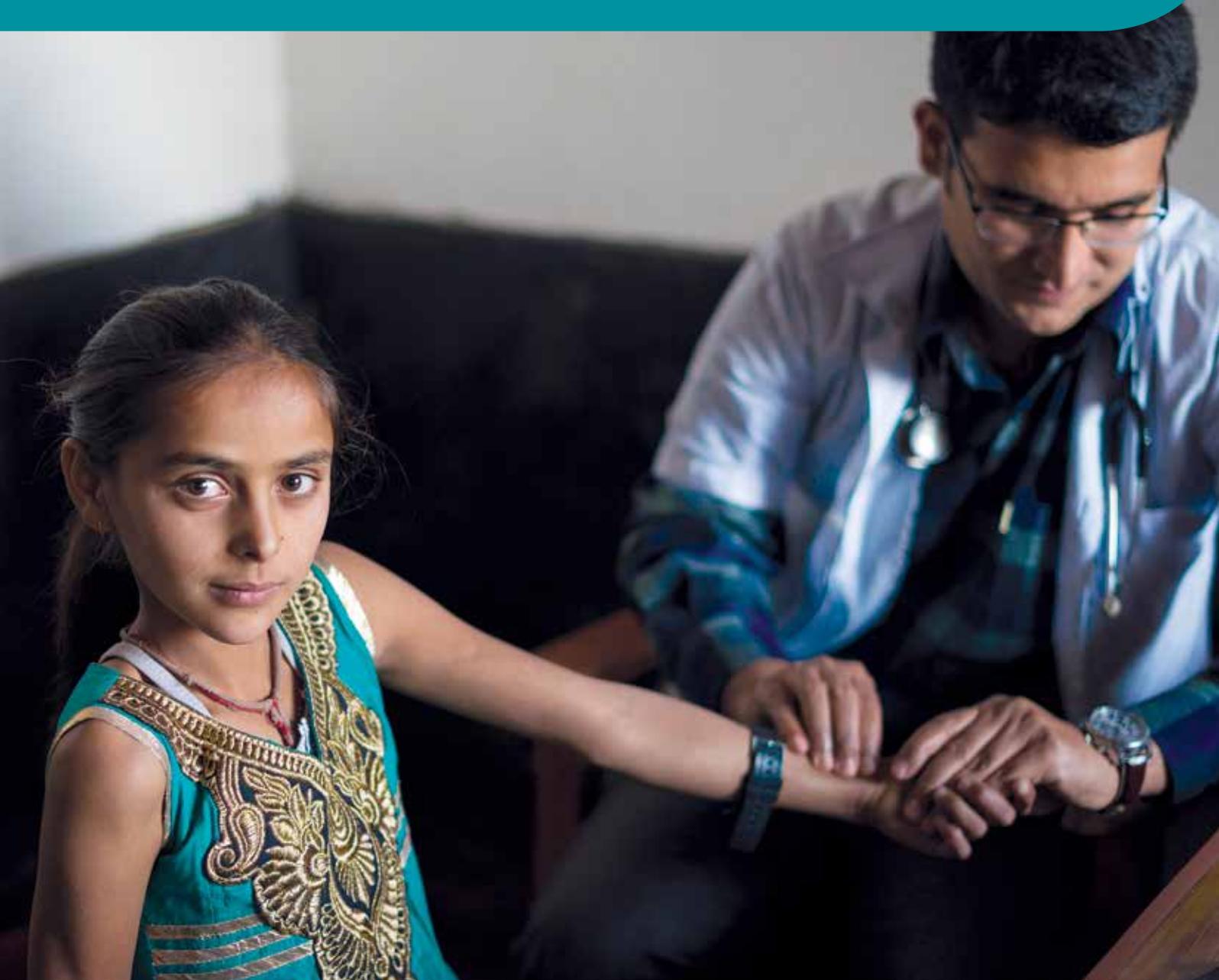


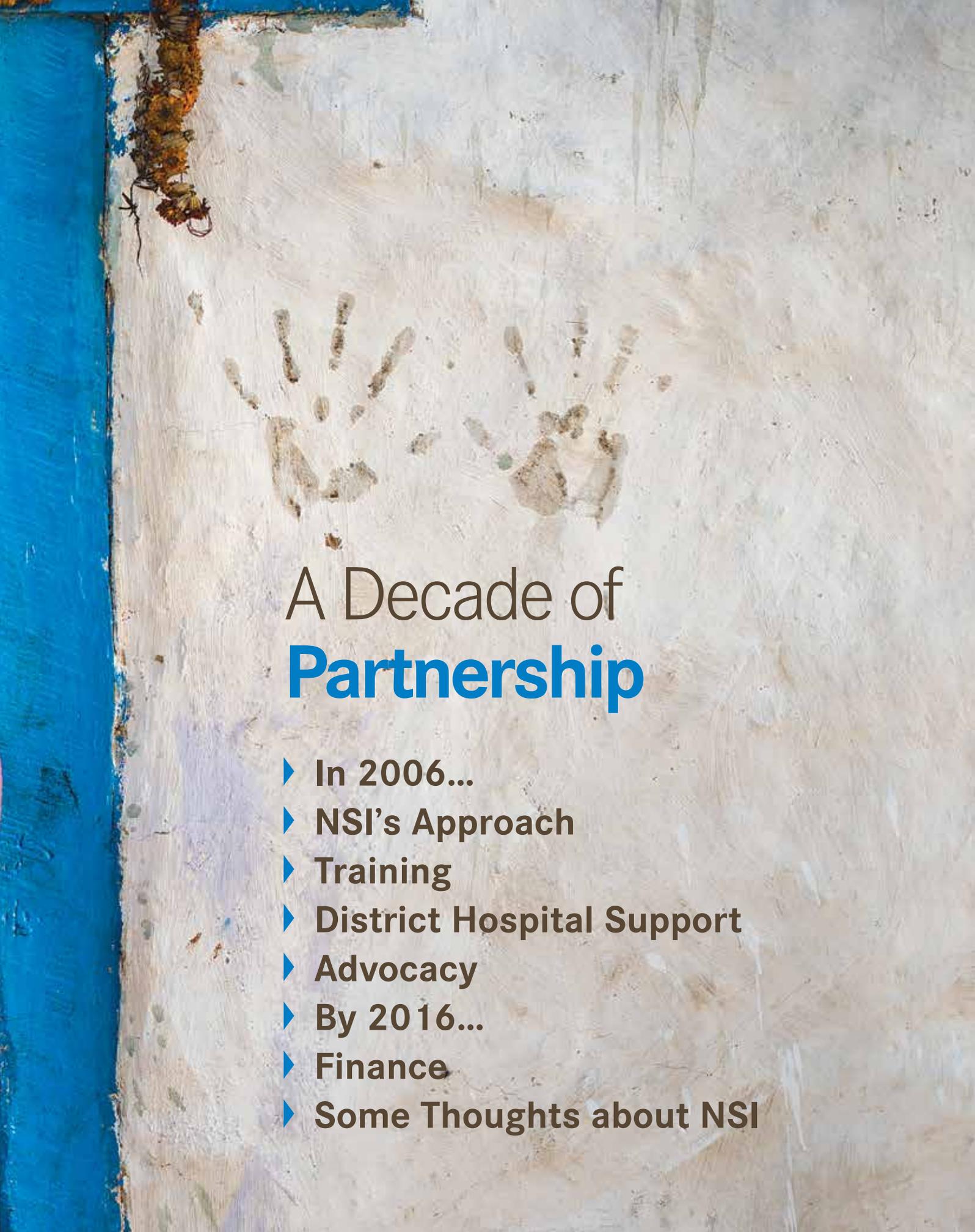
10th Anniversary

A Decade of Partnership
Serving People in Rural Nepal

ENHANCING RURAL HEALTHCARE







A Decade of **Partnership**

- ▶ In 2006...
- ▶ NSI's Approach
- ▶ Training
- ▶ District Hospital Support
- ▶ Advocacy
- ▶ By 2016...
- ▶ Finance
- ▶ Some Thoughts about NSI

A Decade of Partnership

The ground from which the Nick Simons Institute sprung contained hardship and tragedy. The hardship was borne by people living in rural Nepal who were not receiving quality healthcare. Their local hospitals were inadequately staffed: the skilled manpower absent, unmotivated, or poorly managed. The tragedy occurred in an American family who lived as far from a Nepali village as one could possibly live.

When their son Nick died, Jim and Marilyn Simons' thoughts turned towards Nepal, where Nick had worked during the previous year. In 2004, they challenged a group of us working in Nepal to develop the concept for a new organization, which in March 2006 took shape as the Nick Simons Institute. It was a team committed to training and supporting Nepal's rural healthcare workers and from the beginning NSI's work was cultivated by partnership: with larger hospitals that had the potential to become training sites, with district hospitals that had struggled to provide even basic services, and, overarching all this, with Nepal's Health Ministry.

The new organization immediately met challenges. Most daunting was the widespread conception

“A decade has passed. In 2016, NSI's rural staff support program is in 14 rural district hospitals, its management program in 45, and its training programs now touch every district in the country.”

that healthcare wasn't supposed to succeed in rural Nepal. But many of the hurdles turned out to be opportunities for growth: Finding that quality training was not enough, NSI established a nationwide program to follow up graduates in their workplaces. Because the dysfunctional environment of district hospitals impeded performance, NSI created a diverse staff support program, with MDGP doctors as its 'change-agents.' Without institutional leadership, even skilled, motivated staff proved ineffective, so NSI and the Health Ministry together built a standards-based management support program.

