

ENHANCING RURAL HEALTHCARE

Annual Report

2010-11

(2067-68)



Annual Report

2010-11

(2067-68)

1 – A Fruitful Year

2 – Training

4 – Rural Staff Support Program

6 – Advocacy

7 – Monitoring and Evaluation

9 – Finance

Appendix – Detailed Outcomes Record



A Fruitful Year

Planning out an orchard, a farmer purchases a tract of land which lies across a north-facing slope of rolling countryside. He plants saplings in loamy, cultivated soil. He irrigates and prunes, protects and nurtures his small trees as they grow. In the face of their seemingly slow progress, much patience and persistence are needed. Five spring times on, he sees the buds that herald the first fruitful year.

The Nick Simons Institute has completed its fifth full year of work, and is beginning to see the fruit of improved health care for rural people in Nepal. An organization starts in the nebulous realm of dreams and plans, and soon finds itself enmeshed in the myriad tasks leading towards its main goal. If at five years the organization can say '*We're on the right track*', then it has also been blessed.

Faithfulness to the vision, persistence, and excellent teamwork have led to the 'breakthroughs' that we've seen during NSI's last year of work (2010-11). Most of these accomplishments were 'seeded' four or five years ago:

- ☞ In a three-way partnership, the National Academy of Medical Sciences, the National Health Training Center, and the Nick Simons Institute launched the one-year course for *Anesthesia Assistants* that NSI created and lobbied for over the last 3 years.
- ☞ The Health Ministry signed an MoU with NSI to nationalize NSI's refresher training called *Mid-Level Practicum*. This will become a requirement for the 6000 AHWs in the government system.
- ☞ The Health Ministry and NSI agreed to expand *Rural Staff Support Program (RSSP)* from 3 to 7 districts. In 2011 WHO/Global Health Workforce Alliance recognized RSSP with a global award.
- ☞ NSI successfully pioneered a training follow-up program that will lead to creation of a new *Follow-up Section* in NSI and likely be scaled up by other government partners.

Improving rural health care has no easy solutions, and NSI continues to struggle with issues like government creation of MDGP posts and establishment of a comprehensive national system of biomedical equipment maintenance. Still, NSI's work has already led to objective gains for rural people. Four hospitals that previously didn't perform operations and orthopedics now do so, and their outpatient departments are crowded. There are other hospitals where NSI graduates perform anesthesia, conduct complicated deliveries, or do ultrasound examinations. Based on the 95% employment rate of Biomedical Equipment Technician (BMET) course graduates, we know that a number of hospitals now take better care of their medical technology – to the benefit of their patients.

The Nick Simons Institute Board, its donors, staff, and partners believe we're taking the right approach to improving rural health care. This direction has borne tangible results in a relatively short period of time and the investments of the first five years are set to yield positive outcomes in the next five. We see the need to add staff and restructure the organization's senior level and our team must retain the mission to move the work to a higher level. Future challenges will replace our old ones.

All in all, 2010-11 was a good and fruitful year. We're thankful for your part in this work.

Mark Zimmerman
Executive Director

(1) TRAINING

2010-11 MAIN GOALS

- ❖ Roll out the new 1-year Anesthesia Assistant Training course in 4 training sites.
- ❖ Launch Universal Anesthesia Machine in 4 hospitals in Nepal.
- ❖ Establish 3 more Skilled Birth Attendant (SBA) training sites.
- ❖ Incorporate Mid-Level Practicum (MLP) training into the government's Sr. AHW course.
- ❖ Decide about the future possibility of establishing an NSI Pre-service Training Institute.

RESULTS

- ✓ First batch entered June 2011.
- ✓ Launched in Bir, Maternity, Bharatpur, and Tansen.
- +/- Lamjung established.
- ✓ MoU signed for MLP to be incorporated at national level.
- +/- Continue to explore.



IMPACT

- ⌘ After much work, the 1-year **Anesthesia Assistant Course** has entered its first batch.
- ⌘ Last year, **322 participants** from NSI trainings returned to work in the government hospitals where they were posted.
- ⌘ **Quality of training**, as assessed by NSI supervisors' forms and participants' feedback forms, was good and continues to improve.
- ⌘ **Mid-level practicum** course has been adopted as a national-level course for all government mid-levels.
- ⌘ **Three biomedical equipment courses** are now running: BMET, BMEAT (assistant technician), and new short course for lab and X-ray techs – with graduates posted throughout Nepal, in public and private hospitals.
- ⌘ NSI conducted a new program: **Follow-up Enhancement Program (FEP)**, which will be adopted and scaled up by the government.

FALLING SHORT

- ▼ NSI only managed to complete development of one new SBA training site. The others are slow due to lack of stable staff nurse pool.
- ▼ No work was done on Quality Assurance.
- ▼ NepalCME Volume 2 was slow to be completed.

SYNTHESIS

NSI's long-term objective is for quality training courses for strategic cadres to be scaled at national level. We have come to realize that this process involves multiple steps and that it takes time.

After two years of curriculum development, it required 18 months more for the Anesthesia Assistant Course to receive academic certification. In the third year of piloting, the Mid-Level Practicum course has finally been accepted for incorporation into national mid-level in-service training. Gaining Health Ministry acceptance of the Biomedical courses extends into the future.

In our modality of using partners for training, we are constrained by their ability to hire adequate numbers of senior staff. A shortage of staff nurses slowed our development of skilled birth attendant training in two sites.

We have learned to take a long-term approach and to try to save time by overlapping the steps – government approval, curriculum development, site development.

Given the time and effort that each new course takes, we have become selective in taking on new courses. Hospital Management seems to be an area of need, so we've started the process for that course. Another challenge of the coming year is to define '*quality training*' and to increase that feedback through monitoring and evaluation.

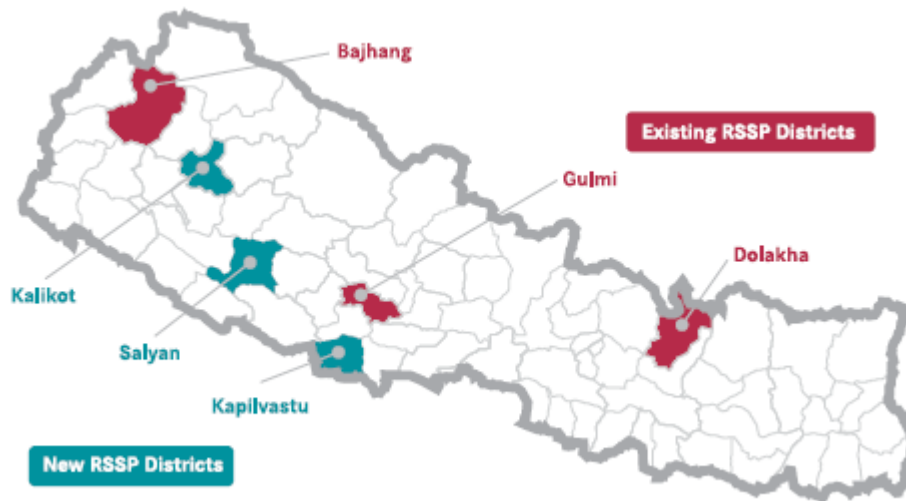
(2) RURAL STAFF SUPPORT PROGRAM

2010-11 MAIN GOAL

- ❖ Assess and revise Rural Staff Support Program and expand to 3 more district hospitals.

RESULTS

- ✓ Mid-term assessment disseminated.
- ✓ Phase 2 Plan written.
- ✓ MoHP approval for 7 districts 2011-15.



IMPACT

- ∞ RSSP district hospitals in Gulmi, Bajhang, Kalikot, and Dolakha all provide C-sections, other operations, and orthopedics.
- ∞ NSI Scholarship GPs are now posted in 5 districts.
- ∞ All OPD numbers have increased.
- ∞ MoHP and communities increased their demand for RSSP to come to more hospitals.
- ∞ In January 2011, the Global Health Workforce Alliance (WHO) recognized RSSP with an Award of Excellence, one of six conferred around the world.

