Sustainable Healthcare Initiatives Now Empowering (SHINE)

Lighting the way forward...

Contact Information

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I. THE AGENCY

Background
Sustainable Healthcare Initiatives Now Empowering (SHINE) is a non-profit organization registered in April 2009 and headquartered in Irvine, California.

Mission Statement
SHINE's primary mission is to build and strengthen healthcare delivery systems and empower underprivileged communities to take charge of their healthcare destiny. Our secondary mission is to provide quick, efficient and compassionate medical and humanitarian relief at times of international disasters.

Goals
SHINE has as its long-term goal to improve the health status of underprivileged communities by providing sustainable, affordable and quality healthcare. We hope to achieve this by addressing gaps in the system; providing comprehensive health education; and guiding local communities to take a leadership role in managing their healthcare needs in partnership with the government and non-profits.


In need of help in Haiti

Values
SHINE believes that 'Health' is the basic right of every citizen, and that healthy children , families and individuals are better prepared to take advantage of education and development opportunities. As an agency, we believe in:

- ***Humanity***: preventing and alleviating human suffering as well as protecting and respecting the life, health and dignity of each individual;
- ***Neutrality***: rising above a conflict situation; and
- ***Equity***: justice and fairness in the design and delivery of help and assistance

Board of Directors
SHINE's board of directors is comprised of physicians, IT professionals, businessmen, a social worker, and a disaster response veteran. Advisors to the agency include social entrepreneurs and public health advocates. Members of the current leadership team are:

Asim Ashary(CFO)
Asim Ashary is founder and CEO of Manhattan Data, Inc. (MDI), a healthcare administration outsourcing company based in Irvine, California. Prior to MDI, in 1999 Ashary co-founded ppoNEXT, Inc. He is a senior healthcare executive with two decades of experience in business operations, claims administrations, marketing, finance and MIS operations. Ashary has an MBA degree from Institute of Business Administration, in Pakistan, and has completed CPA coursework offered by AICPA.

Dr. Adeela Ahsan
Dr. Ahsan is an internist currently practicing medicine in Irvine, California. She received her medical degree from the prestigious Aga Khan Medical University in Karachi, Pakistan. She completed her residency training in Internal Medicine from St. Mary's Medical center in Long Beach and Harbor-UCLA Medical center. Dr Ahsan is board certified in Internal Medicine and her main interests are Geriatrics, women's health and primary care.

Dr. Farzana Naqvi
Dr. Naqvi has been in clinical practice since 1996. She completed her residency from St. Luke's/Roosevelt Hospital, New York in 1992, followed by Post Graduate Research in Nephrology from the University of California, Irvine in 1993. Dr. Naqvi completed her Endocrinology fellowship from UC Irvine in 1995. Her Bachelors of Medicine and Surgery is from Sindh Medical College, University of Karachi. Farzana is a fellow of the American College of Physicians and a member of the Endocrine Society, as well as the American Association of Clinical Endocrinologists. She has travelled to Pakistan and Haiti to help provide medical relief in earthquake affected areas, and is actively involved in fundraising efforts to provide continuing care to the populations we serve.

Laila Karamally (CEO, Secretary)
Laila Karamally is a graduate of the University of Southern California's School of Social Work and has spent 15 years working with non-profits active in various fields, in Pakistan and the United States. She completed her Bachelors from the National University of Singapore and went to work as a journalist with a business daily. In 1991, she moved to Pakistan and begun a career as a print and broadcast journalist. She also served on the board of the Human Rights Education Program and volunteered with with several causes. In 2001, she resettled to Irvine, California. She has served with Orange County agencies in providing services to underprivileged families and children, including Children and Families Futures, the Illumination Foundation and Families Forward.

Murtaza Haji
Murtaza Haji comes from a long pedigree of entrepreneurs, dating back to his grandfather's days in East Africa. Haji is the founder and CEO of three companies based in Los Angeles. In his two decades of business experience coupled with a business degree from York University in Canada, Haji has acquired a wide bandwidth of experience in international trade, logistics and online sales. He belongs to a family of devoted social entrepreneurs, most notably his father who built and operated many schools and old age homes for the elderly.

