Kailakuri Health Care Project

"Health For the Poor By the Poor" (with IPDS NGO)

2018 ANNUAL REPORT

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1. Introduction: Current Project Status

From November 2017 – October 2018, Kailakuri spent its first year under the umbrella of the Indigenous Peoples Development Services (IPDS) NGO, having previously worked with Mati.

We renewed this partnership in mid-2018, but because of the timeframe for approval by the NGO Bureau, the project had to rely on internal funds for two months until 30 November 2018. We now have a two-year approved budget in place with IPDS, which will continue until 30 November 2020.

In the meantime, Kailakuri has set up its own NGO, "Dr Baker's Organisation for Wellbeing', and is several steps ahead in getting NGO Bureau approval to bring in foreign funds and volunteers under this set-up. The National Security Intelligence (NSI), Tangail District Commissioner's Office and Police – Special Branch each completed separate reports and these were forwarded to the Home Ministry several months ago. They will in turn report to the NGO Bureau, which makes the final decision on whether Dr Baker's Organisation can operate independently. The precise timeframe for this is unclear and will require another approved budget.

Jason and Merindy touched down in Dhaka on 30 June 2018, and they have spent nine months in the city of Mymensingh (about two hours drive from Kailakuri) to complete their language training. They have renovated and extended the house at KHCP (previously occupied by Dr Mariko of Japan) to accommodate their family, and are preparing to move to the village in May 2019.

The cost reductions implemented in late 2017 resulted in a 13% decrease in project expenditure and included seven staff retirements in the past 18 months (i.e., those over the age of 60). These changes have put additional pressure on existing staff to cover the gaps and had a noticeable effect on the number of general outpatient visits (down 11%) and inpatient admissions (down 14%). However, diabetic outpatient visits, TB visits, and surgical transfers have remained relatively steady. Our village health programme in the village areas has been unaffected by the changes, as intended (statistics up 2% for under 4-year old care and antenatal care of mothers).

Gonoshashtaya Kendra has continued to provide rotating internee doctors, with the previous two doctors opting to stay for four months (and providing top-rate translation services for our Kiwi nurses), and the second-ever batch of female interns currently at the project. Dr Rakib deserves a special mention, as he has continued to provide medical support to KHCP since his graduation in 2016.

In February-March 2019, three senior volunteer nurses from Tauranga (New Zealand), Nerida Galley, Marie Monk, and Lyn Elliot spent five weeks in Bangladesh. They found it a rewarding and eye-opening experience. Here are some of their comments after coming home.

"We were totally blown away by the knowledge and competency of the paramedics and how they work with such primitive and basic equipment and yet achieve such great health outcome results; of how nothing is wasted – they are so mindful of costs and that money that supports them and the project, comes from overseas charities.

We were in awe of how they coped with extremely complicated and severe conditions. For example, deeply ulcerated diabetic wounds, severe burns to the body from saris catching fire while cooking over open fire pits, obstetric complications, kidney disease, pneumonia, malnutrition – all that here in NZ would have been acutely admitted to our public hospitals.

Our time at Kailakuri was a very humbling experience. We take so much for granted in our throw away, affluent society. It was a privilege to have been there and to see how the staff are determined to continue to follow Edric's philosophy of 'health care for the poor by the poor."

For anyone who is inspired to volunteer, we are in desperate need of an English communications consultant at the project! So if you are passionate about helping poor people to access health care and can work with project staff to prepare emails, Word and Excel documents, you could be the person for us!! We will provide practical advice regarding visa arrangements and support for in-country costs. This deal includes free accommodation and meals at the project and a basic allowance for other necessities. No previous Bangla language experience necessary – we will arrange tutors to help with this!!

Jason and Merindy add: "We are very excited about finally moving to Kailakuri and joining the Kailakuri team. The poor of Bangladesh need a lot of help with healthcare, as it is very expensive for them. Everyone in Bangladesh works very hard from sunrise to sunset and even into the night. Even if a poor family can make ends meet for feeding and clothing their family, a health care crisis can leave them bankrupt or simply unable to afford the healthcare needed. Family members often die from an inability to afford the healthcare needed. Kailakuri helps out by making high-quality low-level healthcare affordable for the poor of Bangladesh. Kailakuri also assists with healthcare costs when the patient needs a transfer to a higher level of care. Jesus teaches us to carry each other's burdens and to love each other as He loved us. Our goal is to help carry the burden of sickness for the poor of Bangladesh by both treating poor patients and teaching staff how to care for them. Dr. Baker did the same. Every day, in both prayer and medicine, Dr. Baker shared the love of Jesus with patients and staff. We hope to do the same."

2. Statistics at a Glance

		2018	% Increase	2017
1.	**The Village Mother-Child Health Programme (VHP):**			
	Number of Villages	22	0%	22
	Population	19,000	3%	18,442
	End of Year Under 4 Year Old Care	1615	2%	1590
	Number of Women Given Antenatal Care	500	2%	490
	Number of Staff Assisted Deliveries	136	-18%	166
	(including women coming from outside the programme for assisted deliveries & CS referrals)			
2.	**No. of Persons Receiving Health Education:**	**28,000**	**0%**	**28,000**
3.	**Outpatient Visits:**			
	General	21,270	-11%	23,826
	TB	1,465	-1%	1,473
	Diabetes	20,109	-1%	20,301
	Total	**42, 844**	-6%	**45,600**
4.	**Inpatient Admissions:**			
	General	1,000	-12%	1,130
	Diabetes	367	-20%	457
	Total	**1,367**	**-14%**	**1,587**
5.	**End of Year Diabetes Patient Numbers:**	**1,661**	**-9%**	**1,819**
6.	**No. of TB Patients Treated:**	**87**	**-1%**	**88**
7.	**No. of Surgical Transfer Patients:**	**168**	**-2%**	**171**
8.	**Total No. of Staff:**	**85**	**-6%**	**90**
	(equivalent number of full-time staff =)	(100)	-17%	(120)
9.	**Total Expenditure:**			
	BDT	213,01,000	-13%	243,84,000
	USD	253,583		293,783
	NZD	367,259		427,789
	Euro	224,221		246,303
	GBP	202,867		217,714

