

Annual Report 2018-19 (2075-76)



Executive Committee



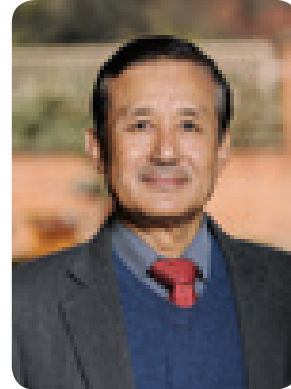
Bhekh B Thapa

Chairperson



Vidyadhar Mallik

Vice-chairman



Olak Jirel

Treasurer



Buddha Basnyat

Secretary



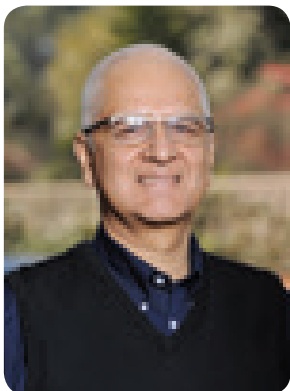
Prabhakar S J B Rana*

Member



Keshab B Mathema

Member



Kunda Dixit

Member



Kundu Yangsom

Member



Sheela Verma

Member

*Passed away on 30 May 2019.

Message from Executive Director

The National Health Policy 2076 (2019) envisions that there should be Health facilities in every ward, one Primary Hospital in every municipality, all the hospitals under the Province will be of Secondary level, and the Federal government will have at least one Tertiary Hospital and one Medical College in each of the seven provinces. This is to ensure that the requirements of Universal Health Coverage (UHC) is met.

To address this very issue, the focus of Nick Simons Institute has been to improve the services of these Primary and Secondary Hospitals so that the people of rural Nepal have access to quality healthcare services at their doorsteps. Over the past decade, access to healthcare has improved considerable. The Lancet Global Health Commission, in its report, has mentioned that more than 8 million people per year in Lower and Middle Income Countries (LMICs) die from conditions that should be treatable by the health system. Among them, 60% of deaths is due to poor quality care and the remaining due to non-utilization of the health system. This situation is true for Nepal also. The Nepal Health Sector Strategy 2015-2020 states that the expansion of public health services has **“in many instances not been accompanied by improved quality at the point-of-care”**. Curative services have been particularly affected by this challenge.

NSI has implemented the Hospital Management Support Program (HMSP) in all the 83 district hospitals (63 Primary and 20 Secondary) to ensure that the health facilities have the required Minimum Service Standards (MSS) to provide quality care. Seeing the impact this program has had, this year MoHP has developed MSS tools for Health

Posts and Tertiary Hospitals and hopefully this will be implemented in the coming years. To be able to provide quality healthcare, apart from infrastructure and equipment, we require adequate human resources. Unavailability of skilled and qualified healthcare workforce has been one of the major problems in majority of the public hospitals. Rural Staff Support Program (RSSP) ensures that a core essential clinical team is available at the hospital throughout the year. This is being implemented in 18 hospitals of rural Nepal. In addition to this program, this year a new program, Rural Staff Support Partnership Program (RSSPP) has been implemented in 12 more hospitals, where NSI has supported the MDGPs who have graduated under the Government scholarship program. The impact of this new program still needs to be studied. In the coming years, Nepal will have hundreds of specialized doctors graduating from this program. If only we can utilize these workforces properly and efficiently, it will be a gamechanger in providing quality healthcare to the people of Nepal.

Training was one of the first activity that NSI started when it was established in 2006. All our training programs have been conducted in coordination with the National Health Training Centre (NHTC) to enhance

the knowledge and skills of the healthcare workers so that they are able to provide quality service. Apart from the regular training programs, this year a new training package Primary Emergency Care (PEC) was developed and training was provided to 20 healthcare providers working in the Emergency Departments of various hospitals.

Expanding coverage and providing financial protection alone cannot ensure quality of care. Similarly, quality should not be the purview of the rich and the elite. We will know that we are heading towards a high-quality health system only when health workers and policymakers choose to receive health care in their own public institution at their doorsteps.