FALLING SHORT

- ▼ Two of the Cs were found to not be so effective: Connection to larger hospital and Children's education.
- ▼ Bajhang local support committee remains weak.
- ▼ Personnel management of MDGP doctors is sometimes challenging.

SYNTHESIS

Around the world, development organizations and countries search for the right formula for retaining effective health care workers in rural institutions. Various push-pull factors influence migration to cities, thus nullifying the effects of even the best training programs.

Since 2007, NSI has pioneered a bundle of human resource supports for struggling government district hospitals called the Rural Staff Support Program (RSSP). These went by the acronym, the 6 Cs, later revised to the 8 Cs – for components such as communication, continuing medical education, and captancy by an MDGP doctor.

These were piloted in three district hospitals, and in 2010 NSI took steps to expand the program. A mid-term evaluation pointed out the more effective components of the program and suggested some other components that might be added. A government-led needs assessment selected three more hospitals. NSI hired a second RSSP coordinator.

With a new agreement in hand, NSI and its counterparts the National Health Training Center and the Family Health Division, began work in Phase Two in the districts of Kalikot, Kapilvastu, and Salyan, added to the previous Bajhang, Gulmi, and Dolakha.

The program has led to a marked increase in utilization and all hospitals have become comprehensive emergency obstetric care sites (CEOC).

Each hospital presents a different mix of challenges. The program has also faced the problem of how to maintain a good working relation with MDGP doctors – who are bonded to work after receiving NSI scholarships.

RSSP is the NSI program where objective, community impact can be seen.

(3) ADVOCACY

2010-11 MAIN GOALS

- ❖ Facilitate the government's establishing MDGP posts, and moving towards AA and BMET posts.
- ❖ Produce 2 issues of the NSI Rural Health Care Worker's Newsletter

RESULTS

- +/- Strategy about the same. Results slowly coming – for GP posts first.
- ✓ Marketing survey conducted. Plans evolving.

IMPACT

- ☞ Document for creation of 22 GP posts and 30 AA posts has gone to the Cabinet.
- ☞ A network of rural health care workers was strengthened by the 3rd Annual Conference and the NSI Newsletter that reaches 3000 workers and their institutions.

FALLING SHORT

- ▼ Post creation is still a step away.
- ▼ Biomedical posts seem several years away.

SYNTHESIS

In general, the rural health care worker is not highly regarded. This is a paradox, since few professionals are more vital to their communities than an effective, local doctor, nurse, or paramedical.

NSI works to change attitudes about rural health care workers: That the Health Ministry officials would put into place policies that support the work and careers of their employees. That the public would regard these workers as their own assets, heroes to be nurtured. Through networking and sharing of success stories, that the workers themselves would have more positive attitudes about their roles.

In the coming year, NSI intends to explore other modalities for advocacy. NSI is organizing an advocacy consultation to learn from other development partners. While continuing its annual conference and newsletter, NSI will investigate the media of TV and text-messaging.



(4) MONITORING AND EVALUATION

2010-11 MAIN GOALS

- ❖ Conduct follow-up of MLP participants and start follow-up of SBA participants, aiming towards an NSI follow-up system.

RESULTS

- ✓ Two MLP and one SBA follow-up were done.
- ✓ NSI follow-up section was established.

IMPACT

- ✎ NSI followed-up 116 SBA graduates and 30 MLP graduates in a program that not only evaluates skills and knowledge, but that also enables trainers to go to the field and coach their former students.
- ✎ Participants and trainers filled out evaluation forms at a near-perfect rate; this provided feedback to NSI, NTHC, and training institutions.
- ✎ NSI developed an improved training data base and began back-entering data.

FALLING SHORT

- ▼ NSI intended to conduct and exercise to define 'quality' training and to institutionalize the follow-up according to those norms. This didn't get done.

SYNTHESIS

As an organization committed to impact, NSI takes seriously the need for reliable monitoring and evaluation. We continue to 'tweek' the training data system, although we didn't manage to take the crucial step of redefining what we mean by quality.

NSI did develop the template for training follow-up system, piloted this in two trainings, and will use this experience to establish a new follow-up section.



On July 9th 2011, the President of Nepal Dr. Ram Baran Yadav inaugurated the new Nick Simons Institute Center in Sanepa. This structure was the result of three years of planning and building and is expected to serve the people of Nepal far into the future.



Finance

Nick Simons Institute Annual Report 2010-11 (2067-68)

Finance Report

- (1) Summary of Expenses
- (2) Functional Summary
- (3) Funding Route Summary
- (4) Five Year Financial Projections
- (5) Detailed Budget / Expenditure

**Nick Simons Institute
Summary of Expenses for FY 2067/68**

Group	Previous Year's Actual	FY 67/68 Actual	FY 67/68 Budgeted
1. Training			
1.1 Anesthesia Assistant Technician	5,773,320	4,026,921	5,846,667
1.2 Bio Medical Equipment Technician	2,808,558	3,655,765	4,070,000
1.3 Mental Health Training	3,150,235	-	1,550,000
1.4 Mid Level Practicum	13,300,064	7,635,755	9,569,167
1.5 Skilled Birth Attendant	6,151,095	4,877,902	6,469,166
1.6 Ultrasound	397,311	912,495	800,000
1.7 General Training	3,290,797	948,577	2,700,000
1.8 CME	352,667	258,236	1,350,000
Total Training Expense	35,224,047	22,315,651	32,355,000
2. RSSP			
2.1 Communication	404,611	355,077	450,000
2.2 Continuing Med Education	4,117,913	5,099,522	5,200,000
2.3 Community Governance	1,340,820	699,280	900,000
2.4 Connection with NSI Centers	99,060	70,440	600,000
2.5 Children's Education	848,186	957,153	1,100,000
2.6 Captaincy by MDGP	1,115,695	5,015,526	4,800,000
2.7 Capital Subsidy	1,576,570	1,520,792	1,500,000
2.8 Administration	1,329,659	1,082,602	2,160,000
2.9 RSSP General	-	1,181,730	1,000,000
Total RSSP Expense	10,832,515	15,982,121	17,710,000
3. Scholarships			
3.1 Anesthesia	677,610	317,610	320,000
3.2 MDGP	6,748,129	6,522,541	6,460,000
3.3 Other Scholarships			
Total Scholarship Expense	7,425,739	6,840,151	6,780,000
4. Monitoring & Evaluation			
4.1 M & E General	211,952	3,035,043	4,000,000
4.2 Research	172,128	547,596	1,000,000
Total Monitoring & Evaluation Expense	384,080	3,582,639	5,000,000
5. Advocacy			
5.1 Advocacy General	100,000	1,107,238	1,700,000
5.2 Marketing	1,562,133	296,105	300,000
5.3 Radio Program	384,397	558,388	650,000
5.4 Rural Healthcare Workers Conference	3,050,077	3,230,091	3,000,000
Total Advocacy Expense	5,096,607	5,191,822	5,650,000
6. Office			
6.1 Staff Salary	11,420,364	14,313,727	15,837,000
6.2 Staff Development	592,255	1,586,146	1,400,000
6.3 Consultants	1,552,954	1,368,750	1,719,500
6.4 Insurance	195,631	326,845	290,000
6.5 Utilities	344,724	263,755	238,000
6.6 Office Consumables	789,328	711,618	545,000
6.7 Rent & Equipment	1,449,563	1,251,041	1,400,000
6.8 Other	1,525,347	5,240,588	3,975,000
Total Office Expense	17,870,166	25,062,470	25,404,500
TOTAL RECURRING EXPENSES (1-6)	76,833,153	78,974,854	92,899,500
7. Building			
7.1 NSI Office	59,411,197	48,761,925	40,000,000
7.2 Jiri Doctors' Quarters	700,000	-	-
7.3 Bharatpur Hospital Building	185,564	-	-
7.4 Lamjung Hospital Training Building	5,500,000	4,733,564	-
7.5 AMDA Maternity Block	9,623,961	17,424,777	2,300,000
7.6 Dadeldhura Team Hospital Training Center	-	14,000,000	5,000,000
7.7 Bajhang Doctor's Quarter	3,600,000	982,736	500,000
7.8 BMET Training Center		1,978,982	20,000,000
Total Building Expense	79,020,722	87,881,984	67,800,000
Grand Total (1 - 7)	155,853,875	166,856,838	160,699,500

