



Annual Report 2016-17 (2073-74)

ENHANCING RURAL HEALTHCARE

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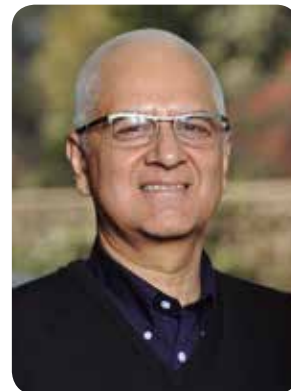
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An aerial photograph of a village in a mountainous region of Nepal. The village is built on a hillside, with many houses having blue roofs. The surrounding landscape is rugged and mountainous, with some greenery and a river visible in the foreground. The sky is overcast.

Our Vision

People in rural Nepal receiving quality healthcare services within their own communities.

Our Mission

To innovate solutions in rural healthcare – through training and hospital support – and to advocate for their scale up with the government of Nepal

Message from Executive Director

NSI is moving on to its second decade now. It is a time to reflect, to look backward as we move forward. As in every enterprise, looking backwards is an essential part of moving forward. Evaluate, learn, evolve and progress.

The vital questions then are: Are we true to vision of Jim and Marilyn Simons, who envisioned quality health care in the remotest and poorest parts of Nepal? Are we true to the spirit of the enterprising Dr. Mark Zimmerman, who was at the helm of NSI for 10 years and played a critical part in ensuring that NSI set up the foundations on which it is now built? Are we making a difference in the district hospitals in which we are now actively involved? Are people benefitting from the improved quality of health care standards in the remotest districts? And finally, the critical question is, have we made a difference in a positive manner in impacting the health care systems in districts where previously access to quality health care was a boon not the norm.

This year, the first batch of 23 students of Diploma in Biomedical Equipment Engineering (DBEE) graduated and found placements in various government and private sector enterprises. This is an essential and neglected second line defence for continual usage of expensive medical equipment. A vacuum in repair and maintenance of medical equipment will now be gradually filled.

Nepal has recently moved towards a Federal State of governance, with power being transferred from the centre to the provincial and local level.

The Rural Staff Support Program (RSSP), which was initially operational in 14 districts, has been expanded to four more districts since 2014, which is almost a 30% increase. People of Terathum, Sankhuwasabha, Bajura and Argakhanchi can now avail of essential and emergency health services at their doorstep. Since the introduction of RSSP, there has been an increase in service utilization and lifesaving operations have been performed in these hospitals throughout the year. Patient confidence in local hospitals has also improved dramatically.

In 2014, the Ministry of Health and NSI signed a Memorandum of Understanding to implement the Hospital Management Strengthening Program (HMSP) in district level Hospitals to ensure Minimum Service Standards (MSS) in these districts. Last year, MSS was further expanded from 45 to all 75 district hospitals. Management, governance and accountability are as important as equipment and manpower. MSS ensures that the gaps are filled with cluster meetings of staff of district hospitals, grants linked to accountable progressive change and regular site visits by NSI staff. This is a 66% increase in the MSS program.

The Annual Rural Health Conference was conducted from the 21st to 23rd March 2017 in Kathmandu. Over 120 Health workers from all over Nepal attended the conference. It facilitated

interaction between the rural health workers and Government officials, where problems and possible solutions were discussed. The Nick Simons Award 2016 was awarded to Mr. Bal Gopal Shrestha, Public Health Inspector of Balaura Health Post, Pyuthan, for commendable service in the Rural Health Sector.

Nepal has recently moved towards a Federal State of governance, with power being transferred from the centre to the provincial and local level. With the shift in power, there will be functional changes in responsibility and accountability in the Health sector as well. During the transitional phase these changes will vary from province to province depending on the basic knowledge and motivation at each level. This provides a new challenge to NSI in adjusting to the new environment, while staying true to its goals and aspirations.

Notwithstanding, NSI will continue making progressive change each day, each year. The changes that we have helped implement will hopefully be carried on and grow exponentially, by our efforts and by example. We envisage that day when patients see and feel the changes as a norm and reject the old status quo. Such demand driven change can one day be sustainable change to and enhance rural healthcare.