Dr Anil B Shrestha
Executive Director

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

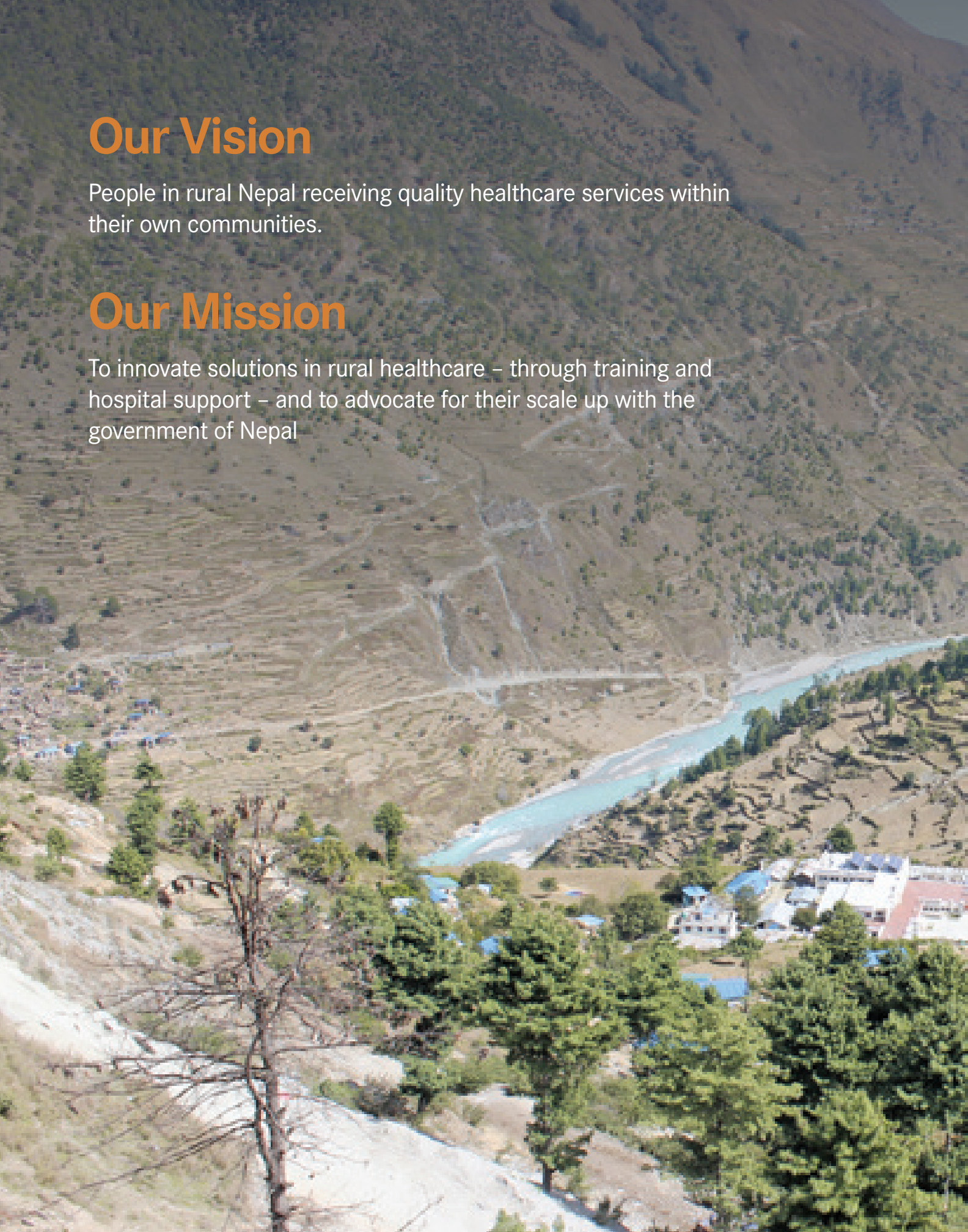


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NSI at a Glance

Nick Simons Institute, a non-government organization (NGO), has been implementing its activities as per the tri-patriate agreement with Social Welfare Council (SWC) and Nick Simons Foundation International (NSFI).



Training

NSI began its operation in 2006 by providing training to government healthcare workers. It continues to facilitate training programs to government healthcare cadres with the aim to fulfill relevant gaps. The training program focuses on clinical services to equip government healthcare workers enhancing their knowledge and skill. NSI facilitates various trainings in collaboration with the National Health Training Center (NHTC) and partner training sites located throughout the country. This year, a total of 756 participants from different training programs graduated.

Hospital Support Program

NSI began its support to the then district hospitals in 2007 in three hospitals through an agreement with the Ministry of Health and Population that gave birth to the Rural Staff Support Program (RSSP). Through the program, NSI placed 5 cadres of healthcare workers, a MDGP, a Medical Officer with advance SBA training, a Staff Nurse with Operation Theater Technique and Management training and Skilled Birth Attendent training, an Anesthesia Assistant and a Biomedical Technician in a district hospital. Other enabling environment support components such as Comfortable quarters, Capital and Continuing Medical Education (CME) came together to form a comprehensive support package. By 2016 RSSP was implemented in 18 hospitals. When the government began the postgraduate scholarship program, NSI introduced the Rural Staff Support Partnership Program (RSSPP), collaborating with the government to support government scholarship GPs. At the same time, NSI entered partnered with Patan

Academy of Health Sciences (PAHS) and Department of Health Services (DoHS) to include its Medical Officers in RSSPP forming a truly partnership program. The RSSPP is a scaled-up approach of the RSSP. Currently, the RSSPP is implemented in 12 hospitals. In 2015 NSI launched the Hospital Management Support Program to enable hospitals to reach specific readiness standards for service using a Minimum Services Standard tool which has now been incorporated in the government assessment system.