A decade has passed. In 2016, NSI's rural staff support program is fully functioning in 14 rural district hospitals, its management program is in 45 districts, and its health worker training programs now touch every district in the country.

Communities partnering with NSI now receive better healthcare closer to their own homes. And nowadays one hears all sorts of people living in far corners of Nepal mention the name 'Nick Simons'; they say it with appreciation.

Out of the soil of hardship and tragedy, sprinkled by avid partnership, under the sunshine of a long-term commitment, this recently-planted organization has emerged, grown and borne fruit. We thank each of you who've linked hands with us to nurture this dream and bring a measure of joy to this story.



Dr. Mark Zimmerman, MD



In 2006...

the government of Nepal struggled to provide basic services to the poorest of the poor – those living in rural and remote communities.

- ▶ **Only 10 of 64 (16%) government district hospitals provided caesarean sections.¹**
- ▶ **Maternal mortality was 281 / 100,000 births, among the highest in Asia.²**
- ▶ **Only 13 of 23 (57%) district hospitals studied had even one junior doctor present throughout the year.³**
- ▶ **The Nepal Government had no posts for MDGP doctors, Anesthesia Assistants, or Biomedical Equipment Technicians.**

1. Comprehensive emergency obstetric services: Annual Report. Kathmandu: Nepal Ministry of Health, Family Health Division; 2006.

2. Nepal Demographic and Health Survey. Ministry of Health, Government of Nepal; 2006.

3. Deployment of healthcare workers in government district hospitals in Nepal. Nick Simons Institute; 2006.



NSI's Approach

Innovation and Partnership

NSI focuses on the rural health worker as the cornerstone of a functioning healthcare system.

Training

Provide quality, competency-based training for those cadres most essential to district-level health institutions.