Dr. Salman Naqvi
Dr. Naqvi is a leader in the field of Pulmonology with more than 20 years of experience. He serves as the Chief of Staff at Kindred Hospital in Westminster, California, and the Medical Director of the Cardiopulmonary Department and the Subacute Unit of Costal Communities Hospital. Dr. Naqvi completed his residency in New York City in 1992, and Pulmonary/Critical Care fellowship from University of California, Irvine in 1995. Beside his numerous appointments, Dr. Naqvi has a private practice in Orange County since 1995. Along with his wife, Dr. Naqvi has travelled to Pakistan and Haiti to volunteer his services to the most needy.

Todd Shea
Todd Shea is a vocalist, songwriter and guitarist. Having put his music career on an indefinite hiatus to work as a volunteer relief worker in Lower Manhattan after 9/11, in Sri Lanka after the Tsunami, and in New Orleans after Hurricane Katrina, Shea ventured to Pakistan after the earthquake in October 2005 as a logistics coordinator and eventually stayed on to form his own agency, Comprehensive Disaster Response Services (CDRS) based in Chikar (in a remote and mountainous region near the Line of Control in Azad Kashmir). Shea has been the recipient of many honors, including the Tamgha-i-Eisaar medal in June 2006.

II. WORKING A DISASTER

Background

SHINE responds to disasters when there is complete systemic failure and local and regional authorities appeal for outside help and assistance. The agency has, among its board of directors, several individuals who volunteered in different capacities in various international disaster relief efforts namely after at 9/11 (2001), the Tsunami (2004), Hurricane Katrina (2005), the Pakistan Earthquake (2005), the Swat Refugee Crisis (2009), the Sindh Monsoon (2009), and most recently, following the Haiti Earthquake (2010).

Our experience shows over and over that aid agencies and volunteers lack service and geographical coordination; resources are often mismanaged and logistics support (i.e. ground transport, communications, supplies, security, intel, etc.) is often absent altogether, creating bottlenecks and obstacles to saving lives and delivering aid.

Haiti: A Case Study

The catastrophic earthquake in Haiti on January 12th, 2010 took over 200,000 lives and flattened much of the capital city, Port-au-Prince. SHINE launched its Haiti Project on January 14th, just two days later. An American-led team entered the country by road with the goal of providing humanitarian relief and medical assistance by establishing supply lines and coordinating the deployment of aid and human resources via the Dominican Republic.

Food for the hungry in Haiti

A staging area was established at Bojeaux Parc, a children's amusement park on the periphery of Port-au-Prince. This space was provided, secured and maintained by local partners for use as a field hospital and as base to channel relief services to earthquake victims throughout Port-au-Prince.

Partners on the ground included Aimer Haiti, IMANA, JP/ HRO, Destiny World Outreach, NYC Medics, Partners In Health, International Development and Relief Foundation (IDRF) and Global Giving. SHINE also coordinated with the U.S. State Department (in Washington, DC and in the field), USAID, WHO, UNICEF and key ground personnel from the US military.

Activities

Over the eight weeks of our mission, our activities included:

- Deployment of over 250 volunteer doctors, nurses and support staff where they were most needed, ensuring the teams were well-stocked, looked after and safe. The agency provided for medical support services such as supplies and equipment,

transport, food, accommodation, communications and security, enabling these teams to focus solely on saving lives.
• Establishment of referral lines to local field hospitals
• The creation of mobile health units to dispense first aid and continuing care to earthquake victims.
• Provision of food, water and medical supplies as well as ground support for the movement of relief goods to victims of the quake who resided in makeshift shelters.

Accomplishments

SHINE's joint mission at Bojeux Parc Hospital managed more than 15,000 patients from January 17 to March 17, 2010. Our patients received emergency medical care (including diagnostics, small surgery, post operative care, etc.) as well as donated medication, food and water.