Advocacy

Each year NSI conducts Rural Healthcare Workers Conference as a part of its advocacy program. NSI invites more than 100 rural healthcare workers from around the country and provides them a platform to raise their issues with the ministry level government officials. NSI publishes two issues of Newsletter "Swasthyakarmi Ko Aawaj" and circulates it to the healthcare workers throughout the country.

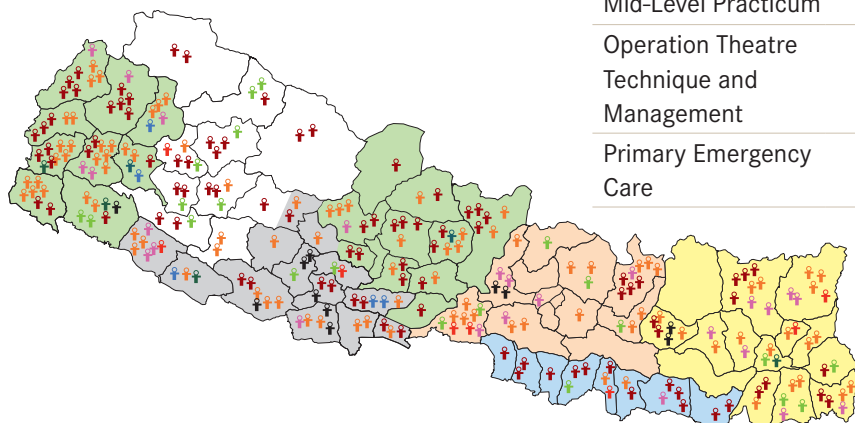
Research










Research is an integral part of the NSI to strengthen its evidence-based advocacy. NSI continues to expand its research areas and capacity. It conducts original research for two purposes: to inform NSI strategy and to strengthen its advocacy.



Training and Follow-up Enhancement Program

Graduates by district where they are working



Trainings	# of Trainees
Skilled Birth Attendant  SBA	238
 ASBA	11
 DBEE	20
 Short courses	46
 AAC	21
 SAFE course	21
Mid-Level Practicum  MLP	332
Operation Theatre Technique and Management  OTTM	47
Primary Emergency Care  PEC	20
TOTAL	756

Anesthesia Assistant Course (AAC)

AAC is a one-year course under the National Academy of Medical Science (NAMS) and conducted at different training sites. A total of 24 participants graduated this year.

Training Sites	#
AMDA Hospital, Damak	3
Bharatpur Hospital	3
Bir Hospital, NAMS	4
Maternity Hospital	4
Model Hospital	4
Tansen Mission Hospital	3
Total	21

Advanced Skilled Birth Attendant (ASBA)

This is a 70-day course that trains Medical Officers to conduct deliveries as well as make them competent to conduct caesarean section. This year, 11 doctors completed the course. The training was conducted at Bharatpur hospital.

Biomedical Equipment Assistant Technician (BMEAT) and Short Courses

This is a 2-month course design for support staff so that they will be competent to do minor repair and maintenance at the hospital. Likewise, the short-term course is for the basic repair and maintenance of Lab Equipment, X-ray Equipment and Cold Chain Equipment. A total of 46 participants graduated this year.

Diploma in Bio-medical Equipment Engineering (DBEE)

Diploma in Bio-medical Equipment Engineering (DBEE) is an 18-month academic course accredited by the Council for Technical Education and Vocational Training (CTEVT) and is run by National Health Training Center (NHTC) at the BMET Center, Teku. 20 DBEE students graduated this year.

Mid-Level Practicum (MLP)

MLP is a 60-day clinical-based course that helps to upgrade the skills of government's mid-level healthcare workers (Health Assistants and Auxiliary Health Workers) who form the back-bone of the rural healthcare team. A total of 332 mid-level healthcare workers graduated this year.

Training Sites	#
AMDA Hospital, Damak	33
Bayalpata Hospital, Accham	33
Bharatpur Hospital	45
Dhaulagiri Zonal Hospital, Baglung	37
Lamjung Community Hospital	36
Mechi Zonal Hospital	37
Okhaldhunga Community Hospital	35
Rapti Zonal Hospital, Dang	9
Seti Zonal Hospital	34
Tansen Mission Hospital	33
Total	332

Skilled Birth Attendant (SBA)

This is a 60-day course that trains nurses and midwives to conduct deliveries including those with complications. This year, a total of 238 staff nurses took SBA training.

Training Sites	#
AMDA Hospital, Damak	46
Bharatpur Hospital	65
Lamjung Community Hospital	35
Mahakali Zonal Hospital	43
Siddhartha Hospital, Buwtal	20
Tansen Mission Hospital	29
Total	238

Operation Theatre Technique and Management (OTTM)

This is a 42-day course that trains the staff nurses working at Operation Theatre. A total of 47 participants graduated this year.

Training Sites	#
Bharatpur Hospital	31
Siddhartha Hospital, Butwal	16
Total	47

Primary Emergency Care (PEC)

This is a 5-day intensive course for healthcare workers (HA, SN & MO) working in emergency department of rural district hospital. The pilot batch were conducted with 20 participants.