Dr Anil B Shrestha
Executive Director



An aerial photograph of a terraced hillside. The upper part of the hill shows brown, dry-looking terraces. The lower part is greener with trees and a small village with several buildings, including a prominent red one in the foreground. The overall scene is rural and mountainous.

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Background

Nick Simons Institute is a non-government organization (NGO) registered under the Chief District Office, Lalitpur (CDO Registration Number 4215/072). It is the continuation of Nick Simons Institute Private Limited which was established in March 2006. NSI

is funded by a memorial gift from the Simons family in New York and governed by a Nepali Board (Executive Committee). From its inception, NSI has worked closely with the Nepal Government’s Ministry of Health to improve curative healthcare services in

rural areas of the country. This partnership has been covered by multiple MoUs with the MoH (PPICD, Curative Division, Department of Health Services, Family Health Division, and the National Health Training Center) and has resulted in scale-up (see table below).

NSI/MoH Program	Rationale	MoH Scale-up
Anesthesia Assistant Course (AAC)	Lack of anesthesia providers in rural hospitals	Course under National Academy Medical Science (2011)
Mid-level Practicum Training (MLP)	Weak curative skills in mid-level workers	Adopted as national Sr. AHW upgrade course (2011)
Hospital Management Support Program (HMSP)	Weak management skills and lack of hospital standards	Adoption of ‘Minimum Service Standards’ for district hospitals (2014)
Biomedical Equipment Technician Training (BMET)	No system for equipment maintenance/repair	NHTC establishes Diploma in Biomedical Equipment Engineering (DBEE) course under CTEVT (2014)
Continuing Professional Development (CPD)	No system for ongoing training of doctors	NSI has been working with Nepal Medical Council (NMC) for development of CPD (2014)
Follow-up Enhancement Program (FEP)	Need for post-training assessment/ coaching	Adopted under the Department of Health Services (2015)
Rural Staff Support Program (RSSP)	Low-performing government district hospitals	Contributed to MDGP posts + future GP contract system (2015)