- ▶ Biomedical Equipment Technician
- ▶ Mid-level Practicum
- ▶ Anesthesia Assistant
- ▶ Skilled Birth Attendant
- ▶ Continuing Professional Development

District Hospital Support

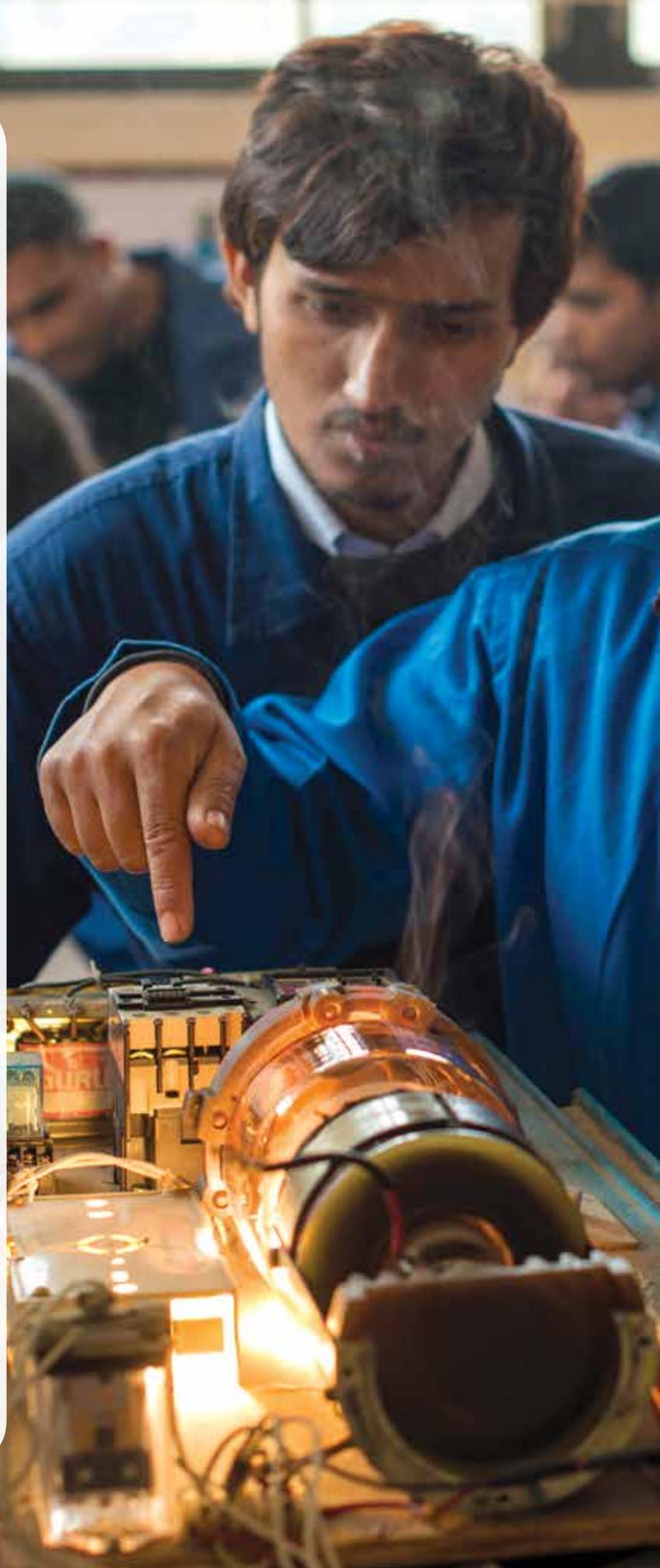
Partner with local hospital management committees to revitalize struggling rural hospitals.

- ▶ Rural Staff Support Program: Staffing, quarters, and education
- ▶ Hospital Management Strengthening Program: Minimum Service Standards, management mentoring

Advocacy

Fill gaps in government policy and raise public awareness

- ▶ Research
- ▶ Policy Committees
- ▶ Healthworker Newsletter and Conference







Training

The Mid-Level Practicum is a prime example of NSI's training ethos: government-initiated and NSI-developed, a quality course implemented through partnership.

▶ **In 2006**, Nepal's National Health Training Centre (NHTC) Director highlighted the need for a clinical skills-based training course for the 8,000 mid-level workers in the government system.

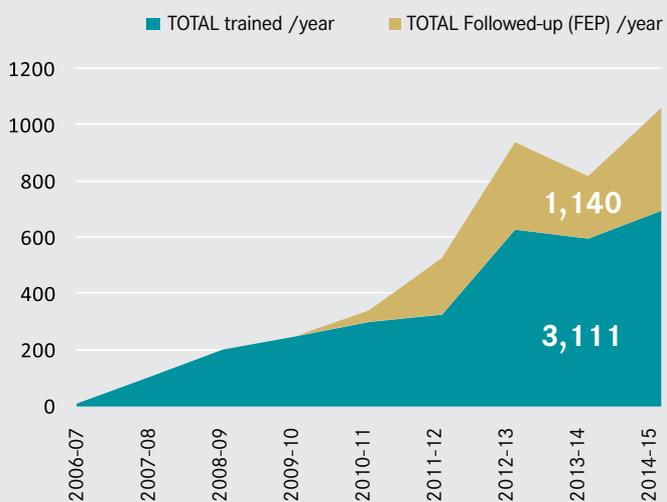
▶ **In 2007-8**, NSI conducted a needs assessment and developed a Mid-Level Practicum (MLP) learning resource package that included:

- Decision-making algorithms focus on 20 common patient complaints.
- Hands-on competency in ten most important clinical procedures.
- Patient-based training in NSI's partner hospitals located across Nepal.

▶ **By 2011**, the MLP moved under the Nepal government budget – a national training course to upgrade Auxiliary Health Workers throughout the government system.

▶ **By 2016**, 1,087 MLPs have been trained in 11 NSI-partner sites through a course that is accredited by the NHTC. Prior to MLP, most of these trainees had not had any clinical skills refresher during their 10-20 years of government service.