Functional Summary

Functional Area	Expenditure (NPR. Million, rounded to nearest)
A. Training site development	55
B. NSI Headquarters Building	49
C. Office staff	15
D. Non-training rural support	12
E. Non-staff Office	9
F. Training tuition	8
G. Scholarships (PG doctors)	7
H. Advocacy	5
I. Follow-up	3
J. Other	2
K. Curriculum development	1
L. Research	1
TOTAL	167

Funding Route Summary

Funding Route	Amount (NPR. Million, rounded to nearest)
Nick Simons Foundation	163
Income (Nepal)	4
TOTAL	167

**Nick Simons Institute
2010-11 Annual Report
5-year Financial Projections**

Program Features

Yearly Expense in NPR. Millions

	2010-11 (Actuals)	2011-12 (Budgeted)	2012-13 (Projection)	2013-14 (Projection)	2015-16 (Projection)
Training	- 5 training programs	- Add Follow-up - Add more sites	- Add more sites - Add CME - Pilot Hosp Management course	- Run Hosp Management course	- Courses turned over to government with ongoing NSI steering
	22.3	28.0	30.0	33.0	37.0
RSSP	- 3 district hospitals with partial MDGP provision	- 6 district hospitals with outreach and full MDGP provision	- 7 district hospitals with outreach and full MDGP provision		- 10 district hospitals with outreach and full MDGP provision
	15.9	33.9	36.0	40.0	65.0
Other Programs	- Scholarship - Monitoring & Evaluation - Advocacy	- Continued Advocacy - ? TV program - Added research section	- Research section develops	- Research growth reaches plateau	
	15.7	15.3	17.0	18.0	20.0
Office / Staff	Staff n = 30 FT 3 PT	+ 1 Senior staff + 3 Middle staff + 1 PT	+ 1 Senior staff + 1 Mid staff + 1 PT	+ 1 Mid staff + 1 PT	+ 2 Mid staff
	25.1	28.8	30.0	33.0	37.0
Building	- Completed NSI center building	- Complete AMDA maternity building	- Complete BMET building	- Only staff quarter renovation	- Only staff quarter renovation - Office maintenance /renovation
	87.9	65.0	50.0	15.0	25.0
Rs. Millions	166.9	171.0	163.0	139.0	184.0
TOTALS					
USD Millions	2.15	2.20	2.09	1.79	2.36

1 USD = NPR 77.7 (NRB buying rate as of 31st October 2011)

Financial Analysis

- ▶ During NSI's fifth full year of work, building projects consumed a large proportion (53%) of total expense. This was mainly building consisted of the NSI Center, but also maternity/training projects in Damak and Dadeldhura, and one ending in Lamjung. These can be viewed as initial investments in development of the NSI network infrastructure, but are quite costly relative to operating NSI's current programs.
- ▶ Over the next five years, we project for NSI to taper off its building projects but to continue to grow its existing programs – training, rural support, and advocacy. The trends of the above table are summarized here:

Proportions of Total Expenses			
	2010-11 Actual	2013-14 Projection	2015-16 Projection
Programs	32%	65%	66%
Office/Staff	15%	24%	20%
Building	53%	11%	14%
Total in Rs. Millions	166.8	139.0	184.0
Total in USD	2.14	1.79	2.36

- ▶ To arrive at these projections we make several assumptions, or accept certain constraints:
 - NSI continues to work in the present program modalities: training through partners; support of government institutions; no income.
 - Building requirement drops markedly and is held under 20% of total budget into the future.
 - Program expansion is linear, not exponential, and programs move towards an expense ceiling. That is, NSI remains in a 'modeling' modality, whereby nationalization of programs is carried out by other partners (including the government), not by NSI alone. NSI would continue to assume the role of innovator, modeler, and catalyst – rather than sole implementer.
 - Addition of a new section, such as an NSI In-service Institute, could only take place via one of these mechanisms: significantly increasing NSF funding (double or more), reducing existing NSI programs, or adding another significant source of income.
- ▶ The ongoing NSF funding ceiling has been discussed to be USD 2.5 million/ year – which is about the interest from the endowment fund being constructed. Even if NSI programs and building are restrained by the above principles – inflation, staff maturation and creeping growth will still cause expenses to exceed this ceiling during the subsequent five years (2016-21).
- ▶ The assumption that NSI will remain in its present working modality during the subsequent five years (2016-21) is not sound. A number of factors are likely to impel change in the way that NSI works in the future: changing medical scenarios in Nepal, shifts in other development agencies' foci of work, a new Board and a changing NSI management team. Within this budget ceiling, NSI can continue to have impact as a catalyst and modeler, reacting in a strategic way to the Nepal situation. However, it's also possible that future leadership will opt for NSI's transformation into a more traditional organizational contour – such as a pre-service training school. That possibility should also be considered when planning for the future.

Nick Simons Institute
Detail Budget/Expenditure (FY 2067/68)

Program Heading	Sub Headings	Budget FY 67/68 NPR	Actual FY 67/68 NPR	Variance NPR (over expenses to be approved)	Remarks
1 Training					
1.1 General	1.1.1 NSI Network Meeting	350,000	129,630		
	1.1.2 NHTC Support	1,500,000	619,140		
	1.1.3 NHTC Staff	250,000	-		
	1.1.4 JHPIEGO	1,600,000	-		
	1.1.5 New Partner Assessment	200,000	175,926		
		3,900,000	924,696		
1.2 Biomedical Equipment Technician (BMET)	1.2.1 Staff	1,870,000	1,199,182		
	1.2.2 Marketing	150,000	179,493		
	1.2.3 Equipment / Furnishing	100,000	132,614	32,614	
	1.2.4 BMEAT Curriculum Develop.	150,000	73,070		
	1.2.5 External Consultancy	300,000	-		
	1.2.6 Program Support	300,000	338,065		
	1.2.7 BMEAT Training	1,200,000	1,733,341	533,341	
		4,070,000	3,655,765		
1.3 Anesthesia Assistant (AAT)	1.3.1 National Training Consultant	300,000	-		
	1.3.2 Marketing	50,000	-		
	1.3.3 Course Development	200,000	144,649		
	1.3.4 Training Materials	500,000	141,817		
	1.3.5 Training of Trainers	300,000	33,542		
	1.3.6 External Consultancy	250,000	264,149		
	1.3.7 NAMS Prg Committee/ Stipend	200,000	-		
	1.3.8 Assessment of New Sites	100,000	-		
	1.3.9 AA Refresher	200,000	50,594		
	1.3.10 Training Site Development	300,000	285,029		
	1.3.11 UAM	500,000	1,643,090		
		2,900,000	2,562,869		
1.4 Skilled Birth Attendant (SBA)	1.4.1 Training Materials, Equipment	100,000	26,987		
		100,000	26,987		
1.5 Mid-level Practicum	1.5.1 MoHP / EDP Meeting	300,000	4,153		
	1.5.2 Curriculum Development	500,000	223,995		
	1.5.3 New Site Visits	100,000	80,826		
	1.5.4 Participants Kit	950,000	748,399		
	1.5.5 Training Develop. (2Sites)	700,000	710,527		
	1.5.6 Equipment (2 Sites)	1,400,000	1,600,178		
	1.5.7 PTC Committee Support	400,000	324,094		
	1.5.8 Government Site Develop.	300,000	818,265		
	MLP Training - Non RSSP	-	105,000		
		4,650,000	4,615,437		
1.6 Mental Health Training	1.6.1 Grant to CMC – Nepal	1,500,000	-		
	1.6.2 Training of Trainers/ CTS	50,000	-		
		1,550,000	-		
1.7 Ultrasound	1.7.1 Curriculum Development				
	1.7.1.1 Potential Site Assessment	100,000	103,409		
	1.7.1.2 Curriculum Development	50,000	46,587		
	1.7.1.3 Curriculum Consultant	50,000	-		
	1.7.2 Doctors Training	600,000	762,500	162,500	
		800,000	912,496		
1.8 CME	1.8.1 Production of Vol 2 CD	600,000	232,227		
	1.8.2 Marketing	150,000	-		
	1.8.3 CME Consultant Workshop	400,000	-		
	1.8.4 ALSO Admin Support	200,000	26,009		
		1,350,000	258,236		

