

Annual Report 2016–2017

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COMPASSION GENEROSITY RESPONSIBILITY

The Nick Simons Foundation (NSF) is a private family foundation formed in 2005 to honor the memory of Nick Simons, his love for Nepal, and his interest in developing countries. The Foundation's main focus is to improve health and medical care in Nepal, especially for rural and remote populations.



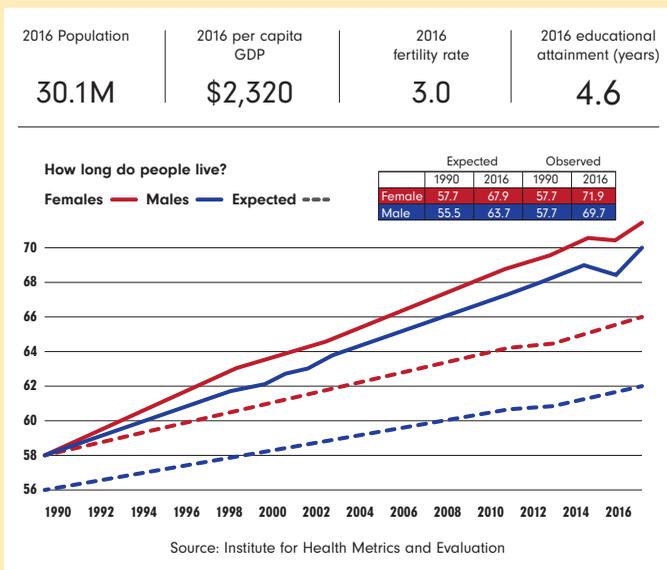
In 2006, NSF founded the Nick Simons Institute (NSI), based in Kathmandu, Nepal. Since then, the Foundation has contributed significant resources to establish NSI as a Nepali non-governmental organization (NGO). Initially focused on training initiatives for mid-level health practitioners, NSI now sponsors several training programs and also supports district-level hospitals throughout the country. Today, working alongside the government of Nepal, NSI aims to catalyze sustainable improvements in the public health care system, with a focus on supporting district hospitals and cadres of public-sector health care professionals. In addition, the Foundation has supported selected projects, programs, and organizations that further perpetuate the values that guide the Simons family: compassion, generosity, and responsibility.

In 2016–17, The Nick Simons Institute expanded into additional geographic areas of rural Nepal and trained 707 health care workers representing 2 regional hospitals, 3 sub-regional hospitals, and 83 district hospitals, including primary health care centers, health posts, and private/NGO institutions.



About Nepal

Capital: Kathmandu
Type of government: Federal secular parliamentary republic
Size: 147,181 sq. km.



A Dependent Economy

Nepal is one of the world's top recipients of foreign remittances as a percentage of GDP, with remittances from Nepalese working in other countries representing approximately 30 percent of Nepal's GDP. Tourism is also a mainstay of Nepal's economy. This means Nepal is especially dependent on what happens in neighboring countries, and particularly hard hit when natural disasters and political turmoil affect tourism.

TB in Nepal

Tuberculosis has surpassed AIDS and malaria as the leading infectious-disease cause of death in the world. In Nepal, it is the fourth leading cause of death and the leading cause of death from an infectious disease. Nearly one-fourth of TB cases in Nepal go undetected and untreated as a result of limited health care access, especially for the 13 million people who live in hills or mountains with poor road transport.

About Nepal

Nepal is a small, landlocked nation in the southern Himalayas. As a result of both geographic and political isolation, and in spite of its proximity to China and India, it is one of the least developed nations in the world.

Long under the rule of isolationist monarchs, Nepal did not join the United Nations until 1955. It was the 1990s before the nation began its shift toward democracy, a complex process that has involved decades of conflict and backtracking. A long-awaited new constitution was finally adopted in 2015, and in 2017, Nepal held its first local elections in twenty years.

The vast majority of Nepal is covered by rugged mountain terrain, and most of the population lives in hard-to-reach rural areas. The population is diverse in terms of language, ethnicity, and religion. Although a twentieth-century law officially banned discrimination, traditional social norms continue to shape a hierarchical, unequal society. About one-third of the population lives below the poverty line.

The prevalence of diseases is high in Nepal, and malnutrition persists across the population. While maternal mortality rates have improved in recent years, access to high-quality antenatal care and comprehensive obstetric care remains a pressing issue, as there are few highly skilled health care workers in the rural areas where most of the population lives.

