



THE AGA KHAN UNIVERSITY

eCommons@AKU

---

Aga Khan Health Services Newsletters

Publications

---

10-1990

# The Aga Khan Health Services : International Newsletter, No. 43

Aga Khan University

Follow this and additional works at: [http://ecommons.aku.edu/akuh\\_newsletter](http://ecommons.aku.edu/akuh_newsletter)

---

## Recommended Citation

Aga Khan University, "The Aga Khan Health Services : International Newsletter, No. 43" (1990). *Aga Khan Health Services Newsletters*.  
Book 2.

[http://ecommons.aku.edu/akuh\\_newsletter/2](http://ecommons.aku.edu/akuh_newsletter/2)



# The Aga Khan Health Services

International Newsletter

No. 43 October 1990

## Health Network's Five Year Plan Announced

At a conference of Board Chairmen and Chief Executive Officers of the Aga Khan Health Services at Aiglemont (His Highness the Aga Khan's Secretariat in France) in July, the Five Year Plan for the Aga Khan Health Services Network was presented to His Highness. This event marked the culmination of a nine month long process undertaken by the health institutions in elaborating their joint strategic plans for the period 1991-1995. In his opening remarks, His Highness commented that for the first time since 1957, a more appropriate balance will be struck between programme commitments and the demography of the communities in Asia and Africa. Should this trend continue, there would be an almost total coverage of basic health needs by the end of the century.

Basic Health programmes in Asia will result in:

- A 50% increase planned in the number of health centres.
- A 30% increase in maternity home beds and a more than doubling of the populations covered by the Primary Health Care programmes.
- The opening of 29 new health centres, four medical centres, two new maternity homes and the expansion of two others. Almost all of the new activities are planned for rural Sindh, Punjab and the Northern Areas in Pakistan.
- Total operating activity will rise by 42% over the five year period and 85% of the operating cost is expected to be recovered from user fees, donations or agency grants.

In the area of curative care, hospital beds are expected to increase by 20% and admissions by 30%. All six of the Network hospitals in Karachi, Bombay, Nairobi, Mombasa, Kisumu and Dar-es-Salaam are planning expansion or infrastructure renovation with the introduction of more specialized services. Further

feasibility studies are planned for a new hospital under consideration in the North Bombay area. Total operating activities in the hospital sector will almost double by 1995, when all units will only have attained



## Afghan Refugees Benefit from AKU-IRC Collaboration

The International Rescue Committee (IRC) and The Aga Khan University's (AKU) Department of Paediatrics have spent a year planning a collaborative project to introduce wheat-based Oral Rehydration Therapy (ORT) to deal with the extremely high prevalence of, and death from, diarrhoea among Afghan refugee children in Pakistan. The Aga Khan Foundation (AKF) Board approved a three-year grant of \$136,000 in June to help respond to the findings of an IRC survey which found that the child mortality rate of

*Contd. on page 7)*

self-sufficiency but will be returning 7% beyond operating cost excluding the cost of new capital investments.

Once The Aga Khan University Hospital in Karachi is fully operational in the early period of the plan, The Aga Khan University Medical Centre will assume its full role as the "turning plate" of the Aga Khan Health Network, which by then will probably be the largest international health care system in the private sector.

The planning session focused on a number of thematic issues of importance to all parts of the Network and suggested that these should be addressed by "Network driven" task forces. Several of these "horizontal strategies" are already being addressed, for example group purchasing, quality improvement and

*(Contd. on page 8)*



*An Afghan Mujahideen feeds wheat based ORT to a diarrhoea victim.*



# Hospital and Nursing Administrators Develop Network Nursing Strategy in Mombasa

Hospital and nursing administrators of the Aga Khan Health Services (AKHS) Network met in Mombasa, Kenya, for three days to develop nursing strategy for the Network. The participants accomplished the following objectives:

- Reviewed and developed a consensus on a Network nursing strategy.
- Reviewed and revised, a Network proposal to the Aga Khan Foundation for nursing training, education and development.
- Reviewed the philosophy, principles and guidelines for human resources management for Network institutions, as they apply to nursing.
- Initiated the process of developing five year (1991-1995) institutional, country and strategic plans for human resources management in nursing.