Program Heading	Sub Headings	Budget FY 67/68 NPR	Actual FY 67/68 NPR	Variance NPR (over expenses to be approved)	Remarks
1.9 AMDA Damak Hospital	1.9.1 General				
	1.9.1.1 Hospital Support	600,000	637,800		
	1.9.1.2 Equipment	500,000	500,000		
	1.9.1.3 VSAT/Bandwidth	80,000	13,167		
	1.9.1.4 Site Visits	200,000	77,600		
		1,380,000	1,228,567		
	1.9.2 SBA				
	1.9.2.1 Training Development	150,000	105,247		
	1.9.2.2 Equipment/Supply	150,000	128,302		
		300,000	233,549		
	1.9.3 AAT				
	1.9.3.1 Training Development	100,000	18,161		
	1.9.3.2 Equipment/Supply	300,000	-		
		400,000	18,161		
	1.9.4 MLP				
	1.9.4.1 Training Development	150,000	75,032		
	1.9.4.2 Equipment/Supply	50,000	-		
		200,000	75,032		
	1.9.5 Other Trainings				
	1.9.5.1 Training Development	100,000	-		
	100,000	-			
	2,380,000	1,555,309			
1.10 Tansen Hospital	1.10.1 General				
	1.10.1.1 Hospital Support	1,700,000	1,729,737		
	1.10.1.2 Equipment	300,000	-		
	1.10.1.3 VSAT Bandwidth	100,000	13,167		
	1.10.1.4 Site Visits	150,000	87,146		
		2,250,000	1,830,050		
	1.10.2 SBA				
	1.10.2.1 Training Development	200,000	124,467		
	1.10.2.2 Equipment/Supply	200,000	200,557		
		400,000	325,024		
	1.10.3 AAT				
	1.10.3.1 Training Development	150,000	25,855		
		150,000	25,855		
	1.10.4 MLP				
	1.10.4.1 Training Development	100,000	7,240		
	1.10.4.2 Equipment/Supply	50,000	-		
		150,000	7,240		
	1.10.5 Other Trainings				
	1.10.5.1 Training Development	100,000	-		
		100,000	-		
	3,050,000	2,188,169			
1.11 Dandeldhura Hospital	1.11.1 General				
	1.11.1.1 Hospital Support	1,500,000	1,062,100		
	1.11.1.2 Site Visits	200,000	53,190		
	1.11.1.3 VSAT Bandwidth	150,000	60,063		
		1,850,000	1,175,353		
	1.11.2 SBA				
	1.11.2.1 Training Development	500,000	209,611		
	1.11.2.2 Equipment/Supply	500,000	545,030		
		1,000,000	754,641		
	1.11.3 MLP				
1.11.3.1 Training Development	200,000	132,854			
1.11.3.2 Equipment/Supply	50,000	22,600			
	250,000	155,454			

Program Heading	Sub Headings	Budget FY 67/68 NPR	Actual FY 67/68 NPR	Variance NPR (over expenses to be approved)	Remarks
	1.11.4 Other Training				
	1.10.4.1 Training Development	100,000	23,881		
		100,000	23,881		
		3,200,000	2,109,329		
1.12 Lamjung Hospital	1.12.1 General				
	1.12.1.1 Hospital Support	1,000,000	1,000,000		
	1.12.1.2 Equipment	500,000	511,391		
	1.12.1.3 VSAT Bandwidth	100,000	13,167		
	1.12.1.4 Site Visit	75,000	71,659		
		1,675,000	1,596,217		
	1.12.2 SBA				
	1.12.2.1 Training Development	200,000	362,259	162,259	
	1.12.2.2 Equipment/Supply	300,000	354,771		
		500,000	717,030		
	1.12.3 MLP				
	1.12.3.1 Training Development	100,000	-		
	1.12.3.2 Equipment/Supply	50,000	-		
		150,000	-		
		2,325,000	2,313,247		
1.14 Bharatpur Hospital (Chitwan Government Hospital)	1.14.1 General				
	1.14.1.1 Hospital Support	1,200,000	948,744		
	1.14.1.2 Equipment	150,000	150,000		
	1.14.1.3 Communication	90,000	-		
	1.14.1.4 Site Visits	100,000	33,057		
		1,540,000	1,131,801		
	1.14.2 SBA				
	1.14.2.1 Training Development	50,000	38,080		
	1.14.2.2 Equipment/Supply	100,000	-		
		150,000	38,080		
	1.14.3 AAT				
	1.14.3.1 Training Development	40,000	23,231		
	1.14.3.2 Equipment/Supply	100,000	-		
		140,000	23,231		
	1.14.4 MLP				
	1.14.4.1 Training Development	100,000	-		
	1.14.4.2 Equipment Supply	50,000	-		
		150,000	-		
	1.14.5 Other Trainings				
	1.14.5.1 Training Development	100,000	-		
		100,000	-		
		2,080,000	1,193,112		
TOTAL TRAINING EXPENSE (1)		32,355,000	22,315,651		

Program Heading	Sub Headings	Budget FY 67/68 NPR	Actual FY 67/68 NPR	Variance NPR (over expenses to be approved)	Remarks
2. Rural Staff Support Program					
2.1 Bajhang	2.1.1 MDGP	1,000,000	1,762,981	762,981	
	2.1.2 Other Staff	500,000	391,844		
	2.1.3 Travel	300,000	129,626		
	2.1.4 Communication	150,000	146,138		
	2.1.5 Continuing Medical Education	1,800,000	1,653,148		
	2.1.6 Connection with NSI Partners	200,000	-		
	2.1.7 Children's Education	300,000	241,000		
	2.1.8 Community Governance	300,000	332,296		
	2.1.9 Capital Subsidy	500,000	514,377		
	2.1.10 Other	150,000	38,758		
		5,200,000	5,210,167		
2.2 Dolakha	2.2.1 MDGP	1,800,000	1,090,171		
	2.2.2 Other Staff	150,000	81,312		
	2.2.3 Travel	180,000	63,475		
	2.2.4 Communication	150,000	112,784		
	2.2.5 Continuing Medical Education	1,800,000	1,804,328		
	2.2.6 Connection with NSI Partners	200,000	70,440		
	2.2.7 Children's Education	400,000	355,332		
	2.2.8 Community Governance	300,000	166,984		
	2.2.9 Capital Subsidy	500,000	491,701		
	2.2.10 Other	150,000	-		
		5,630,000	4,236,526		
2.3 Gulmi	2.3.1 MDGP	2,000,000	2,162,374		
	2.3.2 Other Staff	400,000	175,000		
	2.3.3 Travel	180,000	67,566		
	2.3.4 Communication	150,000	96,156		
	2.3.5 Continuing Medical Education	1,600,000	1,642,046		
	2.3.6 Connection with NSI Partners	200,000	-		
	2.3.7 Children's Education	400,000	360,822		
	2.3.8 Community Governance	300,000	200,000		
	2.3.9 Capital Subsidy	500,000	514,714		
	2.3.10 Other	150,000	135,021		
		5,880,000	5,353,698		
2.4 RSSP General	2.4.1 Assessment	700,000	647,847		
	2.4.2 New Site Visit	300,000	533,883	233,883	
		1,000,000	1,181,730		
TOTAL RSSP EXPENSES (2)		17,710,000	15,982,121		
3. Scholarships					
3.1 MDGP Scholarship	3.1.1 Tuition/ Stipend NAMS	3,800,000	2,997,270		
	3.1.2 Tuition/Stipend IoM	2,300,000	3,226,821	926,821	
	3.1.3 Institution Support	360,000	298,450		
		6,460,000	6,522,541		
3.2 MD Anesthesia Scholarship	3.2.1 Tuition NAMS	320,000	317,610		
		320,000	317,610		
TOTAL SCHOLARSHIP EXPENSES (3)		6,780,000	6,840,151		
4. Measurement / Evaluation					
4.1 M-E Component	4.1.1 Database	300,000	276,850		
	4.1.2 SBA Follow-up Study	2,000,000	2,131,528		
	4.1.3 SBA Dissemination Workshop	200,000	18,306		
	4.1.4 MLP follow-up study	1,500,000	608,359		
		4,000,000	3,035,043		