(Exchange Rate details– see next page)

3. Low Cost Health Care at a Glance:

Low Cost Health Care	BDT	USD	NZD	Euros
1. Annual antenatal care in the home for one mother/ health nutrition care in the home for one child	1105	13	19	12
2. Six months multidrug treatment course for one TB patient (cost to KHCP)	2240	27	39	24
3. One general outpatient visit (including salary and medications)	118	1	2	1
4. Cost of keeping one inpatient admitted for one day (incl. medication, food for patient & attendant)	480	6	8	5
5. Cost of supervision and treatment of one diabetes patient for one year (cost to KHCP)	3720	44	64	39
6. Staff pay for 85 staff for one year	106,50,000	126,786	183,621	112,105
7. Average pay, one staff member for one month (including overtime)	10,024	119	173	106
8. Average pay, one functional full time staff member (100 functional full time staff, see note. 1)	8500	101	147	89
9. Total project expenditure for one year	213,01,000	253,583	367,259	224,221
10. Approximate cost per person touched (appr 28000)	760	9	13	8
11. Fixed expenditure (total salary bill) per person touched	380	5	7	4

2018 Exchange rates: 10/12/2018

USD 1 = 84 BDT (2017: 83), **NZD 1** = 58 BDT (57) **Euro 1** = 95 BDT (99) **GBP 1** = 105 BDT (112)

Notes:

1. Many of the 85 staff work overtime so that the functional fulltime staff number is 100. The annual individual salary increment was 0%, but our salary bill was 7% less than 2017 as staff did not cash in their annual holidays, the overtime bill was reduced, five staff retired and two worked part-time.

Members of the Bangladesh doctors' community collected medicines to donate to Kailakuri.

4. Preparation for the Future

Kailakuri became a registered NGO in June 2017 (known as "Dr Baker's Organisation for Well-being), but we have extended our partnership with IPDS NGO until November 2020, as we await authorisation from the NGO Bureau to bring in foreign funds and volunteers under the new NGO. We expect Drs Jason and Merindy Morgenson to complete language training and settle at the project by May 2019. We would welcome suitable volunteers who can commit at least two to six months to the project.

i. Medical Supervision and Leadership:
Kailakuri is primarily a paramedic-run project, with 31 paramedics and health educators, 16 village programme staff, eight health assistants and two patient-transfer staff. We have two internee doctors from Gonoshashtaya Kendra and a registered doctor to provide medical supervision. Drs Jason and Merindy Morgenson (and their four children) plan to settle at Kailakuri soon and take over medical oversight.

ii. Strengthening the Paramedics:
Separate staff training is carried out once a week for the paramedic team, village health workers and general staff and 12 staff have completed a six-month non-official training programme in Mymensingh. Two staff are currently studying, including Sujit who has started a three-year Diploma Medical Assistant course (with a full scholarship from Japanese Overseas Christian Medical Cooperative Service (JOCS).

iii. Communications and Support:
We have continued to produce quarterly English newsletters and Annual Reports with input from volunteers such as Nadine Vickers and Ratan Bormon from New Zealand. We have also launched a new website, www.kailakuri.com, courtesy of many hours of hard work by Sophie McGrath and Ben McLaughlin.

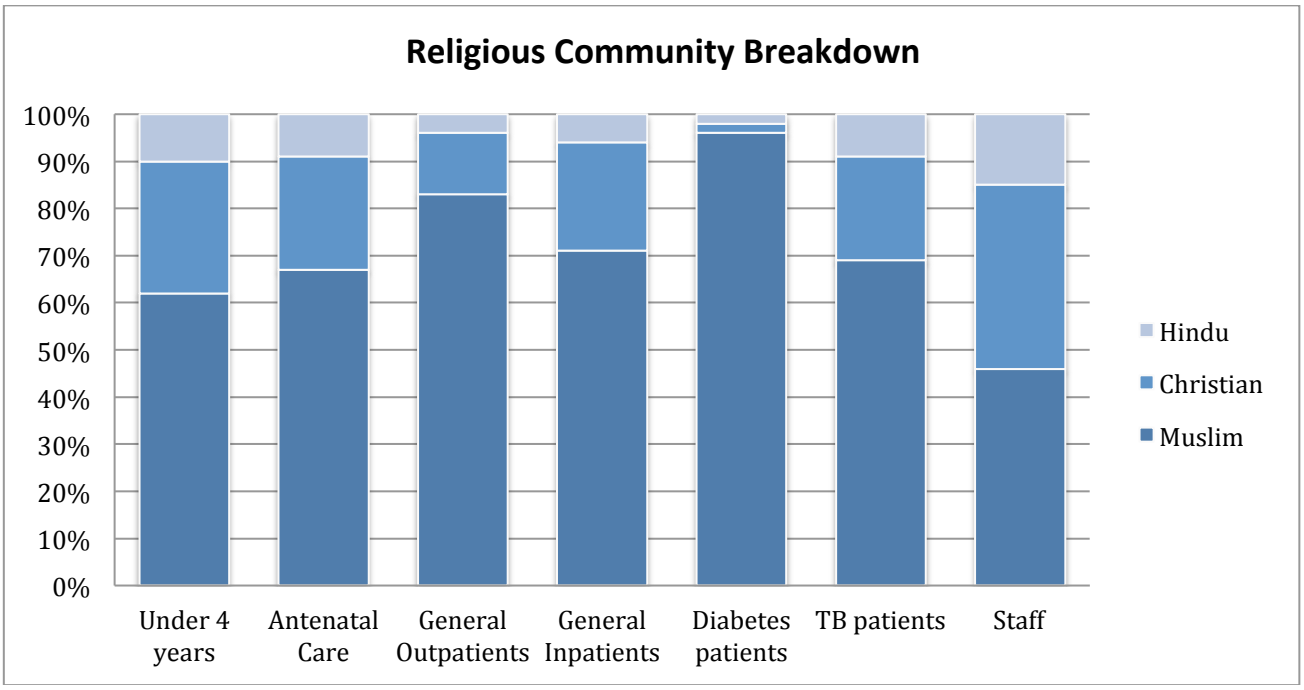
iv. Committee Structures:
The Executive Committee of Dr Baker's Organisation assumed decision-making responsibilities for KHCP in September 2017, and the Diabetes Committee continues to operate as a sub-committee for diabetic patients. They completed their programme of bi-annual diabetes meetings in February 2018.