Numbers of Training Participants (2006-15)



NSI trains through partnerships with 20 hospitals that span the country from east to west, located in cities and in towns, including mission, government and NGO organizations. Each course includes phases to (1) develop a needs-based learning resource package, (2) organize partners into functioning training sites, and (3) continuously assure and build on training quality.

In 2014, NSI contacted its participants 5 years after training and found that 81% were still working outside Kathmandu, and 75% were in government service.

Four courses and one follow-up: they share a theme of ‘task-shifting’ – training staff who are continuously present to perform the usual tasks of those who are often not (doctors).



Skilled Birth Attendant



Biomedical Equipment Technician



Anesthesia Assistant



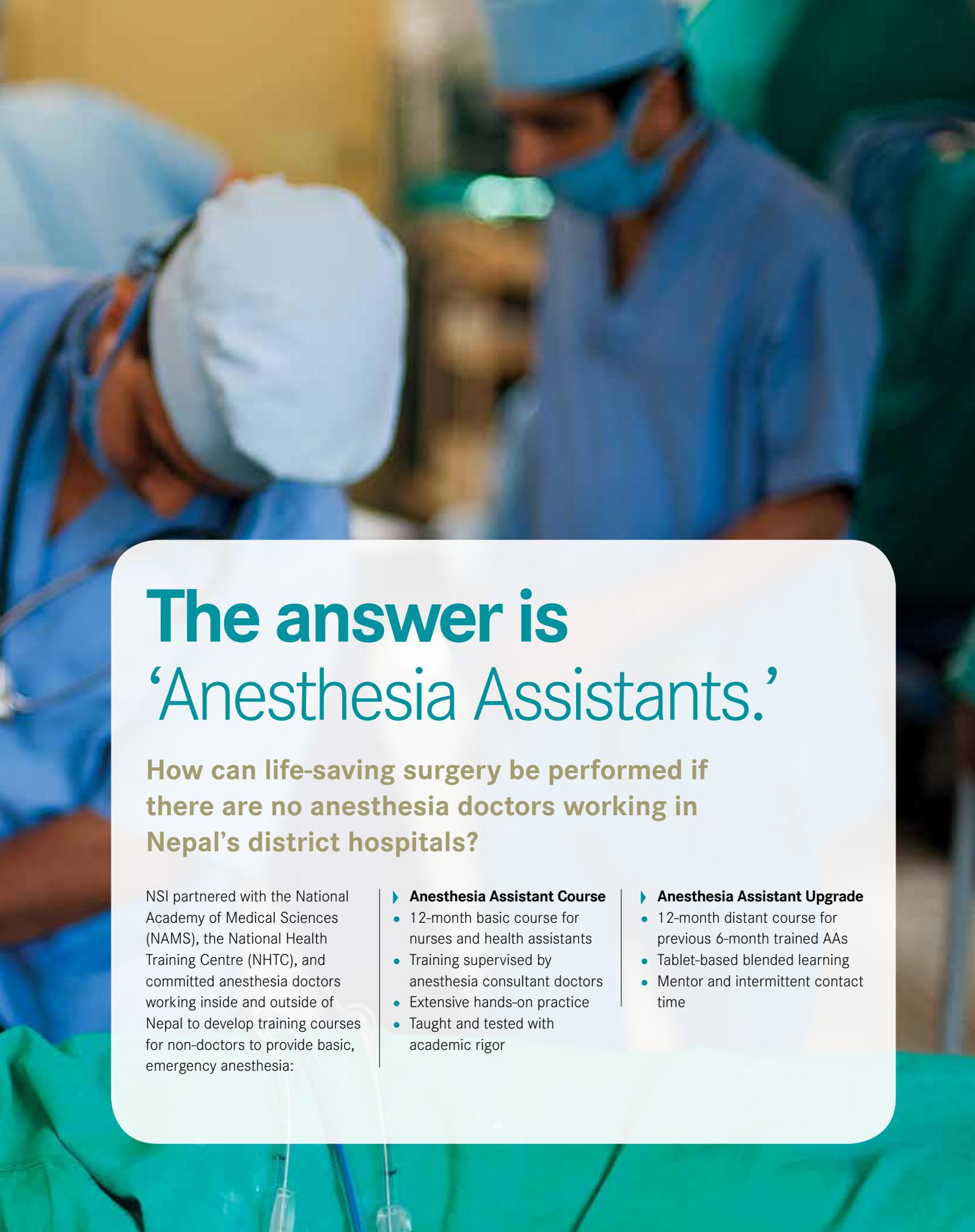
Continuing Professional Development



Follow-Up Enhancement Program







The answer is ‘Anesthesia Assistants.’

How can life-saving surgery be performed if there are no anesthesia doctors working in Nepal’s district hospitals?

NSI partnered with the National Academy of Medical Sciences (NAMS), the National Health Training Centre (NHTC), and committed anesthesia doctors working inside and outside of Nepal to develop training courses for non-doctors to provide basic, emergency anesthesia:

▶ **Anesthesia Assistant Course**

- 12-month basic course for nurses and health assistants
- Training supervised by anesthesia consultant doctors
- Extensive hands-on practice
- Taught and tested with academic rigor

▶ **Anesthesia Assistant Upgrade**

- 12-month distant course for previous 6-month trained AAs
- Tablet-based blended learning
- Mentor and intermittent contact time



District Hospital Support

Over 9 years, this hybrid NSI program has developed into a catalyst that converts government hospitals into effective institutions.

Rural Staff Support Program

- ▶ RSSP began in 2007 by deploying MDGPs in 3 pilot hospitals and supporting the environment they worked in.
- ▶ By 2016 it will have grown to 16 hospitals, each of which is providing a wide range of healthcare services, including continuous emergency operations.