Other Trainings

NSI supported following other trainings:

Training Sites	#
Basic Life Support (BLS)	234
Clinical Training Skill (CTS)	16
Safer Anesthesia from Education (SAFE)	21
Total	271

Follow-up Enhancement Program

What happens to graduates after their training?

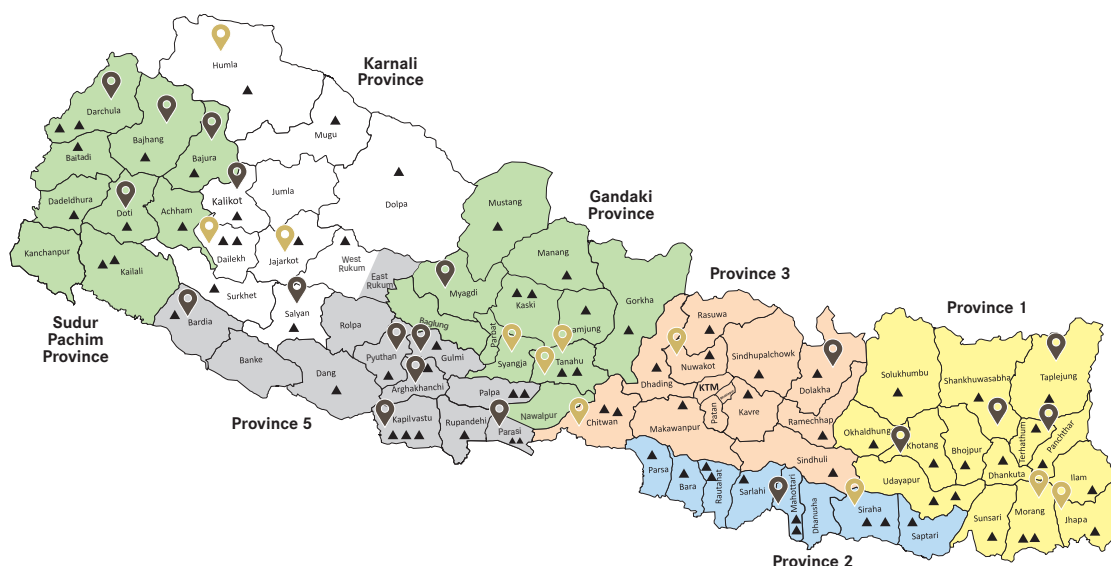
Do they remain in places where they can use their skills? Do they retain their competence? Are they well-supported by the management, including having the equipment to fulfill their duties?

NSI's Follow-up Enhancement Program (FEP) goes to the field to answer these questions and to assess the knowledge, skills, enabling environment, and coach the graduates in their workplace in identified gap areas. This year, NSI conducted follow-up on 131 participants of different cadres.

Cadre	#
MLP	74
SBA	40
OTTM	6
BMET Short Courses (Lab., X-ray & Cold Chain)	11
Total	131

Hospital Support Program

- 📍 Rural Staff Support Program (RSSP) - 18 Hospitals
- 📍 Rural Staff Support Partnership Program (RSSPP) - 12 Hospitals
- ▲ Hospital Management Strengthening Program (HMSP) - 83 Hospitals



Rural Staff Support Program (RSSP)	Rural Staff Support Partnership Program (RSSPP)	Hospital Management Strengthening Program (HMSP)
No. of Hospitals - 18	No. of Hospitals - 12	No. of Hospitals - 83
Program components:	Program components:	Program components:
<ul style="list-style-type: none"> • Key Human Resources (MDGP, AA, BMET, MO with ASBA, SN with OTTM & SBA) • Living Support for Clinical Staffs with Internet Facility • Medical Equipment Supports • Training/CME • Regular Monitoring 	<ul style="list-style-type: none"> • Yearly Performance Bonus (MDGP, MO) • Living Support for Clinical Staffs with Internet Facility • Medical Equipment Supports • Training/CME • Regular Monitoring 	<ul style="list-style-type: none"> • Hospital Workshops • Hospital Follow Up- 2 times/yr • Hospital Grant

Rural Staff Support Program (RSSP) & Rural Staff Support Partnership Program (RSSPP)

Human Resources

NSI supports key clinical team consisting of MDGP, Medical Officer (MO), Anesthesia Assistant (AA), Staff Nurse (SN) and Biomedical Equipment Technician (BMET) to government hospitals.

Human Resources	RSSP #	RSSPP #	Remark
General Practitioner (MDGP) Doctors	18	12	Pyuthan has GoN MDGP
Anesthesia Assistants (AA)	18	3	
Medical Officers (MO)	25	15	Support 22 graduate of PAHS
Staff Nurses (SN)	18	-	
Biomedical Equipment Technicians (BMET)	14	-	Bardiya/Gulmi has GoN BMET but workshop setup by NSI
Total	93	30	

Comfortable Quarters

RSSP adds certain key living supports to make life more tolerable in remote locations. NSI provides support for comfortable quarters by furnishing, renovating, building, renting and assures good internet access to offices and quarters. Likewise, the housing allowances are provided to the supported human resources.