*Developing nursing strategy (left to right) Sister Esther Joel, Assistant Matron, The Aga Khan Hospital in Dar-es-Salaam, Matron Agnes Oggot, The Aga Khan Hospital, Kisumu and Mr. Joseph A. de Mora, Director General of The Aga Khan University Hospital in Karachi.*

The conference was organised by Mr. George P. Purvis and Mr. C. William Stealer from the Health, Education and Housing Department of Aiglemont (His Highness the Aga Khan's Secretariat in Gouvieux, France). Mr. Jim Webber, a consultant from USA, served as group facilitator.

Mr. Purvis opened the workshop by emphasizing that a Network by definition involves a group of people. He said, "in our case there are many people with varied experiences in the Aga Khan Network. The key to

attract, recruit, and retain nursing personnel. He urged the attendees to develop practical strategies for nursing, to develop indicators of nursing progress for the boards, and to leave the conference with specific action plans.

The workshop recommended an enhancement of the image of nursing, and to develop a better understanding



*Delegates at the opening session.*

Network success is to manage in a synergistic way".

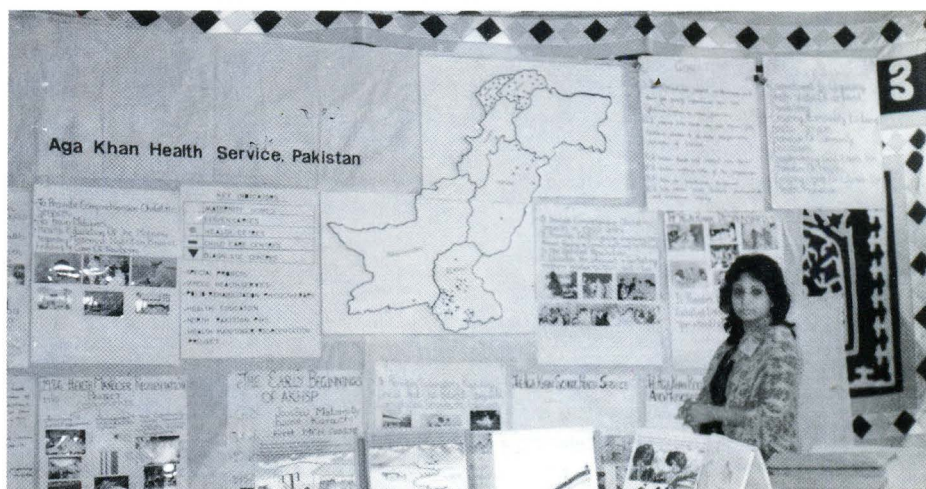
Mr. Lutaf Meherali, Chairman of the Board for the Aga Khan Hospital, Mombasa, welcomed the workshop participants. Dr. Nizar Verjee, Chairman of the Aga Khan Health Service, Kenya, gave the opening address and Mr. Abdul Samji officially opened the conference.

Dr. Verjee said that AKHS must develop a Network advantage to

of the role, function and responsibility of nurses.

Participants expressed their appreciation for the efficient arrangements and warm hospitality of the Mombasa and Kenya hosts and AKF's support. Mr. Purvis reviewed the accomplishments of the conference as "a job well done". Mr. Webber also congratulated the group on its productivity and success.

## Paediatric Conference in Quetta



*Health education stall of the Aga Khan Health Service, Pakistan (AKHS,P) at the Tenth National Biennial Paediatric Conference in Quetta. Over 250 leading Pakistani and international paediatricians including representative of AKHS,P, international aid agencies, federal and provincial governments attended the conference.*



# Kabir Mitha—A Multisectorial Approach to Improving Quality of Life in Rural India

Mr. Kabir Mitha's association with the Aga Khan (AK) Network began in 1981 as a member of the Managing Council of the Prince Aly Khan Hospital (PAKH) in Bombay, and later as a member of the Aga Khan Central Health Board. He was also the Deputy Administrator (Maharashtra) for the Network from 1984 to 1987. With the formation of the Aga Khan Health Service, India (AKHSI) in 1986, Mr. Mitha became a Director on its Board, and Chairman in 1987.

**Q.** *What is AKHSI's mission?*

**K.M.** India has a population of 807 million, growing at a rate of 2.1% annually. About 73% of this population is rural, having a tendency to migrate to urban areas.

