

# Annual Report

2013-14 (2070-71)





Village of Rakphu Piple, served by the Myagdi District Hospital

# Voices

I keep hearing voices. Some are the loud voices of small people; some the soft voices of big people. Both types are worth listening to.

I travel around Nepal a lot and I meet local people – in tea shops, at airports, on dirt paths, in village bazaars. I'm interested to hear what they have to say about their hospitals. Quite often, I'm surprised at how much they actually know about the hospital's situation. Almost always this conversation comes around to the person I'm speaking with expressing one desire:

***“We want regular, complete hospital service right here, so our people don't have to travel down to a larger hospital in the city.”***

Published evidence supports this voice of dissatisfaction. Because patients by the hundreds bypass district hospitals, Nepal's larger referral hospitals face the problem of overcrowding.<sup>1</sup> In 2014, out of 70 government district

hospitals, only 27 (39%) provided emergency obstetric care (C-sections).<sup>2</sup> The process of regular review of government health services has many more indicators for public health, than to measure the quality of curative services – an indication where the main focus lies.

## **So why is the Nick Simons Institute here?**

First of all, to listen to the voices. We hear about the gaps, the missing parts: Gaps in curative health care services. Gaps between rural and urban areas. Gaps in human resources. And NSI is challenged by the question: Can we join together to make better government health care institutions?

One virtue of NSI lies in its capacity to innovate. Our namesake Nick was an exuberant, free spirit. Our donors and Board encourage us to take fresh approaches to stubborn health care problems. Another of our virtues lies in our commitment. NSI is a Nepal-based organization working with a long-range vision and work plan.

## **Let's listen to some of the voices:**



***“When a medical emergency occurs, the doctors should be able to operate here, and not always have to refer the patient.”***

☞ Last year under the authority of the National Health Training Center (NHTC), NSI launched Nepal's first distance, blended-learning course: The Anesthesia Assistant Upgrade (AAU) provides training to anesthesia providers while they remain working in their own operating rooms.

☞ At the Nepal government's request, last year the Rural Staff Support Program, a bundle of staff and environment supports, expanded to 11 district hospitals. All of those hospitals are now conducting a range of surgical procedures, including Caesarean sections.



***“We want nurse midwives who will do deliveries closer to our homes.”***

☞ Last year, NSI's partner training hospitals provided Skilled Birth Attendant (SBA) training to 317 nurses and midwives who were working in 39 districts all across Nepal.

☞ The Department of Health Services made a decision to incorporate NSI's Follow-up Enhancement Program (FEP) under the authority of the Director General. So far, 865 trainees have been followed-up (and mentored) by NSI/NHTC staff who visit them in their hospitals and birthing centers.



***“Hospital management is lacking.”***

☞ NSI's Hospital Management Strengthening Program (HMSP) enables hospital managers to meet the Nepal government's new 'Minimum Service Standards' – which were developed in partnership with NSI.

☞ NSI pioneered a program of posting Biomedical Equipment Technicians in 3 government district hospitals. This created a model BMET workshop and templates for reporting equipment inventory, preventive maintenance and repair.

NSI now coordinates a quarterly Rural Health Care Society meeting within the Ministry of Health and Population – a chance for us to hear the voices of those working in NGOs, INGOs, academic institutions, and in the Nepal government.

Our ultimate aim is for people living in rural towns and villages across Nepal to say,