US Drs Jason and Merindy Morgenson with their children in Mymensingh: Logan, Katheryn, Naomi and Isabella.

5. Gender Disparity and Religious Community Breakdown

Gender disparity (females as a percentage of beneficiaries) is striking in such a strongly male dominated society:

General Outpatients	General Inpatients	TB Patients	Tablet Diabetes Patients	Insulin Patients	Under 4yrs Children
66%	61%	39%	79%	59%	48%



Kailakuri staff and patients mark the third anniversary of Dr Edric Baker's passing

6. Annual Accounts for 2018:

(1st December 2017 to 31st November 2018)

INCOME	BDT ('000s)	USD	NZD
Opening Balance	**103**	**1,226**	**1,776**
Income/Receipts			
Foreign Donations	198,13	235,869	341,603
Patient Fees	28,33	33,726	48,845
Staff Meals	90	1,071	1,552
Local Donations	1,37	1,631	2,362
Miscellaneous	50	595	862
Total Income/Receipts	**229,23**	**272,893**	**395,224**
Total Opening Balance & Income/Receipts	**230,26**	**274,119**	**397,000**
EXPENDITURE			
Salaries	9056	107,810	156,138
Education Materials etc	85	1,012	1,466
Diabetes Medications	548	6,524	9,448
Other Medicines	19,79	23,560	34,121
Diabetes Equipment	490	5,833	8,448
Other Medical Equipment	93	1,107	1,603
Supplies & Equipment	30	357	517
Patient & Staff Meals	16,77	19,964	28,914
Gardens and Grounds	102	1,214	1,759
Firewood	52	619	897
Lamps and Kerosene	45	536	776
Bedding	37	440	638
Travel and Conveyance	8,06	9,595	13,897
Poor Patients	4,85	5,774	8,362
Surgical Transfers	13,95	16,607	24,052
Home Visits	60	714	1,034
Diabetes Meetings	1,23	1,464	2,121
Miscellaneous	71	845	1,224
MCH Village Health Programme (excluding salaries)	247	2,940	4,259
SSP (Stipent support programme)	1,31	1,560	2,259
SUB TOTAL	**175,12**	**208,476**	**301,931**
Administration			
Salaries	**15,94**	18,976	27,483
Provident Fund	7,32	8,714	12,621
Stationery	1,19	1,417	2,052
Electricity	1,06	1,262	1,828
Phone and Emails	18	214	310
Furniture	0	0	0
Cycle Repairs	28	333	483
Building Repairs	1,75	2,083	3,017
Bank Fees	4	48	69
Audit Fees	1,34	1,595	2,310
IPDS Central Office Service Charges	65	774	1,121
SUB TOTAL	**29,75**	**35,417**	**51,293**
Capital Expenditure			
New Cycles	0	0	0
New Buildings	0	0	0
Electrical Installations	32	381	552
Land Purchase (New NGO and communication)	4,82	5,738	8,310
SUB TOTAL	**5,14**	**6,119**	**8,862**
Government Value-Added Tax (VAT)	3,00	3,571	5,172
TOTAL EXPENSES	**213,01**	**253,583**	**367,259**
CLOSING BALANCE	**17,25**	**20,536**	**29,741**

Notes:

1. Expenditure Breakdown According to Programme

Programme	BDT ('000s)	USD	NZD	% of Total
Diabetes Programme	**61,77**	**73,536**	**106,500**	**29%**
Diabetes Inpatients	(19,17)	(22,821)	33,052	
General Patients	**66,03**	**78,607**	**113,845**	**31%**
General Inpatients	(41,01)	(48,821)	(70,707)	
General Outpatients	(25,02)	(29,786)	(43,138)	
Total Inpatients, General & Diabetes	(60,18)	(71,643)	(103,759)	
Administration	**26,41**	**31,440**	**45,534**	**12%**
MCH Village Programme	24,47	29,131	42,190	**12%**
Surgical Transfers & Poor Patient Referrals	18,80	22,381	32,414	**9%**
SSP (Stipend support programme)	1,31	1,560	2,259	**1%**
Other	197	2,345	3,397	**1%**
Health Education	493	5,869	8,500	**2%**
Capital Expenses incl. repairs	235	2,798	4,052	**11%**
TB	197	2,345	3,397	**14%**
Government VAT	300	3,571	5,172	**1%**
Total (excl. expenses in italics)	**213,01**	**253,583**	**367,259**	

(all costs include salaries where appropriate)

1. Exchange Rates at 10 December 2018 (mid-market rates from www.xe.com)

   USD 1 = 84 BDT (2017: 83 BDT) **Euro 1** = 95 BDT (2017: 84 BDT)

   NZD 1 = 58 BDT (2017: 56 BDT) **GBP 1** = 105 BDT (2017: 112 BDT)

2. The total expenditure of BDT 213,01,000 (253,583 USD) has decreased by 13% since 2017.

3. This **account** is so far unaudited and **unofficial**. Differences from the official audited account will due to: different time frame, inclusion of rotating fund and lack of official data from the banks.

