ANNUAL REPORT

2007 – 2008
(2064-65)

NSI
Nick Simons Institute

---------- DRAFT FOR THE BOARD ----------

– Table of Contents –

A Year of Growth at NSI

Mark Zimmerman, MD
Executive Director

Many people ask *'What's the meaning of your logo?'* To tell you the truth, we chose it because we just liked the way it looked. Later, we realized that the green leaves could be taken to represent health and growth – appropriate for an organization involved in medicine and education. Further, the three leaves also may represent our main three program areas: training, staff support, and scholarships.

So, how is NSI growing? In our first full year of work (2006-07), our activities were similar to seed planting: we took our first steps in finding and developing partners, and we negotiated agreements with the government's Health Ministry. In our second year (2007-08, just passed), we saw NSI sprout, grow, and even produce early fruit. This Annual Report describes that exciting phase of NSI's development.

- Nick Simons Institute grew to have 9 **training** partners and several of them began to produce graduates – in numbers roughly equal to our yearly targets. We were pleased to partner with the government and with three large Kathmandu hospitals to implement the government's first Ultrasound Training course for doctors. For four of our training courses (mid-level practicum, anesthesia assistant, biomedical equipment assistant technician, and ultrasound), NSI has received government approval to develop new or revised curricula, and each of these processes is well under way.
- In September 2007, NSI signed with the Health Ministry as agreement for NSI to support 3 rural government district hospitals through a pioneering program called RSSP – **Rural Staff Support Program**. In its first 10 months, the program began implementation, including setting up communication networks, though it was slowed by lack of a Coordinator (there's one now in post).
- From its first months, NSI began planting the seeds of 3-year **scholarships** for doctors studying in MD General Practice (GP). The first NSI scholar of this program, Dr. Tilak Ghimire, is graduating and is headed for Tansen and Gulmi Hospitals to fulfill his obligation.
- As it grew in its three main program areas, NSI saw the importance of adding **advocacy** to its work – a strategy to influence government policies and to shape public and government opinion about the rural health care worker. In this regard, during the last year, NSI launched a weekly radio program to spotlight the work of different rural workers, and also awarded the first Nick Simons Award to Dr. Tarun Paudel. NSI played a leading role on 2 Advocacy Committees (MDGP and Anesthesia Assistant) and these are beginning to bear fruit.

Is NSI having impact? It may still be too early in its development to make that claim. However, feedback from government officials and from INGO partners has been positive, and leads us to believe that we are growing in the right direction.

In the coming year, we hope to bear significantly more fruit – trainee numbers should more than double and a new quality assurance program will be in place; Rural Staff Support will be fully functioning, with all 6 C's implemented; and scholarship recipients will be coming out of their courses in higher numbers. In order to make this happen, NSI needs more of a sense of urgency. Politically, the time is ripe to make a difference for the people of rural Nepal.

As NSI greens and grows, we will be glad for your advice, your ongoing partnership and your prayers.

Consider the Problem

- **From 1995 to 2008** the population of Nepal increased by 36%, while the number of government health care workers increased by only 3%.
- Out of the Nepal government's 65 rural district hospitals
  → Only 13 (20%) can conduct caesarean section to save a pregnant mother's life.
  → None (0%) has an anesthesia doctor on their staff.
- The Ministry of Health and Population has a plan to produce 7,450 Skilled Birth Attendants by the year 2012 (next four years), but so far less than 10% of the total have been trained.
- A 2007 clinical skills assessment conducted by Nick Simons Institute and the National Health Training center found that existing government mid-level workers scored below competency levels in adult medicine (28%), obstetrics (45%), orthopedics (45%), and management (46%).

WHAT THIS MEANS

While Nepal has model programs in Public Health (Family Planning, Immunization, and TB Control are some of the best in the region) – its curative services, especially to the rural poor, fall far below adequate. People in rural Nepal suffer for lack of health care.

PARTNERS WORKING FOR A BETTER FUTURE

Nepal's **Ministry of Health and Population** has experienced, skilled, and dedicated staff. And in the current climate of political change, attention is being increasingly focused on serving the poor. The present Health Ministry has taken a number of courageous steps to divert resources to underserved districts and to stand against the prevailing systems of patronage in deploying staff.

The **National Health Training Center** (NHTC) is the branch of the Health Ministry that is responsible for in-service training. Programs like Skilled Birth Attendant (SBA), Anesthesia Assistant (AA), and Biomedical Equipment Technician (BMET) all fall under the authority of the NHTC, which implements these trainings at a national level. NHTC Directors with vision and drive are making a difference in filling gaps in the national human resource for health system.

The government does not work alone. For example, in the area of providing safer deliveries for mothers and babies, **Support for Safer Motherhood Project** (SSMP, funded by DFID) continues to take a leading supportive role at the national level. SSMP facilitates training, provides capital support, and funds the government's Delivery Incentive Program.

Johns Hopkins University affiliate **JHPIEGO** is a world leader in developing competency-based training programs. JHPIEGO has worked in Nepal for decades and is currently playing an active role in developing new courses for government health care workers.