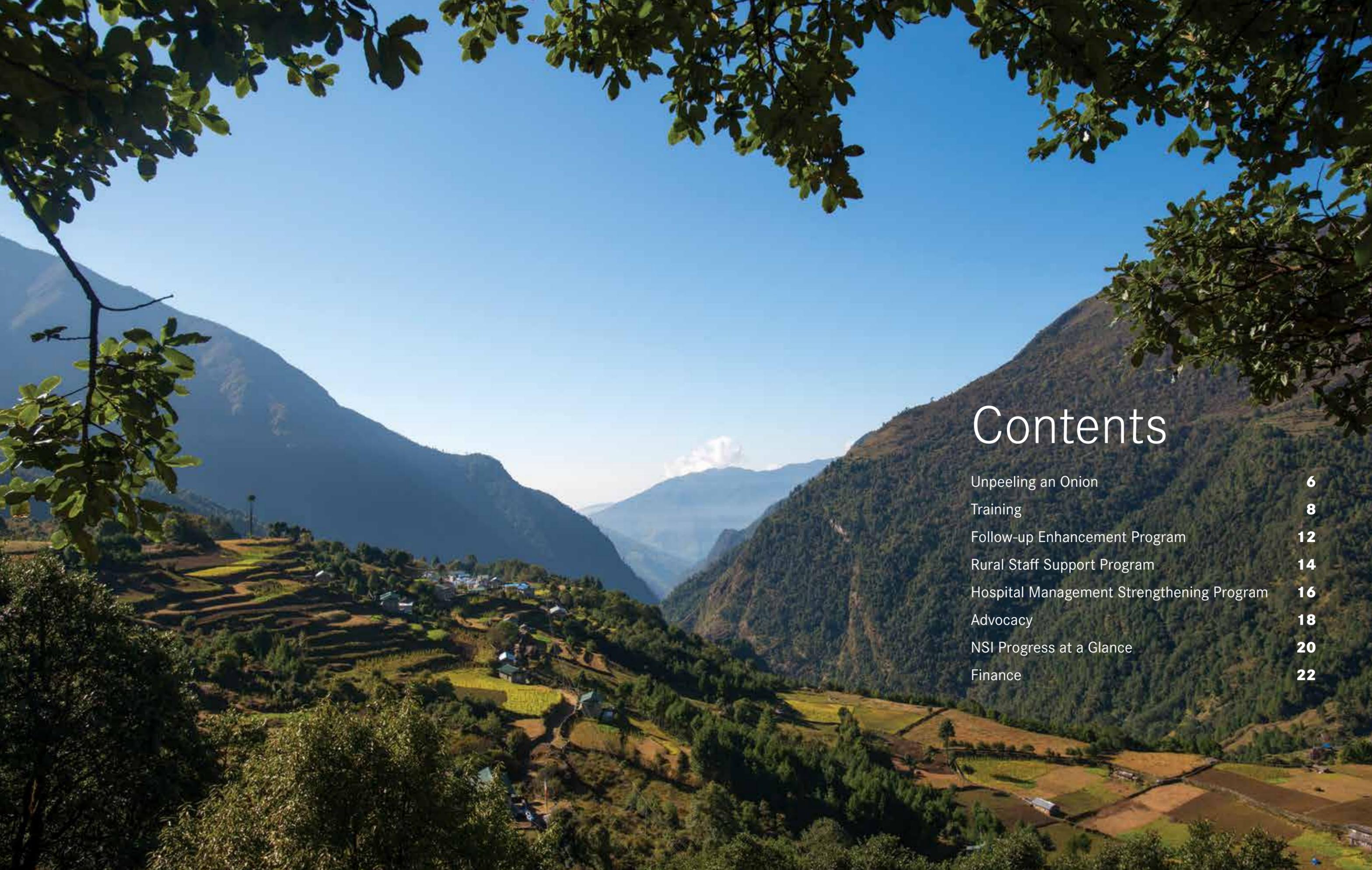
***“Nick Simons –they listened to us and because of that we now have better health care .”***

That voice is joyful to our ears.

**Dr. Mark Zimmerman**  
Executive Director

1. Nepal Ministry of Health and Population – FHD; Responding to the increased demand for institutional delivery at higher level facilities. NHSSP 3. 2013.

2. Nepal Ministry of Health and Population/Nick Simons Institute; Human resources for health: annual tracking report. 2014.