- ▶ RSSP has received international recognition and parts of the program serve as models for new Health Ministry initiatives.

Hospital Management Strengthening Program

- ▶ HMSP grew out of an RSSP lesson: ‘Something has to be done about management!’

- ▶ A key starting point for improving hospital management was to establish quality standards: with NSI’s support, the Health Ministry now has its own ‘Minimum Service Standards’ (MSS) for district hospitals.

- ▶ By 2018, all government district hospitals (80) will have come under the HMSP program.



Why focus on **district hospitals?**

There are 3,522 healthcare institutions within the Nepal government system, ranging from one-room shacks on the side of a mountain to 1000-bed multi-specialty hospitals in Kathmandu. All provide essential services. Why focus on the 80 district hospitals in the system?

Though only comprising 15 to 50 beds, each district hospital serves

a communities of up to 200,000 people, sometimes as the only hospital in that catchment area. In the current state of Nepal medicine, patients often bypass poorly-functioning district hospitals and embark on long, expensive journeys to large, over-crowded referral hospitals in the cities.

With most development organizations providing their main

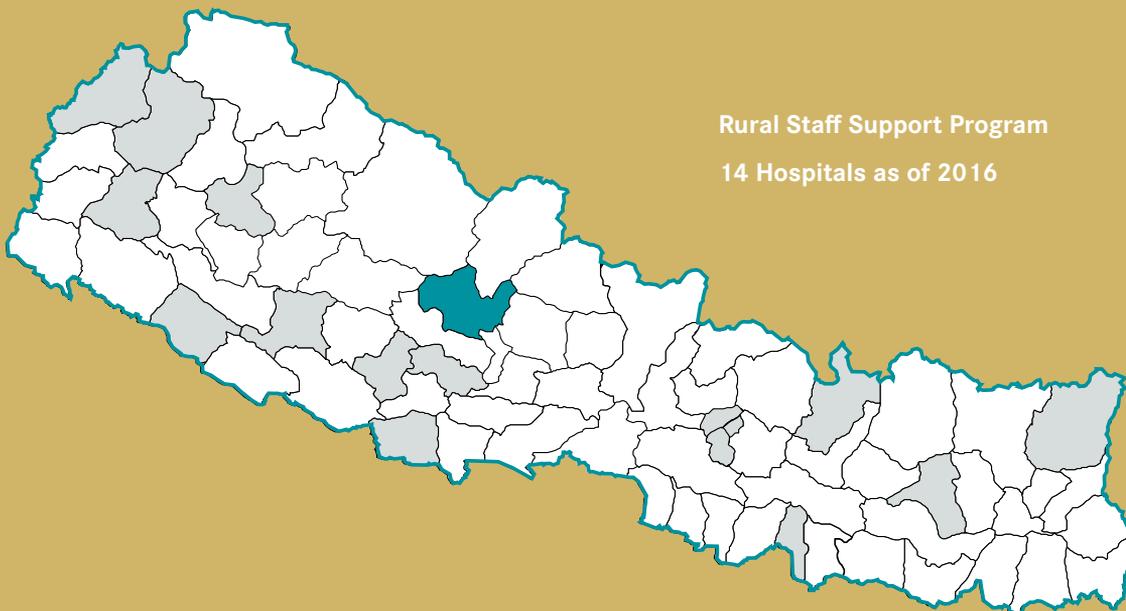
input into preventive and promotive health areas, and few if any focusing on the district hospital, over its first decade the Nick Simons Institute has carved out this very niche for itself.

NSI believes that rural people should have access to a range of quality healthcare service – and, at very least, to life-saving procedures – close to where they live.