In the last 3 years, it has been our privilege for **Nick Simons Institute** to join these organizations – working in both formal and informal partnerships to improve the work of health care workers in Nepal.

CASE STUDY: A DEATH in JUMLA

Mrs. Daya Laxmi Vaidya
Chairperson, Nepal Nursing Council

***In the winter of 2007**, I traveled to the Jumla District headquarters for accreditation of a new nursing program. When my work was completed, I went to the airport to return home. There I found a group of village people huddled around a woman, about 24 years old. She was in labor. I asked the family what happened and they said that the woman had been in labor for 2 days, but the baby would not come out. They'd gone to the hospital but the staff there were not able to help.*

I'd been in the Jumla Hospital before. I knew that international aid agencies had helped to construct a new delivery ward and operating theater. Much money had been spent on equipping this facility. I went to the hospital to ask what they could do about the woman at the airport. I found that, although the hospital was well equipped, there was no doctor, and there was no nurse who could conduct difficult deliveries. The staff thought the woman needed a caesarean section, and that her only hope was to fly out to Nepalgunj on the Terai.

I returned to the airport. The family said that they had been unable to get a flight the day before. That day also it was snowing hard, but they were waiting and hoping. I looked at the woman again. She appeared to be seriously ill with sepsis and she was bleeding. The next day, I again returned to the airport. Everyone in the family was wailing. The woman had just died.

I finally did get a flight back to Kathmandu. When I returned, I immediately called the Health Secretary to report the situation in Jumla. Thinking about that poor woman, I couldn't sleep for the next 4 nights.

Nick Simons Institute
At a Glance

OUR VISION

People in rural Nepal receiving a full range of quality health care service.

OUR MISSION

To train and support skilled, compassionate health care workers for rural Nepal.

OUR VALUES

- Care and share
- Excellence
- Reverence for the individual
- Integrity

OUR PRINCIPLES FOR IMPLEMENTING THE WORK

1. Work closely with the Health Ministry, in alignment with government objectives.
2. Work in partnership – with institutions where excellent health care is provided.
3. Train cadres of worker who are most likely to serve in rural areas.
4. Go beyond training – to supporting staff in the field and advocacy.

NSI PROGRAM AREAS

TRAINING

RURAL STAFF SUPPORT PROGRAM

SCHOLARSHIPS

ADVOCACY

MONITORING + EVALUATION

Training

Quality health care training can only occur in hospitals and other health care institutions where quality health care is practiced. Across Nepal, there are a number of such excellent institutions, many of which have not reached their full potential as training sites. The NSI model is building a network of training partners, each of which conducts quality training with the support and supervision of NSI staff.

In 2007-08, NSI added two new partner hospitals: Lamjung District Community Hospital is a government hospital working in a public private partnership with a local NGO, HDCS. Patan Hospital is a government hospital with mission roots going back over 50 years. This brought the number of NSI partners to 9.

Why did NSI enter into the trainings described below?

- All of them fill critical needs within the government health care system.
- All but one are accredited by the Health Ministry.
- All provided opportunities for NSI to take an important complementary role

Anesthesia Assistant Training (AAT)

- 6-month course that trains nurses and health assistants to provide basic anesthesia service.
- Highlights: Course expanded from 2 to 4 training sites.
- New Course: NSI is in the process of developing a new 1-year AAT course that will have NAMS academic accreditation and government licensure.

Mid-Level Practicum (MLP)

- 3-month clinical-based course that upgrades the skills of mid-level workers.
- New Course: The government has asked NSI to develop this new course, and the entire year 2007-08 was devoted to that process. This training will be piloted from early 2009.

Skilled Birth Attendant (SBA)

- 4 – 10 week course that trains nurses and doctors to conduct deliveries, including those with complications.
- Highlight: NSI developed its second accredited training site (Damak).

Mental Health Block Training

- 2-week training with ongoing follow up of workers – regionally and in their own institutions.
- Highlight: NSI partner CMC-Nepal began the program in 3 new districts.

Biomedical Equipment Technician (BMET)

- One year course that trains college graduates to maintain and repair medical equipment. The first of its kind in Nepal.
- Highlight: NSI marketed the course to private candidates, who make up the 4th batch.
- New Course: BMET and NSI are in the process of developing a 3-month Assistant Technician course for district staff.

Ultrasound Training

- 3-month course that trains doctors to do basic diagnostic ultrasound.
- Highlight: After many years of discussion, Health Ministry has approved this course and signed partnership agreement with NSI.
- New Course: Patan Hospital and NSI are working to revise the curriculum, so that it can be easily taken up by new training sites.

DEVELOPING TRAINING SITES

CASE STUDY: DELIVERING BABIES IN JHAPA

Ms. Indra Rai
Training Manager, NSI

On the eastern edge of the Terai, *there is a hospital run by the organization AMDA. This hospital was established initially with the objective of serving health care mainly for refugees from Bhutan. NSI selected this hospital as a training partner because it had many delivery cases and we liked the staff and their quality of care. NSI decided to build them up as a site for Skilled Birth Attendant (SBA) training.*

In order to provide an appropriate environment for an in-service training, sites must be able to accept responsibility to deliver clinical services as recommended by National Training Guidelines. You can't train unless your clinical standards match those of the curriculum. Making this happen can be a long process.