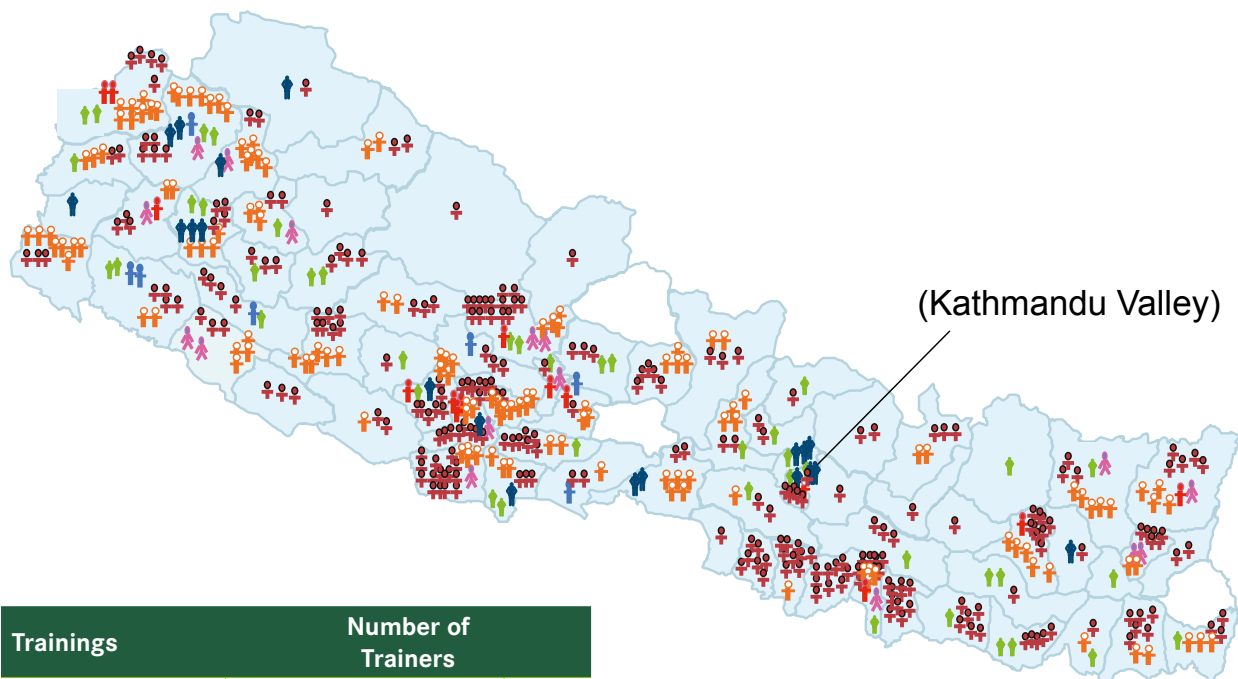




Training and Follow-up Enhancement Program

NSI continues to facilitate trainings to those healthcare cadres most likely to have an impact in rural institutions, with the aim to fill the prevalent gaps. These trainings focus in the areas of task-shifting: equipping available workers to do the job of the absent doctor.

In 2016-17, there were 580 new graduates, most of them in MLPs (285) and SBAs (174). Trainees work in all districts except Dolpa and Jumla. These ‘task-shifters’ are supporting healthcare delivery in rural Nepal and without them many rural Nepalese would have to travel to more urban areas for accessing healthcare.



Trainings	Number of Trainers	
1. Skilled Birth Attendant	♀ SBA	174
	♀ ASBA	14
2. Biomedical Equipment	♀ DBEE	23
	♀ Short courses	41
3. Anesthesia Assistant	♀ AAC	20
	♀ Upgrade Course (AAU)	7
4. Mid-Level Practicum	♀	285
5. OTTM	♀	16
Total		580

Graduates Completing Training at NSI Sites 2016-17

NSI’s innovative and pioneering programs have created a large number of graduates that fill competency gaps. These programs include:

Anesthesia Assistant Course (AAC)

AAC is the one-year Anesthesia Assistant Course under the National Academic of Medical Science (NAMS).

Anesthesia Assistant Upgrade (AAU)

NSI developed the AAU – a distance, blended learning course that allows AAs to study using tablets while remaining on the job in their working hospitals.

Biomedical Equipment Assistant Technician (BMEAT, and Short Course)

The 2-month Biomedical Equipment Assistant Technician (BMEAT) course was designed for support level

government staff. The short-term courses include Lab Equipment, X-ray Equipment and Cold Chain Equipment.

Diploma in Bio-medical Equipment Engineering (DBEE)

National Health Training Center (NHTC) started Diploma in Bio-medical Equipment Engineering (DBEE) course at BMET Center Teku. DBEE is the 18 months’ academic course affiliated by Council for Technical Education and Vocational Training (CTEVT).

Mid- Level Practicum (MLP)

MLP is clinical-based course that helps to upgrade the skills of government’s mid-level workers (health assistants and auxiliary health

workers) who form the back-bone of the rural health care team.

Skilled Birth Attendant (SBA)

This is a course of 2 months that trains nurses and midwives to conduct deliveries including those with complications.

Advanced Skilled Birth Attendant (ASBA)

This is a course of 2 and half months that trains Medical Officers to conduct deliveries including those with complications.

Operating Theatre Training Management (OTTM)

This is a course of two months that trains the staff nurses working at Operation Theatre.

Number of Graduates from 2006-17

Training	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
Skilled Birth Attendant for SN/ANM	10	74	113	147	211	173	222	317	301	190	174	1932
Advanced SBA	-	-	-	-	-	-	-	6	14	15	14	49
Mid Level Practicum	-	-	18	34	54	65	282	191	263	350	285	1542
Bio-medical Equipment	DBEE	-	-	-	-	-	-	-	-	-	23	23
	BMET	18	16	16	12	-	20	20	20	21	-	143
	BMEAT	-	-	29	13	49	33	16	32	13	15	210
	BMET Lab.	-	-	-	-	-	2	18	10	10	10	61
	Cold Chain	-	-	-	-	-	-	9	11	9	10	39
	X-Ray	-	-	-	-	8	10	8	10	10	22	10
Anesthesia	AAC	-	-	-	-	9	14	14	0	17	20	74
	AAU	-	-	-	-	-	-	-	14	-	7	21
Operation Theatre Training Management	-	-	-	-	-	-	-	-	5	29	16	50
Ultrasound	-	3	7	13	2	7	6	-	-	-	-	38
Total	28	93	183	219	324	319	586	609	662	657	580	4260

Follow-up Enhancement Program

What happens to graduates after their training? Do they remain in places where they can use their skills? Do they retain their competence? Are they well-supported by the management, including having the equipment to fulfill their duties? NSI's Follow-up Enhancement Program (FEP) goes to the field to answer these questions and to coach the cadre where they work. It seeks to assess knowledge/skills and enabling environment and coach the graduates in their workplace in identified gap areas.