# Contents

Unpeeling an Onion	6
Training	8
Follow-up Enhancement Program	12
Rural Staff Support Program	14
Hospital Management Strengthening Program	16
Advocacy	18
NSI Progress at a Glance	20
Finance	22

# Unpeeling an Onion

In 2006, the Nick Simons Institute was established around the concept that there were gaps in the training of government health care workers. Although there was sufficient national budget for training – true competency-based training was lacking. NSI began to develop courses and recruit partner training hospitals to fill district level curative care competency gaps. Before long, though, it became apparent that training itself was not enough.

## HEALTH CARE WORKER CAPACITY BUILDING



When we followed-up trainees in the field, we became aware of their range of other issues:

- ▶ Government posts didn't match the needs – so advocacy was required.
- ▶ Doctors and nurses weren't retained – so a program of 'enabling' supports was born.

- ▶ Performance could only be improved if quality indicators were in place.
- ▶ The managers – medical superintendents, development committee, nursing directors – all needed help in administering the complex organism that is a hospital.

- ▶ And, most everyone felt discouraged in one way or another, so they needed to know that someone appreciated their work.

For NSI, this has come to feel something like unpeeling an onion. Layer by layer, we continue. We realize that we're not likely to ever get to the very core, but each layer brings further progress.





# Training

The Nick Simons Institute works under Nepal's National Health Training Center (NHTC) to fill competency gaps in the rural healthcare team. These training courses enable 'task-shifting' – a nurse or paramedical can competently take on a role that is traditionally performed by the less available doctor.

**Last year our training team took these steps forward:**

▶ **Anesthesia Assistant Upgrade**

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

▶ **Skilled Birth Attendant Training**

NSI facilitates SBA training in 6 partner sites. Last year NHTC asked NSI to revise the national SBA curriculum.

▶ **Biomedical Equipment Technician**

- Agreement was reached between NSI and NHTC for this training to become an 18-month academic diploma course under the government's Council for Technical Education and Vocational Training (CTEVT).
- The BMET center is becoming the national referral workshop for repair of government medical equipment.

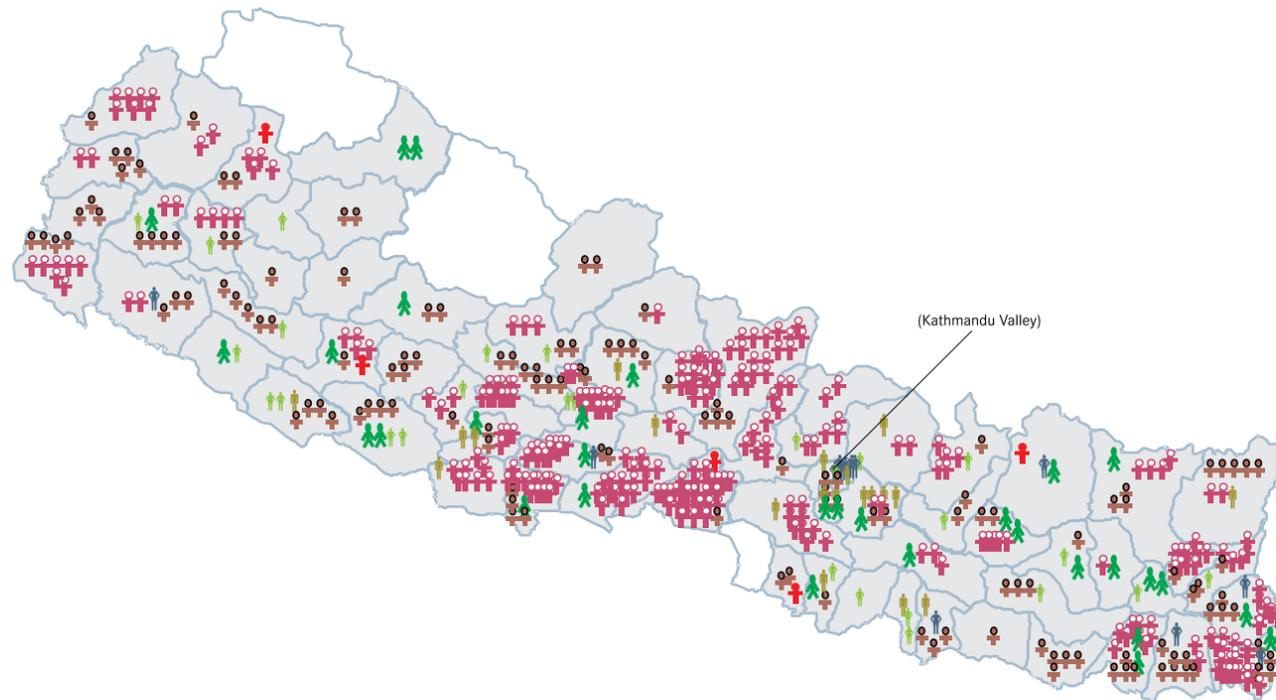
▶ **'Continuing Professional Development'**

