







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.

A scenic view of a mountainous landscape. In the foreground, a dirt path with large rocks leads up a hillside. To the left, there are several green trees, including a tall, thin palm-like tree. The background shows rolling hills and mountains under a clear blue sky. The overall scene is bright and sunny.

Table of Contents

- ▶ **Background**
- ▶ **Training and Follow-up Enhancement Program**
- ▶ **District Hospital Support (DHS) Program**
- ▶ **Advocacy**
- ▶ **Finance**



Message from Executive Director

For any institution in Nepal, a decade is an aeon. For the Nick Simons Institute, however, this is just the beginning. Like every other beginning, NSI in the last 10 years, set the foundation of a very successful institution that will set high standards for future philanthropic investments in Nepal.

Founded by Jim and Marilyn Simons, borne out of tragedy, NSI has given hope to thousands of people in Nepal. It is the fortitude of human spirit that good prevails, even in the worst possible circumstances. NSI has set palpable standards in the Health Sector with their training programs spread throughout Nepal, fully functional Rural Staff Support Program in 14 districts hospitals and Hospital Management Support Program in 45 districts. People outside the Kathmandu valley, who were provided poor healthcare now have the opportunity, thanks to NSI programs, to avail of standardized healthcare. NSI set the groundwork by establishing internal systems, connections with the health sector and more importantly strong confidence in the Ministry of Health, which has provided strong support for NSI and its programs.

Evolution is as important as revolution. Both involve change.

Alternatively, revolution does not necessarily mean violent change. Revolution means a change in mind-sets. And mind-sets needed to change. Nepalese people needed to feel that they deserved better healthcare. NSI provided the means but it will gradually become a demand driven initiative. The Ministry of Health has cooperated with and facilitated NSI initiatives. NSI's success in our pilot programs will ensure further growth in the remaining districts, an evolution that will benefit so many more people, who have no access to proper healthcare.

We can talk and talk, hold endless workshops and conferences, but in the end the means should justify an end. That 'end' means that when a sick person goes to a rural hospital, he/she is provided with proper healthcare pertaining to his/her needs, cured to the optimum degree possible and released into society without complications and hindrances pertaining to the previous illness. Life should not be hampered, changed or brought to a standstill for this individual. That in the end is what matters. That in the end is what NSI strives to do in the places that it has invested its time and resources. The details of how we do so is within the bounds of where NSI has spent the last 10



years making sure we do it right, do it efficiently, optimally using the resources and manpower in the districts and making sure their systems are attuned to making that reality a success.

The next ten years will build on the lessons and successes of the last 10 years. The foundation is set. Now we will build a structure that is noteworthy and will live beyond our times. A structure that will evolve into a system that will outlive us. NSI is committed. We are the means to an 'end'.

Dr Anil B Shrestha
Executive Director



Background

Nick Simons Institute is a non-government organization (NGO) registered in August 2015 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. 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 formal MoUs with the MoH (PPICD, Curative, Department of Health Services, Family Health Division, and National Health Training Center).

NSI/MoH Program	Rationale	MoH Scale-up
Biomed Equipment Tech Training (2006-16)	No system for equipment maintenance/repair	NHTC establishes Diploma in Biomedical Equipment Engineering (DBEE) course under CTEVT (2014)
Rural Staff Support Program (2007-16)	Low-performing government district hospitals	Contributed to MDGP posts + future GP contract system (2015)
Mid-level Practicum Training (2008-16)	Weak curative skills in mid-level workers	Adopted as national Sr. AHW upgrade course (2011)
Anesthesia Assistant Course (2010-16)	Lack of anesthesia providers in rural hospitals	Course under National Academy Medical Science (2011)
Follow-up Enhancement Program (2010-16)	Need for post-training assessment/coaching	Adopted under the Department of Health Services (2015)
Hospital Management Support Program (2013-16)	Weak management skills and lack of hospital standards	Adoption of 'Minimum Service Standards' for district hospitals (2014)
Continuing Professional Development (CPD) (2014-16)	No system for ongoing training of doctors	Nepal Medical Council (NMC) initiates the development of CPD (2014)





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.

Training	Number of Participants
1. Anesthesia Assistant Course	20
2. Skilled Birth Attendant for SN	201
3. Advance SBA for Doctors	15
4. Diploma in Bio-medical Equipment Engineering	23
5. Biomedical Equipment	
- Assistant Technician	15
- X-ray course	22
- Lab course	10
- Cold Chain	9
6. Mid-level Practicum	370
7. OTTM	22
Total	707

What happens to graduates after their training?