The primary responsibility for providing health care to the population rests with the Government, and the annual expenditure for this is 2.1% of the budget. The health services are basically institution-based curative services with a major thrust on population control. Preventive and promotive health receive the least priority.

Preventable infectious diseases such as diarrhoea is common, especially affecting infants and children. Lack of safe drinking water and poor environmental sanitation, poverty and ignorance are among the major contributory causes of the high maternal and infant mortality rates of 3.4 and 98 per 1000 live births, respectively. Only 33% of the births are attended by trained personnel, and 30% of infants have a birth weight of less than 2.5 kg.

In this scenario, AKHSI contributes towards socio-economic development by promoting health in the targeted areas, through an appropriate, effective and financially sustainable health care system with a commitment to quality, an emphasis on community development, and by enhancing the tradition of volunteerism.

Presently AKHSI is involved in the delivery of preventive, promotive and curative health care to urban and rural population in the country. AKHSI operates PAKH in Bombay, two medical centres, and 28 health care centres and sub-centres in

Gujarat, Maharashtra and Andhra Pradesh.

**Q.** *What changes have you perceived over the period of your association with AK Health Network?*

**K.M.** I see the beneficiaries of our health services community accepting more and more the need for their involvement in the development and professionalisation of activities, rather than being mere passive recipients of services.

**Q.** *What do you see as your major challenges?*

**K.M.** Well, I see three major challenges for AKHSI in the years ahead:

- Development of health system in India.
- Achievement of multisectoral integration.
- Development of human resources.

Over the next three decades, our efforts would be directed towards developing AKHSI as a health system which would provide its target populations with access to comprehensive health care services. It would consist of a complete range of health promotion, disease prevention and curative services, delivered through community-based programmes having efficient referral linkages, either with existing institutions, or with newly created ones, offering primary, secondary and tertiary levels of care.

This process will start with delivery of the most basic services, gradually expanding programmes and upgrading facilities depending on needs and management capabilities of the communities, their participation in the activities, and the availability of appropriate human resources.

Each of the services offered through these facilities or their outreach



programmes would meet a minimum standard of quality, and assure the long term financial sustainability of the system.

I firmly believe that the determinants of health lie both within and outside the health sector. Long term solutions of major health problems should logically include a health sector approach, to efficiently meet the immediate demands for medical and health care, and a multisectoral approach to strike at the root determinants of poor health and achieve long term results. Improved education, housing, water supply, sanitation, environment, and increased family income would result in a corresponding improvement in the quality of life.

The multisectoral components in the rural areas would include such intervention as bio-gas plants to improve waste disposal and produce energy for family and community use, community water supply, environmental sanitation, housing, adult literacy, and family and community income generating activities.

While AKHSI has taken the lead in conceptualising and planning the community based health care component of the Junagadh project in Gujarat, it cannot by itself implement the various multisectoral inputs needed in the programme. Since AKHSI is, and will remain, a health service organisation, it has requested the Government, the other NGOs and Aga Khan institutions to (Contd. on page 7).





## Junagadh Primary Health Care Project "Children are Now Living Not Dying"

Eighty-five year old patriarch, Deva Poonjha, a shepherd from Muligasha village in Gujarat State in India, proudly sat on his charpoy in his modest hut, sipping tea, surrounded by his children, grandchildren and even great grandchildren totalling 35. He was reminiscing that when his wife died forty years ago of an unknown fever, there was no doctor available for miles. His children were frequently ill with fever and measles. Now, since the last three years, his great grandchildren are "living not dying". Neelamben, (an auxiliary nurse-midwife) from the Aga Khan Medical Centre in Jonpur, visits them regularly, and when the children are ill, they are rushed to the Medical Centre. The old man suffers from ulcers and Neelamben takes care of him too, often he is taken to the Medical Centre for doctor's consultation.