Mobile Health Unit at work

Overall, we spent just over $200,000, of which 95 per cent was on program expenditure, two per cent on capital expenditure and three per cent on administrative overheads.

Looking Back

As we look back on our experience in Haiti and prior disaster settings, there are many things we have learned. For instance, the use of available technology can allow us to scale up our suite of services to better serve the entire disaster affected area. More specifically, the creation of a web-based clearing house for doctors and volunteers would allow us to match up all available volunteers and deploy them to where they are most needed.

SHINE volunteer sees to a newborn

As a disaster management specialists, we were able to serve the affected communities only for a limited time, and once the acute phase was over, we were compelled to phase out. Our operations were dependent on donor funding, and as this runs its course, the Haitians along with other post-disaster communities were left to fend for themselves and deal with the arduous task of rebuilding sustainable healthcare systems. Herein lies the impetus for the pilot project in Pakistan.

III. DISASTER TO DEVELOPMENT

Pakistan: A Restless Nation

Pakistan is a land of ancient civilization, home to 179 million people. With a total land area of 796,095 sq. km, it has four provinces namely Punjab, Sindh, North-West Frontier and Balochistan. The terrain varies from deserts and beaches to plains and mountains of unparalleled beauty. As the sixth most populous country in the world, growth in population has not been sustained by a concomitant economic growth. Less than three per cent of the GDP is spent on health and on education, which has led to an abyss in human development.

> "During 2008 and 2009, the people of Pakistan have been especially hard hit by rising food and commodity prices and severe energy shortages,with 2⁄3 of the population living on less than $2 a day and 1⁄5 of the population living below the poverty line according to the United Nations Development Program. Economic growth is a fundamental foundation for human security and national stability in Pakistan, a country with ... a ranking of 136 out of 177 countries in the United Nations Human Development Index" (Kerry Lugar Bill)

World Health Organization statistics indicate that in Pakistan today, there are eight physicians, one dentist and six nursing and midwifery personnel and 0.7 primary healthcare units and centers per 10,000 of the population (WHO, 2007-08). Close to 98 per cent males and 80 per cent females are enrolled in the primary schools, with the numbers dropping to 55 and 36 per cent respectively in the secondary education system.

The void in healthcare and education is in part filled by the private sector and nonprofits, but there remain innumerable challenges. An unstable Pakistan poses a threat to global peace and security, hence the urgency to scale up efforts to deal with this nation's urgent socio-economic needs.

System of Care

Pakistan provides healthcare to its citizens through a tiered health care infrastructure consisting of Basic Health Units (BHUs) and Rural Health Centers (RHCs), forming the core of the primary healthcare structure. Secondary care, ambulatory and inpatient care is provided through Tehsil Headquarter Hospitals (THQs) and District Headquarter Hospitals (DHQs), which are supported by tertiary care from teaching hospitals.

While facilities in urban areas are operative, rural areas either do not have any proper facilities or - if one exists - it is non-operational, or poorly managed. This is in stark contrast to the reality that 75 per cent of Pakistan's population resides in rural areas.

A Chikar village girl

Chikar and her People

The capital of Pakistan-controlled Kashmir is Muzzafarabad City, where the Neelum and Jhelum Rivers converge. (The city is approximately 130 km from Islamabad and four hours drive in a valley with very mountainous terrain). Chikar is the main village in the area, and was hit hard by the 2005 earthquake. The city lies at 8,500 feet above sea level. Along with the hospital and two clinics, half of the main bazaar area, the police station, the bank, the post office, a communications building, two local government buildings, two colleges and several schools were completely destroyed. Nearly every home in Chikar was destroyed or heavily damaged.

> "Health problems (in Pakistan) are common to both males and females, particularly in the rural areas. Majority of women still lack the help of trained medical personnel for obstetric care. ...Unsanitary conditions, polluted water, illiteracy, urban slums and high fertility rates, small budgetary allocation and inadequate administrative structure are the root causes" (ADB-UNESCAP).