Total Number of FEP Conducted (2016-17)

Cadre	Districts	Participants
Skilled Birth Attendant	8	161
Mid-level Practicum	8	54
Anesthesia Assistant	4	4
OTTM	2	5
Biomedical Equipment Technician	2	4
BMET (short courses)	6	16
Total		240





District Hospital Support (DHS) Program

DHS combines the Rural Staff Support Program for improving key human resources and their support structure with the Hospital Management Strengthening Program which enables hospitals to reach specific quality of care standards.

Rural Staff Support Program (RSSP)

RSSP was designed to improve rural healthcare services through retention of skilled and qualified healthcare workers in rural health facilities of Nepal. This year RSSP moved into four more districts making a total of 18 district hospitals.

handed over to the Kalikot district hospital. (below picture)

Continuing Medical Education (CME)

Healthcare workers of all levels need to continually grow in their

profession. NSI institutes four types of 'CME' (in-service training, on-the-job training, in-hospital CME and district-level CME), all of which expand hospital capacity as well as offering personal professional development.

Human Resources

NSI supports for the five major key cadres (ie MDGP, MO, SN, BMET & AA) to the district hospitals to make it functional throughout the year.

Healthcare Worker 'Living Supports'

RSSP adds certain key living supports to make life more tolerable in remote locations. NSI supports for comfortable quarters and assures good internet access to office and quarters.

The building construction of Kalikot staff quarter was completed and



Number of Service Utilization in RSSP District Hospitals (2016-17)

District	ER	OPD	Admission	Deliveries		PAC	CAC	Orthopedics (Plaster)	Referral		Diagnostic & Investigation Ultrasound	Major Surgery	
				Normal	Complicated				In	Out		CS	Other
Argakhanchi	5129	12647	2681	615	30	63	62			321	2091	21	4
Bajhang	3763	15481	2605	431	26	117	374	453	52	139	4118	73	183
Bajura	2511	16616	1064	205	12	34	56	76	18	87	1997	4	35
Bardiya	5025	18975	2302	992	28	116	77	89		69	4263	37	377
Darchula	3689	19335	1459	514	45	55	225	435	27	31	3203	49	16
Doti	2920	11981	1123	350	45	128	196	90	77	102	2367	43	4
Gulmi	5656	23885	2386	693	74	66	41	540	-	634	3466	13	0
Jaleswor	6021	31225	1866	1126	32	4	-	-	-	-	1590	73	76
Jiri	2346	19097	1522	189	16	37	48	253	62	82	1839	77	24
Kalikot	2305	14546	1461	323	15	14	57	142	72	170	1741	26	3
Kapilvastu	7271	23990	2202	870	166	82	71	-	166	543	-	34	15
Khotang	10639	19730	1585	302	56	9	58	167	-	99	380	61	11
Myagdi	6896	29009	3111	810	67	68	550	765	342	1178	3306	76	99
Pyuthan	5992	31810	2922	1236	-	-	-	370	78	106	1249	227	29
Salyan	1920	26466	2928	998	119	118	197	91	196	140	2991	89	42
Sankhuwasabha	6346	17154	2097	665	52	20	505	-	-	280	3499	136	44
Taplejung	3200	15982	2394	526	99	31	446	183	299	276	1956	189	11
Tehrathum	5788	18240	1831	249	62	36	38	-	39	5	1102	68	4



On 18 October 2016, Drs. Jim Simons and Marilyn Simons visited Myagdi district hospital. The visit was accompanied by then Minister of Health Mr. Gagan Kumar Thapa.

Hospital Management Strengthening Program (HMSP)

This program is centered on the Minimum Service Standards (MSS) – the government’s authorized set of 350 measurable standards in 8 different area for a hospital to provide quality care.