NSI made progress in CPD for doctors working across Nepal:

- The Nepal Medical Council asked NSI to create the national online database for doctors to register their CPD points, which will become a new requirement for licensure.
- NSI and NHTC began regular training of new government doctors in ALSO (Advance Life-saving Obstetrics).
- NSI and Patan Academy of Health Sciences (PAHS) adapted the international 'Basic Life Saving' course into a Nepali language course with video. This has become the national BLS course.

## Graduates Completing Training at NSI Sites (2013-14)

By districts where graduates are working



Training		Course Length	# Participants
Anesthesia Assistant Course	👤	12 months	14
Skilled Birth Attendant	SBA ♀	2 months	317
	Advanced SBA ♀	2.5 months	5
Biomedical Equipment Technician	BME Technician 👤	12 months	20
	BME Assistant Technician 👤	2 months	32
	Users' Training 👤	2 weeks	29
Mid-level Practicum	♀	3 months	179
<b>TOTAL</b>			<b>596</b>

NSI works through 20 training partner hospitals located across Nepal. Some are government, some mission, some NGO – all are leaders in providing quality health care.



**UNITED MISSION HOSPITAL TANSEN**  
Awarded Best Hospital in Nepal 2013, Tansen provides students with a model of holistic patient care.

*Skilled Birth Attendant  
Mid-level Practicum  
Anesthesia Assistant*



**BHARATPUR DISTRICT HOSPITAL**  
One of the busiest government hospitals in Nepal with high retention of the senior staff team.

*Skilled Birth Attendant  
Advanced Skilled Birth Attendant  
Mid-level Practicum  
Anesthesia Assistant*



**AMDA HOSPITAL, DAMAK**  
One of the leading NGO hospitals in Nepal, with busy obstetric and surgery services.

*Skilled Birth Attendant  
Mid-level Practicum  
Anesthesia Assistant*



# Follow-up Enhancement Program

Training without field follow-up is like walking in the dark. Since 2011, NSI's FEP has shed light on the actual patient care situation – assessing competency, providing on-site coaching, and given feedback from the local to the national level.

**Last year FEP accomplishments added up:**

▶ In 2013, the Ministry of Health and Population requested that FEP be institutionalized within the government system. This resulted in a FEP office within the National Health Training Center.

▶ The number of training participants who have been followed up totals 865 workers across 5 different cadres.

TRAINING CADRE	# PARTICIPANTS	# DISTRICTS
Skilled Birth Attendant	571	19
Mid-level Practicum	150	21
Anesthesia Assistant	54	22
OT Management	11	6
Ultrasound	25	21
Biomedical ET	55	18
<b>TOTALS</b>	<b>865</b>	

▶ In 2014, the MoHP's Department of Health Services made a decision that FEP should become a section under the Director General – a step towards using FEP to improve coordination across different government divisions.

