

Annual Report 2017-18 (2074-75)



Executive Committee



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Member



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Member

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

‘Basic Health, as the fundamental right of the people’ has been enshrined in the Constitution of Nepal as a priority at the highest political level. The Nepal Health Sector Strategy 2015-2020 acknowledges the prevailing financial, socio-economic, geographical and institutional barriers that impede access to health care services for the people. The inequality, hence fostered, provides a major challenge to the health sector. Along with this, the production, recruitment and deployment of health workers to meet the new service delivery requirements is a major obstacle that needs to be tackled to meet the Universal Health Coverage requirements.

All the programs of NSI have been focused to bridge this very gap – be it through training of professionals that are needed in the rural areas or supporting the district hospitals by providing essential workforce that are required to meet quality service delivery.

This year NSI has continued with all the activities that it has carried out in the previous years. The 18 Anaesthesia Assistants that have graduated this year are all working in different district hospitals where they play a crucial role so that essential and emergency surgeries can be performed. Sixteen fellows have received their Diploma in Bio-Medical Equipment Engineering (DBEE) this year. Some have been deployed in the district hospitals contributing to regular maintenance and timely repair of the medical instruments and equipment. Apart from them, over 550 health workers from almost all the districts of Nepal have been provided various training programs like MLP, SBA, ASBA, OTTM and other short courses that will help them enhance their skills and knowledge. Similarly, 111 cadres who have had different trainings in the past were assessed through the Follow-up Enhancing Program (FEP) to determine if they have retained the competency they had during their training and provide them coaching to enhance their skill and knowledge.

As part of the District Hospital Support (DHS) Program, NSI has been supporting 18 District hospitals of rural Nepal by providing 5 types of health cadres which we think are essential to make the hospital functional and capable to provide basic, emergency and life-saving healthcare. Due to their continuous presence and effective service delivery standards, a gradual increase in the service utilization of these hospital has been seen. Trust and confidence of the community towards the hospital has also increased. Apart from deployment of staff at these hospitals, this year, NSI has built and handed over staff quarters in Pyuthan, Jiri and Bajhang. This hopefully will help mitigate the shortage of housing for the hospital staff.

Through its Hospital Management Strengthening Program (HMSP), NSI has conducted the first workshop in all the 83 district hospitals as well as 1st follow-up in 75 district hospitals. There is a continuous process of workshops and follow up programs carried out by the hospital to monitor if they have met the Minimum Service Standards (MSS) mentioned in the guidelines developed by the Ministry of Health and Population. MSS is a comprehensive tool for optimal preparation of the hospital for the provision of essential minimum services for operation. Along with the increment in their scores there has been considerable increase in the services provided by the hospitals.

There is a vast difference in the quality of health care in the rural and urban areas and also in the public and private sector. The health services provided in the remote areas are mainly provided by the public sector. It is this sector where there are huge gaps, where we need to concentrate our efforts. In the health sector, the investment in the demand side is high, whereas there is still a deficit of resources in the supply side. Now the time come to try to overcome this deficit. What we all ultimately desire is access to affordable and quality health care at our doorstep. Each of our programs should, therefore, be a step in that direction.

Dr Anil B Shrestha
Executive Director



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Background

Nick Simons Institute is a non-government organization (NGO) registered with the Chief District Office, Lalitpur. It is governed by an Executive Committee comprising of distinguish citizens of Nepal and funded by a memorial gift from the Simons family in New York. 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 Welfare Division, and National Health Training Center).

NSI activities focuses mainly on three areas ie:

i) Training, ii) Hospital Support Program, and iii) Advocacy.

NSI facilitates different kind of trainings to the healthcare cadres of rural institutions with the collaboration of National Health Training Center (NHTC) at different training sites throughout the country.

NSI's Hospital Support Program has two component a) Rural Staff Support Program (RSSP), and b) Hospital Management Strengthening Program (HMSP). RSSP has been implemented in 18 district hospitals whereas HMSP has been implemented in 83 district level hospitals.