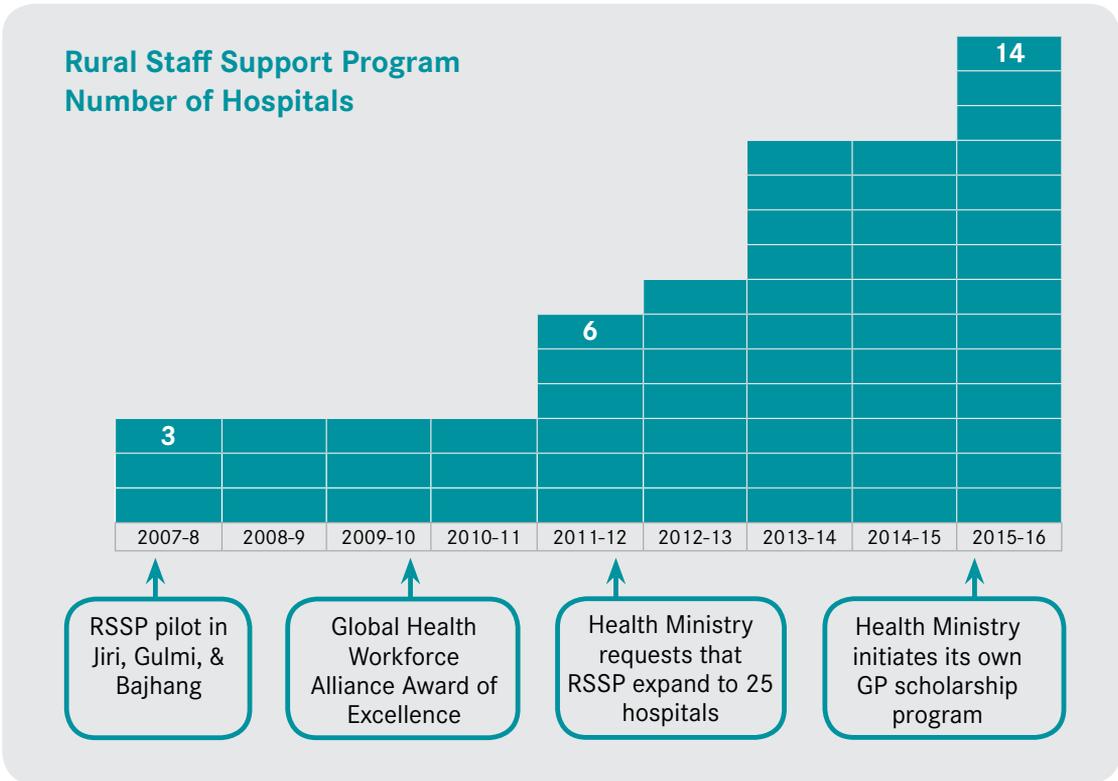
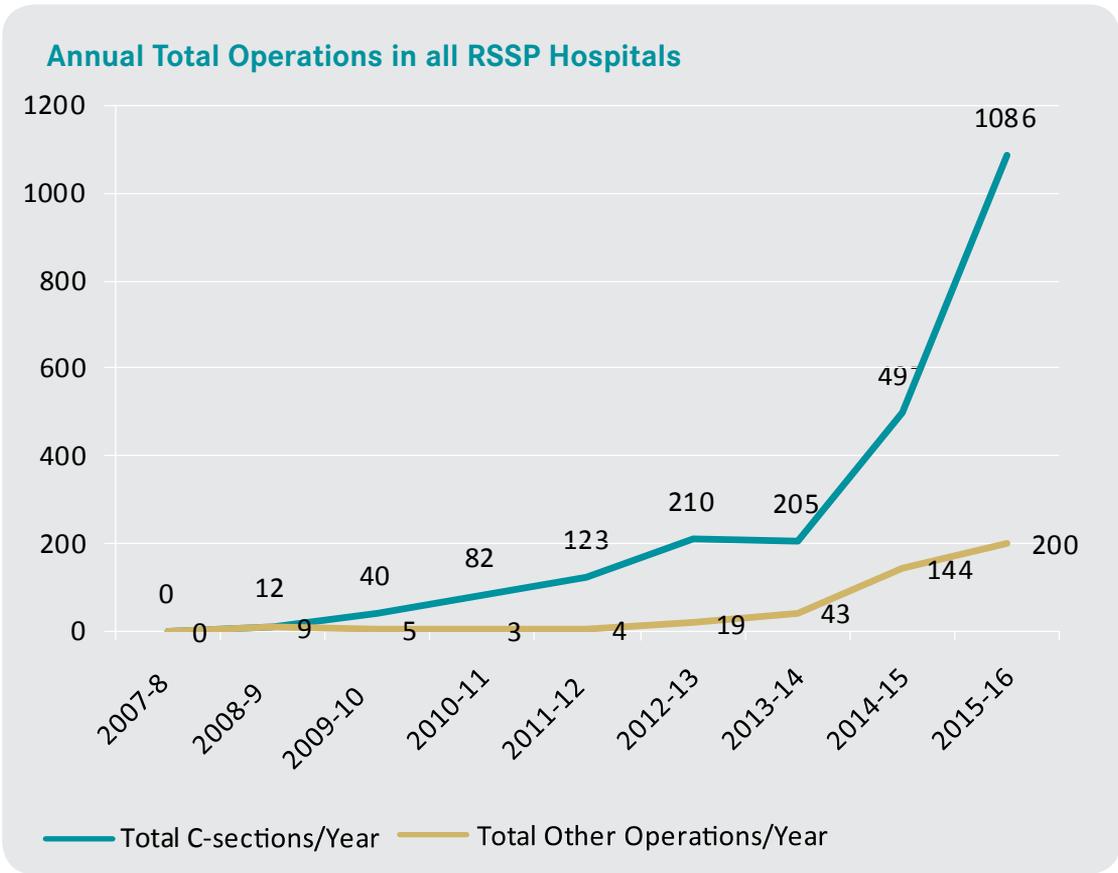
Poonam and Dr. Dhirendra

Poonam Pun knew that her severe back and abdominal pain needed more than the attention of a local healer. They carried Poonam to the road, then put her into a jeep and she arrived in the Myadgi District Hospital two hours later.

In the Emergency Room, Dr. Dhirendra Malla was alarmed by Poonam's low blood pressure. They rushed her to the operating room, where Dr. Dhirendra found that Poonam had a ruptured ectopic pregnancy in her left fallopian tube. The operation was a success. Poonam and Dr. Dhirendra are shown here one week later, on the day she returned home.



The Rural Staff Support Program is growing in both hospital number and performance. As the program expanded from 3 to 14 district hospitals, the annual number of major operations per hospital increased from 28 to 92 over the last 5 years. Hospitals have also widened their operation range beyond C-sections.





The “Minimum Service Standards”

Quality cannot be achieved until standards are set.

- ▶ Surprisingly, hospitals in Nepal have always been expected to improve the quality of their care without anyone actually defining what ‘quality’ means.
- ▶ In 2014, Nepal’s Health Ministry worked with NSI to establish national norms for hospitals. These are called the ‘Minimum Service Standards.’
- ▶ NSI’s Hospital Management Strengthening Program (HMSP) rolls out the MSS through a series of cluster workshops. By 2018, all 80 district hospitals in the government system will have been covered.

8 Domains of MSS Administrative

1 **Governance**

2 **Organizational Management**

3 **Human Resources**

4 **Finance**

5 **Information Systems**

6 **Quality Management**

7 **Clinical Services**

8 **Support Services**

- ▶ MSS is the first step towards a national system of hospital accreditation. MSS has already been incorporated into the Health Ministry’s annual Regional Review template.



Making Taplejung Hospital a better place for patients

▶ In 2014, NSI and the Health Ministry's Eastern Regional Health Directorate began working with the managers of the district hospital of Taplejung, located in the remote northeastern corner of the country.