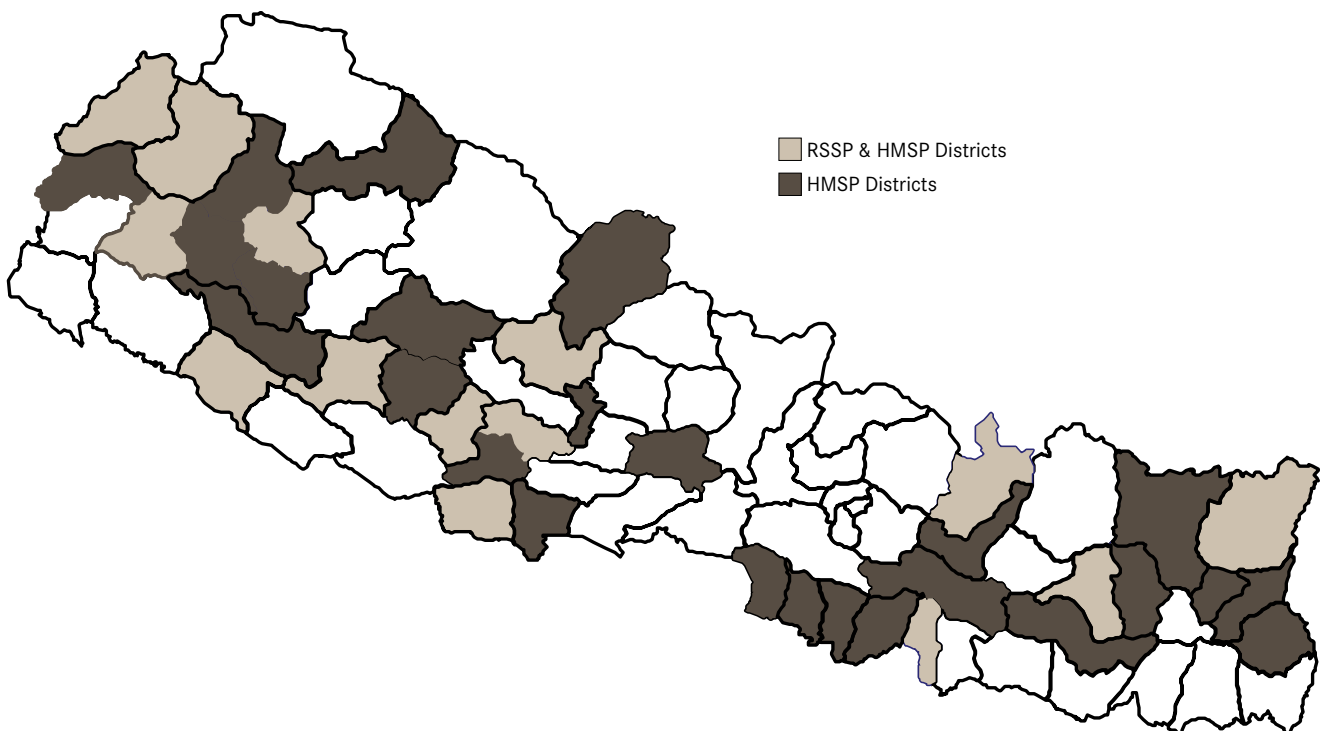
Do they remain in places where they can use their skills? Do they retain their competence? Are they well-supported by the management, including having the equipment to fulfill their duties? NSI's Follow-up Enhancement Program (FEP) goes to the field to answer these questions and to coach the cadre where they work.

Cadre	Districts	Participants
Skilled Birth Attendant	6	168
Mid-level Practicum	7	49
Anesthesia Assistant	7	9
Biomedical Equipment Technician	6	14
Total		240



District Hospital Support (DHS) Program

DHS combines the Rural Staff Support Program – 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. RSSP moved into three more districts - Darchula, Taplejung, and Khotang in FY 2072/073 making a total of 14 district hospitals.

Human Resources

NSI believes that the critical ‘missing piece’ – the catalyst as it were – to make a remote hospital function is the healthcare worker. NSI institutes a system to deploy 5 different key cadres.

SN	Human Resources	No
1	MDGP Doctor	14
2	MBBS Doctor	14
3	Staff Nurse	14
4	Bio Medical Equipment Technician	9
5	Anesthetic Assistant	9

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.

SN	Activities	Remarks
1	Furnishing	Myagdi, Darchula, Khotang & Taplejung
2	Renovation	Taplejung
3	Building construction	Pyuthan, Jiri & Bajhang

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.