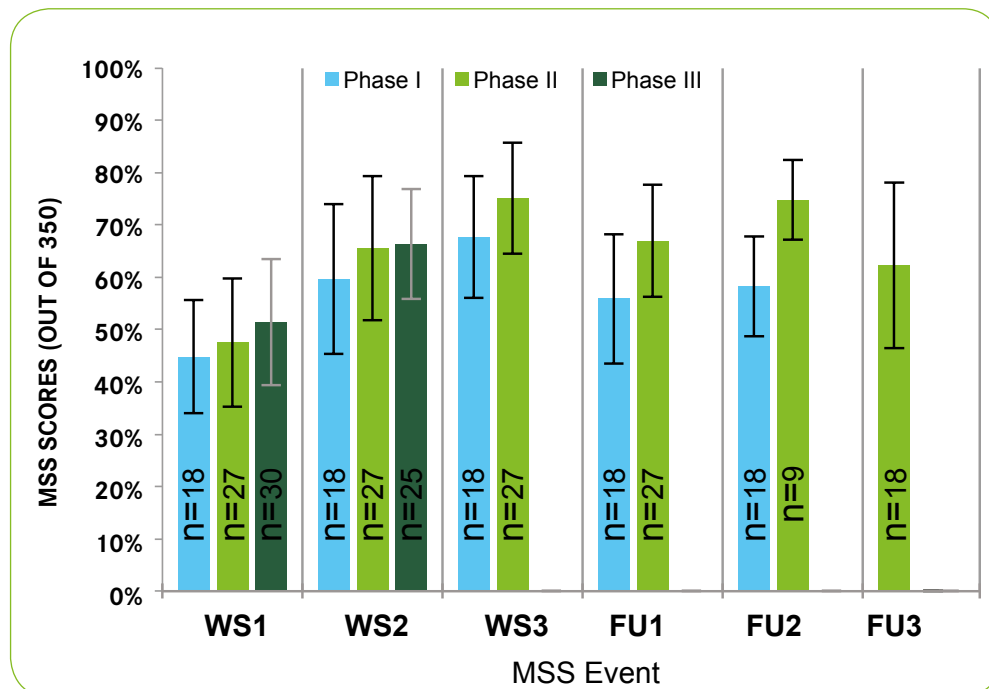
MSS is a detailed checklist to assess the management functions required to run a district hospital. The MSS

incorporates eight management domains as given below:

1. Governance
2. Organizational Management
3. Human Resource Management
4. Financial Management
5. Information Management
6. Quality Management
7. Clinical Services Management
8. Hospital Support Services Management

HMSP activities include (a) workshops for MSS, (b) Follow ups for MSS, (c) NSI Grant for District Hospital (Management Grant), and (d) NSI Grant for Regional Directorates. These are summarized in the table and graph below.

Programs	Activities
Workshops	First workshop conducted at all 75 District Level Hospitals. Total of 26 workshops were conducted in FY 2073/74; - WS1 - 13 - WS2 - 11 - WS3 - 2
Follow up	Total of 60 FU performed as: - 1st FU - 27 - 2nd FU - 12 - 3rd FU - 18 - 4th FU - 3
NSI Grant for District Hospitals	- 74 Hospitals - Action plan received - 74 hospitals - Transferred NSI grants NPR - 500,000.00 for each hospital
NSI Grant for RD	- Completed NSI grant to all 5 regions. - Transferred NPR 100,000.00 for each Regional Directorate.



Advocacy

NSI's advocacy work synergizes with its other two program areas to promote the scale up of its programs. The target audiences of NSI's advocacy work are the Nepal government (MoH), the Nepali public, international development partners, and Nepal's rural healthcare workers themselves.

Rural healthcare worker conference

NSI, in collaboration with the Department of Health Services (DoHS) and National Health Training Center (NHTC) organized its three-day Annual Rural Healthcare Workers Conference from 2 to 4 March 2017. A total of 138 healthcare workers from 62 districts participated in the conference.

Healthcare worker's Newsletter

NSI published two volumes (Vol. 14 & 15) of Newsletter "Swasthyakarmi Ko Aawaj" with the objective of creating linkages between more than 6000 rural healthcare workers, the government and NSI.

Nick Simons Award

The Nick Simons Award 2016 was awarded to PHI Mr. Bal Gopal Shrestha of Baruala Health Post, Pyuthan for his outstanding contribution providing healthcare services to rural people.