▶ The hospital team proceeded through a series of management workshops which focused on their Minimum Service Standards score. As their scores improved, so too did the appearance and the performance of the hospital.

▶ The Hospital Management Strengthening Program expanded to 45 hospitals by 2016.



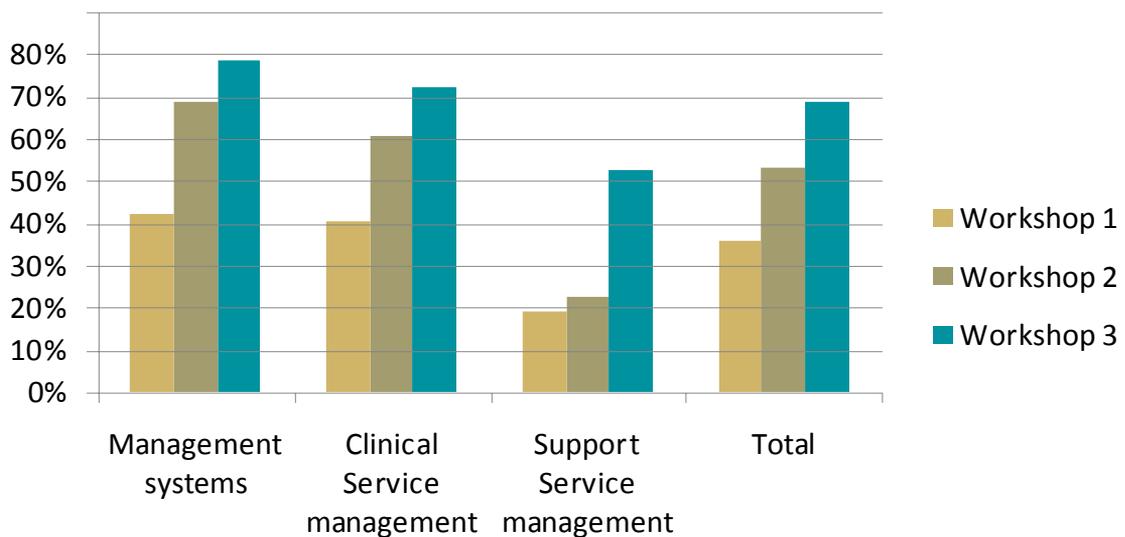
Before Hospital Management Support Program 2014



After (2015)

Taplejung District Hospital

Minimum Service Standards (MSS) Scores



Advocacy

Through demonstration in the field, published evidence, and face-to-face lobbying, NSI’s ideas have worked their way into Nepal government policy.

	NSI Concept	Nepal Government Scale-up
Training Courses	Mid-level Practicum	2011 - NHTC course for all government auxiliary health workers and health assistants
	Anesthesia Assistant Course	2011 - NAMS course for all non-doctor providers
	Anesthesia Upgrade	2014 - NHTC blended learning, distance course
	Biomedical Equipment Technician	2014 - CTEVT Diploma course
Support Programs	Follow-up Enhancement Program	2015 - FEP Unit established under Department of Health Services
	Rural Staff Support Program	2015 - Serves as model for Health Ministry MDGP scholarship program
	Hospital Management Strengthening Program	2014 - Minimum Services Standards adopted as government hospital norms
Government Posts	MDGP Doctor	2012 - Posts created for district hospitals
	Anesthesia Assistant	2012 - Posts created for district hospitals
	Biomedical Equipment Technician	2014 - Posts created for multiple institutions





Research

NSI conducts original research studies to support two main objectives: guiding its organizational strategy and providing evidence for its advocacy.

Internationally Published Research Papers

2008	Tropical Doctor	Non-doctor anesthesia providers in Nepal
2008	Aust J Rural Health	Retention of GP doctors in rural Nepal
2008	Mid East J Family Medicine	Factors in GP work location
2010	S East Asia J Med Education	Needs assessment for doctor CME in Nepal
2011	Education for Health	Do mentors enhance distance CME?
2012	British Medical Journal	How med student characteristics affect career location
2013	Human Resources for Health	Influences on medical student career choices
2015	Int J Medical Informatics	Diagnostic algorithms to assist mid-level health workers
2015	Human Resources for Health	Tool to measure nurse motivation
2016	Bulletin WHO	Staff support program for rural hospitals



By 2016...

NSI's impact on healthcare in rural Nepal is felt in numerous ways:

- ▶ **14 district hospitals that were previously low-functioning have been converted into continuous providers of a range of quality services, including emergency C-sections .**
- ▶ **3,111 participants have graduated from NSI-partner training sites, most of them from training courses that NSI itself developed. Their long-term practice locations include all 75 districts of Nepal.**
- ▶ **3 key government healthworker posts have been created: MDGP doctor, Anesthesia Assistant, and Biomedical Equipment Technician. NSI demonstrated the value of these cadres through its partner districts.**
- ▶ **District hospital C-section coverage rose from 16 to 45% – the result of the work of several organizations, including NSI.**
- ▶ **The rural healthcare worker has taken on a visible, even heroic, presence on Nepal's healthcare stage.**

Finance

The Nick Simons Institute is a gift from the Simons family of New York to the people of Nepal.

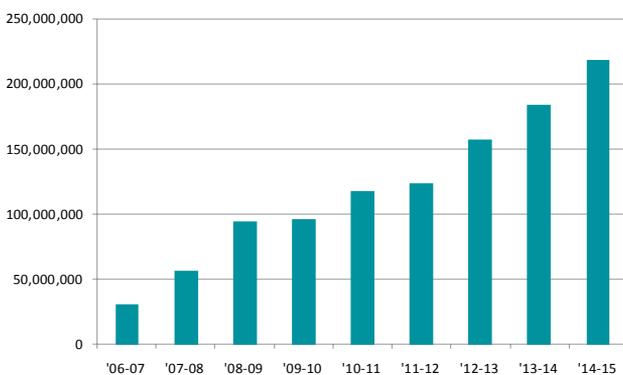
The Nick Simons Institute was established by the Simons family in memory of Nick, who died tragically in 2003 after having worked in Nepal for 9 months. In the months before his death, Nick impressed upon his parents his fondness for Nepal and his emerging dream of becoming a

doctor. Since its inception in 2006, NSI has received all of its financial support from the Nick Simons Foundation in New York.