Each year NSI conducts Rural Healthcare Workers Conference as a part of advocacy. NSI invites more than 100 rural healthcare workers from around the country and provides them a platform for raising their issues with the ministry level government officials. Also, NSI publishes two issues of Newsletter and distributes it to the rural healthcare workers throughout the country.

Recently, a research department has been established to focus on the research studies on various issues related with healthcare services in rural areas.

NSI has been implementing its activities as per the tri-patriate agreement with Social Welfare Council (SWC) and Nick Simons Foundation International (NSFI).



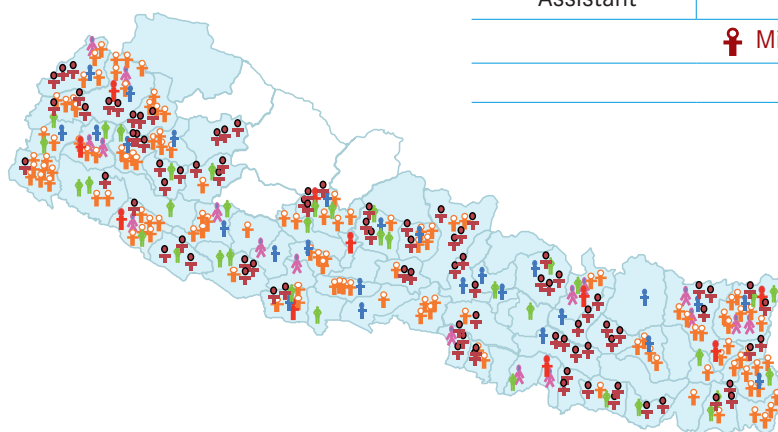
Training and Follow-up Enhancement Program

NSI continues to facilitate trainings to the government 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.

A total of 696 participants from different training programs graduated this year. A large numbers are the mid-level healthcare workers (MLP 317 and SBA 206) who are the backbone of Nepal’s healthcare system.



Trainings	2017-18	
	Total No of Trainees	
Skilled Birth Attendant	♀ SBA	206
	♀ ASBA	9
Biomedical Equipment	♀ DBEE	16
	♀ Short courses	39
Anesthesia Assistant	♀ AAC	18
	♀ SAFE course	56
	♀ Mid-Level Practicum	317
	♀ OTTM	25
	TOTAL	686



Graduates Completing Training at NSI Sites 2017-18

By district where they are working



NSI’s innovative and pioneering programs have created a large number of graduates that help to 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). A total of 18 participants graduated this year, 8 under NSI’s scholarship.

Anesthesia Assistant Upgrade (AAU)

NSI developed the AAU course – a distance, blended learning course that allows AAs to study using tablets while remaining on the job in their working hospitals. This year the course was not conducted as most of the 6-month AA graduates have received the upgrade course.

Biomedical Equipment Assistant Technician (BMEAT, and Short Course)

A 42-day Biomedical Equipment Assistant Technician (BMEAT) course is designed for support level government staff. The short-term courses include Lab Equipment, X-ray Equipment and Cold Chain Equipment. A total of 49 participants graduated under various short courses this year.

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 an 18 months academic course affiliated with Council for Technical Education and Vocational Training (CTEVT). The third batch of DBEE program include 16 participants this year.

Mid- Level Practicum (MLP)

MLP is a 60-day clinical-based course that helps to upgrade the skills of making clinical decision to government’s mid-level healthcare workers (health assistants and auxiliary health workers) who form the back-bone of the rural health care team. A total of 317 mid-level healthcare workers graduate this year.

Skilled Birth Attendant (SBA)

This is a 60-day course that trains nurses to conduct deliveries including those with complications thought out the pregnancy, child birth and postpartum period. This year a total of 206 staff nurses took SBA training.

Advanced Skilled Birth Attendant (ASBA)

This is a course of 70-day that trains Medical Officers to conduct deliveries including those with complications. This year, nine doctors completed the course.

Operating Theatre Technic and Management (OTTM)

This is a 60-day course that trains the staff nurses working at Operation Theatre. A total of 25 participants graduated this year.