Initially, we conducted an assessment to identify the need as recommended in the guidelines. This fact encouraged us greatly: AMDA hospital staff were very welcoming of NSI support and committed to develop a training site. Based on this, the training site strengthening process was initiated in support of national priorities. This included:

1. *Trainers' preparation for 4 nurses: equipping them with the clinical and teaching skills to become trainers.*
2. *Service strengthening: We worked to improve the clinical practice and infection prevention practice at their hospital.*
3. *Equipment: Quality training needs models and written materials. NSI supplies all this*

This sounds like it could be done quickly, but in fact, a new hospital takes months to build up into a good training site. My team and I were, therefore, very happy when the National Health Training Center approved AMDA as a site. We all had smiles on our faces when the first participants came through the hospital and completed SBA training in March 2008.

Day by day our training baby is growing and this NGO hospital is contributing to Nepal's national needs.

NSI ACTIVE TRAINING SITES

	2006-07	2007-08	*Expected* 2008-09
Anesthesia Assistant	**0**	**4**	**4 ***
Skilled Birth Attendant	**0**	**2**	**5**
Biomedical Equipment Technician	**1**	**1**	**2 ***
Mid-level Practicum	**---**	**0**	**3 ***
Ultrasound Doctor	**---**	**0**	**3 ***

Denotes New or Revised Course *

CASE STUDY: WE CAN DO OPERATIONS NOW

Mr. Hari Prasad Paudel
Health Assistant, Trained Anesthesia Assistant
Hetauda Hospital, Makwanpur

I am a Health Assistant. *I came to Hetauda Hospital 5 years ago. When I came here, the case flow in the hospital was very good. But most of the people used to have normal delivery either at home or take to Bharatpur as they knew that our hospital can't provide caesarean section (operation) service. Some case used to come to hospital but due to lack of Anesthesia service, we had to refer the cases. Sadly, some died on the way to hospital because they came to hospital very late.*

In 2007 Dr. Lohani, MDGP came to our Hospital and I talked with him about my getting Anesthetic Assistant training so that we can provide service to our people and save lives. Fortunately, we received a letter from Health Ministry for the participation in AA training. Then, I came for that training at Maternity Hospital.

Now we don't have to refer cases, as we can do operations here now. Clients are also increasing. Last year, we had 150 CS cases. I'm very happy that now I am competent in providing Anesthesia and saving women and newborns life.

CASE STUDY: A MOTHER IN NEED IN DHADING

Ramita Shrestha
Staff Nurse
Dhading District Hospital

***Last month at 5 in the evening**, local people from Nalag village brought in a 22-year old woman who had delivered a baby at home that morning. The placenta still had not come out and she had been bleeding heavily for the last 9 hours. Because of the Desai festival, there were few vehicles on the road, so I had no alternative than to admit her to our hospital.*

I had been trained for such emergencies at the Skilled Birth Attendant course at Bharatpur 4 months before. I first tried to remove the placenta by pulling steadily on the cord, but that did not work. Next, I tried the more difficult manual removal. The placenta came out by my hand and the bleeding stopped immediately! I was so glad.

I was able to save the life of a woman and prevent her two children from becoming motherless. I am thankful for my trainers at Bharatpur Hospital, who gave me this skill with which I can save lives. This is a life achievement for me as a professional.

Rural Staff Support Program (RSSP)

How do you keep health care workers present and productive in remote hospitals?

This question echoes throughout the world – and not only in developing countries; even the richest countries have difficulty keeping staff in remote health facilities. In countries like Nepal – where resources and systems are less robust – the dilemma is multiplied.

One thing is clear the world around: merely training more workers (however innovative the training course) is not enough to assure that they will serve in rural locations after graduation. On-the-filed incentives are needed.

In September 2007, Nick Simons Institute and the Ministry of Health and Population signed an agreement for NSI to pioneer a 4-year program of support to 3 government district hospitals. All 3 hospitals were highly valued by their communities, but their performance in caring for patients was not adequate. For example, none of them could perform difficult deliveries or conduct life-saving operations. We chose these three districts because each presented both the challenge and the potential for significant improvement in the volume and quality of their services.

BAJHANG

Serving a population of 170,000 in one of Nepal's least developed districts. Sick patients who can afford to frequently travel across the border to India.

GULMI

Located at a crossroads of four districts, Gulmi Hospital has received significant aid in the last decade. The hospital has a new maternity ward and operating theater, However, it still does not provide full emergency obstetric services.

JIRI

Once a thriving hospital under the Swiss, this hospital fell into disuse in the last 3 decades, and was mainly staffed by one nurse midwife. About one delivery a week was being conducted.

The 6 C's

Based on world evidence and on experience in Nepal, NSI has developed an integrated program of non-monetary staff support. This comes under the program Rural Staff Support Program (RSSP), remembered easily as the 6 C's. What progress has been made in the last year?

COMMUNICATION

→ VSAT satellite systems were established in all 3 RSSP hospitals, enabling internet connection for the first time.