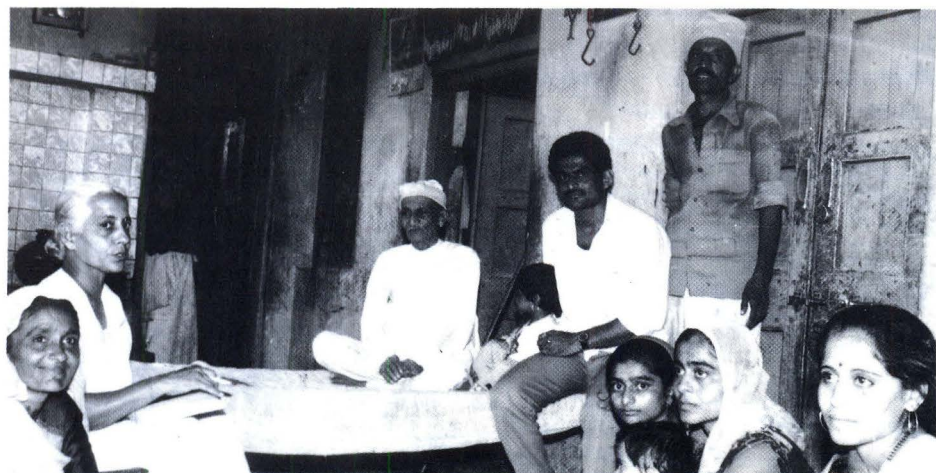
The story of the Medical Centre began in 1978, when the Aga Khan Health Service, India (AKHSI) conducted a health needs and resources survey, and identified Jonpur village of Gujarat State in India, as a seriously underserved rural area where health service needed to be strengthened.

In 1982, a health sub-centre was established in Jonpur which provided health promotion, disease prevention, and a limited range of curative services to residents of Jonpur and surrounding areas. The Jonpur health sub-centre was upgraded to a Medical Centre from which an innovative community-based health care programme was initiated and maintained as a cost-



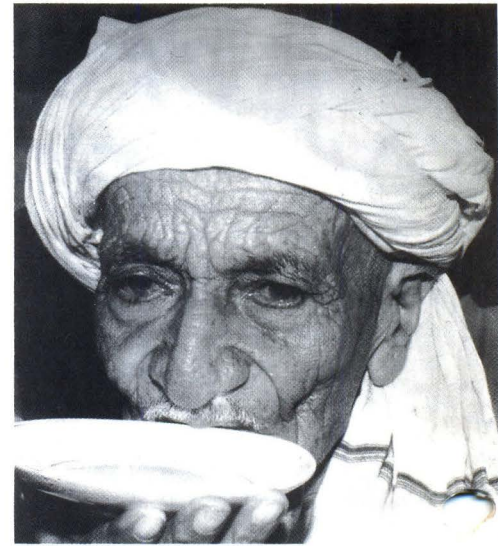
K. K. Sitarfawalla

*Dr. Dabir Alam, Medical Officer, provides curative services at the Medical Centre and satellite clinics. He refers seriously ill patients to government hospitals; conducts health education and training for the staff; and monitors and helps analyse data on programme activities.*



K. K. Sitarfawalla

*Mrs. Neelamben Kataria, (white saree) auxiliary nurse midwife, assists the Medical Officer in conducting MCH clinics, organises health education sessions, compiles and analyses data gathered by CHWs, prepares reports, and also assists in delivery, home visits and record-keeping.*

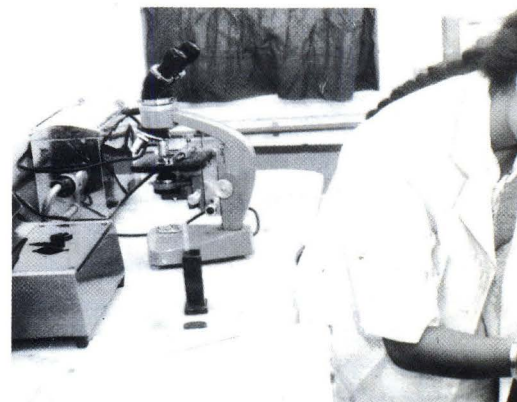


K. K. Sitarfawalla

*"Few years ago we ate and slept in the same room with our cattle. After the health hazards were explained to us, we have a separate shed for them."*



*The six-bed Medical Centre is surrounded by greenery. In addition to general, paediatric and maternity beds and a pharmacy,*