Beside the above trainings, NSI supported other training which are follows:

- ALSO - Advance Life Support for Obstetric care
- BLS - Basic Life Support
- SAFE course – Safe Anesthesia for Education

Number of Graduates as of FY 2017-18

Training	5-year Targets (FY 2015 to 2020)	FY 2015-16	FY 2016-17	FY 2017-18	Total
Anesthesia Assistant Course (AAC)	110	17	20	18	55
Anesthesia Assistant Update (AAU)	40	0	7	0	7
Biomedical Equipment Technician (BMET)	120 DBEE	0	23	16	39
	175 short-course	56	41	39	136
Mid-level Practicum (MLP) Course	1500	370	287	317	974
Skilled Birth Attendant (SBA) Course	1200	201	168	206	575
Advanced SBA Course	60	15	14	9	38
Operating Theater Technique Management (OTTM) Course	200	22	16	25	63
Follow-up Enhancement Program (FEP)	1200	240	240	111	591

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. The feedback is then provided to the local management (DHO, Development Committee) and to the centre level (NHTC, DoHS, MoHP).

TOTAL NUMBER OF FEP CONDUCTED (2017-18)

S.No.	Cadre	Participants
1	SBA- NSI	56
2	MLP	36
3	OTTM	4
4	BMET	4
5	BMEAT	4
6	X-RAY	4
7	Lab	3
Total		111



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. The program has been implemented in 18 district hospitals of rural Nepal.

Human Resources

NSI supports for the clinical team consisting of MDGP, Medical Officer (MO), Anesthesia Assistant (AA), Staff Nurse (SN) and Biomedical Equipment Technician (BMET). They are considered as key human resources to the district hospitals to make it functional throughout the year.

Cadre	Number	Remarks
MDGP	18	
MO with ASBA	18	
AA	18	2 Govn.
SN	18	
BMET	13	

Healthcare Worker ‘Living Supports’

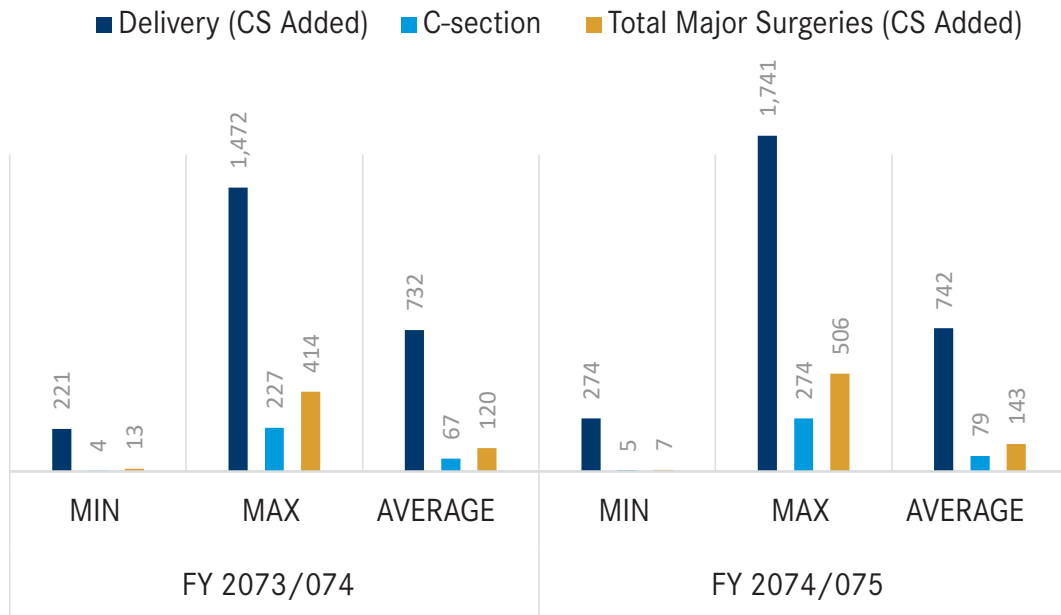
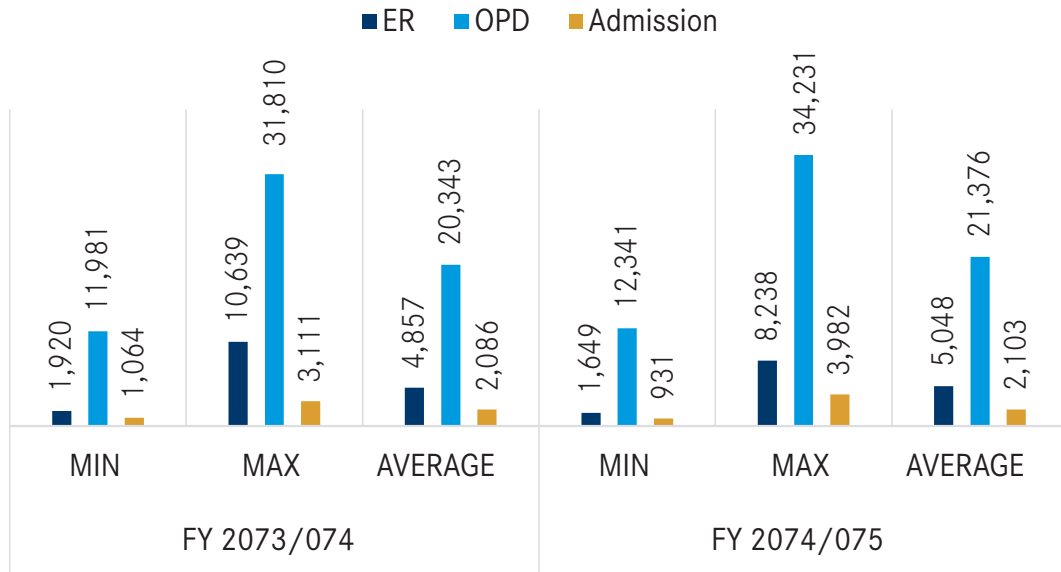
RSSP adds key living supports to make life more tolerable in remote locations. NSI supports for comfortable quarters and internet access. The renovations of quarter at Taplejung, Khotang, Terathum and Myagdi were done this year. And three new buildings (Bajhang, Jiri, Pyuthan) were completed.