Program Heading	Sub Headings	Budget FY 67/68 NPR	Actual FY 67/68 NPR	Variance NPR (over expenses to be approved)	Remarks
4.2 Research/Assessment	4.2.1 IOM Dissemination Workshop	200,000	166,605		
	4.2.2 Other Research Study	600,000	380,991		
	4.2.3 Research Consultant	200,000	-		
		1,000,000	547,596		
TOTAL M/E EXPENSES (4)		5,000,000	3,582,639		
5. Advocacy					
5.1 Marketing	5.1.1 Brochures	200,000	208,125		
	5.1.2 Advertisements/Marketing	300,000	296,105		
	5.1.3 Conference Support	200,000	229,605		
	5.1.4 Website	300,000	-		
	5.1.5 Rural HCW Conference	3,000,000	3,230,091		
	5.1.6 Nick Simons Award	100,000	98,396		
		4,100,000	4,062,322		
5.2 Advocacy	5.2.1 BMET/AAT/MDGP Committees	100,000	-		
	5.2.2 Advocacy Consultancy w/s	100,000	7,713		
	5.2.3 WONCA (GPAN) Conference	600,000	461,645		
	5.2.4 Newsletter	100,000	101,754		
		900,000	571,112		
5.3 Radio Program	5.3.1 Airing of Program	250,000	249,977		
	5.3.2 Follow up Survey	400,000	308,411		
		650,000	558,388		
TOTAL ADVOCACY EXPENSES (5)		5,650,000	5,191,822		
6. Office Expenses					
6.1. Staff Salary	6.1.1 Salary	12,300,000	11,059,701		
	6.1.2 Staff PF	1,230,000	1,151,366		
	6.1.3 Dashain Bonus	1,025,000	928,222		
	6.1.4 Gratuity Provision	1,282,000	1,174,438		
		15,837,000	14,313,727		
6.2. Consultants	6.2.1 Legal	667,000	480,000		
	6.2.2 Auditor	172,500	141,250		
	6.2.3 Other Consultancy	880,000	747,500		
		1,719,500	1,368,750		
6.3. Insurance	6.3.1 Health Insurance	200,000	291,451	91,451	
	6.3.2 Vehicle Insurance	60,000	35,394		
	6.3.3 Office Insurance	30,000	-		
		290,000	326,845		
6.4. Utilities	6.4.1 Telephone	150,000	148,283		
	6.4.2 Water	8,000	6,963		
	6.4.3 Electricity	80,000	108,510	28,510	
		238,000	263,755		
6.5. Office Consumable	6.5.1 Household	85,000	268,093	183,093	
	6.5.2 Kitchen Supplies	60,000	50,658		
	6.5.3 Groceries	400,000	392,867		
		545,000	711,618		
6.6. Other	6.6.1 Fuel	200,000	199,938		
	6.6.2 Vehicle Maintenance	40,000	62,865	22,865	
	6.6.3 Conveyance	40,000	46,935		
	6.6.4 Rent	1,400,000	1,251,041		
	6.6.5 Stationary	500,000	374,252		
	6.6.6 Postage and Delivery	45,000	29,650		
	6.6.7 VSAT/Video Bandwidth	120,000	82,091		
	6.6.8 Board Meeting / Retreat	500,000	453,020		
	6.6.9 TAG Meeting	15,000	-		
	6.6.10 Furniture	50,000	949,953		

Program Heading	Sub Headings	Budget FY 67/68 NPR	Actual FY 67/68 NPR	Variance NPR (over expenses to be approved)	Remarks
	6.6.11 Entertainment	20,000	-		
	6.6.12 Membership / Renewal	50,000	56,162		
	6.6.13 Books and Periodicals	15,000	15,354		
	6.6.14 Office Equipment	50,000	108,852	58,852	
	6.6.15 Computer & Printer	1,000,000	1,353,583	353,583	
	6.6.16 Field Visit / Travel	250,000	19,600		
	6.6.17 Visa Fee	100,000	86,569		
	6.6.18 Promotional Expenses	100,000	55,261		
	6.6.19 AMC	120,000	97,192		
	6.6.20 Miscellaneous	100,000	7,290		
	6.6.21 Repair and Maintenance	40,000	125,667	85,667	
	6.2.22 Bank Charges	20,000	18,477		
	6.6.23 Annual Planning Meeting	300,000	345,954		
	6.6.24 Staff Development	1,400,000	1,586,146		
	6.6.25 Office Renovation	300,000	-		
	Office moving and Inauguration	-	751,922	751,922	
		6,775,000	8,077,775		
	TOTAL OFFICE EXPENSES (6)	25,404,500	25,062,470		
	TOTAL RECURRING EXPENSE	92,899,500	78,974,854		
	BUILDING				
	1. NSI Building	40,000,000	48,761,925	8,761,925	
	2. Bajhang Doctors Quarter	500,000	982,736	482,736	
	3. Jiri Doctor's Quarter	-	-		
	4. Lamjung Training/Hostel Building	-	4,733,564		
	5. AMDA Maternity Building	2,300,000	17,424,777		
	6. Bharatpur OT Renovation	-	-		
	7. Dadeldhura Training Centre	5,000,000	14,000,000		
	8. BMET Training Centre	20,000,000	1,978,982		
	TOTAL BUILDING	67,800,000	87,881,984		
	GRAND TOTAL	160,699,500	166,856,838		

Appendix - NSI 2010-11 Annual Report

Detailed Outcomes Record (Comparing Annual Plan Activities and Goals to Actual Outcomes)

1. Training

1.1 GENERAL TRAINING		
<ul style="list-style-type: none"> • <u>Description</u>: NSI facilitates trainings conducted in multiple partner sites, most falling under the authority of the National Health Training Center. • <u>Status</u>: Developing new training sites has been slow with some partners. NSI is considering possibility of adding pre-service training. 		
Training – Objectives	NSI Planned Activity	Outcome + or -- (<i>Explanation</i>) (Target)
Choose 1 or 2 new training partners.	1.1.1 Finalize new partner criteria. 1.1.2 Conduct field visit to potential partners. 1.1.3 Sign MoU with new partner (s).	+ Agreement with the government on Siddartha and MZH as new training partners. -- Partner MoUs pending (<i>Ready to sign</i>).
Protocols to document and guide site development.	1.1.4 Continue quarterly review of Site Development Protocols – SBA and MLP.	+ Done quarterly
Finalization of quality training materials.	1.1.5 Contract with JHPIEGO for curriculum development support, tapering off by mid-year.	+ Contract renewal
Stronger, more integrated training network.	1.1.6 Finance visits to partner sites. 1.1.7 One-day NSI network workshop with all partners.	+ Finance visits + Second one-day workshop done.
Active general agreements - partners	1.1.8 Renew MoU with Maternity Hospital for AAT. 1.1.9 Re-sign MoUs with Tansen, TEAM, and Bharatpur.	-- MoUs signed in early 2011-12
Policy decision on Pre-Service Training Institute.	1.1.10 Discussion with partners and MoHP. 1.1.11 Write discussion paper. 1.1.12 Board to give direction.	+ Discussions with stakeholders and position paper to Board and donors. + Resolved to keep investigating.
Additional training site infrastructure in AMDA Damak.	1.1.13 Continue construction.	-- For completion in January 2012 (<i>Labor delays</i>)
Complete training site complex in Lamjung.	1.1.14 Complete building project and hand over.	-- For hand-over in October 2011
Additional training infrastructure in TEAM Dadheldura.	1.1.15 Negotiate with HDCS for scope of work. 1.1.16 Sign MoU, with oversight to HDCS. 1.1.17 Begin construction.	+ Combined MoU signed. + Maternity Block infrastructure built -- Training section not yet started (<i>TEAM funding shortfall</i>)
Bandwidth for partners.	1.1.18 Provide VSAT or alternate bandwidth.	+ Providing ADSL or VSAT depending on sites.