# Rural Staff Support Program

Though Nepal’s government district hospitals should form vital links between remote health posts and urban referral hospitals, many are not fully functioning. RSSP is a bundle of human resource supports, which includes the deployment of an MDGP (General Practice) doctor for a 3-year commitment.

**Last year RSSP made this progress:**

▶ At the request of Nepal’s Ministry of Health and Population, RSSP moved into four new districts (Myagdi, Mahottari, Bardia, and Pyuthan), making a total of 11 RSSP hospitals.

▶ All 11 hospitals are now able to conduct C-sections, as well as

doing other procedures, such as orthopedics, and seeing a significant increase in normal deliveries after the program began.

▶ Following a mid-term assessment during RSSP’s second 4-year phase, NSI is now in negotiation with the Ministry about possible merger with the government’s emergency obstetrics support program.



## Dr. Bigyan’s Story



My name is Dr. Bigyan Prajapati. I’m a medical officer (junior doctor) employed in Bajhang District Hospital under NSI’s Rural Staff Support Program. On this particular day, I was attending a viral

fever camp in a village 3 hours walk to the north of the hospital when a call came from the hospital. There was a woman in labor who was bleeding heavily. I immediately started walking back to the hospital, arriving at 9 o’clock at night.

We found placenta previa, which needed operation, but because this is high risk, I first advised the woman’s husband to take her to a bigger center. Alone and poor, he insisted that we take care of her there in Bajhang. We, therefore, got the team together for an operation and took the woman to the OR.

Soon after getting anesthesia, she had seizures. What could we do? There was no alternative but to resuscitate her and continue with the operation. We managed to deliver the fetus and the woman survived but had lost a lot of blood. After completing the operation, we were able to get three units of blood – from a kitchen worker, a lab staff, and then from me. After transfusion, her blood pressure came up. I was amazed to find her walking the next day and she went home four days later.





# Hospital Management Strengthening Program

Even with new buildings, adequate equipment, and skilled staff – many hospitals still don't function properly. *'Someone has to finally tackle the problem of management.'* HMSP responds to that frequently-heard plea.

## HMSP supports the teams that manage hospitals:

### ▶ Minimum Service Standards

In 2014, NSI worked with the Ministry of Health and Population to create government norms for quality care in district hospitals. This government-approved tool is known as the 'MSS' and will likely be the foundation for future hospital accreditation.

### ▶ HMSP Joint Agreement

Following a pilot in 2013, NSI and MoHP now have an agreement to support 45 district hospitals over the next three years. This will enable each of those hospitals to reach their MSS.

### ▶ Hospital management teams

HMSP works with management teams that include the hospital's Development Committee, the Medical Superintendent, the Nursing Director, and section chiefs. The program is carried out in clusters of 3 hospitals in order to promote sharing of solutions and healthy competition.

# Advocacy

Although rural healthcare workers do vital, sometimes heroic, work – they often lack the structure, support, and appreciation that they deserve. NSI’s advocacy programs target the Nepal government for changes in policy, the public for changes in attitude, and the health workers themselves to boost their sense of self-worth.

**Last year’s steady steps in the direction of change were:**

▶ **Nurse Retention Study**

NSI completed a multi-year 3-district study comparing contracted nurses with permanent nurses. We found the contracted nurses to be undervalued compared to their high strategic worth.

▶ **Government posts**

NSI continued to advocate for appropriate posts within the government healthcare system. With the creation of GP and Anesthesia Assistant posts completed, we now focus on posts for Biomedical Equipment Technicians.

▶ **Rural Healthcare Workers Conference**

For the 6th straight year, NSI and NHTC jointly conducted this annual event, also awarding the 2013 Nick Simons Award to Sr. AHW Meg Raj Bam of Dankuta District.

▶ **‘Voice of the Health Worker’**

The 8th edition of NSI’s newsletter has been produced, with circulation now reaching over 6000.