- Dr. Anup Chapagain ((right) had just arrived in Bajhang when we met him there. He said "I thought I'd be coming to a hospital that had absolutely nothing, but at least I was surprised to find that they have internet here."

CONTINUING MEDICAL EDUCATION

→ NSI sent hospital staff for in-service training, such as Skilled Birth Attendant, Ultrasound, and Anesthesia Assistant.

- NSI developed Nepal's first distance education package for doctors to study on computers while they are still in their rural hospitals (right, see page 13).

COMMUNITY GOVERNANCE

→ Rural hospitals work better when they are governed by local people (rather than from afar by Kathmandu). NSI encourages local committees to take legal ownership of their government hospitals. This has happened in 2 / 3 RSSP hospitals.

→ NSI is a member of all three hospitals' committees, and has begun to provide support to encourage greater local authority for the hospitals.

- Jiri Hospital Operating Committee (right) has become extremely active in its first year of operation.

CONNECTION WITH A LARGER HOSPITAL

→ As a first step, NSI has linked each of the smaller RSSP hospitals with a larger NSI partner hospital (Bajhang with Dadeldhura; Gulmi with Tansen; Jiri with Patan). This aspect of the program has not progressed much beyond the first step.

- Dr. Paban Sharma from Patan visited and met with the Jiri Hospital Medical Superintendent, Dr. Ram Hari Chapagain (right).

CHILDREN'S EDUCATION

→ NSI has contracted for Rato Bangala Foundation to apply its rural school support program to two schools where hospital staff send their children.

- First workshop of the three year program (right).

CAPTAINED BY MDGP DOCTOR

→ in the first year of RSSP, NSI was not able to recruit an MDGP for these hospitals, though one was staffed by a government MDGP.

CASE STUDY : SHANTI IN BAJHANG

Mrs. Shanti Awasti
Auxiliary Nurse Midwife
Bajhang District Hospital

***It was evening, just getting dark**, and a man brought in his wife who was in labor. They were poor, village-type people and they had walked almost a day to get to the hospital. She had been in labor for one day before that and it was not progressing.*

I did a pelvic exam and there was either a hand or a foot coming out – I couldn't tell which. There was no doctor there in the hospital, only an AHW and he did his best to support me. Still, neither of us really knew what to do. In our hospital, there are no instruments for difficult deliveries.

The husband saw that we were worried, and began to yell and plead with us.

"Please do something! Do whatever you must do! Don't even think about the baby! Just save my wif!."

You know the road to Bajhang – impossible to send her out by that. An airplane only comes every week or two. There was nothing to do for her.

The AHW and I talked on the side. He thought it was best to simply pull on the hand or leg as hard as I could, not worrying about the baby. He told me to go ahead and do it.

So, I pulled as hard as I could and out came a leg. Then we saw that the baby was laying sideways (transverse). As the lady screamed, he turned the baby inside, while I pulled hard. We could hard believe it, but out came the baby. I couldn't do resuscitation of a newborn. I only learned how to do that while here on training.

But not only did the mother survive, so did the baby. The husband was crying he was so happy. They went home after 2 days in hospital.

Later, Shanti received SBA training in Bharatpur (right). She said, "I suppose that after this SBA training, I would now know when to refer for caesarean section. But, then, our hospital still doesn't do C-section – no doctor there who knows how to do one. And no oxygen machine if we need to give that; I wouldn't even have known how to open an oxygen machine."

THE NEPAL CME STORY

Developing Nepal's First Distance Education Program for Doctors

WHAT IS CME ?

Continuing medical education is the study of advances of medicine during the years after the doctor (or other health care worker) has finished her or his formal academic study. This period of study is essential because it comprises long decades of a doctor's practicing career.

WHERE IS CME DONE AROUND THE WORLD ?

A wide range of CME courses are available around the world: lectures, conferences, hands-on workshops, audio tapes, and CD ROM-based courses. Many countries – both in developed and developing world – have recognized how essential CME study is, and some national medical boards require a doctor to show CME credits in order to be re-licensed.

WHAT ABOUT IN NEPAL ?

Although Nepal has many medical schools and thousands of registered doctors, the country is still in an early stage of implementing CME. In Nepal, CME is usually limited to short medical conferences or didactic lectures, and there is no concept either of continuing, long-term study or of distance learning.

Last year in 2007, NSI conducted a 53-district needs assessment as a foundation for developing a distance education CME course. This survey of doctors found that (1) many would like to have more CME; (2) most view CME as a face-to-face workshop; (3) a large proportion have access to a computer; and (4) doctors expressed certain preferences for CME topics.

AN NSI WORKING COMMITTEE

With the support of an distinguished group of senior doctors who functioned as a Technical Advisory Group, NSI formed a working team to develop a Nepal-based CME. NSI made contact with a group in Australia, World CME, who for some years had been producing CD ROM-based distance education materials. NSI doctors authored Nepal-based case studies and World CME fit these into their template of interactive study.

NEPAL CME EMERGES

We expect that early in the next year, a 7-module package of CD ROMs will be completed. NSI has marketed this course to doctors throughout Nepal and the response has been better than expected. Registered doctors will be able to choose 4 CD ROM modules. Upon completing all four modules of cases and multiple choice tests, the participating doctor will be eligible to come to a regional medical workshop on obstetric skills (the ALSO course).