On top of political turmoil, Nepal has recently been hit by devastating natural disasters. A massive earthquake in 2015 killed thousands, damaged buildings and infrastructure, and left hundreds of thousands homeless. More recently, the country has been struck by floods and landslides. The floods hit rural areas hardest, destroying farms and homes, and displacing many to temporary camps where disease is spreading rapidly. Most NGOs – including NSF grantee partners – have no choice but to expend considerable resources on rebuilding and recovery efforts.

Nepal's new constitution guarantees the right to health care to all: "every citizen shall have the right to seek basic health care services from the state..." But it is difficult to make that right a reality in rural regions hit hard by natural disasters and an enduring lack of resources. The Nick Simons Foundation aims to change that, bringing quality health care where it is needed most.

NICK SIMONS INSTITUTE

nsi.edu.np

Training • Direct hospital support • Original research • Advocacy

In 2017

* Fully functional Rural Staff Support Program in 18 district hospitals

* Hospital Management Support Program in 45 districts



Dr. Anil B. Shrestha joined NSI in March 2016 as the Institute’s second Executive Director. An orthopedic surgeon and founding director of the Nepal Orthopedic Hospital, Dr. Anil will lead NSI into its second decade of growth and partnerships with Nepali institutions throughout the country.

“When a sick person goes to a rural hospital, he/she [should be] provided with proper health care pertaining to his/her needs, cured to the optimum degree possible, and released into society without complications and hindrances pertaining to the previous illness. Life should not be hampered, changed, or brought to a standstill for this individual. That, in the end, is what matters.”

—Anil B. Shrestha

Executive Director, Nick Simons Institute

NSI invests in human resource development – the surgeons, doctors, nurses, medical assistants, anesthesia assistants, skilled birth attendants, medical officers, bio-medical engineering technicians, and others who are the backbone of any public health system. The Institute supports their training, housing, professional development, and continuing education. In partnership with the Ministry of Health & Population, NSI launched the Minimum Service Standards (MSS) for quality improvement at district hospitals.

The Nick Simons Award

Each year, NSI, in collaboration with Nepal’s National Health Training Center (NHTC), identifies and selects one rural health care worker for his or her excellent service to rural health care in Nepal. Nominees must have served in rural areas for at least five years, be appreciated by the community, increase institutional utilization, and work creatively to establish new services. NSI and NHTC (a government agency) review a long list of nominees, conduct phone interviews with community officials, and visit the institutions where finalists work before selecting an annual recipient for the Nick Simons Award. The process affirms that there are many people laboring heroically to improve health care delivery across Nepal. It is an honor each year to recognize an exceptional health care provider with a cash prize and a token of appreciation.



Founding Director Mark Zimmerman stepped down in 2016, after successfully leading NSI for 10 years. Zimmerman went to Nepal in 1986 intending to volunteer for a few months as a doctor. He ended up spending the next few decades improving health care for people across the country. The Nick Simons Institute thanks him for his dedicated service.



Dr. Puspa Chaudhary, Health Secretary, giving the 2017 Nick Simons Award to Sr. AHW Shyam Sundar Pokharel, Pallikot Health Post, Gulmi.

The Nick Simons Institute is governed by distinguished Nepali professionals:

- Dr. Bhekh B. Thapa, Chair
(former Ambassador to the U.S. and India, Finance Minister)
- Mr. Vidyadhar Mallik, Vice Chair (former Minister of Health)
- Dr. Olak Jirel, Treasurer
- Dr. Buddha Basnyat, Secretary
- Mr. Prabhakar S. J. B. Rana
- Mr. Keshab B. Mathema
- Mr. Kunda Dixit
- Dr. Kundu Yangsom
- Dr. Sheela Verma
- Dr. Anil B. Shrestha, Executive Director

GRADIAN

www.gradianhealth.org

2017 was the year Gradian stepped out of the startup phase and started scaling up.



Health care providers need not only training but also the tools to bring modern medicine to remote regions. Since 2010, NSF has supported Gradian, which grew out of a pilot project in the Foundation, to bring safe, affordable, and reliable anesthesia to low-resource environments where fragile infrastructure hinders conventional anesthesia.

In 2017, Gradian won the Saving Lives at Birth award, delivered by the governments of the United Kingdom, Canada, Norway, and Korea alongside USAID and the Gates Foundation. The nearly \$1M award will support a two-year project to improve newborn and maternal health in Zambia. This represents a huge vote of confidence from the global health community, and a major opportunity to scale up Gradian's model.

"Gradian has been validated by the long-term institutional support of the Nick Simons Foundation. NSF's investment gives other funders more confi-

dence in investing and working with us. It is thanks to NSF's early and sustained investment that we are now being approached by major supporters of global health initiatives," said Gradian's CEO, Stephen Rudy.