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.



Comparison of Service Utilization in 18 RSSP District Hospitals



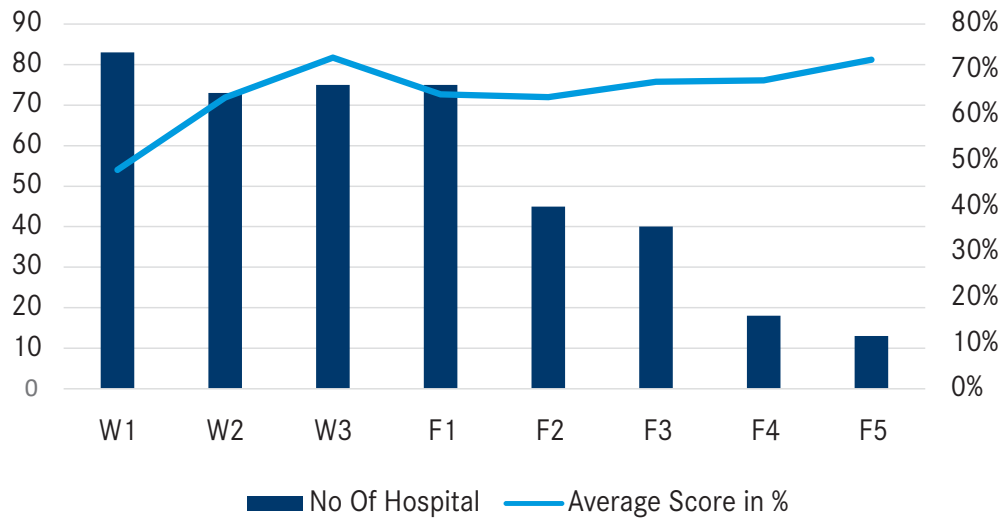
Hospital Management Strengthening Program (HMSP)

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

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

Program	Event	No. of Hospitals	Average Score in %
Workshop	WS 1	83	48%
	WS 2	73	64%
	WS 3	75	73%
Follow up	FU 1	75	65%
	FU 2	45	64%
	FU 3	40	67%
	FU 4	18	68%
	FU 5	13	72%
NSI Grant for District Hospitals	- 83 Hospitals - Action plan received - 83 hospitals - Transferred NSI grants NPR – 500,000. for each hospital		
NSI Grant for Regional Directorate	- Completed NSI grant to all 5 regions. - Transferred NPR 100000 for each Regional Directorate.		