	Furnished	Renovated	Rented
Hospital Clinical Staff Quarters	Sankhuwasabha, Arghakhachi, Bardiya, Darchula	Terhathum, Khotang, Jiri, Myagdi, Pyuthan, Salyan, Kalikot	Bajura, Mahottari, Bardiya, Doti

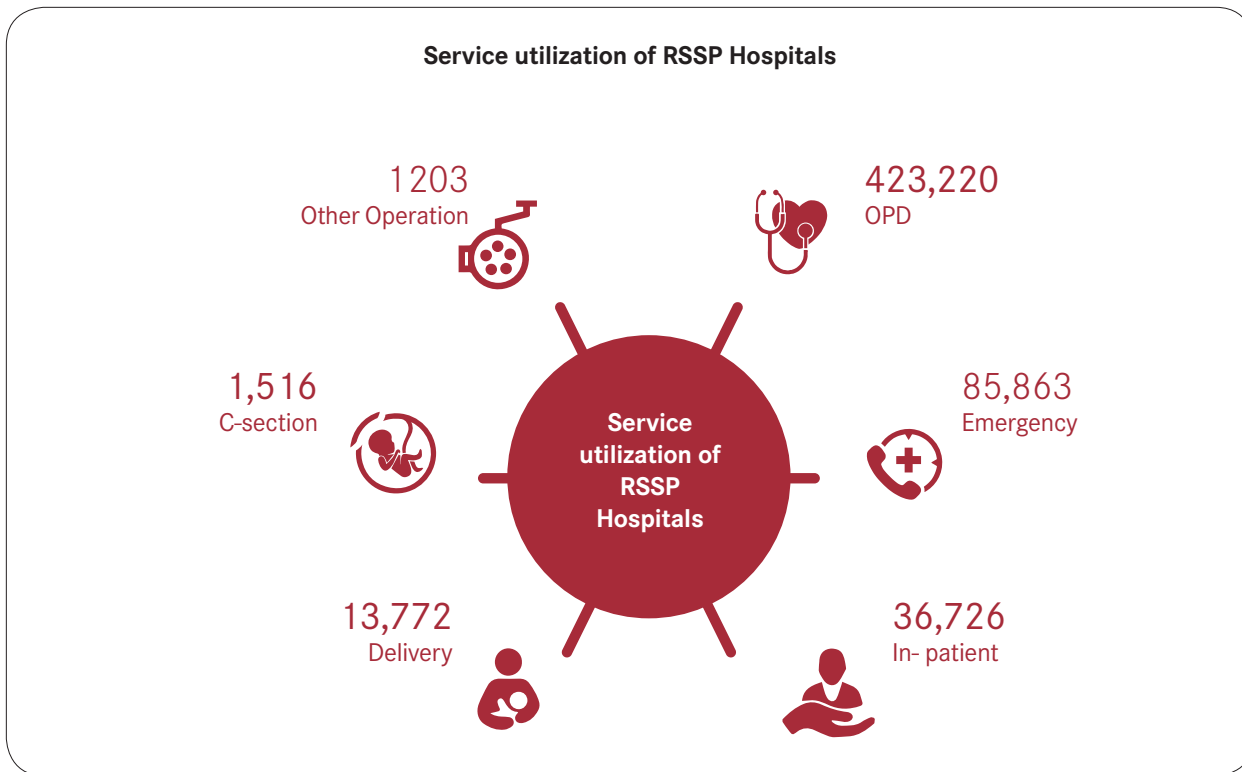
Capital Items

Essential medical instruments and equipment for all RSSP/RSSPP hospitals were provided by NSI as per need of hospital. These supplies are not a big support, but are essential to fill the gaps of equipment in the hospitals.

Continuing Medical Education (CME)

In-service training, on-the-job training, in-hospital CME and district-level CME are provided to health workers in RSSP/RSSPP to expand hospital service capacity and personal professional development.