Gradian leapt forward on multiple fronts in 2017. NSF funding since the startup stage allowed Gradian to build a model to distribute its anesthesia machine to locations around the world. Years of sustained investments mean Gradian can now scale its model nationally, bringing technology, service, and training to new areas.

2017 also saw the development of Gradian's second product: the Gradian CCV, a ventilator for ICUs and emergency rooms, which will launch in 2018.

These represent major steps forward in advancing Gradian's mission to equip even the most remote, low-resource hospitals with the equipment necessary to provide safe surgical and critical care.

Gradian brings anesthesia to low-resource hospitals in . . .

- Benin
- Burkina Faso
- Cambodia
- Democratic Republic of the Congo
- Ethiopia
- Ghana
- Guinea
- Haiti
- Kenya
- Laos
- Liberia
- Malawi
- Mozambique
- Nepal
- Nicaragua
- Nigeria
- Rwanda
- Sierra Leone
- Somaliland
- South Sudan
- Swaziland
- Tanzania
- Togo
- Uganda
- Zambia

Gradian Board of Directors

- James H. Simons
- Marilyn Hawrys Simons
- David Ellis Acker
- Dr. Nils Daulaire
- Stephen Rudy

Grantee Spotlight:

POSSIBLE

www.possiblehealth.org

“It’s possible to deliver high-quality, low-cost health care to the world’s poor.”
—Possible

Possible’s integrated health care model connects government hospitals and clinics with a network of community health workers to deliver high-quality, affordable health care from hospital to home. Their work has helped reduce maternal and infant mortality. And their strategic approach means they are not only improving health care delivery, but also building local leadership to bolster Nepal’s burgeoning democracy, with a special focus on gender equity. In 2017, Possible formed a Gender Equity Committee to support the role of women.

In Nepal, Possible sees both need and opportunity. Millions lack health care, and public infrastructure to address the problem, already inadequate, was

set back by the 2015 earthquake. If Possible can achieve improvements in this challenging nation, they know they have an effective model that can be scaled up—and applied to different local contexts—to serve millions.

2017 was a major year for Possible. Possible’s new Electronic Health Record was lauded as an innovative solution to improve health outcomes while reducing costs, and they expanded their reach geographically. As Nepal transitions to democracy, Possible has positioned community health workers as trusted women ready to step into leadership roles.

NSF is one of Possible’s major funders.



PATIENTS SERVED:



654,490 total
since founding in 2008



39,735 in Q3
25,477 in Achham
14,258 in Dolakha

HEALTHCARE KPI RESULTS:

0%

Surgical Complications

Target: <5%

% of surgical patients with complications after surgery

25%

Chronic Disease Control

Target: 50%

% of chronic disease patients with disease under control

96%

Institutional Birth

Target: 95%

% of women who gave birth in a healthcare facility with a trained clinician, helping to reduce the likelihood of maternal mortality

