theory and practice of retrofitting
5.	What are the most important areas that you learned about retrofitting in the training? *(You can mark more than one area)*	f) Decanting g) Types of retrofitting h) Approaches of retrofitting i) Norms & Rate Analysis for retrofitting j) Other _____
6.	As a result of the training, have you been assigned tasks or projects related to retrofitting?	c) Yes d) No
7.	If yes, did the contents of the training enable you to overcome challenges and be more efficient in your work?	c) Yes d) No
8.	Have you sought any further information on retrofitting after you took the training? *If yes, from where did you seek this information?*	c) Yes d) No *Source of information:* _____
9.	How useful has the training on the DUDBC PMIS been to you?	**1** Not useful at all **2** Not very useful **3** Sometimes useful **4** Very useful **5** Extremely useful

10.	How often do you use PMIS?	a) Never, not installed in phone b) Installed but don't use it c) Rarely use it d) Frequently use it
11.	What additional skills or knowledge areas do you feel necessary to build on what you have learnt? Please specify.	

Annex 3 – List of Potential Survey Respondents

1. Orientation Training on Retrofitting and Tender Process

S.N.	Name	Organisation	Designation
1	Aashish Aryal	DUDBC, Kavre	NHSSP
2	Bhuvaneshwar Timilsina	PLMC	Engineer
3	Bibek Poudel	Bhaktapur Hospital	Mech. Engineer
4	Binod Kumar Yadav	DUDBC	D. Chief
5	Birendra Kr. Sah	DUDBC	Overseer
6	Debendra Dev Khanal	DUDBC, Dhading	Engineer
7	Durga Pd. Ghimire	DUDBC, Sindhuli	Engineer
8	Himal K.C	DUDBC	SDE
9	Jhapat Bahadur Thapa	PLMC	Engineer
10	Keshav K. Yadav	DUDBC, Nuwakot	Sub. Engineer
11	Laxman Shrestha	DUDBC, Gorkha	Sub. Engineer
12	Nikash Regmi	BTRTC, Makwanpur	Engineer
13	Nilam Pd. Mainali	Freelancer	Engineer
14	Pabin Dhital	DUDBC, Okhaldhunga	Engineer
15	Panchanand Jha	DUDBC	Engineer
16	Renu Maharjan	MOHP/PCU	SDE Architect
17	Roopam Shah	MOHP/PCU	Engineer
18	Sangita Baral	DUDBC, Bhaktapur	Engineer
19	Sanjay Pandey	DUDBC	Engineer
21	Sushant Shiwakoti	MOHP/PCU	Engineer

2. Technical Skills Development Training on Multi-Hazard Resilient Health Infrastructure Planning, Designing, and Implementation

S.N.	Name	Org	Place	Designation
1.	Suresh Khanal	DUDBC	Rupandehi	Engineer
2.	Ananta Kumar Deo	DUDBC	Chitwan	Engineer
3.	Man Bahadur Pariyar	DUDBC	Palpa	Engineer
4.	Kamal Kumar Dalami	DUDBC	Surkhet	Engineer
5.	Uddhab Pd Guragain	DUDBC	Bhaktapur	Engineer
6.	Bhupal Magar	DUDBC	Udaypur	Engineer
7.	Sajan Shrestha	DUDBC	Lamjung	Engineer
8.	Tanka Prasad Gautam	DUDBC	Sindhupalchowk	Engineer
9.	Shyam K. Singh	DUDBC	Morang	Division Engineer
10.	Sanjeev Kumar Shah		Saptari	Engineer
11.	Ashish Shrestha	DUDBC	Okhaldunga	Engineer
12.	Sanju Lamichhane	DUDBC		Engineer
13.	Ashok Adhikari	DUDBC		Engineer
14.	Sunita Shrestha	DUDBC	Gorkha	Engineer
15.	Smriti Upadhyaya	DUDBC		Architect
16.	Smriti Kayastha	DUDBC		Architect
17.	Dharmendra Panthee	DUDBC	Parsa	Engineer