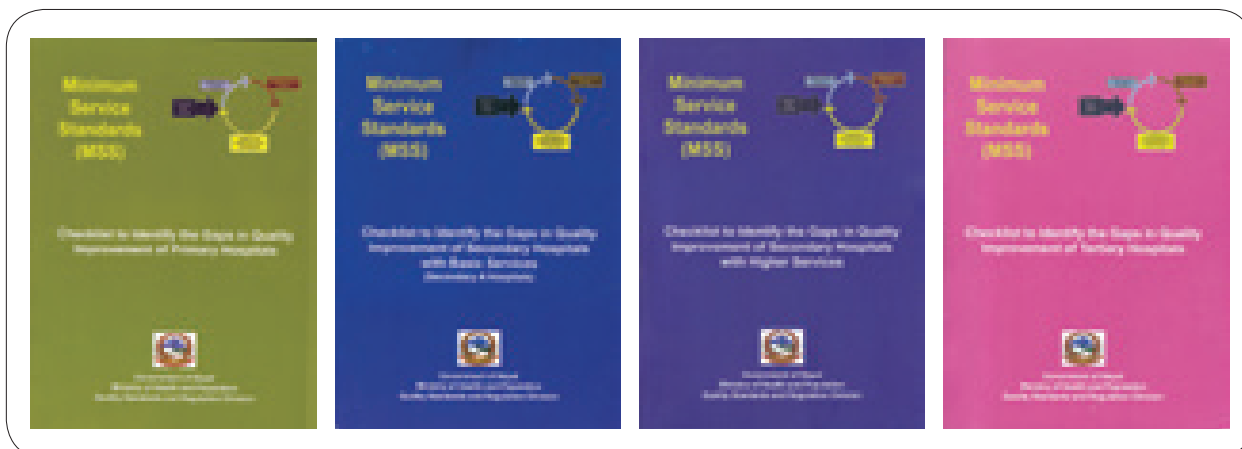
CME	Training/Topic	# of Participantes
In-service	ASBA, SBA, OTTM, MLP	142 Healthcare workers
In-house	Fundamental of Cardiology and Screening of Valvular Disease	14 Medical Officers
On-the-job	To enhance Orthopedic Knowledge and Skills	6 MDGP doctors



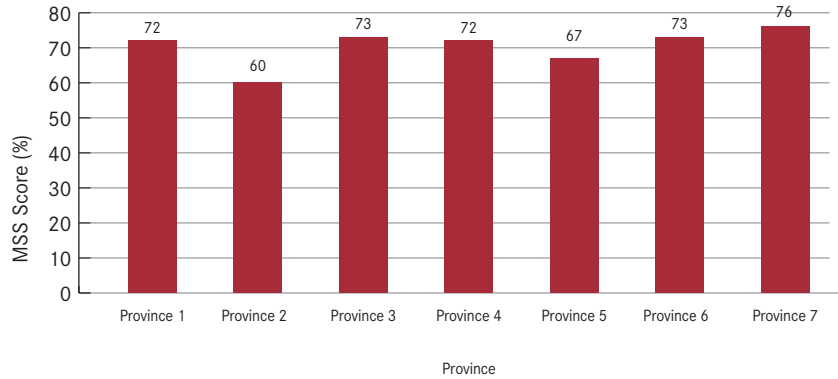
Hospital Management Strengthening Program (HMSP)

Hospital Management Strengthening Program (HMSP) facilitates towards attainment of quality of care standards at government hospitals. The program, which started in 2014 with 18 district hospitals, aims to ensure readiness towards the quality improvement of hospital services using Minimum Service Standards (MSS) tool through a modality of hospital cluster workshop and follow-up through- self and joint assessment. Broad areas and score covered in MSS are Management and Governance (20%), Clinical Services (60%) and Hospital Support Services (20%). This program is designed to identify existing gaps and helps to develop action plan scientifically to improve service standard.

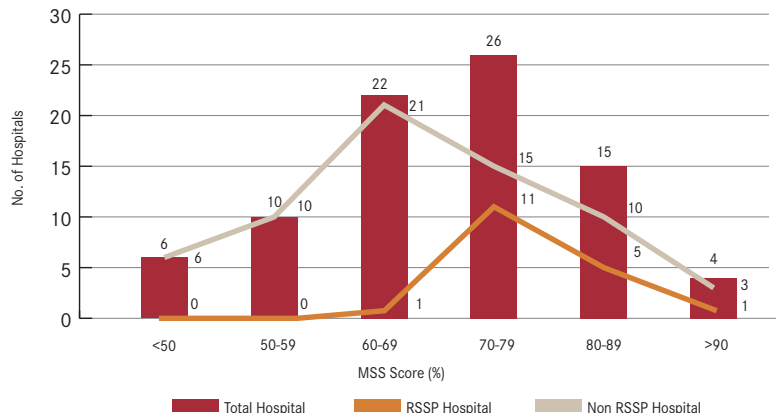
In 2018, the MSS was revised and expanded to cover Secondary A, Secondary B and Tertiary hospitals.



Provincewise Hospitals Average MSS Score 2018/19 (2075/76)



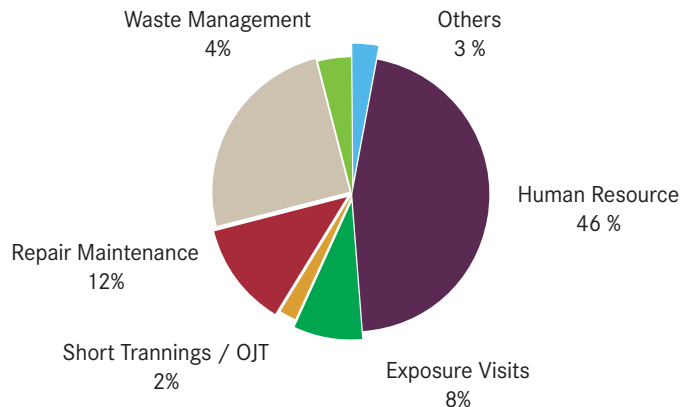
MSS Score of all Hospitals 2018/19 (2075/76)



17 out of 18 RSSP hospitals achieved more than 70% MSS were as only 28 out of 65 Non RSSP hospitals had MSS score above 70%.