*Ms. Naseem Bhimani, Laboratory Technician, lives in the rural areas.*

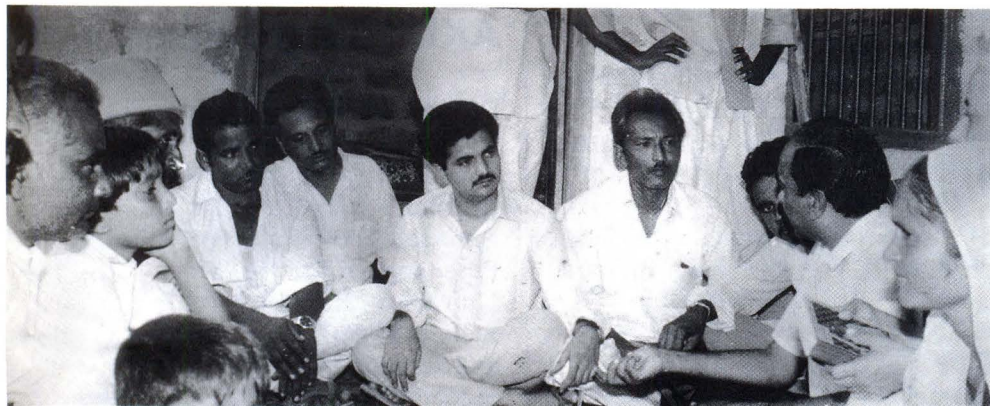


effective means of improving the health status and quality-of-life of the villagers.

The new six-bed Aga Khan Medical Centre in Jonpur, funded mainly by the Aga Khan Foundation (AKF), was completed in 1987 and a broader range of services became available, enabling AKHSI to use the facility as an operational base for a primary

health care (PHC) programme in Jonpur and surrounding areas.

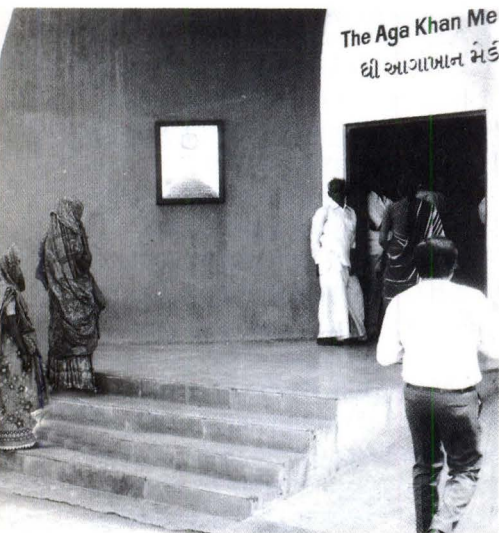
In 1987-88, the Junagadh PHC project was planned, under a grant from AKF, and a pilot area was identified for testing a community-based health care programme. The project's goal is to improve the health and nutritional status of children under the age of six years and women



Mr. Ratilal Rathod (second from right), Community Organizer, participating in Village Health and Development Committee in Muligasha village. The committee includes community leaders, interested in improving health and facilitating development of their village.



Mrs. Madhuben Parmar (white coat), Health Assistant, orients a traditional birth attendant (TBA) (white saree), to conduct septic home deliveries. TBAs encourage pregnant women to attend antenatal clinics, identify and refer high risk women to the Medical Centre, and assist in home deliveries.



One of the most underserved areas of India. It has delivery and operating rooms, laboratory

of 15 through 45 years living in the Project.

The area has 8221 residents, including Jonpur village and six surrounding villages. It has a history of inadequate health facilities and services, high morbidity and mortality among mother and children, wide gaps between health knowledge and practices, low level of literacy, poor housing, and very poor socio-economic conditions.

The PHC planning workshop in 1988, confirmed the need for a multi-sectoral programme to improve health care, health and nutrition education, adult education and literacy, housing, water supply, environmental sanitations, and—perhaps most important—enhancing family and community income through innovative income generating activities. Since then, villagers at Chitravand have expressed strong interest to initiate community-based health care and development activities.

One of AKHSI's primary commitments is to establish community-based health care programmes, capable of meeting the priority health needs of women and



"Introduction of bio-gas has decreased the incidence of malaria, eye and respiratory tract infections, there is no smoke or smell. Our homes are clean and we have better fertilizers".

children in Jonpur and six surrounding villages (population 7519), in the first instance, followed by Chitravand and six surrounding villages (population 31,700), ultimately serving a total population of over 54,700 people.