# NSI Progress at a Glance

Within the time frame of NSI's 5-year Strategic Plan (2011-16)

Since its inception in 2006, the Nick Simons Institute has created a number of programs (almost all in partnership with the Nepal government) which aim to enhance rural healthcare by focusing on government healthcare workers. The table below summarizes NSI's current progress – in program growth, in impact (where measurable), and in our objective of influencing government policy.

NSI Program Area	Summary of Work Area	Growth since 2011 (2013-14 Status)	Impact	Government of Nepal Inclusion
<b>Training</b>	<ul style="list-style-type: none"> <li>- Anesthesia Asst. Courses</li> <li>- Biomedical Equipment</li> <li>- Mid-Level Practicum</li> <li>- Skilled Birth Attendant</li> <li>- Continuing Professional Development (CPD)</li> </ul>	<ul style="list-style-type: none"> <li>• 6 new courses</li> <li>• Participants increased from 300 to 596 / year</li> <li>• New CPD web-platform</li> </ul>	<ul style="list-style-type: none"> <li>• Participants returning to work in all districts (75) of Nepal</li> <li>• Assessed competent after course</li> </ul>	<ul style="list-style-type: none"> <li>• 7 courses under NHTC</li> <li>• 1 course under NAMS</li> <li>• 1 course coming under CTEVT</li> <li>• Nepal Medical Council asked NSI to develop system for CPD accreditation (in process)</li> </ul>
<b>Follow-up Enhancement Program (FEP)</b>	5 cadres followed-up and mentored in field	<ul style="list-style-type: none"> <li>• New program since 2011</li> <li>• Total 865 participants followed-up</li> </ul>	<ul style="list-style-type: none"> <li>• On-site filling of gaps in competency and enabling environment feedback</li> </ul>	<ul style="list-style-type: none"> <li>• 2012 DoHS resolution: Incorporate FEP in MoHP</li> <li>• 2014 DoHS decision: Create FEP section under DG</li> </ul>
<b>Rural Staff Support Program (RSSP)</b>	Bundled program of supports to district hospitals, including MDGP doctor	<ul style="list-style-type: none"> <li>• Increased from 3 to 11 districts</li> </ul>	<ul style="list-style-type: none"> <li>• All hospitals performing CS and range of procedures</li> <li>• Increase in delivery number (compared to other hospitals)</li> </ul>	<ul style="list-style-type: none"> <li>• MoHP requesting NSI to take on other districts</li> <li>• Under negotiation for merger with FHD's comprehensive obstetric system</li> </ul>
<b>Hospital Management Strengthening Program (HMSP)</b>	Support to hospital management towards meeting new 'Minimum Service Standards' (MSS)	<ul style="list-style-type: none"> <li>• New program emerging out of previous 4-district pilot</li> <li>• Agreement for 35 districts in coming 3 years</li> </ul>	New program	<ul style="list-style-type: none"> <li>• Joint working agreement with Curative Section</li> <li>• MoHP adopted 'Minimum Service Standards' quality assessment tool</li> </ul>
<b>Advocacy</b>	Diverse activities, including government lobby, research, public awareness, and healthcare worker encouragement	<ul style="list-style-type: none"> <li>• 6th Annual Rural Healthcare Workers' Conference</li> <li>• 8th Workers' Newsletter going out twice yearly to 6000</li> <li>• Nurse Retention Study completed</li> </ul>	Difficult to measure	<ul style="list-style-type: none"> <li>• Rural Healthcare Society now under MoHP</li> <li>• Nick Simons Award jointly from NSI and MoHP</li> </ul>

# Finance

The Nick Simons Institute was established in 2006 as a charitable Nepal-based organization. NSI operates under a Board of distinguished Nepali professionals chaired by Dr. Bhekh B Thapa. NSI receives its funding from the Nick Simons Foundation, a non-profit organization operating out of New York. Both organizations were founded by Jim and Marilyn Simons in memory of their son.