Hospital strengthening Grant. – In addition to hospital strengthening grant by MoHP/ DoHS, NSI is providing a supplementary grant to fill gaps not covered by government grant.

NSI Grant utilization status:



Advocacy

NSI's advocacy work synergizes with its other programs to promote the scale up of its programs. The target audiences of NSI's advocacy work are the central, provincial and local government, the Nepali public, international development partners, and rural healthcare workers themselves.



Rural Healthcare Workers Conference

NSI organized a three-day Rural Healthcare Workers Conference from 20 to 22 March 2018 in collaboration with the Department of Health Services (DoHS) and National Health Training Center (NHTC). A total of 120 healthcare workers from 55 districts participated in the conference.

Healthcare Worker's Newsletter

NSI published two volume of Newsletter (Vol. 18 & 19) "Swasthyakarmi Ko Aawaj" with the objective of creating linkages between more than 7000 rural healthcare workers, the government and NSI.



Nick Simons Award

The Nick Simons award 2018 was awarded to ANM Meera Dhital of Mahamadpur Health Post, Rautahat for her outstanding contribution providing healthcare services to rural people.

Finance

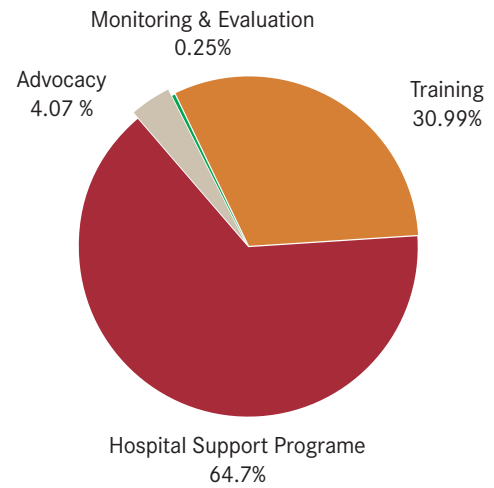
SUMMARY OF EXPENSES

A. Program Expenses

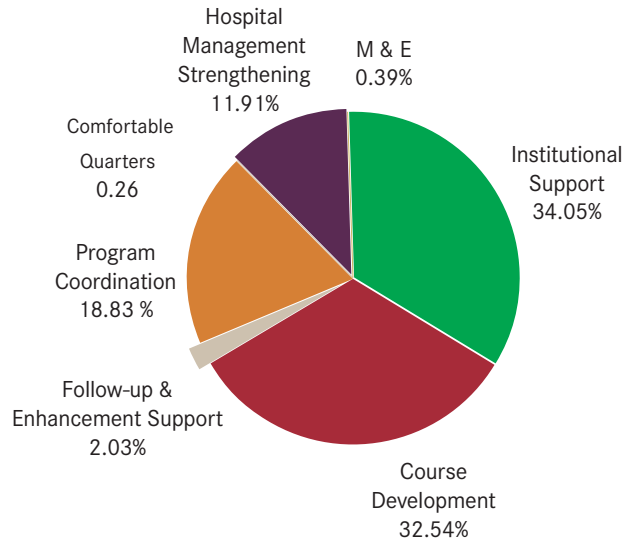
1. TRAINING	Expenses
1.1 Professional staff and academic institution support (NSI, NHTC, NAMS)	28,510,986
1.2 Biomedical Equipment Technician (BMET) course development	7,989,289
1.3 Anesthesia Assistant Course (AAC) course development	7,397,524
1.4 Skilled Birth Attendant (SBA) course development	16,299,279
1.5 Mid-level Practicum (MLP) course development	29,402,652
1.6 Continuing Professional Development (CPD) course development	3,139,370
1.7 Operation Theater Management (OTTM) course development	3,704,652
1.8 Clinical Training Skills (CTS) course development	487,858
1.9 Follow-up & Enhancement Program (FEP)	4,279,048
Total Training	101,210,658
2. HOSPITAL SUPPORT PROGRAM (HSP)	
2.1 Program coordination and travel	38,788,225
2.2 Recruited hospital staff (MDGP, AA, MO, SN, BMET)	100,488,302
2.3 Communication	444,355
2.4 Continuing Medical Education (CME)	189,997
2.5 Connection with District Health posts	913,933
2.6 Management Grant	40,977,945
2.7 Comfortable Quarter	556,590
2.8 GP Flexible Fund	1,865,738
2.9 Extra Staff Phase Out	-
2.10 Hospital Management Strengthening Program	25,108,075
2.11 Hospital Staff Scholarships (MDGP doctor, Anesthesia Asst.)	1,980,412
Total HSP	211,313,572
3. ADVOCACY	
3.1 Advocacy Meetings	722,307
3.2 Public Communications	9,350,692
3.3 Field Research	3,206,277
Total Advocacy	13,279,276
4. MONITORING & EVALUATION (M &E)	
4.1 Program M&E	671,991
4.2 Annual CPAC / DPAC Meetings SWC Evaluations	149,905
Total M & E	821,896
Total Program Expenses	326,625,402
B. Administrative Expenses	
1. Administrative staff	27,248,886
2. Legal consultants	1,086,904
3. Insurance, utilities, consumables	4,580,971
4. Maintenance contracts, stationary, misc.	15,987,459
Total Administrative Expenses	48,904,220