A tri-phased implementation plan will enable AKHSI to launch the community-based health care (CBHC) system as a major programmatic spearhead in the first phase, while conducting or arranging for various feasibility studies and pilot studies on selected multi-sectoral inputs for wider implementation in Phase II. Once the CBHC system is established in the Jonpur pilot area and is running well, AKHSI will then move to spearhead community-based (Contd. on page 7).



far away from home to make scientific diagnosis

K. K. Sitafalwalla

K. K. Sitafalwalla

K. K. Sitafalwalla

K. K. Sitafalwalla

K. K. Sitafalwalla



---

# AKU Faculty and Students Participate in International Health Project in Indonesia

Three students and one faculty member from The Aga Khan University (AKU) in Karachi are participating in an international health project, "Women and Health: Leadership Training for Health and Development". The six-month project is being co-ordinated for the Network of Community-Oriented Educational Institutions for Health Sciences by McMaster University of Canada.

The project's objective is "to provide an opportunity for young health professionals to identify and prioritize health needs of women in their own communities and to develop leadership skills necessary to address those needs". AKU is represented by Dr. Fauziah Rabbani from the Department of Community Health Sciences (CHS), Mr. Asad Ansari and Miss Shehla Zaidi, medical students of class of 1994, and Miss Salima Noorani from the B.Sc. Nursing Degree Programme of class of 1991.

The team has recently returned from a one week Leadership Workshop in Yogyakarta in Indonesia. The

workshop was followed by a three-week intercultural exchange programme, in which AKU students visited Khon Kaen University in Thailand and the Thai team came to AKU.

The team is now completing the final phase of the project in which they are carrying out a research study in Orangi, (a squatter settlement in Karachi). They are developing strategies to bring women together in their own communities to share a common platform for health reform. The team will present the project report at the AKU Student/Faculty Seminar in November.

---

## Cardiologist from America Volunteers Service at AKUMC

Dr. Nasiruddin M. Jamal, a graduate of Dow Medical College in Karachi, and presently Clinical Associate Professor of Medicine at Upstate Medical Centre in New York, recently completed four weeks of voluntary service at The Aga Khan University Medical Centre (AKUMC) in Karachi.

Since 1972, Dr. Jamal has been

working in the USA, and the opportunity to teach students and residents and hold clinics and see patients from varied economic backgrounds with multiple diseases, attracted him to spend his vacation in a third world country. He spent six weeks in AKUMC in 1988 and found it an enriching experience. "The satisfaction of being involved in the challenges of this dynamic institution



*Dr. Nasiruddin Jamal (second from right) and Dr. Najeeb Basir, Senior Instructor, Department of Medicine of AKU (third from left), on hospital rounds with residents and medical students.*

motivated me to come again the following year, and I look forward to returning every year", he said. Dr. Jamal was particularly impressed with the calibre of the AKU medical students and commented that "judging by the questions they ask, their medical knowledge, enthusiasm and hard work, they are comparable to the best in USA".

---

## AKU Faculty News

**Dr. Amir Ali Shoro**, Professor and Chairman of the Department of Anatomy, and **Dr. Hakimuddin Razi Ahmad**, Acting Chairman and Associate Professor, Department of Physiology of The Aga Khan University (AKU), were elected Fellows of the College of Physicians and Surgeons of Pakistan for their exceptional and meritorious services in the field of Medicine.

**Dr. Sarwat Hussain**, Professor and Chairman, Department of Radiology of AKU, attended the second International Urological Seminar at Tabriz, Iran. On the request of the Scientific Committee of the Seminar, Dr. Hussain spoke on the "Experiences with Interventional Uroradiology in Pakistan" and "Percutaneous Nephrolithotomy—Our Experience with Initial 70 patients".

**Dr. Mehtab S. Karim**, Associate Professor of Community Health Sciences Department of AKU, was awarded one year grant by the National Institute of Health (NIH), Bethesda, Maryland, USA. During his one year sabbatical leave, Dr. Karim will be conducting research on "Risk Factors Associated with Pregnancy Outcomes and Child Survival".

---

## Alumnus Award

**Dr. Amin Mohammed Haiderali** was awarded the Aga Khan Foundation International Scholarship and the Edger F. Kaiser Fellowship for graduate study in Business Administration/Public Health at the University of California at Berkely. Dr. Haiderali is a graduate of the class of 1989 of AKU's Medical College.