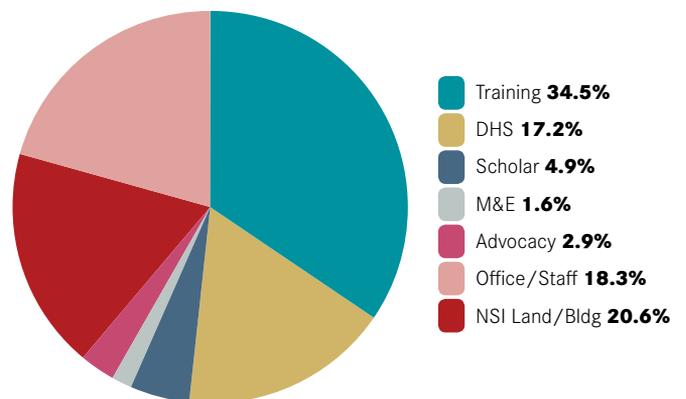
NSI worked for its first decade as a non-profit Private Limited Company and is in the process of converting its legal status to an NGO working

under the INGO Nick Simons Foundation International. NSI functions under a Board of distinguished Nepali professionals, which is chaired by Dr. Bhekh Bdr. Thapa.

YEARLY PROGRAM EXPENSES



PROPORTIONAL EXPENDITURE



NSI's expenses over its first decade of work totalled NR. 1,361,219,040 (136.1 carore = USD 16,756,894). The above graph shows yearly program expenses, which excludes cost of the NSI Center land and building.

NSI's programs fall into three categories: Training, District Hospital Support, and Advocacy. Over the first decade, hospital support's yearly budget has grown to exceed that of training.



The NSI Team





Some Thoughts about NSI

NSI's long-time partners in government, mission, NGO, and local communities share a few words of appreciation.



Prof. Dr. Praveen Mishra
Former Secretary
Ministry of Health and Population

NSI has proved to be a successful partner for the people of Nepal. I appreciate the work of NSI, who have taken the challenges of closing the gaps in curative service, especially in the remote districts of Nepal by supporting the Capacity Building of the Health Workers, Biomedical Equipment Maintenance and Repair Training, Midlevel Practicum, SBA training, Ultrasound training and Continued Medical Education for various levels of Health workers. Supporting MoH, with ensuring MDGP doctors in the remote districts has helped to greater extend in reducing morbidity and mortality of the mothers and child through safe delivery, which has helped in achieving Millenium Development Goals.

Mr. Mahendra Shrestha
Chief, PPICD
Ministry of Health and Population

Nick Simons Institute was established in 2006 with the noble objective of health services to the neediest people dwelling in remote areas. The strategies adopted by NSI are crucial to solving the gaps of the health care delivery system. Scholarship to the MDGP, Biomedical Equipment Technician Training, Anesthesia Assistant Course and Midlevel Practicum trainings are some good example to fulfill the gaps. Rural health support program has not only provided the services to the remote places but is also a good piloting for the government to strengthen the further districts. I beg my heartfelt thanks to the Jim and Marilyn Simons for their great contribution in the most humanitarian need.



Dr. Nabin Dhakal
Medical Superintendent
AMDA Hospital, Damak

The entire Nepalese community has reaped the benefits of the vision, dedication and generosity of NSI. Its desire to enhance the quality of health care, especially in rural health and to be part of its development has brought significant changes. The seed planted 10 years ago has germinated and grown into such a huge tree of life, bearing good fruit enjoyed by many rural and marginalized people. NSI has been a vehicle in the transforming the lives of many.

Dr. Pushpa Chaudhary

Director General
Department of Health Services

The partnership between the Government of Nepal and Nick Simons Institute over the past few years has been very effective. Though providing health care workers in the rural districts has been challenging, NSI supported to develop and utilize competent and responsible health care workers by providing scholarship (such as MDGP, OT nurse, Anesthesia Assistant, Biomedical Equipment Technicians) in partnership with Nepal government, which is remarkable. In the past decade, Nepal government has been providing quality CEONC services in more than 10 districts in partnership with NSI. The continuous availability of skilled manpower has a positive effect in health care services and guarantees people's rights of getting quality healthcare services.



Dr. Rachel Karrach

Hospital Director
United Mission Hospital Tansen

United Mission Hospital Tansen has been a partner organization of NSI since 2007. This has always been a good "fit" for the hospital as this hospital has always prioritized training of health workers for the rural underserved areas of Nepal. Working together, we have trained 32 batches of SBA, 17 batches of MLP, and 8 batches of Anesthesia Assistants. Through the NSI partnership, we have been given the resources and have had help to build our capacity to do what we do better.



Tanka Jirel

Chairperson
Jiri Hospital Operating Committee

Jiri Hospital had been established by the Swiss, but by 2006 was forgotten by all, hidden behind overgrown bushes and pine trees. After discussion with local leaders, NSI agreed to deploy MDGP doctors and provide other supports. Over these years, NSI has participated in the drastic improvement of our hospital and allowed us to run our services even in the face of a massive earthquake.



Dr. Senendra Upreti

Specialist and Former Director
General, Ministry of Health

Since its establishment, NSI has proved to be a prominent partner to Nepal's government in addressing the most important but sheltered issues in the health sector through innovative and new ideas. NSI also played an incredible role in relief for the earthquake affected people.



Nick Simons Institute

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