Following on from this pilot, NSI hopes to disseminate NEPAL CME further – in Nepal and in the region – and to approach the Nepal Medical Council about accreditation of CME courses in Nepal. All of this is aimed at providing ongoing distance education to the rural doctor, who is often neglected in his or her professional development.

Scholarships

Nick Simons Institute targets critical positions on the rural health care team and provides scholarships to young men and women who are willing to take up the challenge of serving. Last year the total number of post-graduate doctor trainees on NSI scholarships reached 21.

MDGP DOCTORS

In order to lead the rural health care team, not just any doctor will do. Most MBBS doctors (fresh graduates from medical school) are unable to conduct difficult deliveries, perform operations, or provide mature management of a hospital. NSI joins a number of INGOs working in the health field who believe that Nepal's Family Practice specialist – known as the MDGP – is uniquely capable of performing the role of 'Captain of the Rural Health Care Team.'

Unfortunately, there are too few MDGPs to fill the vacant positions in government hospitals – much less the need in private and academic institutions. This is in spite of the many accounts from across Nepal of GP doctors who have transformed government district hospitals into well-functioning institutions. Three such examples are shown here.

Dr. Nanda Lal Sikarmi (L)
Sindhupalchowk Hospital

Dr. Gunaraj Lohani
Panchtar Hospital

Dr. Dayashankar Lal Karna
Sunsari Hospital

In the last 3 years, NSI has provided a total of 18 scholarships for doctors studying for their MDGP under Institute of Medicine (IoM) or under National Academy of Medical Sciences (NAMS). After they complete their course of study, MDGP doctors are committed to two to three years of service in an NSI affiliated hospital in rural Nepal.

MD ANESTHESIA DOCTORS

In Nepal, the anesthesia specialist is also in short supply. For this reason, NSI coordinates the Anesthesia Assistant training program – a 6-month course of practice-based study for nurses and paramedicals. In order to conduct this training course, a hospital must have an anesthesia doctor on staff, who will then function as the training coordinator. NSI has three doctors on scholarship for MD Anesthesia. After they complete this course, these MD Anesthesia doctors must fulfill a bond to work as an Anesthesia Assistant trainer.

Group photo of scholarship doctors at Summit Hotel with the Simons. August 2008

CUMULATIVE NUMBERS ON NSI SCHOLARSHIPS

	2006	2007	2008
MDGP Doctor	3	10	18
MD Anesthesia Doctor	0	2	3

Scholarship recipients are selected in a two step process: (1) After application to NSI, the candidate must go through an interview with the NSI Scholarship committee, which grades candidates based on their potential for rural service upon graduation. (2) Candidates who pass this first step must compete in an entrance examination of the academic institution (IoM or NAMS).

Each scholarship recipient receives full tuition and living stipend for his or her 3 years of post-graduate study.

FIRST MDGP SCHOLARSHIP DOCTOR APPROACHES GRADUATION

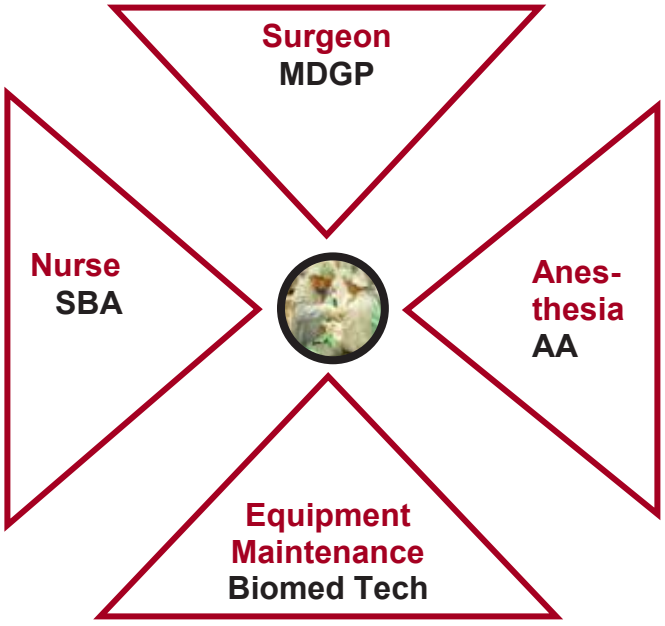
Dr. Tilok Ghimire is completing his 3 years MDGP study under NAMS at Patan Hospital. The plan is for him to be posted to Tansen for 6 months beginning September 2008, and then to Gulmi District Hospital (right).

Advocacy

Nick Simons Institute advocates for formation of 'the complete rural health care team'.

In order for a full range of services to be provided at a government district hospital, a number of features must come together. Some of these are physical – like buildings, equipment, and medicine. In the present Nepal context, though, a more pressing need is for improvement in human resources – the health care worker.

For a hospital to be able to perform a life-saving procedure like an operation to deliver a baby (caesarean section), a group of professionals must work together as a complete, cohesive team.