Surgery Conducted by District Hospitals (2015/16)

District	Taplejung	Khotang	Dolakha	Mahottari	Myagdi	Kapilvastu	Gulmi	Kalikot	Bardiya	Salyan	Pyuthan	Doti	Bajhang	Darchula	Total
CS	70	53	97	137	69	52	39	41	48	92	133	55	59	40	985
Other Major Surgery	8	2	43	21	144	10	0	19	25	35	5	28	46	8	394

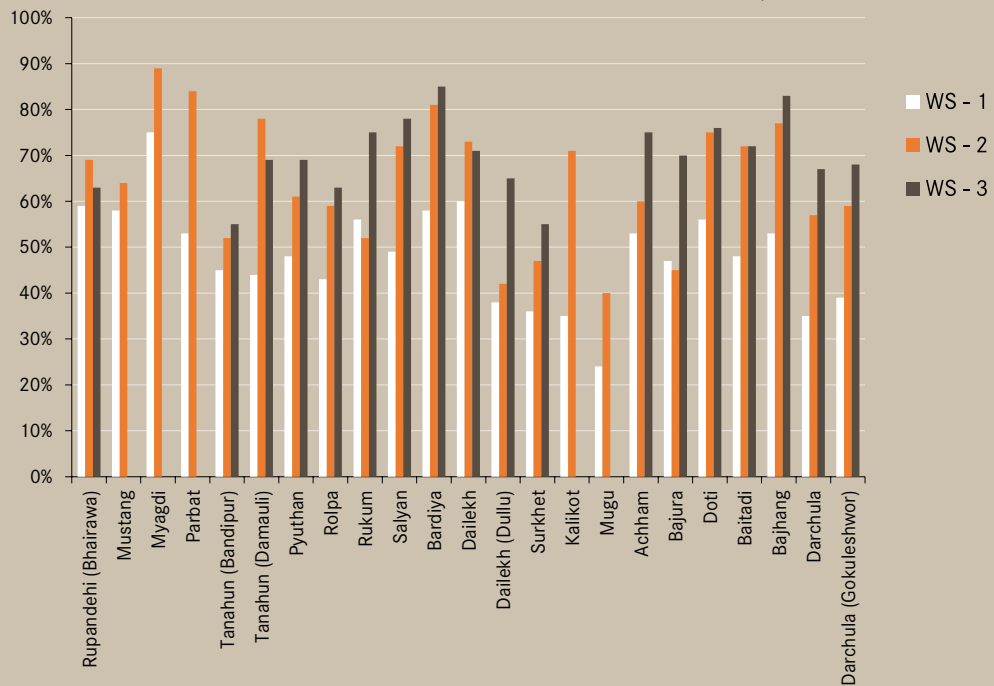
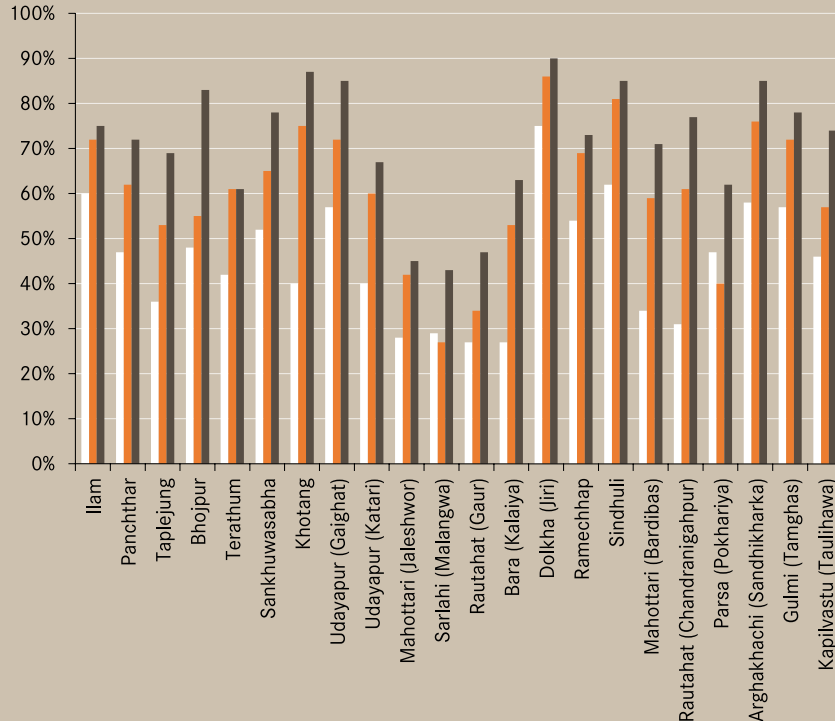


Hospital Management Strengthening Program (HMSP)

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.