The community of 200,000 consists mostly of farmers and shopkeepers. There are several factors which make this population vulnerable including poor health hygiene practices, difficult living conditions, lack of financial resources, harmful rural myths, geography (landslides, steep slopes) and inadequate facilities (lack of ultrasound, laboratory facilities, x-ray).

On-going chronic health conditions include maternal and child health issues, acute diarrhea, acute respiratory infections, skin diseases and infections (particularly scabies), hypertension, gastroenteritis and minor wounds.

Agency History

SHINE has been working in Pakistan since April 2009, in association with several Pakistan-based non profits, most notably Comprehensive Disaster Response Services (CDRS). CDRS runs 11 facilities that provide on-going primary care and emergency health services to the people in the Chikar area, and has worked closely with every major participant in Pakistan including UNICEF, Oxfam, Islamic Relief, U.S. Army M*A*S*H, Canadian Army DART Team, and SOS Children's Villages (see inset). Over the last year, SHINE has partnered with CDRS to evolve the donor-supported primary and emergency care services into an innovative self-sustainable project, with an emphasis on community empowerment.

Community Healthcare Empowerment Project: A Revolution in Care

Pakistan spends less than one per cent of its annual budget on an on-going basis on health. To address this very fundamental issue, SHINE is spearheading a pre-paid healthcare system that will provide health screening and medical facilities to the enrollees and pave the way for a community-funded healthcare initiative. Entitled the Community Healthcare Empowerment Project, this program has the following key objectives:

- To dramatically and permanently improve the health status of the people living in the remote earthquake affected areas by providing them with quality services which will significantly decrease rates of mortality and morbidity.
- Strengthen the healthcare system by addressing the gaps in delivery.
- Ensure sustainability by organizing the local communities and stakeholders to take a leadership role in funding and managing services by supplementing, while also working on strengthening the government's existing apparatus.
- Maintain special focus on vulnerable groups such as women, children, elderly and disabled citizens.

A young man visits the dentist

PARTNERS IN DEVELOPMENT

Comprehensive Disaster Response Services (CDRS) is a Pakistan-registered nonprofit that has served the earthquake affected communities since March 2006. CDRS runs 11 facilities in Chikar, and since 2009, has been funded primarily through SHINE. CDRS also accepts in-kind and cash contributions from individual donors and works collaboratively with several local aid agencies including UNFPA and the Pakistan government. In the past, CDRS has received grant funding from Direct Relief International and UNFPA.

To date, CDRS has delivered care and services to 350,000 patients in Pakistan at a cost of $1.80 per patient (this does not include the 29,000 refugees the agency assisted during the Swat Refugee Crisis of 2009.

Project Area

The project is currently being implemented in the two union councils of Chikar and Sulmia, home to 73,000 people. If successful, the project will be expanded to the nearby union councils of Mera Kalan and Katkair. Further success will determine further expansion of the project into other areas of Pakistan.

Services

Under the on-going Community Empowerment Healthcare Project, subscribers receive a range of services including inpatient care, outpatient clinics providing primary and preventive care, maternal and child wellness programs, a well-stocked provision of medical, emergency and first aid supplies, plus 24-hour emergency services with capacity for transport to major urban hospitals when needed. These services are currently unavailable in at most government-run rural healthcare facilities.

Patients waiting to receive care at a medical camp

There are regularly scheduled speciality camps held year-round with doctors from Pakistan and abroad. This service enables the agency to offer Dental Health services (in partnership with Medical & Dental Association of Pakistan), Mental Health support, Winter Support and Medical Camps for Remote Villages, Micronutrient Health, and emergency disaster relief support. The services are either free or provided at very little additional cost to the subscriber.