# Islamic Miniature Paintings in Medical Manuscripts

One of the greatest surgeons in Islamic medicine was Abu'l-Qasim Khalaf Ibn 'Abbas az-Zahrawi. He came from Zahra, a summer residence of the caliphs near Cordova. He is reputed to have been the personal physician of the Umayyad ruler Al-Hakam II (961-976).



reduction of a vertebral dislocation.



Reduction of dislocated ankle.



The reduction of a dislocated knee.



The reposition of a fractured femur.

## Afghan Refugees

(Contd. from page 1).

Afghan refugee children in 1987 was 104 per 1,000, of which 53% had history of diarrhoea. Upto 45% of the children surveyed by IRC had suffered from diarrhoea in the previous two weeks and most had between 5 and 12 episodes each year.

IRC recognised that Oral Rehydration Salts (ORS) packets were not the full answer; it would require 19 million packets to treat diarrhoea occurring in Northern Pakistan alone. IRC, UNICEF and the UN High Commission for Refugees now recognise that cereal based ORT could offer a realistic response to the problem. Clinical trials previously undertaken in Bangladesh and Kenya, with earlier AKF support, have shown that like rice, wheat ORT is safer and more effective than standard ORS. Wheat is the staple cereal of Afghans and the taste of wheat ORT is expected to be widely acceptable. It is also practical and inexpensive to prepare, and blends well with the cultural practice of treatment of a child with diarrhoea.

In addition to testing acceptability, the project will develop training materials and try them out with 2,000 community health workers, who in turn will instruct 300,000 refugees in the preparation and use of wheat ORT in Kohat District in Northern Pakistan. The project, directed by Ms. Helen Murphy of IRC and supervised by Dr. A. Majeed Molla, Professor and Chairman of the Department of Paediatrics at AKU, is expected to provide valuable leadership for using this technique in the regions covered by the Aga Khan Health Service's Primary Health Care projects in Northern Pakistan

## Junagadh PHC Project

(Contd. from page 4).

health care programmes in the Chitrand area of Junagadh District in Phase I and II, and to the Malia area of Junagadh District in Phases II and III. This would allow a full-scale multi-sectoral area development programme to be established, with substantial community participation and involvement, by building on the community-based infrastructure of the CBHC programme. The cumulative experience gained in Phases I and II will guide the planning of Phase III.

The Junagadh PHC Project provides an important opportunity to implement a multi-sectoral area development programme, spearheaded by AKHSI, in which six Aga Khan institutions: The Aga Khan Education Service, the Aga Khan Rural Support Programme, the Aga Khan Housing Board, the Aga Khan Social Welfare Board, the Aga Khan Economic Planning Board and the Aga Khan Foundation are collaborating for rapid area development, in co-operation with Government agencies and other NGOs in the area. By doing so, the Aga Khan Network derives important experience in multi-sectoral area development and, at the same time, gains new community-oriented development perspectives.

## Kabir Mitha

(Contd. from page 3).

collaborate in an area development plan. The response has been most encouraging. I anticipate seeing similar projects taking shape in other areas of the country as well.

AKHSI is poised for a new phase of growth. We have identified human resources, their development and management, as the critical issue meriting priority attention. I am convinced that the staff and volunteers who are indigenous to the area, will help to ensure the viability of each regional sub-system.



**Plugged-in Healthcare—  
Computers to Safeguard  
Your Health**

“...With 170 terminals linked to four inter-connected minicomputers and an assortment of over 100 personal computers, The Aga Khan University certainly has the largest private sector collection of silicon chips in the country...

“...If the doctor orders a blood test, the request is typed into a terminal, the doctor takes the blood sample, and it is sent to the laboratory. There, a state-of-the-art blood analyzer can automatically conduct 17 different tests, and without manual typing, update the patient’s computerised records including the results—all in 50 seconds! The doctor can then get the information from his remote terminal and prescribe appropriate medicine for the patient.

“...Admittedly, the hardware is all imported, but almost 40% of the software has been developed locally and the entire network is run by Pakistani staff...”