1.2 BMET (Biomedical Equipment Technician)		
<ul style="list-style-type: none"> • <u>Description:</u> One-year course for +2 students (BMET); two-month course for support staff (BMEAT) –in hospital equipment repair and maintenance. • <u>Current status:</u> Fourth BMET batch, third BMEAT batch are completed. Still working to increase public awareness of the course and for government to create posts. We plan to revise the fairly recent BMET MoU in order to incorporate the new training center building. 		
Training – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Continued support for the government's BMET system.	1.2.1 Again revise new MoU with NHTC to include new building. 1.2.2 Support staffing, staff development, administration, equipment procurement.	+ New MoU, including building agreement.
Continued BMET courses.	1.2.3 Intake BMET batch # 5.	-- 14 BMET enrolled (<i>low enrollment</i>) (20)
Continued Biomedical Equipment Assistant course (BMEAT).	1.2.4 Intake BMEAT batches # 4-6.	+ 49 BMEAT trained. (40)
BMET national human resource strategy.	1.2.5 Develop consensus on human resource strategy (draft already written).	-- No Steering Committee meetings (Due to lack of time given by DG.)
Build new BMET training center.	1.2.6 Work with NHTC and architect to design new BMET training center. 1.2.7 Begin building.	+ Basic plan agreed -- Not yet gone to contractor for tender, due to cost-cutting exercise

1.3 AAT (Anesthesia Assistant Training)		
<ul style="list-style-type: none"> • <u>Description</u>: New one-year National Academy of Medical Science course that equips health assistants and staff nurses to provide basic anesthesia and support operative and post-operative patients. • <u>Status</u>: NSI has developed the new 12-month academic course, and it will soon be started under NAMS through 3 training sites, with plans to expand. Work is ongoing to start the process of providing a license. 		
Training – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Fully functioning AAT Program Committee.	1.3.1 NSI Member Secretary to AAT Program Committee.	+ Active Committee with NSI as Member Secy.
Operational AAT Learning Resource Package (LRP)	1.3.2 Continue to employ national training consultant. 1.3.3 Utilize consultant and NSI staff to get new LRP on track at all training sites.	+ Learning Resource Package rolled out for first batch.
Continue training Bharatpur Hospital.	1.3.4 Supervise and support training.	-- 4 AA trained (6) -- 3 AA begin one-year course (Late agreement; only one batch entered)
Begin training at NAMS/Maternity Hospital.	1.3.5 Supervise and support training. 1.3.6 Sign new MoU with NAMS / Bir Hospital	-- 4 AA begin one-year course (12) (Late agreement; only one batch entered)
Start AAT training In one more partner.	1.3.7 Give ToT and CTS for new anesthesia doctor. 1.3.8 Site development. 1.3.9 Place one MD Anesthesia scholarship doctor. 1.3.10 Supervise and support of training	-- 3 AA begin one-year course in Tansen (6) (Late agreement; only one batch entered)
Train existing AAs in AA refresher course.	1.3.11 Run course for government and private AAs.	-- 6 AA trained in refresher courses (20)
Bridging course for previous AAs to upgrade to academic level.	1.3.12 Form consensus within Program Committee. 1.3.13 Develop bridging course.	-- Bridging course not discussed (Due to late agreement on course)
Field tests on Universal Anesthesia Machine (UAM), appropriate for both rural and urban hospitals.	1.3.14 Field test machine in 4 Nepal hospitals – urban and rural. 1.3.15 Prepare report on usage.	+ 4 machines delivered; 3 in use + Report to UAM Global (NY)

1.4 SBA (Skilled Birth Attendant)		
<ul style="list-style-type: none"> • <u>Description</u>: 8-week course that provides and accredits core competency in safe deliveries for nurses, midwives, and doctors. • <u>Status</u>: NSI facilitates SBA training at 3 partners, constituting about 20% of the total national SBA training output. No one has conducted follow-up of trainees as yet. 		
Training – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Continued training in Bharatpur Hospital.	1.4.1 Supervise and support training.	Total all four sites +199 SBA trained (168)
Continued training in AMDA Damak Hospital.	1.4.2 Supervise and support training.	
Continued training in Tansen Hospital.	1.4.3 Supervise and support training.	
New training site: Lamjung Hospital.	1.4.4 Continued development of trainers and site. 1.4.5 Start training after NHTC approval. 1.4.6 Supervise and support training.	
New training site: TEAM Hospital Dadeldhura.	1.4.7 Continued development of trainers and site. 1.4.8 Start training after NHTC approval. 1.4.9 Supervise and support training.	-- 0 SBA trained (Lack of staff nurses slowed trainer development) (12)
New training site: New NSI partner.	1.4.10 Continued development of trainers and site. 1.4.11 Obtain NHTC approval.	-- Siddhartha Butwal and Mahkali Zonal Hospital still in development (Slower process than expected)
Stronger Network of Safe Motherhood Programs	1.4.12 Serve as committee members. 1.4.13 Liaise and work closely with SSMP.	+ SBA Forum reactivated with NSI as member.
(SBA Follow up study is found in section 4. M&E.)		

1.5 MLP (Mid-level Practicum)		
<ul style="list-style-type: none"> <u>Description</u>: Top-up practicum course to strengthen clinical skills of health assistants and auxiliary health workers. <u>Status</u>: NSI has moved from field assessment to course development to pilot in partner hospitals. In the last year, the pilot has extended to two government RHTC/hospitals. We hope that in the coming year, the government will merge MLP with its own Sr. AHW training. 		
Training – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Disseminate findings to EDPs.	1.5.1 Disseminate the findings.	+ Pilot dissemination
3 new government training sites developed.	1.5.2 Revise course based on first government experience. 1.5.3 Site development at 3 sites. 1.5.4 Complete 4 th batch training, including use of three new MLP sites.	+ Revised MLP norms for government. + 4 new sites developed + 43 MLP trained (50)
Government training system developed.	1.5.5 Facilitate MLP incorporation by NHTC and MoHP	+/- MoU signed; incorporation coming
Feedback regarding NSI pilot of MLP replacement.	1.5.6 Report on replacement experience. 1.5.7 Workshop on replacement.	-- Not done (<i>Perceived lack of interest in MoHP</i>)

1.6 Mental Health		
<ul style="list-style-type: none"> <u>Description</u>: July 2010 ended 3-year donor relation with CMC-Nepal. <u>Status</u>: NSI and CMC are searching for possible future modalities for partnership. 		
Training – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Continued discussion with CMC and NHTC.	1.6.1 Discussion of possible modalities. 1.6.2 Decision about future modality.	+/- Decision to not renew MoU (<i>Lack of partnership modality</i>)

1.7 USGT (Ultrasound Training)		
<ul style="list-style-type: none"> • <u>Description</u>: 3-month course for doctors, recently approved by the Health Ministry. • <u>Status</u>: Original Patan Hospital course has been revised and roll-out begun in other training centers. First batch has been run in 3 valley hospitals (following years of discussion with radiologist groups). Much work remains in facilitating quality training at new sites.. 		
Training – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Medical Officer intake in training course.	1.7.1 Steering committee.	+ MOs allowed into course
Continued training in 3 initial sites: Patan, Bir, and TUTH.	1.7.2 Continue to supervise and support training in 3 sites.	+ 5 ultrasound doctors trained. (20) (Problems with government intake)
Possible addition of future training sites.	1.7.3 Potential training site(s) assessment. 1.7.4 Decision about future development.	+ Site assessment completed + Added Civil Hospital as training site