Upgrade to the prayer & training room on inpatient side, kindly funded by Dr Rakibur Rakib's family.

7. Donor Supporter List:

I. Overseas Donors and Supporters

1. The **Morgan Family Foundation** (New Zealand)

> Our very special thanks go to Mr Gareth Morgan, a prominent New Zealand philanthropist and economist, and UNICEF ambassador, whose solid support has made it possible for us to continue working with the poor as they care for their own people.

2. **World Child Future Foundation** (Switzerland) for supporting our maternal and child health care activities from September 2013.
3. A very generous Japanese donor (**Dr Mariko Inui)** who supports our surgical transfer programme
4. The **Japanese Overseas Christian Medical Service** who sponsor paramedic training for staff
5. **New Zealand donors** giving via the NZ Link Group, the NZ Anglican Mission Board and the NZCMS (including some giving very large private donations).
6. **Asia Connection Incorporated** (ACI) USA, who collect private donations on behalf of Kailakuri.
7. The **Quail Roost Foundation** (QRF), USA, who continue to support us with an annual grant.
8. Members of the **NZ Link Group** who give extremely generously of their time and wisdom to support KHCP and visit the project from time-to-time.
9. **American donors** (including some giving very large private donations) giving via ACI, including generous support from Dr George Christian, a former colleague of Edric in Vietnam.
10. **Karl Klontz** for installing a solar set-up on the outpatient side of the project in 2018
11. **Jason and Merindy Morgenson** for fund-raising on our behalf in America.
12. **Howick Presbyterian Church**, Auckland, New Zealand
13. **Preston Russell Trust**, Invercargill, New Zealand, who contribute monthly financial support
14. The **Muldoons** in USA, who have given very generously in the past few years
15. **Addy & Cees Koeijers,** in France, who have donated funds from sale of their artwork.
16. Support from **Mukogawa Christ Church** and **Ashiyo San-Jo Church** in Japan
17. **Ms. Junko Yuasa**, a Japanese donor who visited the Kailakuri project in 2016
18. **St. Stephen's Anglican Church**, Whangaparoa, New Zealand.
19. **St. Patrick's Catholic Church**, Lincoln, New Zealand.
20. The **Anglican Cathedral parish of Nelson**, New Zealand.
21. Homegroup at **St Martins church**, Spreydon, Christchurch
22. The **Rotary Club of Kapiti**
23. **Overseas Bangladeshis** in America, Japan, Hong Kong, Singapore, Australia and New Zealand.
24. **St Paul's Union Church**, Taupo, New Zealand.
25. **British and Italian private donors**.
26. Other **Churches in New Zealand**
27. **NZCMS, AAW, NZAMB, and CWS** for friendship, support and prayer back-up.
28. The **NZ Bangladesh Association** and especially **Mr. Ataur Rahman** and **Dr. Mohammad Islam Sakku** for friendship, advice and enabling essential contacts in New Zealand and Bangladesh.
29. Many others (especially overseas Bangladeshis) who have given us great encouragement.
30. Everyone who has given via Pay Pal (through Kailakuri website link).

II. In-Country Support

1. The **Government of Bangladesh** gives authorisation and gives support through the Damien Foundation and local support at subdistrict level.
2. The **IPDS NGO**, our umbrella NGO, which has managed government authorisation and liaison and channeled our funding through their Bank account since November 2017
3. **BIRDEM Hospital** (Diabetes Association of Bangladesh) which along with Novo Nordisk, Lilly Company and Popular Pharmaceuticals Ltd provides low cost insulin to poor diabetes and free insulin for young diabetics.

> Over the years **BIRDEM Hospital** has probably given more support to our work than any other group (their insulin subsidy equates to 13% of our annual running costs)

II. In-Country Support (continued)

4. **Damien Foundation** provides free investigations and medicines for TB patients and brings the KHCP TB programme into the National TB programme.
5. The **Bangladesh National Society for the Blind Dr K. Zaman Eye Hospital** in Mymensingh provides free or low cost surgery for cataract and care of other eye patients.
6. **Gonoshashtaya Kendra** for providing two-monthly rotating internee doctors since October 2014, as well as offering low-cost surgery and additional medical training for our paramedics
7. **GK Shondhani Club and Medicine Club Mymensingh f**or organising a large number of blood donations
8. **Pacific Pharmaceuticals** gives a large donation of free drugs every month
9. **Centre for Rehabiitation of the Paralysed,** which provides almost free care and surgery for our patients.
10. **Mati,** previous umbrella NGO, still giving support and advice
11. The **Sapporo Dental College and Hospital** in Dhaka for providing dental treatment camps
12. The **Taize brothers**, **Naomi** didi from **L'ACHE and Ayako didi** from **Protibondi Community Centre**, Mymensingh for their continued support
13. The **Dr Baker Blood Foundation**, founded by Arup Sorker, for donating blood for patients.
14. **Proloy Chisim (Senior Police Super Admin-SB), Hemonto Henri Kubi** (Sub Secretary) for advice and support
15. **Probash Bongo**, a Bangladeshi-Belgian group, who donated funds to fill up the huge hole beside the maternity building, so this space can be used more productively in the future.
16. **Notre Dame College** who provided accomodation to Dhaka patients almost free of charge until the sick shelter was closed in May 2018.
17. The **Executive Committee** give generously of their time and wisdom for project management
18. **Dr. Samanta Lal Sen of the National Burns Unit** in Dhaka for giving us free patient care.
19. Prominent members of the business, political and civil service community have given generously of their time and wisdom to help the project, especially **Md. Abdur Razzak (M.P) Agriculture Minister Md. Yakub Ali (Formal Shulakuri Union Chairman), Md. Shafiqul Islam (of the formal Statistics Ministry**) Rejaul Karim Benu (Fullbagchala Union Chairman) and **Md. Abdullah-Al-Mahmud (Mintu)** and **Md. Risal Mahmud** (Peal-Pipeline Engineers and Associates Ltd.).
20. **Md Jahid Islam** has given generously.
21. Other **Bangladeshi friends** who have given both monetary donations and wise advice.
22. **Md. Hanif Sonket** (of Ittadhy television programme), **The Daily Star** newspaper and other members of the **Bangladesh media community** for enormous positive publicity support, essential for development of an in-country funding base and finding a national doctor.
23. The **Pirgacha Mission, The Holy Cross Fathers and Sisters, the Taize Brothers, Protibondi Community Centre, the Church of Bangladesh, the Xavarian Fathers** and the **Marist Sisters** give various kinds of help including important advice when needed.
24. **Caritas NGO**, Bangladesh, who provide follow-up midwifery training in Dhaka
25. **Dr Md Rakibur Islam** who donated funds for upgrated Training room
26. **Doctor's community in Dhaka** for giving medicine and advice
27. **Blue Roses Foundation** who have donated medicine supplies
28. A number of Bangladesh **young people's voluntary service groups** who inspired by our TV publicity (thanks again Md. Hanif Sonket) have determined to help the poor in their own community or to find support for the Kailakuri project (most especially in Phulbagh, Modhupur, Phulbaria, Tangail, Dhaka, Hong Kong and Canada).
29. **Prof: Dr Shareef Hasan, Dr Kazi Tariqul Islam, MD Mukarram Hossien Mosa** for medical support and advice.
30. A number of **medical students** from various areas in Bangladesh who have visited Kailakuri, empathise with our model of health care for the poor, and wish to help in the future.
31. **Local religious leaders** who inspire us to work with the poor.
32. Representatives of **various TV channels, newspapers, magazines** and **Facebook groups** within and outside of Bangladesh who publicised Edric's work at Kailakuri and honoured his passing.