Programs	Activities
Workshop	- Conducted at 45 Hospitals
Follow up	- 1st FU - 18 - 2nd FU - 16
NSI Grant for District Hospitals	- 45 Hospitals - Action plan received - 45 hospitals - Transferred NSI grants of NPR 500,000
NSI Grant for RD	- Completed at 5 regions - NPR100,000

Self Assessed MSS Scores



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 Nepal public, international development partners, and Nepal’s rural healthcare workers themselves.

Government posts

After a decade-long lobbying with government and other stakeholders, the Public Service Commission has started creating post for MDGP, AA and BMET into the government system.

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 2016. A total of 97 healthcare workers from 59 districts participated in the conference.

Healthcare worker’s Newsletter

NSI published two volume (Vol. 12 & 13) 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 2015 was awarded to Sr. AHW Lok Bahadur

Nepali of Munuwa Health Post, Kailali for his outstanding contribution providing healthcare services to rural people.

Research

NSI conducts original research studies to support mainly two objectives: i) guiding its organizational strategy & ii) providing evidence for its advocacy.

This year the following research publication was published in international journals.

Journals	Topics
Int J Medical Informatics	Diagnostic algorithms to assist mid-level health workers
Human resources for health	Tool to measure nurse motivation
WHO Bulletin	Staff support program for rural hospitals.



Finance

Program Expenses

S.N.	Particulars	Budget	Expenses
1	Training		
1.1	Professional staff and academic institution support (NSI, NHTC, NAMS)	8,616,312	5,121,417
1.2	Biomedical Equipment Technician (BMET) course development	4,588,452	2,727,312
1.3	Anesthesia Assistant Course (AAC) course development	6,997,521	4,159,230
1.4	Skilled Birth Attendant (SBA) course development	8,296,201	4,931,147
1.5	Mid-level Practicum (MLP) course development	10,829,279	6,436,774
1.6	Continuing Professional Development (CPD) course development	662,640	393,864
1.7	Operation Theater Management (OTTM) course development	1,953,600	1,161,193
1.8	Clinical Training Skills (CTS) course development	765,600	455,062
1.9	Follow-up & Enhancement Program (FEP)	2,851,200	1,694,714
2	District Hospital Support		
2.1	Program coordination and travel	18,546,367	11,023,704
2.2	Recruited hospital staff (MDGP, AA, MO, SN, BMET)	33,897,832	20,148,403
2.3	Communication	708,833	421,321
2.4	Continuing Medical Education (CME)	547,734	325,566
2.5	Connection with District Health posts	354,416	210,660
2.6	Management Grant	12,256,163	7,284,894
2.7	Comfortable Quarter	27,951,243	16,613,832
2.8	GP Flexible Fund	1,417,665	842,640
2.9	Extra Staff Phase Out	708,833	421,321
2.10	Hospital Management Strengthening Program	9,181,814	5,457,543
2.11	Hospital Staff Scholarships (MDGP doctor, Anesthesia Asst.)	5,240,107	3,114,647
3	Advocacy		
3.1	Advocacy Meetings	264,000	156,918
3.2	Public Communications	4,804,800	2,855,907
3.3	Field Research	1,320,000	784,590
4	Monitoring & Evaluation		
4.1	Program M&E	316,800	247,740
4.2	Annual CPAC / DPAC Meetings SWC Evaluations (Twice in 5 years)	100,000	-00
Total		163,177,412	96,990,398

Administration Expenses

S.N.	Particulars	Budget	Expenses
1	Administrative staff	7,249,581	11,468,390
2	Legal consultants	696,960	113,000
3	Insurance, utilities, consumables	1,821,600	3,322,171
4	Maintenance contracts, stationary, misc.	7,318,255	2,819,209
Total		17,086,396	17,722,769

Executive Committee



From Left to right: Prabhakar SJB Rana (Member), Buddha Basnyat (Secretary), Anil B. Shrestha (Executive Director), Bhekh B Thapa (Chairperson), Kundu Yangsom (Member), Olak Jirel (Treasurer), Keshab B Mathema (Member), Vidyadhar Mallik (Vice-chairman), Kunda Dixit (Member) and Sheela Verma (Member)









Nick Simons Institute

P O Box 8975, EPC 1813

Sanepa, Lalitpur

Phone: 555 1978

Email: nsi@nsi.edu.np

Web: www.nsi.edu.np