Todd Shea and the children of Kashmir

Achievements

Over the year of its operations in Pakistan, SHINE has served 100,000 patients at an estimated cost of $1.80 per patient. Two-thirds of these patients were women and children aged 14 and under. For services provided the rural community of Muzaffarabad, our partner agency and Shea personally have been honored with:

•Tamgha-i-Eisaar Medal from the Government of Pakistan (June, 2006)

- Official Proclamation and Plaque honoring CDRS Earthquake Relief by the Govt. of Kashmir (May 2007)
- Plaque of Appreciation presented by Prime Minister of Kashmir (Aug 2008)
- Plaque of Honor presented by Rise/USAID and Muzaffarabad Citizens Forum (Jan 2009)

Monitoring and Evaluation

There are several mechanisms in place to ensure adequate oversight. Audited financial reports are available to all donors and interested parties outlining the agency's activities and utilization of funds. The World Health Organization and UNICEF have visited the medical facilities to monitor the efficiency of operations and provide support in materials and medicines.

Additionally, regular visits by western doctors continue to provide fresh perspectives on ways to improve or expand medical services and capabilities. Weekly reports are prepared for district health officials. This includes patient contacts, diagnosis reports and all program implementation measures. These reports are available to all partners, donors and interested parties. Health staff daily attendance is recorded and checked by management on a regular basis. Medicine intake and outflow is recorded in registers and all prescription slips are saved.

Towards Financial Self-Sufficiency

For this project to end with an effective, trustworthy and sustainable healthcare system in place that is not dependent on SHINE to continue, three key factors must be met: strong community participation; transparency in collection and spending of financial resources; and high quality of services. Continuous government advocacy must also be carried out for allocation of new resources must be carried out.

At this point (June 2010), approximately 15 per cent of the program expenses are paid for by the community. Therefore, during the project's initial recruitment phase and early development and implementation, SHINE needs financial support from donors to recruit community mobilizers, properly implement the plan and avoid shortages in medicines, supplies and operational funds that would result in loss of important services and programs.

> "Sustainable development mandates participation. It must be based on the aspirations and experience of ordinary people, their notion of what problems should be addressed, and their consultations with government, development agencies, and among themselves. It must involve, respond to, and be accountable to the people ... It must help them build institutions .. inclusive decision-making. " (USAID Strategies for Sustainable Development)

IV. Looking Ahead

Strengthening Disaster Management

SHINE hopes to add a permanent disaster management wing to its scope of programs and services. The goal is to develop a template for disaster response services, establish a training program for future disaster management specialists, create a technological support framework, gather a warehouse of supplies, and put in place a body of volunteer experts ready to deploy at the time of need.

A New Era in Community Care

While disaster response is key to our mandate, the agency continues to focus its efforts on building long-term sustainable healthcare systems in underprivileged communities. Community mobilizers on the ground in Pakistan are working full-steam ahead to make its pilot Community Healthcare Empowerment Program a resounding success.

Over a nine month period since its launch, some 15 per cent of the target population of 70,000 have signed on to become members of the program. The funds generated through membership dues now underwrites a significant portion the cost of providing services, and thereby reducing the reliance on donors and international aid. Plans are also in place to establish a fully-donated laboratory and radiology center, which may turn into a future income stream for the agency.

SHINE is in talks with international aid agencies for support to expand and scale the pilot project to more troubled areas like Swat, Frontier and tribal areas of Pakistan. The agency will continue its efforts to seek granters and ground partners to transform this localized effort into a turning point in Pakistan's healthcare history.

Other Initiatives

SHINE has a number of other initiatives, such as the initiation of a geographical data map of the community we serve. This is a first step to a full-scale health census of the region and will help agencies such as ours and government authorities to measure the outcomes and effectiveness of their programs and services in a scientific manner.

The agency also sees the building of bridges of understanding between communities in the east and the west as its broader mission; and with that, director Todd Shea is working on a collaborative music project that brings together music makers from opposing cultures in a creative joint effort.

V. REFERENCES

ADB/UNESCAP. Concluding Workshop on Enhancing Social and Gender Statistics Bangkok, 24-27 June 2003.

United States. Congress. Enhanced Partnership with Pakistan Act of 2009. Washington, D.C.: U.S. G.P.O., 2009. Print.

USAID. Strategies for Sustainable Development. Print

"WHO | Pakistan." Web. 03 June 2010. <http://www.who.int/countries/pak/en/>.