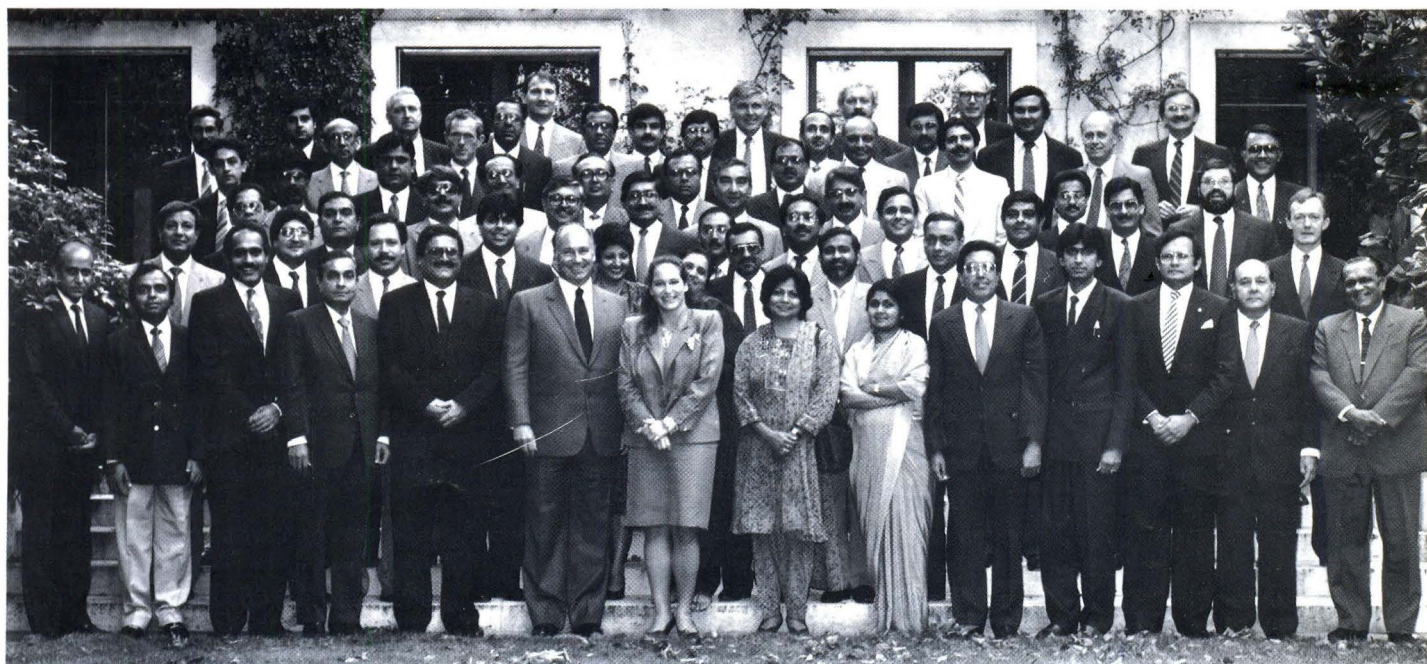
“...In the absence of formal health services, The Aga Khan University launched a community preventive health care service in Issa Nagri and similar communities. Families pay the cost of the services they receive which average US\$ 2.30 per person per year. The price is low because the service is based on a preventive strategy, involving atleast one house visit a month by a health worker. Female community health workers recruited from Issa Nagri itself inquire about the health of the family, advice on treatment of diarrhoea and other illness, and refer family members to the community health clinic where qualified doctors can attend to them ...Such basic health units offer an inexpensive way of meeting the health needs of Pakistan’s poor. Since the main contact the community has with the clinic is through health workers from Issa Nagri itself, the system is accepted by the people and as a result is effective. In five years, the child mortality rate in five out of seven field sites where the university is working has fallen by 50 percent to 140 per 1,000. The programme has convinced the government that the low-cost mode can be implemented on a larger scale.”

**Health Network’s Five Year Plan**

*(Contd. from page 1).*

nursing resource development. Other proposals include referral schemes, welfare philosophy and how to develop a technology intelligence function within the Network, in order to determine which new technologies are appropriate to the Network’s needs and how the human and capital resources can be developed to employ them. The role of the Medical Centre was seen as central to this “horizontal strategizing”.

In his closing remarks to the participants, His Highness said that the plans which had been reviewed during the week had been a shared vision of what the Network could achieve, but were not necessarily a statement of what was going to be achieved. There must always be an alertness for modification and for rethinking in response to unforeseen changes in either the internal or external environment.



*His Highness with representatives of the Aga Khan Network Institutions that participated in the Five Year Strategic Planning Conference.*