In the district hospital setting, complicated procedures like an abdominal operation can only be conducted if 3 or 4 players on the team come together at the same time.

Experience has shown that these health care workers need not be the same specialists that work in an urban hospital; in fact specialist doctors are unlikely to ever practice in rural district hospitals in Nepal.

Rather, operations can be effectively conducted by GP doctors; anesthesia provided by anesthesia assistants; and babies delivered by nurses with skilled birth attendant training.

Assuring that a team is present and working together is a challenge that goes beyond merely training more staff. NSI actively advocates for the conditions that will bring this unit together:

(1) Government Posts

In some cases – such as for the MDGP doctors and the Anesthesia Assistant – the government has its own sanctioned training programs, but has not created sanctioned posts for the graduates. Resolving this anomaly requires much patient lobbying.

(2) Coordinated Deployment

NSI works to encourage the Health Ministry to deploy staff in a way that maintains 'the complete team.'

(3) Public Awareness

In order to advocate for their own best health care, communities need to be aware of the potential for improvements in the health care workers who come to their hospital.

ADVOCACY COMMITTEES

Nick Simons Institute has helped establish (and continues to playing a coordinating role) in two Advocacy Committees – one for the MDGP Doctor and the other for the Anesthesia Assistant. The Committees includes leaders of that profession, academic and INGO representatives, and government workers themselves. The main objective of this lobbying is for imporvements in government human resource policy.

THE NICK SIMONS AWARD

Last year saw the selection for the first Annual Nick Simons Award. This award honors one rural health care worker at any level who has served long-term outside Kathmandu, practicing excellent medicine and thereby earning the appreciation and respect of his or her community.

The first winner of the award was Dr. Tarun Paudel, a government MDGP doctor who has worked for nearly 10 years in Baglung District Hospital. Dr. Paudel's dedicate service has helped to change his hospital from an under-utilized facility into a busy district hospital, a model of excellent health care in the remote hills.

He received his award at the 2007 Nepal Medical Association meeting in Biratnagar from then Health Secretary, Dr. Nirakar Man Shrestha and from NMA President Dr. Chop Lal Bhusal (right).

NSI RADIO PROGRAM

The women and men who serve patients in rural Nepal are some of the country's genuine heroes.

In 2007, Nick Simons Institute, working with Antennae Foundation Nepal, developed a radio program called **Karma Yogi Ka Katha.** This weekly series highlighted the work of 26 or Nepal's rural health care workers, each week weaving a different real life story into a docudrama. The program also raised issues critical to rural health care, such as staff living conditions, community cooperation, government transfer policy, and blood banking.

The program was aired over 16 FM stations across Nepal, including Radio Sagarmatha and Ujyalo in the Kathmandu Valley. Recordings were made in the studio as well as on location in districts across Nepal (below).

Monitoring and Evaluation

Nick Simons Institute makes a commitment to its partners, sponsors of training, and students that training conducted at its affiliated sites will be of highest quality.

In order to meet the goal of providing the best training of its kind available in Nepal, a measurement component is required. The NSI program area that tracks quality of training is called M+E (Monitoring and Evaluation). Last year, NSI and its consultants developed tools to monitor trainings and a data base to store that information.

With each training, the following sets of data are collected:

- Demographic data of participants.
- Demographic data of trainers and site.
- Pre-course and mid-course exam scores.
- Participant's skill competency register.
- Training site evaluation by supervising NSI staff.
- Participant's course feedback.
- Trainer's course feedback.

NSI has worked with an IT consultant to develop a data base for storage of this data, with retrieval either as individuals or in various aggregates. As far as we know, this is the most extensive training database system in use in Nepal.

Training around the NSI network






RESEARCH

CME FIELD ASSESSMENT STUDY (2007)

Rationale: NSI needed data for planning its Continuing Medical Education (CME) course for rural doctors.
Methods:

- Two field teams visited 53 of Nepal's 75 districts, entirely outside Kathmandu.
- Questionnaires and interviews were administered to _____ practicing doctors.

Main Findings:

(1) More than half the rural doctors were recently graduated MBBS doctors.
(2) 70% doctors had access to computer and 60% to the internet.
(3) Doctors mainly thought of CME as face-to-face conferences or workshops.
(4) Doctors had preference for hands-on skill training, such as ultrasound or surgical skills.
(5) Doctors had preference for topics like emergency medicine and obstetrics.

Impact of Study:

→ Results were used to refine NSI's **NEPAL CME**, the first distance education course for Nepali doctors.

MDGP DOCTOR UTILIZATION STUDY (2007)

Rationale: NSI hypothesized that government hospitals with MDGP doctors in post were busier than those without.
Methods:

- Government district hospitals were identified where an MDGP doctor was present for at least 5 years during the period 1998-2007.
- Annual reports were used to extract hospital data on outpatient visits, operations, and deliveries.

Main Findings:

(1) Twenty hospitals were identified, of which 5 had inadequate data.
(2) Of the remaining 15, in 12 there was a clear trend towards higher utilization during MDGP years.
(3) In 6 of 12 hospitals, MDGP years had higher utilization than MBBS doctor years.
(4) In 6 of 12 hospitals, continuous MDGP presence led to a steady rise in utilization throughout the study period.
(5) The data could not be tested for statistical significance, due to confounding variables.