Average Scores in % of Hospitals



Summary of Hospital services status on Key standards among 83 Hospital

S.No.	Key Services	Total (83 hospital)	Remarks
1	IPD services	76	92% hospital has admission services for needy patients
2	Surgical services	54	65% hospital has functioning Operation Theatre
3	Pharmacy	66	80 % hospital has open own hospital pharmacy
4	Laboratory	28	34% hospital has equipped laboratory services with semi/ Auto analyzer
5	Blood bank	10	65 % hospital has walking blood bank where as 12 % has storage blood bank
6	X-ray	20	24% hospital providing X ray with digital services
7	Specialized Services	25	30% has well equipped dental service
		11	SNCU is available in 13 % hospitals
		16	19% hospitals are providing OCMC service
8	CSSD Services	25	30% has started separate CSSD Service
9	Laundry Services	23	28% has started their laundry using Washing Machine
10	Waste management with Autoclave	4	Autoclaving of contaminated waste in 5% hospitals
11	E-billing	41	49% started electronic billing system and some has central billing system

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’s Ministry of Health and Population (MoHP), the Nepal public, international development partners, and Nepal’s rural healthcare workers themselves.

Rural healthcare worker 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 (Vol. 16 & 17) of Newsletter “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 2017 was awarded to Sr. AHW Mr. Shyam Sundar Pokharel of Pallikot Health Post, Gulmifor his outstanding contribution in providing healthcare services to rural people.



Rural Health Workers Conf

20-22 March 2018 | Hotel Soaltee Crowne Pla



Dr. Pushpa Chaudhary,
Secretary, MoHP,
awarding NS Award 2017 to
Sr. AHW Mr. Shyam Sundar Pokharel

Finance

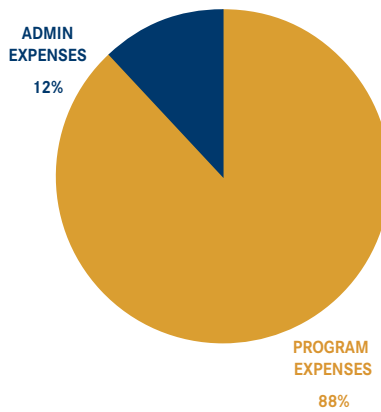
Program Expenses

S. No.	Particulars	Expenses
1.	Training	
	1.1 Professional staff and academic institution support (NSI, NHTC, NAMS)	13,947,244
	1.2 Biomedical Equipment Technician (BMET) course development	7,590,688
	1.3 Anesthesia Assistant Course (AAC) course development	6,084,439
	1.4 Skilled Birth Attendant (SBA) course development	16,316,654
	1.5 Mid-level Practicum (MLP) course development	16,890,503
	1.6 Continuing Professional Development (CPD) course development	1,924,854
	1.7 Operation Theater Management (OTTM) course development	3,292,841
	1.8 Clinical Training Skills (CTS) course development	527,322
	1.9 Follow-up & Enhancement Program (FEP)	3,992,479
	Total	70,567,024
2.	District Hospital Support	
	2.1 Program coordination and travel	45,057,922
	2.2 Recruited hospital staff (MDGP, AA, MO, SN, BMET)	97,706,128
	2.3 Communication	809,461.46
	2.4 Continuing Medical Education (CME)	93,560
	2.5 Connection with District Health posts	575,004
	2.6 Management Grant	191,330
	2.7 Comfortable Quarter	19,360,518
	2.8 GP Flexible Fund	2,012,402
	2.9 Extra Staff Phase Out	-
	2.10 Hospital Management Strengthening Program	58,532,414
	2.11 Hospital Staff Scholarships (MDGP doctor, Anesthesia Asst.)	5,200,870
	Total	229,539,609
3.	Advocacy	
	3.1 Advocacy Meetings	577,208
	3.2 Public Communications	9,518,367
	3.3 Field Research	2,208,059
	Total	12,303,634
4.	Monitoring & Evaluation	
	4.1 Program M&E	63,869
	4.2 Annual CPAC / DPAC Meetings SWC Evaluations (Twice in 5 years)	-
	Total	63,869
	Total Program Expenses	312,474,136