▶ Nick was a young man who, after graduation from college, came to Nepal in 2002 to work in an NGO. His 9 months in Nepal led him to set his dreams on a career as a doctor and to tell his mother not to be surprised if he spent most of his life in a country like Nepal. Some months later, however, Nick died while swimming in Bali.

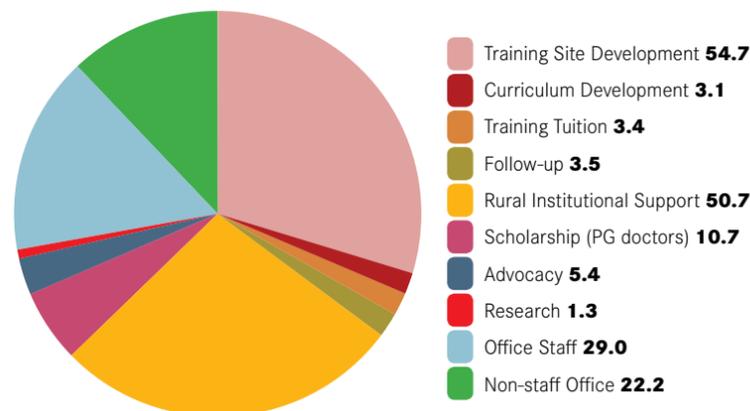
▶ NSI's mission is to train and support competent healthcare workers for rural Nepal.

▶ Rather than conducting training in its own center, NSI's training modality is to work through 20 partner institutions across the country. One of its main expenses (30%) is in the development and maintenance of excellent training sites – which is an ongoing, continuous process. NSI is also involved in national curriculum development, but only a small proportion of its budget goes directly into tuition (2%); student's trainings are mostly funded by the Nepal government and its other donors.

▶ Alongside training sits NSI's other major area of work: the revitalization of government district hospitals. As this number has grown to 11 hospitals – the Rural Staff Support Program has become the fastest growing part of NSI's program budget (28%).

▶ About 32 NSI administrative and technical staffs are located in the NSI center, which constitutes 16% of the budget.