8. Financial Situation and Budget:

I. Income, Expenditure and Balances for 2018 (actual) and 2019 (projected):

	2018 USD	2019 USD
Opening Balance	1,233	20,648
Income	274,395	194,286
Total	275,628	214,934
Expenditure	254,980	260,429
Balance	20,648	-45,495

II. Income Breakdown (%):

Opening Balance	1%	10%
Patient Fees	13%	16%
Other Local Income+ Loan Receive	1%	2%
Foreign Donations	85%	72%

III. Source of Foreign Donations:

USA	15%	15%
NZ + Japan	70%	73%
Switzerland	15%	12%

Notes:

(1) The income, expenditure and balances shown correspond to 1st December to 30th November financial years (as against NGO and audit 1st September to 31st October financial years).

(2) Opening and closing balances refer to balances within Bangladesh. You will notice that in 2019 we have a negative closing balance in Bangladesh which indicates that we need to use more reserves from New Zealand or reduce overall expenses, as we address in our closing remarks.

9. Staff and Training:

The essence of "Health for the Poor by the Poor" is that we train ordinary local people in the project for the aims and work of the project. It depends on motivated local staff and committed leadership.

Kailakuri Health Care Project had 85 staff in January 2018 (NB: down to 82 by December 2018. The leadership roles include Pijon Nongmin as Executive Director of 'Dr Baker's Organisation'/ Director of KHCP, Mr. Sujit Rangsa as Acting Medical Coordinator, Roton Mia as Monitoring Officer, Harun Rashed as Finance Officer, Juli Simsung as Administrative Officer, and the Heads of Departments for Outpatients, Inpatients, Diabetes, TB and Mother-Child-Health. New Zealand volunteer Nadine Vickers has fulfilled the English Communications/Fundraising role from afar (although we are looking for a volunteer replacement!) and we expect Doctors Jason and Merindy Morgenson to take over the medical leadership after May 2019.

I. The Health Action Team: 68 (80% of staff), headed by Acting Medical Coordinator Sujit Rangsa

i. Acting Medical Coordinator 1
ii. Paramedics and Health Educators: 31
iii. Short term rotating Internee Doctors 2
iv. Health Assistants: 8
v. Village Mother-Child Care Staff: 16
vi. Cooks: 8
vii. Patient Transfer staff 2

40% of the health action team work with general patients, 30% with diabetes, 24% in Village Mother-Child Care, 3% with TB and 3% with the transfer of patients.

II. Support Staff: 20 (20% of staff)

i. Assistant Director, Management	1
ii. English Communications	1
iii. Administration and Office Staff:	5
iv. Finance Staff:	3
v. Garden, Compound, Market, etc.:	10

III. Staff Gender and Religious Breakdown

Amongst the staff 60% are male, and 40% are female: Muslim 46 %, Christian 39%, Hindu 15%. The project, of necessity, is labour intensive. Staff pay comprises 50% of all project costs.

IV. Staff Training:

All staff have been trained in the project, previously by the medical coordinator. Now the senior paramedics give the on-going training to the rest of the team. Twelve senior paramedics have completed a six-month Local Medical Assistant and Family Planning (LMAF) training course in Mymensingh. Six have had short midwifery training from CARITAS in Dhaka. TB paramedics are trained and supervised by the Damien Foundation. One paramedic has had eye training from the BNSB Eye Hospital in Mymensingh and diabetes training from BIRDEM Hospital (Diabetes Association of Bangladesh). Three paramedic staff have completed formal paramedic training, and two are currently studying, alongside their shifts at the project.

