

# (Kailakuri & the Institute of Integrated Rural Development, IIRD) **FEBRUARY 2012**

## Patients, Attendants and Global Supporters

Already one month into 2012 and it's the time of the year when the annual report needs to be completed. Heads of Staff, the Finance Department and Dr Baker have been and still are very busy compiling the information. This year too, Edric will be spending April to July in New Zealand on a speaking /fundraising tour and so thoughts are also turned to the preparation of his time there.

Dr Mariko is home in Japan until the middle of February and requested the following report from Edric as she maintains interest in the patients while away from the project.

## **Patient Reports**

- Moyna (F/18), nephrosis and kidney failure, started prednisolone 21/12/11 (18 days) has no urinary albumen for the past five days and has lost 20kg! We have stopped her frusenide.
- Julakha (F/25) twin pregnancy (USG both breech). We kept her to try and get more growth for the babies. I was not convinced that she was postmature. Finally she went into labour. We did not think



she was going fast enough and so decided to send her However, the first baby came to Madhupur. (cephalic – F/2.7kg) before the tempo arrived. The second baby was breech (M/2.5kg) and born in a cawl (head enclosed in unruptured membranes) which I cut. The baby was not breathing and so I gave it about 2 or 3 minutes mouth to mouth (face was a bit slimy!) and we now have two beautiful babies. Mother had a huge post-partum haemorrhage (probably over two litres) and we were in panic stations. The placenta was all out and the uterus hard and so I thought maybe she had a torn cervix. After IM ergometrine she continued to bleed. Then we gave her IV ergomatane and she stopped bleeding immediately. We gave her IV D/Sodium and she was probably only briefly in shock. She has been taking iron-folic gacid and now looks quite good. She is very happy (at about ten days) and wanting to go home! She had a tear which I decided not to suture. Julakha is Muslim and the twins – boy and girl.

The normal practice in hospitals in Bangladesh is for each patient to have an attendant with them, usually a relative. Attendants take care of the personal needs of the patient. I want to tell you about one of the attendants who arrived with her daughter 6<sup>th</sup> of June last year.

Kanon Rangsha is Mandi Christian. She travelled from her home some four hours bus ride from the north with her 17 year old daughter, Robita,



Kanon comes from a village (gram) called Bakakura,

in the Thanna of Jenegati, in District Sherpur. She had eight children - only four are still living - three sons and one daughter, Robita. Her husband died when the children were young and because of a recent family crisis, Kanon no longer has home or land of her own.

When I asked Kanon how old she was, she couldn't tell me but as we talked (with Mariko interpreting for me using Bangla and Lolita, one of the staff, using Mandi when Kanon needed a clearer explanation of

the question and Mariko needed a clearer explanation of the answer) I worked out she is around my age - in her early 50s.

I asked Kanon about the time of the revolution when Bangladesh separated from Pakistan (1971), hoping to work out her approximate age. She told us that at the time of the revolution they had no clothes like the ones she is wearing now, only animal skins. She talked of four days without food and using a stone to start fires. At school they wrote in the dirt or used charcoal on banana leaves. When I asked her if she was a girl at the time of the revolution she pointed to Bipasha and said about the same as her. Bipasha is the daughter of Oneke, one of our cooks, and is ten years old.

Kanon also tells me the damage on her face is from typhoid fever which lasted 1 ½ months when she was a child. She did not have access to a doctor.

Robita, Kanon's daughter, was admitted to the CRP Hospital in Dhaka on 6<sup>th</sup> September last year for an operation on her spine which has been affected by TB. During November Kanon made her only trip to Dhaka to see Robita. She travelled down in an ambulance with our staff and two patients being taken to Dhaka for further treatment.

From September until 14<sup>th</sup> December, when her younger sister's son arrived to take her back to her sister's home, Kanon waited at Kailakuri for Robita. While she waited she kept herself busy looking after patients who had no attendant and when firewood was brought in for the winter, she would spend all day helping to chop the wood.

Robita arrived back at Kailakuri at the beginning of January and soon afterwards Kanon joined her. We are not sure how long they will stay at the hospital as Robita now needs to recuperate. If there is no suitable place for Robita and her mother to go while she recuperates, they will stay at the project until Robita is well enough to work.



## **Donations from New Zealand**

Glenn our NZ Link Group Treasurer and his friend, John grazed two steers which have been sold on behalf of the Kailakuri Health Care Project. John hands a cheque for \$1400 to Glenn.



Thank-you all for your support without it Kailakuri Health Care Project would be unable to continue giving health care to the poorest of the poor. Christine Steiner, KHCP

### **Bangladesh**

Edric Baker, edricbaker@gmail.com Admininistration kailakurihealthcentre@gmail.com Hasna Hena Khan, <hasna@iird-bd.org>

### <u>USA</u>

Virginia Klein, <v.klein@psdintl.org> Nicholas Tseffos, <nwatseffos@gmail.com> <helpkailakuri@gmail.com>

### New Zealand

Peter Wilson, <kailakuri.nzlink@gmail.com> Hilary Lynch, <tui\_eden@xtra.co.nz> Glenn Baker, <gabakerbcs@clear.net.nz>

#### WEBSITES

http://sites.google.com/site/kailakurihealth www.kailakuri.com

For any changes to your contact details or if you would like to receive your newsletter by email please contact me (Christine) at <a href="mailto:kailakurihealthcentre@gmail.com">kailakurihealthcentre@gmail.com</a>

To make a donation please contact Virginia Klein (USA), Glenn Baker (NZ) or Edric Baker (BD)