1.8 CME (Continuing Medical Education)		
<ul style="list-style-type: none"> • <u>Description</u>: NSI has developed 2 new CME courses: <i>NepalCME</i> is a CDROM-based distance course; Advanced Life Support Obstetrics (ALSO) is a 2-day workshop in emergency obstetric skills. • <u>Status</u>: NepalCME is slowly working towards a volume 2. ALSO is being conducted four times each year under a committee with NESOG, GPAN, and NSI. 		
Training – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Disseminate volume 2 NepalCME.	1.8.1 Finalize 6 modules of content. 1.8.2 Produce CD ROMs. 1.8.3 Market and disseminate.	-- Volume 2 CD ROM still in production (<i>slow authors</i>) -- 0 doctors registered for Vol. 2. (200)
CME Provider Accreditation system.	1.8.4 Stakeholders meeting 1.8.5 Participate in CME steering committee.	-- Still in NMC discussion (<i>NMA was going to take responsibility, but didn't in the end</i>)
Regular ALSO courses, including outside valley.	1.8.6 Active role on steering committee and in management. 1.8.7 Admin support for conducting actual course.	-- Lapse of ALSO (<i>Due to NESOG administrative disagreement</i>)



2. Rural Staff Support Program

2.1 RSSP Coordination		
<ul style="list-style-type: none"> <u>Description:</u> RSSP is an integrated program to support staff in three government district hospitals in rural areas. The program carries the acronym “The 6 C’s” for each of the components of the program. <u>Current status:</u> With the posting of MDGP doctors, the program has begun to bear fruit in one of the three districts, with a second showing progress. The government has asked NSI expand the program to other district hospitals. Before doing that, NSI will assess the program. 		
RSSP – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Revised RSSP package.	2.1.1 Conduct a mid-term assessment of the first three years of work. 2.1.2 Revise the program in phase 2, adding stronger components or clinical Quality Improvement (QI) and Monitoring and Evaluation (M+E).	+ Mid-term assessment report + Phase 2 MoHP plan written and agreed
Clinical quality improvement tool in place.	2.1.3 NSI consensus on basic QI tool. 2.1.4 Negotiation with 3 original RSSP hospitals about tool. 2.1.5 Implementation of QI program in 3 hospitals.	+ QI tool draft +/- QI tool only in Gulmi (<i>Other doctor teams in early stage</i>) + QI tool being used in Gulmi
Expanded RSSP to three more district hospitals.	2.1.6 Recruitment of another RSSP management staff. 2.1.7 Field assessment of 7 district hospitals suggested by the government. 2.1.8 Selection of 3 hospitals and approval by the government.	+ Staff recruited and employed. + Field assessment report + MoU with MoHP regarding 3 new RSSP sites
Improved coordination in the field.	2.1.9 Employment of minimum one doctor and one non-doctor at each hospital. 2.1.10 Clarification of field coordination roles of these staff.	+ All hospitals have minimum one doctor and 1-3 other staff. + Job descriptions with coordination roles written

Note: The above-mentioned process – revision of the RSSP package and addition of three new RSSP hospitals – will necessitate a re-writing of the following sections (2.2 to 2.7) of the RSSP Annual Plan and corresponding budget. This will occur in the middle of the coming year.

2.2 Communication		
<ul style="list-style-type: none"> • <u>Description:</u> Aim is for each hospital to have an operating internet connection, probably via VSAT. • <u>Current status:</u> All 3 hospitals are linked to internet with very little down-time, and widespread appreciation from the hospitals. Regular email contact with NSI has also been established. Telemedicine has not developed and now the government has started their own system. 		
RSSP – Objectives	NSI Planned Activity	Outcome (Target) + or -- (Explanation)
Continued internet connection through VSAT systems.	2.2.1 Provide ongoing bandwidth. 2.2.2 Improve monitoring and QC by NSI / Sustainable Networks.	+ VSAT and ADSL mixed. Reports halted due to inability to monitor usage.

2.3 CME (Continuing Medical Education)		
<ul style="list-style-type: none"> • <u>Description:</u> In-service training in NSI partner sites, such as in SBA, AAT, MLP, and BMEAT. • <u>Current status:</u> Most staff in each hospital have already been trained, but staff turnover requires ongoing input. 		
RSSP – Objectives	NSI Planned Activity	Outcome (Target) + or -- (Explanation)
In-service training of hospital staff according to schedule – SBA, MLP, and BMEAT.	2.3.1 Year 67-68 plan for training of district staff. 2.3.2 Conduct trainings SBA (4 staff), BMEAT (2), AAT (2) and MLP (50).	+ Trainings of 15 SBA, 6 BMEAT, 3 AAT, 5 MLP, 4 OT Management

2.4 Connection with NSI Partner Site		
<ul style="list-style-type: none"> • <u>Description</u>: A professional/collegial support relationship between a smaller (RSSP) hospital and a larger (NSI partner) hospital. • <u>Current status</u>: Of all aspects of RSSP, this has been slowest to get started. In part this is due to busy NSI partner hospitals, but more due to lack of NSI central direction. 		
RSSP – Objectives	NSI Planned Activity	Outcome (Target) + or -- (Explanation)
<i>Scheduled visits between RSSP hospital staff and NSI partner hospital staff.</i>	2.4.1 Interaction meetings between larger and smaller hospitals. 2.4.2 Professional visits (scheduled). 2.4.3 Evaluation of interaction visits.	+ 2 meetings in larger hospitals (3) + On-the-job training to 10 staff

2.5 Children’s Education		
<ul style="list-style-type: none"> • <u>Description</u>: School support for the children of RSSP hospital staff. • <u>Current status</u>: Rato Bangala Foundation provides this support for 2 schools in each of two RSSP districts (4 schools total). Program is doing reasonably well in 2 districts, while in Bajhang NSI instead provides a children’s education monetary allowance. 		
RSSP – Objectives	NSI Planned Activity	Outcome (Target) + or -- (Explanation)
<i>Improved schools and parent (hospital staff) satisfaction under RBF 4-year program.</i>	2.5.1 NSI funding to Rato Bangala Foundation (RBF). 2.5.2 Twice yearly briefing by RBF to NSI. 2.5.3 Evaluation of hospitals’ parents’ satisfaction. 2.5.4 Payment of Bajhang for children’s allowance based on hospital list.	+ Assessment completed (<i>Impact reduced due to large number of schools in each hospital’s area</i>)

2.6 Community Governance		
<ul style="list-style-type: none"> • <u>Description</u>: Empower the local hospital committee to take a leading role in governing their hospital. • <u>Current status</u>: NSI make contact 2 – 3 times per year with each local committee. NSI is member on all three hospital operating committees. General MoU of support have all been signed. 		
RSSP – Objectives	NSI Planned Activity	Outcome (Target) + or -- (Explanation)
Local hospital committee taking increased responsibility for its governance.	2.6.1 Attend each of the Hospital Committees' meetings 2.6.2 Encourage Bajhang to establish (through MoHP) Hospital Development Committee. 2.6.3 Appreciative inquiry (AI) process for 1 remaining hospitals. 2.6.4 Exposure visits to model community hospitals.	+ Meetings occurring -- Still no Development Committee formed for Bajhang <i>(Depends on MoHP progress)</i>

2.7 Captaincy by MDGP Doctor (General Practice Doctor)		
<ul style="list-style-type: none"> • <u>Description</u>: Deployment of one or two MDGP doctors in each hospital. • <u>Current status</u>: Gulmi has had MDGP for over one year with good effect. Jiri recently got an MDGP. By the end of this year, each hospital will have two MDGP doctors – funded by NSI and employed by the hospital development committee. 		
RSSP – Objectives	NSI Planned Activity	Outcome (Target) + or -- (Explanation)
Two MDGPs working continuously in all three RSSP hospitals.	2.7.1 Post three IoM scholarship doctors. 2.7.2 Post three NAMS scholarship doctors.	+ GPs deployed: 2 Gulmi, 2 Bajhang, 1 Jiri, 2 Kalikot
MDGPs visiting PHCs in district.	2.7.3 Revised job description. 2.7.4 Coordination with DHO.	+ MoHP approval of MDGP job description.
Complete MDGP housing at Bajhang Hospital.	2.7.5 Hand over building.	+ Doctors' housing completed in Bajhang