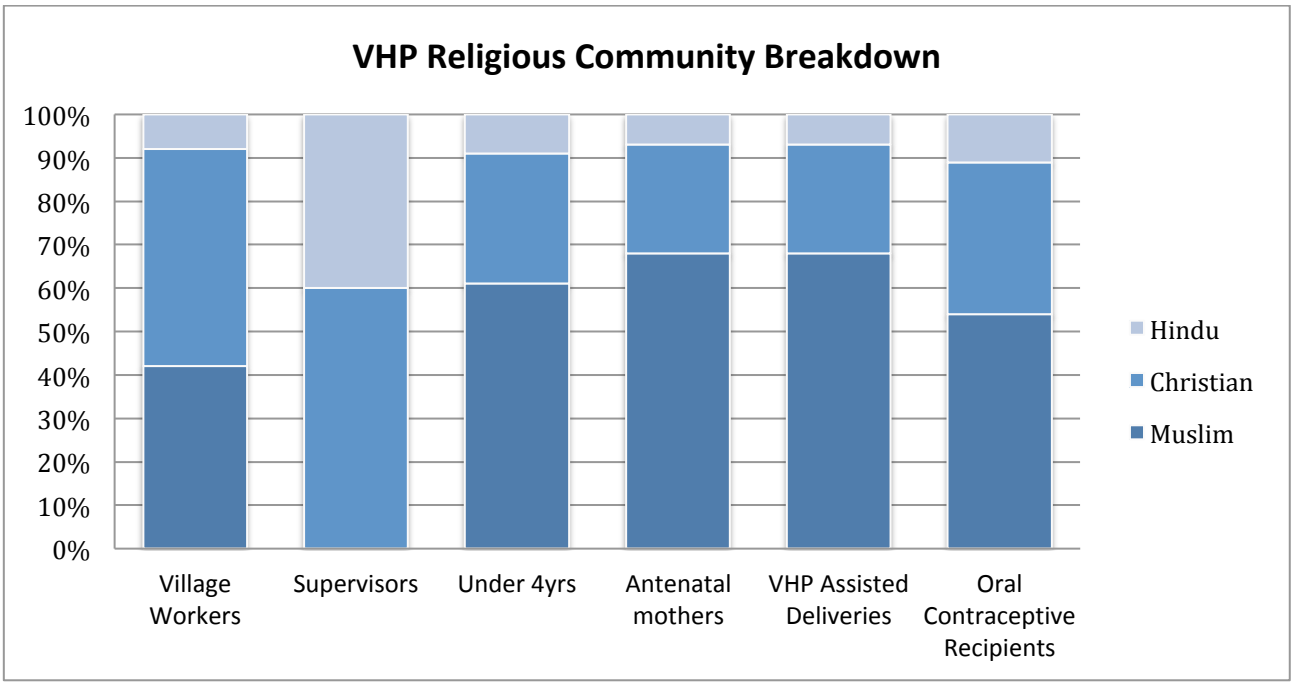
Kailakuri patients attend an eye camp held at Kailakuri by visiting specialists from the BNSB Eye Hospital in Mymensingh. They received free cataract operations, lens and optic glasses.

Internee doctors Taki and Istehaq assist Dr Shareef Hasan at a Plastic Surgery camp for burns patients in Jamalpur

10.The Mother, Child Village Health Programme (VHP):

Our village health staff visit the home of every pregnant mother and 0-4-year-old child in our 22 village areas at least once a month. They offer health advice, promote immunisations and family planning, monitor weight gain amongst 0-4 years children and provide treatment for many common illnesses.
In 2018 one of the Village Health Programme staff, Martha was given one-year training in inpatients and outpatients to prepare her for becoming a VHP supervisor. She will return to the VHP soon.

Kailakuri Statistics for 2018
Number of Villages: 22 (population 19,000)
Staff: Village Workers 11, Supervisors 6
Under four old Child Care: 1,615 (2% more than 2017) at years' end. Weight chart survey at the end of the year showed nutrition problems in 4% (failure to gain weight over three consecutive months, a drop of 0.8kg not yet regained or below 3rd centile on weight chart). This very low figure shows the quality of care and teaching given. Unfortunately, malnourished children needing admission do not readily come.
Immunizations: Staff continue to support the government's EPI programme.
Antenatal Care: 500 mothers were given ANC (2% more than in 2017).
Delivery Care: 16% of ANC mothers had staff assisted deliveries, 99 deliveries (2% less than in 2017), 81 in their homes and 18 at the project health centre.
Family Planning: Staff continue to motivate couples to use the government programme, and 22 couples received oral contraceptives from the VHP.



(We are training one of the Muslim VHP staff to become a supervisor)

The total cost of the VHP for 12 months was BDT 24,47,000 (USD 29,131) (NZD 42,190) (Euro 25,758) about BDT 1105 (USD 13) (NZD 19) (Euro 12) per mother or child cared for.

11.The Primary Health Care Diabetes Programme:

At KHCP all the work is done by paramedics under medical supervision while linking with BIRDEM Diabetes Hospital which provides concession rate insulin, without which the KHCP programme would be unable to continue. Patients under the age of 26 are tied into the BIRDEM-Novo Nordisk "Changing Diabetes in Children" and "Life For a Child" programmes which provide free insulin. The 111 young people involved follow the same KHCP methods as all the other KHCP diabetes patients monitoring their diabetes by Benedict urine test and adjusting their insulin doses accordingly, taught and supervised by paramedics and trainers the same as all other Kailakuri patients.