## PROPORTIONAL OF EXPENDITURE



## Summary of Expenses for FY 2070/71 (2013-14) in NPR

Program Heading	Previous Year's Actual	FY 2070/71 Actual	FY 2070/71 Budget
<b>1. Training</b>			
1.1 General	1,611,570	1,080,211	2,906,209
1.2 Biomedical Equipment Technician (BMET)	4,565,269	5,686,134	5,821,925
1.3 Anesthesia Assistant Course (AAC)	4,383,931	5,594,674	7,650,203
1.4 Skilled Birth Attendant (SBA)	6,321,445	10,616,132	14,456,666
1.5 Mid-level Practicum	6,737,186	16,516,613	20,706,377
1.6 Ultrasound	889,530	0	1,400,000
1.7 Continue Medical Education (CME)	1,169,484	1,718,412	1,775,000
1.8 Operation Theater Management	-	75,316	1,625,000
1.9 Clinical Trainig Skills (CTS)	-	429,757	2,060,000
<b>Total Training Expenses</b>	<b>25,678,415</b>	<b>41,717,248</b>	<b>58,401,380</b>
<b>2. District Institution Support</b>			
2.1 Staff	17,128,025	28,282,456	36,925,000
2.2 Communication	387,563	289,796	1,450,000
2.3 Continuing Medical Education	615,027	994,179	4,575,000
2.4 Connection with Partners/Districts	292,645	126,752	2,450,000
2.5 Children's Education	130,800	98,400	100,000
2.6 Community Governance	1,080,000	2,044,215	3,900,000
2.7 Capital Subsidy	3,288,822	7,264,473	8,400,000
2.8 Comfortable Quarter	3,172,808	4,726,407	6,250,000
2.9 Continuous Quality Improvement	1,950,522	413,853	1,150,000
2.10 RSSP General	3,088,853	4,685,294	6,850,000
2.11 Hospital Management	1,218,509	2,551,483	2,504,561
<b>Total District Institution Support Expenses</b>	<b>32,353,573</b>	<b>51,477,308</b>	<b>74,554,561</b>
<b>3. Scholarships</b>			
3.1 MDGP Scholarship	8,675,590	10,379,497	13,600,000
3.2 MD Anesthesia Scholarship	350,459	317,610	1,775,000
<b>Total Scholarship Expenses</b>	<b>9,026,049</b>	<b>10,697,107</b>	<b>15,375,000</b>
<b>4. Measurement/Evaluation</b>			
4.1 Research/Assessment	981,482	1,336,728	2,150,000
4.2 Follow-up & Evaluation Program (FEP)	3,116,068	3,544,650	4,659,765
<b>Total Measurement/Evaluation Expenses</b>	<b>4,097,550</b>	<b>4,881,378</b>	<b>6,809,765</b>
<b>5. Advocacy</b>			
5.1 Marketing	1,299,948	1,252,486	1,400,000
5.2 Advocacy	489,881	344,633	650,000
5.3 Rural Healthcare Workers Conference	3,689,526	3,722,582	3,500,000
5.4 Documentary	-	32,860	1,800,000
<b>Total Advocacy Expenses</b>	<b>5,479,355</b>	<b>5,352,561</b>	<b>7,350,000</b>
<b>6. Office</b>			
6.1 Staff Salary	22,873,906	26,602,911	28,600,000
6.2 Consultants	719,574	2,688,842	2,100,000
6.3 Insurance	1,285,375	1,017,363	1,070,000
6.4 Utilities	896,416	591,823	750,000
6.5 Office Consumable	576,623	926,784	920,000
6.6 Other	1,004,383	8,217,183	6,145,000
6.7 Staff Development	2,443,055	2,437,918	1,400,000
6.8 Vehicle & Miscellaneous Equipments	5,861,841	8,776,901	8,683,298
<b>Total Office Expenses</b>	<b>35,661,173</b>	<b>51,259,726</b>	<b>49,668,298</b>
<b>7. Building</b>			
7.1 NSI Office	1,718,692	-	-
7.2 AMDA Maternity Block	1,772,397	-	-
7.3 BMET Training Centre	31,926,366	3,482,778	2,700,000
7.4 Bharatpur	2,900,000	8,776,636	5,000,000
7.5 Kapilvastu Renovation	6,116,534	255,461	300,000
7.6 Tansen Hostel	2,500,000	6,249,195	5,000,000
7.7 Kalikot Staff Quarters	-	0	8,000,000
<b>Total Building Expenses</b>	<b>46,933,989</b>	<b>18,764,070</b>	<b>21,000,000</b>
<b>TOTAL EXPENSES (1 - 7)</b>	<b>159,230,104</b>	<b>184,149,399</b>	<b>233,159,004</b>

(1 USD = 97.43 weighted average for the year)



# Board of Directors



**Bhekh B. Thapa**  
NSI Chairperson

Formerly Finance and Foreign Minister, and Ambassador to the U.S. and India.



**Prabhakar S J B Rana**

Chairman Emeritus of Soaltee Hotel; one of Nepal's pioneers in tourism and development.



**Vidyadhar Mallik**

Formerly Minister of Health and Population, and Local Development.



**Kundu Yangsom**

Formerly Medical Director, Head of ObGyne Department, Patan Hospital.



**Keshab B. Mathema**

Lawyer, formerly on Nepal's Supreme Court and in senior positions with UNICEF.



**Kunda Dixit**

Editor and founder of Nepali Times.



**Buddha Basnyat**

Physician-teacher and researcher of Nepal International Clinic and Patan Hospital.



**Olak Jirel**

Hospital Services Director, United Mission to Nepal.



**Mark Zimmerman**  
Member Secretary

Executive Director of NSI.



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