Program Expenses

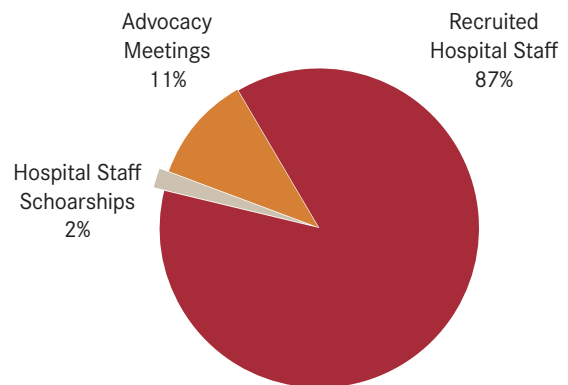
Program	Expenses
Training	101,210,658
Hospital Support Program	211,313,572
Advocacy	13,279,276
Monitoring & Evaluation	821,896
Total	326,625,402



Hardware Components	Expenses
Institutional Support	71,799,024
Course Development	68,610,621
Follow-up & Enhancement Program	4,279,048
Program Coordination	39,702,158
Comfortable Quarters	556,590
Hospital Management Strengthening	25,108,075
M & E	821,896
Total	210,877,412



Software Components	Expenses
Recruited Hospital Staff	100,488,302
Hospital Staff Scholarships	1,980,412
Advocacy Meetings	13,279,276
Total	115,747,990



NSI Staff

Administration Team



Abhaya Raj Pradhan
Finance Officer
Since 2006



Anil Shrestha
Executive Director
Since 2015



Bhumika Shakya
Cook
Since 2006



Bikash Shrestha
Deputy Director
Since 2006



Hari Bhakta Kayastha
Driver/Messenger
Since 2006



Meena Dulal
Housekeeping
Since 2006



Mukti Ghimire
Security
Since 2006



Naba Raj Shrestha
Admin. Coordinator
Since 2006



Palin Subba
Admin/Finance Assistant
Since 2007



Rukesh Shrestha
Gardener/Security
Since 2011



Sajani Shakya
Office Admin Assistant
Since 2016



Subin Man Joshi
Finance Assistant
Since 2014



Taramuni Shakya
Administrative Manager
Since 2006



Tej Bahadur Shrestha
Housekeeping
Since 2011

Hospital Support Program (HSP) Team



Aiesta Shahi
HSP Officer
Since 2019



Bal Sunder Chansi
DHS Sr. Coordinator
Since 2012



Bimal Chandra Pun
HSP Officer
Since 2018



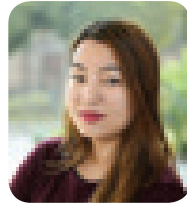
Janardan Pathak
HSP Officer
Since 2017



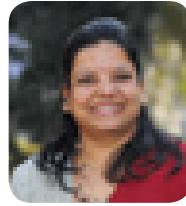
Kashim Shah
Sr Program Manager
Since 2013



Rabina Shakya
DHS Administrative Coordinator
Since 2006



Ram Kumari Lama
HSP Officer
Since 2018



Rita Pokhrel
DHS Coordinator (HMSP)
Since 2008



Rupesh Maharjan
DHS Admin Assistant
Since 2015



Sharada Shah
DHS Coordinator
Since 2008



Suraj Shrestha
HSP Officer
Since 2019



Sushil Basnet
HSP Officer
Since 2019



Susma Lama
HSP Officer
Since 2017

Research Team



Rita Thapa Budhathoki
FEP Assistant
Since 2014



Suresh Tamang
Sr. Research Coordinator
Since 2019

Training Team



Ashish Chauhan
BMET Instructor
Since 2014



Deepa Chitrakar Mukhia
M&E Officer
Since 2007



Indra Rai
Training Manager
Since 2006



Jonu Pakhrin
Training/FEP Officer
Since 2017



Madhav Bhusal
MLP Training Coordinator
Since 2011



Salomi Poudel
BMET Instructor
Since 2014



Shovana Rai
FEP Sr. Coordinator
Since 2011



Sumati Shakya
Training Administrator
Since 2007



Suresh K. Shrestha
BMET Team Leader
Since 2007

The departments and names are in alphabetical order.



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