Kailakuri Statistics for 2018
End of Year Patient Analysis
Total Number: 1,661 (7% less than from 2017)
Treatment: Insulin 865 (52%) Glibenclamide tablets 796 (48%),
Religio-Ethnic Breakdown: Muslim 1604 (96%), Hindu 36 (2%) Christian 21 (2%)
Gender: Male 514 (31 %), Female 1147 (69 %)
(Hindus and males are not coming in proportion to their actual numbers in the community)

Insulin Patients

Total number treated during 2018:		919 (2% less than from 2017)
Continuing from 2017		877
Started in 2017		42
Transferred Out		
Defaulted	29 (3%)	-54
Died	25 (3%)	
Continuing into 2019		865

End of Year Analysis	Insulin Patients	Tablet Patients
Total Number of Patients	**865**	**796**
Regular Attendance	**98%**	**94%**
Diabetes Control (Benedict):	Good 84% Fair 10%	Good 75% Fair 14%
Distance of Home from nearest Sub-Centre: [15miles = 24km, 10 miles = 16km, 5miles = 8km]	Within 15 miles 97% 0-5miles - 35% 6-10miles - 35% 11-15 miles - 27%	Within 15miles 84% 0-5miles - 26% 6-10miles -30% 11-15miles -28%
Functional Literacy:(able to write name & read or write a very simple letter).	***81%***	***75%***
Age:	Under 30yrs -7% Under 21yrs- 6%	Under 30yrs -1% Under 21yrs -0%
Economic Status: [based on home visit assessment).	Very Poor - 30% Extremely Poor -63%	Very Poor -41% Extremely Poor-56%
Religio-ethnic Status:	Muslim 96% Christian 1% Hindu 3%	Muslim 96% Christian 2% Hindu 2%
Gender breakdown:	Male 41% Female 59%	Male 21% Female 79%

Glibenclamide Tablet Patients

Total number treated in 2018 :		1054 (5 % decrease from 2017)
Continuing from 2017		942
Started in 2018		112
Changed to diet only	0	
Transferred	20	
Defaulted	204	-258
Died	21	
Changed to Insulin	13	
Continuing into 2019		796 (-15%)

Diabetes Patients Admitted at Kailakuri

Total Number: 393 (33% decrease from 2017)
Average Duration of Admission: 9 days
Religio-Ethnic Breakdown: Muslim 93%, Christian 5%, Hindu 2%
Gender: Male 29%, Female 71%
45% of the admitted patients were new to the project. We treated them as inpatients for diabetes teaching, wasting and other problems. All admitted patients and their attendants receive twice-daily diabetes and health education, most especially needed by new patients and other patients failing to control their diabetes.

The long average duration of admission is due to weighting by patients with advanced foot ulceration (with severe infection and necrosis) and a few patients with chronic osteomyelitis. There is no other satisfactory hospital to which we can refer these patients. There were four inpatient deaths of which two died of kidney failure, one from a severe septic ulcer, and one from a severe septic ulcer and heart failure.

Top Ten Diabetes Inpatient Problems:

1. Wasting
2. Inadequate understanding of diabetes
3. Badly controlled diabetes (several with ketoacidosis)
4. Diabetic ulcers
5. Peptic ulcers
6. Hypertension
7. Cataracts (including retinopathy)
8. Pregnancy/delivery
9. Gynaecological problems
10. Other chronic complications of diabetes (neuropathy, nephropathy)

Followed by: ascaris, pneumonia, diarrheal diseases, urinary tract infections, anemia, heart failure, diabetes, TB, skin conditions, Gingivitis

New Insulin Patients sent for Concession Insulin Registration to BIRDEM Hospital, Dhaka

Number of patients sent: 42
Travel cost: BDT 160,864 (USD 1,915), (NZD 2,774)
Average cost per patient BDT 3,830 (USD 46), (NZD 66)

Cost of Diabetic Stock	BDT (000's taka)	USD	NZD
Insulin	40,78	48,548	70,310
(Project Portion 9%	(3,67)	(4,369)	(6,328)
(BIRDEM Portion) 91%	(37,11)	(44,179)	(63,983)
Glibenclamide Tablets	1,81	2,155	3,121
Diabetes Equipment	4,90	5,833	8,448
Total Cost	47,49	56,536	81,879
Cost to Project	10,38	12,357	17,897

Estimated Cost of the Diabetes Programme (to KHCP)	BDT (000's taka)	USD	NZD
Stock	10,38	12,357	17,897
Inpatient Care	16,98	20,214	29,276
Staff Salaries	2196	26,143	37,862
Non Diabetes Medicine	653	7,774	11,259
Cost of sending Patients to Dhaka	1,61	1,917	2,776
Meetings	1,23	1,464	2,121
Other Travel & Home visit	3,08	3,667	5,310
Cost to Project	10,34	12,310	17,828
Total	61,77	73,536	106,500

The cost to the project was **BDT 61,77,000** (USD 73,536) (NZD 106,500), about 29% of the KHCP expenditure for the year and about **BDT 3720** (USD 44), (NZD 64) per patient. If the BIRDEM subsidy of **BDT 2040** (USD 24) (NZD 35) is added it becomes **BDT 5760** (USD 69), (NZD 99) per patient per year.

12.General Patient Care:

2018	Outpatients	Inpatients
Patient visits [2miles = 3.2km, 5 miles = 8km]	**21,270 (11% less than 2017)** Distance of Home: 0-2 miles 51% 3-5 miles 30% Over 5 miles 19%	**1393 admissions** (20% less than 2017) • 1,000 general patients (13% decrease) • 393 diabetes patients (33% decrease) **Average number of admitted patients**: 31 (20 general plus 11 diabetes) **Average duration of stay for general patients**: 7 days (11 days for diabetes patients) (overall average stay 9 days).
Religio-ethnic breakdown	Muslim 83%, Christian 13%, Hindu 4%	Muslim 71%, Christian 23%, Hindu 6%
Gender	Male 35%, Female 65 % Children under 5 yrs 8%	Male (40%), Female (60%) Children under 5 yrs (23%)
Top 10	**Outpatient Problems** (no. of visits): 1. Peptic ulcer 2. Asthma 3. Hypertension 4. Epilepsy 5. Gynecological problems 6. Urinary tract infections 7. Pneumonia 8. Abscesses, sores and ulcers 9. Otitis media 10. Psychiatric problems	**General Inpatient Problems:** 1. Pregnancy and delivery problems 2. Peptic ulcer 3. Malnutrition and wasting 4. Diarrhoeal diseases 5. Abscesses, sores and ulcers 6. Gynecological 7. Hypertension 8. Pneumonia 9. Asthma and bronchitis 10. Kidney problems
Followed by	*Pregnancy, other skin diseases, kidney problems, arthritis, back pain, anaemia, eye problems, worms, respiratory infections, bronchitis, other virus fevers, injuries, burns, nutrition problems*	*fractures, arthritis, injuries burns, virus fever, urinary tract infection, anaemia, newborn babies, worms, poisoning patients, TB, epilepsy, jaundice*
Cost of Running the Department	**Cost of Running the General Outpatient** (inc VHP) for 12 months was **BDT 25,02,000** (USD 29,786) (NZD 43,138), making cost per visit **BDT 118** (USD 1) (NZD 2) which includes salaries, medicines, stationery etc.	**Cost of Running the Inpatient Department** (general plus diabetes) for 12 months was **BDT 60,18,000** (USD 71,643) (NZD) 103,759. With a total 1393 patients and average stay of 9 days that is **BDT 480** (USD 6) (NZD 8) per patient per day.