45%

Contraceptive Prevalence

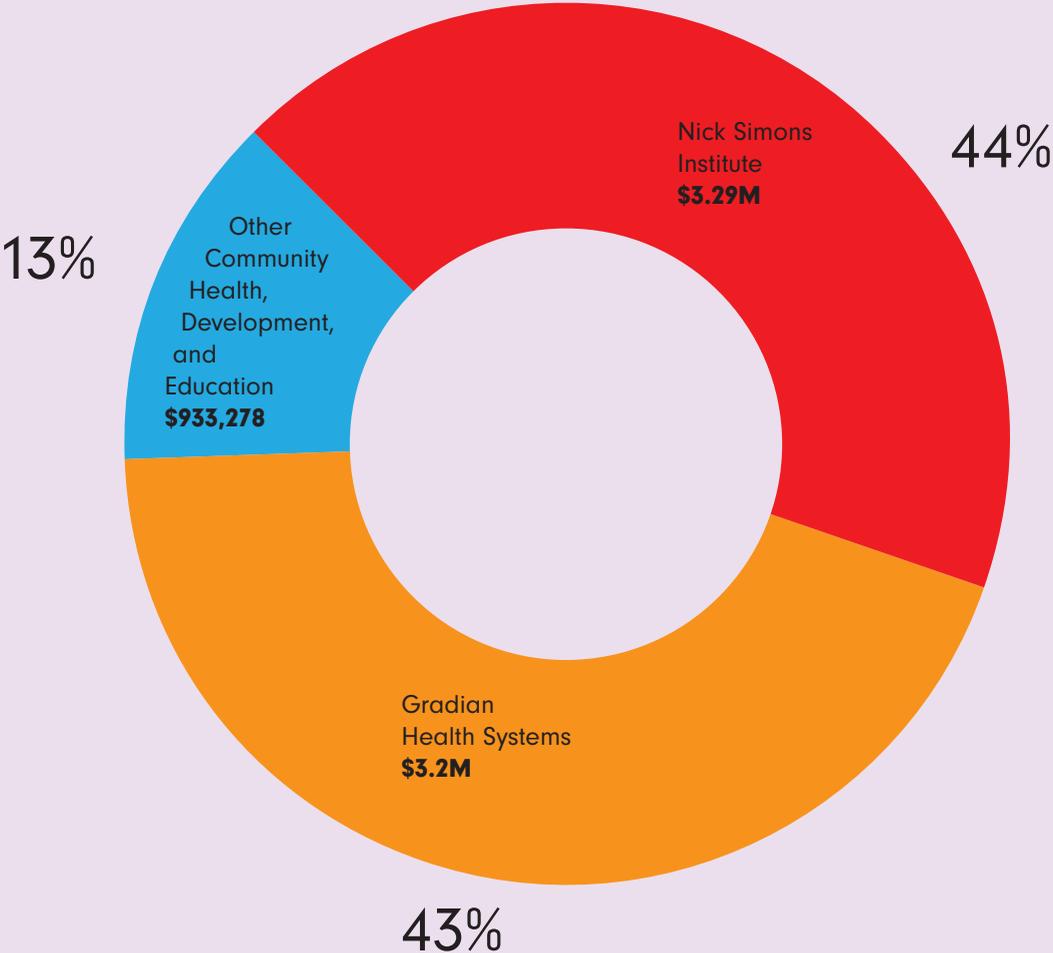
Target: 40%

% of all married reproductive aged women who delivered over the past two years and use modern contraception

GRANTS

- American Himalayan Foundation
- America Nepal Medical Foundation
- Autism Care Nepal
- Bhaskar Memorial Foundation
- Doctors Without Borders USA
- Friends of Patan Hospital
- Future Generations
- Gradian Health Systems
- Himalayan Cataract Project
- Hospice Nepal
- Ipas
- Kathmandu Valley Preservation Trust
- Lo Gyalpo Jigme Foundation
- Nick Simons Institute
- Partners Asia
- Patan Academy of Health Sciences
- Possible Health
- Project Prakash Foundation

2017 Grant Payments:



FINANCIALS

Balance Sheet

Assets	6/30/17	6/30/16
Cash	\$8,374,921	\$1,560,426
Investment Portfolio	70,059,890	69,994,189
Other	418,662	4,144,147
Total	78,853,473	75,698,761

Liabilities	6/30/17	6/30/16
Accounts Payable	122,820	33,151
Grants Payable	7,415,527	6,855,408
Deferred Excise Tax Liability	455,830	436,743
Total	7,994,177	7,325,302

Net Assets **70,859,296** **68,373,458**

Income Statement	For 12 Months Ended:	
Revenue	6/30/17	6/30/16
Contributions		4,550,000
Investment Income	10,977,549	12,658,399
Other	45	105
Total	10,977,593	17,208,504

Expenses	6/30/17	6/30/16
Grants Paid	7,968,235	11,035,491
Change in Grants Payable	(19,881)	(44,592)
Program	141,343	186,018
General and Administrative	209,346	100,618
Taxes	192,712	253,264
Total	8,491,755	11,530,799

Net Income **\$2,485,839** **\$5,677,705**

BOARD OF DIRECTORS

James H. Simons, President and Chairman

Marilyn Hawrys Simons, Secretary and Treasurer

Directors

Laura Baxter-Simons

Audrey Cappell

Jacob Cappell

Caitlin Heising

Mark Heising

Liz Simons

Nat Simons



NICK SIMONS

A recent college graduate with a B.A. in zoology, 22-year-old Nick was curious about the world and his place in it. As he pondered his future, Nick ventured to Nepal to work for an environmentally friendly and economically feasible hydropower organization. He enjoyed Nepal's culture and rugged natural beauty. His adventurous spirit led him to travel widely, and he made friends everywhere he landed.

His time in Kathmandu and his expeditions throughout the country exposed him to the poor conditions endured by street kids in the city as well as the harsh environments for

those living far outside the urban capital. Nick was moved by the human suffering he witnessed and was keenly aware of his capacity to make a positive impact.

Upon his return to New York, Nick considered the possibility of applying to medical school, while maintaining a determination to return to developing countries to live and work, possibly even to Nepal. However, during the summer of 2003 on a trip to Southeast Asia, a tragic accident prematurely ended Nick's life.



The Nick Simons Foundation
25 East 22nd Street
New York, NY 10010
646.362.0039
www.nicksimonsfoundation.org

Patricia Weisenfeld, Country Representative