3. Scholarships

3.1 MDGP Scholarships (General Practice Doctors)		
<ul style="list-style-type: none"> • <u>Description</u>: Full scholarship for 3-year training to become a general practice (family practice) specialist and employed in NSI partner and RSSP hospitals. • <u>Current status</u>: 23 doctors enrolled in scholarship program, the first of whom has graduated to do fulfill his rural service commitment. 		
Scholarship – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
<i>Continued entry of MDGP scholars appropriate to the need within the NSI network.</i>	3.1.1 Based on needs assessment, continue scholarship program, at lower level entry (4/year). 3.1.2 Continue to give priority to government doctors. 3.1.3 Continued meetings and contact with scholarship doctors.	+ MoU with NAMS, IoM + 5 post-graduate doctors intake (4) + Yearly planning, team-building workshop conducted

3.2 MD Anesthesia Scholarships (Anesthesia Doctors)		
<ul style="list-style-type: none"> • <u>Description</u>: Full scholarship for 3-year training to become anesthesia specialist, with commitment to be employed as AAT trainers. • <u>Current status</u>: 3 doctors enrolled; the first two graduate in one year. Until the first batch of trainers is utilized, NSI will put the MD Anesthesia scholarship intake on hold. 		
Scholarship – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
<i>Placement of first batch of MD Anesthesia doctors.</i>	3.2.1 Place the first graduating batch of MD Anesthesia doctors in training hospitals.	+/- 2 MD Anesthesia doctors posted (2) (One later paid off bond)



4. Monitoring and Evaluation (M&E)

4.1 Training M & E Component		
<ul style="list-style-type: none"> • <u>Description</u>: Follow-up during and after training – of the training process and of workers in the field. Includes a component of follow-up support after training. • <u>Current status</u>: M&E tools have been finalized and in are in use, information accessible in a data base, though this need revision. Follow-up study of SBA and MLP will be conducted in a more systematic way in the coming year. 		
M&E – Objectives	NSI Planned Activity	Outcome + or -- (<i>Explanation</i>) (Target)
<i>Increased on site supervision of training.</i>	4.1.1 M&E forms to be completed for all visits to trainings – according to NSI agreed norms. 4.1.2 Supervision / feedback given. 4.1.3 Increased feedback from participants to NSI administration. 4.1.4 Revise database, for wider use within NSI.	+ Full use of 2B (field visit) forms + Participant evaluation 2A forms come to NSI +/- Revised M&E database (<i>back data still being entered</i>)
<i>Improved NSI Quality Assurance system.</i>	4.1.5 In-house workshop/assessment of training quality. 4.1.6 Revisions in training supervision/ M&E.	-- Still no revised system for training supervision (<i>Leadership responsibility never delegated, so not done.</i>)
<i>Follow-up study of SBA trainees.</i>	4.1.7 Develop and discuss F/U, Needs Assessment tool with NHTC. 4.1.8 Agree MoU with consultant and team. 4.1.9 Conduct SBA F/U. 4.1.10 Use experience to direct future NSI F/U.	+ Developed F/U Assessment Tool + MoU + F/U Study completed and report disseminated
<i>Follow-up study of MLP trainees.</i>	4.1.11 Reflect on previous F/U. 4.1.12 Develop and discuss F/U, Needs Assessment tool with NHTC. 4.1.13 Conduct MLP F/U.	+ Developed F/U Assessment Tool + F/U Study completed and report disseminated

4.2 Research and Field Assessment Component		
<ul style="list-style-type: none"> • <u>Description</u>: Foundational and follow-up research pertaining to development of NSI programs. • <u>Current status</u>: NSI is writing up two studies recently conducted: on MBBS doctors migrating from Nepal and doctors' career choices. 		
M&E – Objectives	NSI Planned Activity	Outcome (Target) + or -- (Explanation)
Complete and disseminate two studies.	4.2.1 Draft of IoM study. 4.2.2 Dissemination workshop of IoM study. 4.2.3 Draft of Doctors' choice study.	+ Write-up completed + National dissemination meeting conducted + First write-up done
Four previous studies published in international journals.	4.2.4 Encourage NSI primary investigators to write up previous studies.	+/- 2 publications in journals (<i>one other submitted</i>) (4)
Conduct unspecified study on HRH in rural Nepal.	4.2.5 Conduct study	-- Deferred to next year (<i>Study question still in formulation</i>)

4.3 External Assessment of NSI Program		
<ul style="list-style-type: none"> • <u>Description</u>: For the last two years, the NSI Board has been considering an external assessment and quality improvement process. • <u>Current status</u>: Despite being on last year's Annual Plan, the Board decided to postpone this assessment for two years. 		
M&E – Objectives	NSI Planned Activity	Outcome (Target) + or -- (Explanation)
Preparation for future external assessment.	4.3.1 Continue to investigate and recruit potential consultants.	+ Decision made to go ahead in coming year.



5. Advocacy

5.1 Advocacy		
<ul style="list-style-type: none"> <u>Description:</u> Target government, external development partners, and the public with information advocating change in the rural health care scene, as well as marketing NSI's role. <u>Current status:</u> The Health Ministry is ready to approve MDGP posts, with positive movement on AAs and BMET. NSI continues to conduct public awareness events. Two health care worker conferences suggested that a newsletter might have a more widespread and sustained effect. NSI is continuing to align with GP Association of Nepal for conferences promoting GPs. 		
Advocacy – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
Government posts for MDGP doctors, Biomedical Technicians, and Anesthesia Assistants.	5.1.1 Follow-up, track, and push GoN MDGP documents. 5.1.2 Follow-up, track, and push GoN AA and BMET documents. 5.1.3 Conduct small consultation with EDPs regarding advocacy for HRH. 5.1.4 Advocate for HRH committee under the MoHP.	+/- Assessment conducted leading to 22 GP posts and 30 AA posts approved document (<i>Needs final push</i>) -- BME system not even considered (<i>Hard enough to get MDGP, AA; deferred BME</i>) +/- Survey done; (<i>Consultation remains for next year</i>) + Formation of an MoHP working groups in HRH
Public, health profession, and EDPs more aware of critical issues for rural health care worker. Rural health care workers (in general) supported and encouraged.	5.1.4 Complete radio program impact assessment. 5.1.5 Medical conference speaking (sponsored). 5.1.6 Local publication articles. 5.1.7 Rural Health Care Worker Conference – at lower cost. 5.1.8 Nick Simons Award	+/- Post-broadcast assessment report (But not comparable to pre-broadcast data) + 3 Medical Conferences +/- 3 Nepal articles (4) + Conference done (same cost) + Award at RHCW conference
Conferences on building up MDGP.	5.1.9 Partial funding for Asian WONCA conference (run by GP association of Nepal). 5.1.10 Conduct workshop following on from 2006 NSI conference “Building up GP for Nepal.”	+ Conference conducted with NSI as promoter. + Sponsored one-day workshop at end WONCA.



6. Central Office and Staff

6.1 Central Office and Staff		
<ul style="list-style-type: none"> • <u>Description</u>: NSI Central Office – located in Patan and composed of 19 staff – directs and coordinates all NSI activities. • <u>Current status</u>: In the coming year we will move into a new office located 1 km from our present rented space. 		
Office – Objectives	NSI Planned Activity	Outcome + or -- (Explanation) (Target)
<i>Complete construction and move into new NSI office.</i>	6.1.1 Construction proceeds according to plan. 6.1.2 Assess old furniture and equipment and purchase replacements where needed.	+ New building inaugurated +/- New office fully furnished and equipped (Some furnishing deferred to next year)
<i>Continued professional development of staff.</i>	6.1.3 Professional development according to year plan. 6.1.4 Team building workshops with Pragya Management 6.1.5 Staff going on job-related trips to increase exposure and spread word about NSI's work. 6.1.6 English lessons for staff, as requested.	+/- Staff going on courses (Minimally utilized) +/- Process started (Reservations about Pragya; searching for other group) + Multiple trips to field; some out of country -- Not well utilized (Admin must be more directive it seems)
<i>Contract/obligation tracking system.</i>	6.1.7 Staff assigned and implementing software to track NSI external contracts, MoUs, and other obligations.	+/- Started Contract quarterly reports to the ED at end of year.