III. Surgical Transfers and Poor Patient Referrals:
Surgical transfers comprise patients sent to other hospitals for surgery. We transferred 168 such patients, 2% less than in 2017. Poor patient referrals are patients sent elsewhere for investigations or non-surgical treatment. The combined expenditure for the two groups was BDT 18,80,000 (USD 22,381) (NZD 32,414), 19% less than in 2017. We are indebted to Dr. Mariko for her financial support of this programme.

13.The TB Programme:

This programme is implemented by KHCP staff under the Damien Foundation is part of the government's national TB programme and a sub-centre of the Madhupur TB clinic. Bangladesh has the world's sixth-largest TB problem. Prevalence is estimated to be 404 per 100,000 population. The national DOTS (Direct Observation Treatment, Short Term) programme is now able to concentrate on MDR (multiple drug resistance), child, sputum negative and extra-pulmonary TB. Disease prevention is by poverty alleviation, health education, treatment of infected cases and BCG (for prevention of life-threatening childhood cases).

I. Success Rate:
Twenty-four sputum-positive patients started treatment between July 2017 and June 2018. Six subsequently transferred to other centres (all cured). Of the remaining 19 patients, 0 defaulted and 0 died, i.e. 100% cure rate.

II. Kailakuri Statistics for 2018 :

Total Number Treated		87 (1% decrease from 2017)
No. Continuing from 2017		24
Started in 2017	+63	(9% decrease from 2017)
Completed	- 43	
Transferred	- 4	
Defaulted	- 0	49
Died	- 2	
Treatment Failed	(- 4)	
Continuing into 2019	19	
(Preventative Treatment 19)		

III. Patient Analysis:

Category 1 (new sputum positives):	35 (40%)
Category 2 (retreatment):	5 (6%)
Category 3 (non-pulmonary)	28 (32%)
Preventative treatment	19 (22%)

100% followed treatment regularly.
Of the two patients who died, both had lung cancer and malnutrition.

Distance from home: 43% were from within five miles and 57% within two miles
43% were under 30 years of age
Religio-Ethnic Breakdown: Muslim 69 %, Christian 22%, Hindu 9%
Gender: Male 61 %, Female 39 %
13 patients (15%) were hospitalized at Kailakuri
2% patients also had diabetes.

The **total cost** to KHCP of the TB Programme was **BDT 1,97,000** (USD 2,345 (NZD 3,397) which comes to **BDT 2,265** (USD 27) (NZD 39) per patient.

14. Conclusion and Appreciation

At the time of writing in April 2019, we can look back on a successful year at Kailakuri Health Care Project, with thousands of local people benefiting from a high standard of primary health care, prevention and rehabilitation services, and subsidised referrals for operations in the cities.

The project marked the third anniversary of Dr Edric Baker's passing with a combined prayer service on 1 September 2018. New Zealander Kate Day is now working on the final chapters of Dr Baker's biography and has begun researching publishing options with support from NZ Link Coordinator Peter Wilson. We hope to publish it in 2020. Any profits will go to the Kailakuri Health Care Project.

The year was not without its challenges. Confronted with a decline in supporter donations, a cost reduction programme has had a significant impact on staffing and the extent of programme delivery within specific sectors, while prioritising treatment for the poor who live closest to the project, maintaining the quality of patient care for the patients we serve and ensuring we focus on future sustainability.

Another blow has been the closure of the Notre Dame accommodation facility for sick patients in Dhaka in May 2018. Kailakuri had been sending new diabetic patients and their attendants to Dhaka for registration with BIRDEM, young diabetics for eye surgery, staff to collect subsidised insulin, surgical patients and others (equivalent to at least 120 hotel beds per month). We were offered some respite from Gonoshashtaya Kendra, and we are looking into alternatives as we cannot afford hotel rates or to lease a building in the city. Fr Francisco from PIME in Dhaka may be able to accommodate patients from May.

Staff finally received a pay increase in December 2018, the first one in two years. This pay rise reflects the increased costs of living in Bangladesh, given an annual inflation rate of 6% by official estimates.

The outpatients' side of the project now has a water tank (and a Western-style toilet!), as well as an extension of the solar power installation, kindly funded by Dr Karl Klontz of USA. The prayer and training room on the inpatient side have been upgraded with a concrete floor and walls, to make it more durable and provide a slightly cooler environment in summer.

Looking ahead to the remainder of 2019 and 2020, we are eagerly anticipating the impact of US doctors Jason and Merindy Morgenson being on site at Kailakuri, along with their young children.

We are very much aware that our project has not been operating on a sustainable basis this year. Costs are increasing, but our income has been decreasing. We either need to raise our level of overall support and find new donors or be forced to reduce the staffing and amount of services we provide. These are not easy decisions as there is still a great need for effective and low-cost health care. We continue to monitor this situation and have regular robust discussions with the project leadership.

Thank you once again for all of your prayers, practical support and encouragement.
With love from the team at Kailakuri Health Care Project

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