Impact of Study:

→ Results are being used in lobbying government to make the point that presence of an MDGP doctor leads to more patient services; therefore, MDGPs deserve special support.

NSI INTERNATIONAL PUBLICATIONS

-- Zimmerman M, Lee M, Retnaraj S; Non-doctor anesthesia in Nepal; Tropical Doctor 2008; 38: 148-150.

-- Butterworth K, Hayes B, Neupane B; Australian Journal Rural Health 2008.

How Did We Do in 2007-08?

Compared to
Selected Key Indicators
from the
NSI 2007-08 Annual Plan

TRAINING	Annual Plan Indicator	Performance	*Needs Attention* ◄
1.1 Biomedical	- Enter 20 private students in 3rd batch	16 entered.	
	- Develop Assistant Tech curriculum.	In process, completion Jan.09	
1.2 Anesthesia Assistant	- Train 11 students.	15 completed training.	
	- Re-start Tansen training.	Done, for one batch.	
	- Develop extended 1-year curriculum.	In process completion Feb.09	
1.3 Skilled Birth Attendant	- Train 90 students in 3 new sites.	74 trained in 2 new sites.	◄
1.4 Mental Health	- Begin block training in 5 new districts, 3 NSI support districts	Begun in 4 total, 3 NSI districts.	
1.5 Mid-level Practicum	- Sign MoU with Health Ministry to develop and pilot new course.	Done.	
	- Assess 3 training sites and standardize for training.	3 sites assessed and approved. 1 ½ sites standardized.	

RURAL STAFF SUPPORT PROGRAM	Annual Plan Indicator	Performance	*Needs Attention* ◄
2.1 Coordination	- Sign agreement with Health Ministry and with 3 District Hospital committees.	Health Ministry agreement signed. 2 / 3 committee agreements signed.	
2.2Communication	- Set up 3 sites with VSAT / internet.	Done.	
	- Establish NSI Telemedicine system.	Not done.	◄
2.3 Continuing Medical Education	- Start in-service training.	Done: AAT, SBA, USG.	
	- Put CME doctor package in hospitals.	Disseminated Sept 08.	
	- Facilitate 3 Regional CME conferences.	Done.	
2.4 Hospital Connection	- Facilitate inter-hospital meetings, - Facilitate on-the job trainings.	Not done.	◄
2.5 Children's Education	- Sign MoU with Rato Bangala Foundation and strart program.	Done.	
2.6 Community Governance	- Facilitate 3 hospitals under autonomous local Boards.	2 under local Boards.	
	- NSI member of 3 Boards.	Done.	
2.7 MDGP Doctor	- Place 3 MDGPs in 3 hospitals.	1 of 3 hospitals with MDGP.	◄

SCHOLARSHIP	Annual Plan Indicator	Performance	*Needs Attention* ◄
3.1 MDGP	- Sign contract with 7 doctors.	8 doctors.	
3.2 MD Anesthesia	- Sign contract with 2 doctors.	1 doctor.	
3.1, 3.2 Admin.	- Regularize institutional MoUs, intake system, and meet students regularly.	All done.	

MONITORING + EVALUATION	Annual Plan Indicator	Performance	*Needs Attention* ◄
4.1 M + E	- Create training database.	Done.	
	- Enter training data and supervisory reports.	Started.	
4.2 Research	- Complete 1 Field study.	Done: CME doctor needs assessment.	
	- Get 2 journal publications.	Done: Tropical Doctor, Aust J Rural Med.	

ADVOCACY	Annual Plan Indicator	Performance	*Needs Attention* ◄
5.1 Advocacy	- Give first Nick Simons Award.	Done: Dr. Tarun Paudel.	
	- Take active role in 3 Advocacy committees.	Leading role in 2 committees: MDGP and Anesth Asst.	

CENTRAL OFFICE	Annual Plan Indicator	Performance	*Needs Attention* ◄
6.1 Office	- Acquire land for office.	Done.	
	- Develop architect plans for office.	In process: by Feb 08.	
6.1 Staff	- Implement system for quarterly staff work plan reporting.	Done.	
	- Institute staff development fund.	Done, but underutilized.	◄

IN SUMMARY

Looking back, the NSI management team was able to fully meet approximately 80% of its goals. Of the remaining 20%, about half are in process and should be completed by the half-way point of the current year. In the latter regard, we have learned that curriculum development takes longer than we anticipate.

Several of our unmet targets lie within the area of Rural Staff Support Program (RSSP). We signed that agreement with the government in September 2007, but in the subsequent 10 months made less progress than we should have. The root cause of this problem was our inability to find an excellent RSSP Coordinator. We have now filled that post and are pleased with the selection.

We have found it difficult to hire MDGP doctors for our RSSP districts and have increased the salary structure for 2008-09. Our MDGP scholarship doctors have only now begun to graduate from their training programs and become available for posting.

Finance

Nick Simons Institute is an entirely charitable organization registered in Nepal.