Publication

The research article *"Is the Job Satisfaction Survey a good tool to measure job satisfaction amongst health workers in Nepal? Results of a validation analysis"* was published in BMC Health Services Research.

8th Annual Rural Healthcare Workers Conference

21-23 MARCH 2017 | HOTEL...

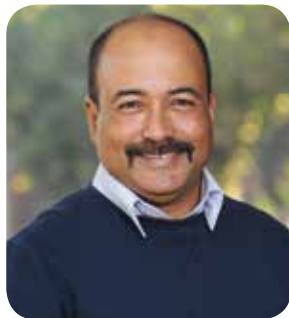


Finance

S.No.	Particulars	Expenses
1.	Training	
	1.1 Professional staff and academic institution support (NSI, NHTC, NAMS)	17,805,761.14
	1.2 Biomedical Equipment Technician (BMET) course development	7,592,012.26
	1.3 Anesthesia Assistant Course (AAC) course development	8,833,632.54
	1.4 Skilled Birth Attendant (SBA) course development	12,037,370.33
	1.5 Mid-level Practicum (MLP) course development	17,168,526.33
	1.6 Continuing Professional Development (CPD) course development	2,054,405.70
	1.7 Operation Theater Management (OTTM) course development	2,061,705.00
	1.8 Clinical Training Skills (CTS) course development	50,033.00
	1.9 Follow-up & Enhancement Program (FEP)	3,768,135.00
2.	District Hospital Support	
	2.1 Program coordination and travel	12,973,992.41
	2.2 Recruited hospital staff (MDGP, AA, MO, SN, BMET)	89,093,300.20
	2.3 Communication	624,572.85
	2.4 Continuing Medical Education (CME)	94,468.00
	2.5 Connection with District Health posts	490,028.00
	2.6 Management Grant	649,618.00
	2.7 Comfortable Quarter	39,454,805.00
	2.8 GP Flexible Fund	1,690,314.55
	2.9 Extra Staff Phase Out	-
	2.10 Hospital Management Strengthening Program	50,065,854.86
	2.11 Hospital Staff Scholarships (MDGP doctor, Anesthesia Asst.)	15,173,385.00
3.	Advocacy	
	3.1 Advocacy Meetings	117,537.00
	3.2 Public Communications	8,258,585.00
	3.3 Field Research	1,683,887.00
4.	Monitoring & Evaluation	
	4.1 Program M&E	1,558,289.00
	4.2 Annual CPAC / DPAC Meetings SWC Evaluations (Twice in 5 years)	-
5.	Administrative Expenses	
	5.1 Administrative staff	21,352,296.40
	5.2 Legal consultants	1,281,087.00
	5.3 Insurance, utilities, consumables	2,923,705.94
	5.4 Maintenance contracts, stationary, misc.	13,086,153.66
	Grand Total	331,943,461.17



Staff



Abhaya Raj Pradhan
Finance Officer



Anil Shrestha
Executive Director



Ashish Chauhan
BMET Instructor



Bal Sunder Chansi
DHS Sr. Coordinator



Bhumika Shakya
Cook



Bijaya Dhakal
DHS Officer



Bikash Shrestha
Deputy Director



Deepa Chitrakar Mukhia
M&E Officer



Hari Bhakta Kayastha
Driver/Messenger



Indra Rai
Training Manager



Jot Narayan Patel
DHS Officer



Kashim Shah
Sr Program Manager



Madhav Bhusal
MLP Training Coordinator



Meena Dulal
Housekeeping



Mukti Ghimire
Security



Naba Raj Shrestha
Administrative Coordinator



Palin Subba
Admin/Finance Assistant



Prasant V Shahi
DHS Officer



Rabina Shakya
DHS Administrative Coordinator



Rita Pokhrel
DHS Coordinator (HMSP)



Rita Thapa
FEP Assistant



Rukesh Shrestha
Driver



Rupesh Maharjan
DHS Admin Assistant



Sajani Shakya
Office Admin Assistant



Salomi Poudel
BMET Instructor



Sharada Shah
DHS Coordinator



Shovana Rai
FEP Sr. Coordinator



Subin Man Joshi
Finance Assistant



Sumati Shakya
Training Administrator



Suresh K. Shrestha
BMET Team Leader



Taramuni Shakya
Administrative Manager



Tej Bahadur Shrestha
Housekeeping



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