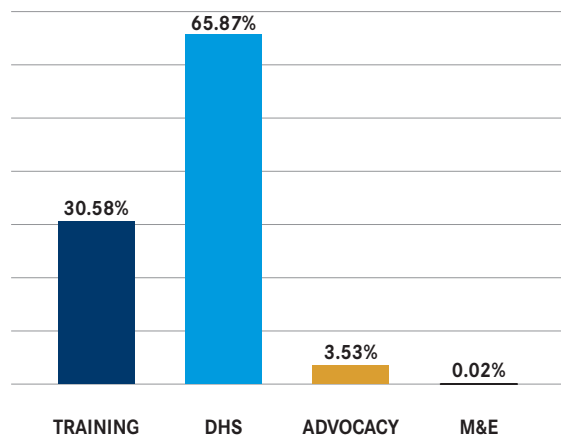
Administrative Expenses

S. No.	Particulars	Expenses
1	Administrative staff	24,239,418
2	Legal consultants	1,185,812
3	Insurance, utilities, consumables	4,889,954
4	Maintenance contracts, stationary, misc.	15,577,245
	Total Administrative Expenses	45,892,429
	Grand Total	358,366,566

Details of Expenses FY 2017-18



Details of Program Expenses FY 2017-18



Staff



LEFT TO RIGHT : SITTING ROW: **Sajani Shakya**, Office Admin Assistant, **Bal Sunder Chansi**, DHS Sr. Coordinator, **Indra Rai**, Training Manager, **Kashim Shah**, Sr Program Manager, **Palin Subba**,
FIRST ROW: **Naba Raj Shrestha**, Administrative Coordinator, **Bhumika Shakya**, Cook, **Tej Bahadur Shrestha**, Housekeeping, **Sumati Shakya**, Training Administrator, **Abhaya Raj Pradhan**,
Rupesh Maharjan, DHS Admin Assistant, **Deepa Chitrakar Mukhia**, M&E Officer, **Taramuni Shakya**, Administrative Manager, **Janardan Pathak**, DHS Officer
SECOND ROW: **Rishav Shrestha**, Sr. Research Coordinator, **Hari Bhakta Kayastha**, Driver/Messenger, **Salomi Poudel**, BMET Instructor, **Saugesh Dali**, Intern, **Rukesh Shrestha**, Gardener
Ashish Chauhan, BMET Instructor, **Rabina Shakya**, DHS Administrative Coordinator, **Madhav Bhusal**, MLP Training Coordinator



Admin/Finance Assistant, **Sharada Shah**, DHS Coordinator, **Suresh K. Shrestha**, BMET Team Leader, **Prasant V Shahi**, DHS Officer, **Rita Thapa**, Research Assistant, **Bikash Shrestha**, Deputy Director
Finance Officer, **Shovana Rai**, FEP Sr. Coordinator, **Mukti Ghimire**, Security, **Jot Narayan Patel**, DHS Officer, **Subin Man Joshi**, Finance Assistant, **Meena Dulal**, Housekeeping,

/Security, **Rita Pokhrel**, DHS Coordinator (HMSP), **Anil Shrestha**, Executive Director, **Jonu Pakhrin**, Training/FEP Officer, **Krishna Yesmali**, Gardener, **Susma Lama**, DHS Officer,



Nick Simons Institute

P O Box 8975, EPC 1813

Sanepa, Lalitpur

Phone: 555 1978

Email: nsi@nsi.edu.np

Web: www.nsi.edu.np