NSI has been registered with Nepal's Department of Industry as a company since March 2006. Since then, the government of Nepal has made legal provision for non-profit companies and NSI has applied for this status. NSI's non-profit process has been stalled on the issue that up until the present no 100% foreign investment company in Nepal has been granted non-profit company status. Pending approval as a non-profit company, NSI has clarified in its charter with the government that NSI functions entirely in non-profit mode.

A 10-member Board chaired by Dr. Bhekh B. Thapa governs NSI. The Board meets at least four times a year to create policy, approve Plans/Budgets and Reports, and to give the organization its direction. NSI's Executive Director is now member secretary of the NSI Board.

Since its first year of operation, NSI has a Personnel Policy that has been ratified by its Board. The Personnel Policy makes provision for an Auditor to be appointed each year with the Board's approval. The Kathmandu firm, D. S. & Associates, Chartered Accountants, is in the last year of its term as NSI's auditor.

D. S. & Associates
Chartered Accountants
Registration No: 237

Auditor's report
To the Members of
M/S Nick Simons Institute Pvt. Ltd.
Jhamsikhel, Lalitpur

We have audited the attached balance sheet as at Ashadh 31, 2065 (July15, 2008), and the income statement for the year ended on that date of the M/S Nick Simons Institute Pvt. Ltd. These financial statements are the responsibility of the management of the company. Our responsibility is to express an opinion on these financial statements based on our audit.

Basis of opinion:

We conducted our audit in accordance with Nepal Standards on Auditing or relevant practices. Those Standards or relevant practices require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

Opinion:
In our opinion, the financial statements, as referred to above, give a true and fair view of the state of affairs of the M/S Nick Simons Institute Pvt. Ltd. as on Ashadh 31, 2065(July15, 2008) and the income statement shows loss of operation for the year ended on that date.

1. We have obtained all the information and explanations, which to the best of our knowledge and belief, were necessary for the purposes of our audit and made due verification thereof.
2. In our opinion, proper books of accounts have been kept by M/S Nick Simons Institute Pvt. Ltd. so far as it appeared from our examination of those books.
3. The Balance Sheet, Income Statement and the Cash flow Statement dealt with by this reports are in agreement with the books of accounts and have been prepared in conformity with relevant laws.

Dipak Shivakoti
D. S. & Associates
Chartered Accountants

Date : 17 OCT 2008
Place : Lalitpur, Nepal

P. O. Box NO. 9560, Kathmandu, Nepal E-mail shivdipak@yahoo.com Mobile No. 9851016300
Madhyapur Thimi-16, Ganesh Marg, House No. 12, Lokanthali, Bhaktapur, Nepal

2007-08
FUNDING FROM NICK SIMONS FOUNDATION

USD	848,181.00
NRS	56,047,289.00

2007-08
INCOME

USD	12,937.00
NPR	881,114.00

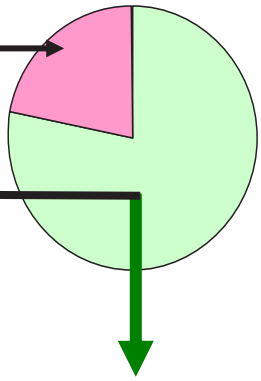
2007-08
TOTAL EXPENSES

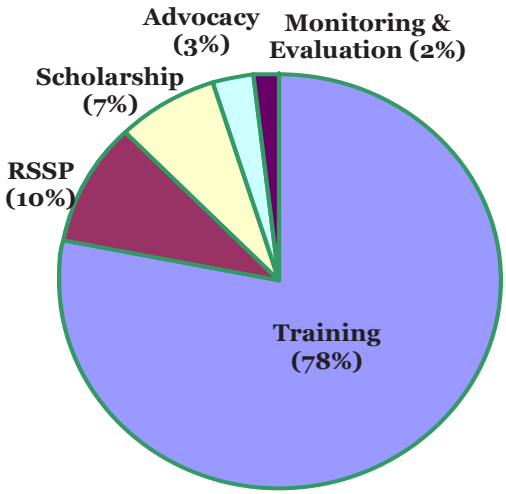
USD	861,117.00
NRS	56,928,403.00

EXPENSES

OFFICE
USD 189,267 (22%)

PROGRAM
USD 671,851 (78%)





2007 - 08 PROGRAM EXPENSES (USD)

(1) TRAINING	
Anesthesia Assistant Technician	168,068
Bio-Medical Equipment Technician	78,915
Mental Health	36,741
Mid Level Practicum	80,718
Skilled Birth Attendance	116,733
Ultrasound	14,424
General	27,953
Total Training Expense	**523,552**
(2) RURAL STAFF SUPPORT PROGRAM (RSSP)	
Communication	15,399
Continue Medical Education	6,190
Community Governance	6,807
Children's Education	19,347
Capital Subsidy	16,728
Admin.	2,472
Total RSSP Expense	**66,943**
(3) SCHOLARSHIPS	
Anesthesia	7,261
MDGP	42,515
Total Scholarship Expense	**49,775**
(4) ADVOCACY	**21,240**
(5) MONITORING AND EVALUATION	**10,340**