

Kailakuri Health Care Project

“Health For the Poor By the Poor”(Dr Baker’s Organisation for Well-Being NGO)



2020 ANNUAL REPORT

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1. Introduction: Current Project Status

2020 was a challenging year, especially for Bangladesh. There were frequent lockdowns, and schools, colleges, and universities remained closed. On the other hand almost all income generation shut down and inflation was high. Poor people left the cities and tried to survive in the villages. Government, civil society, and volunteer organisations helped and provided rations but these had limited success due to lack of rehabilitation and a master plan. But 2020 was also a significant year for Kailakuri Health Care Project. The Bangladeshi NGO Bureau approved Kailakuri Health Care Project as a project of Doctor Baker’s Organisation for Well-Being. So this organisation is no longer dependent on another Organisation to liaise with the Government. Drs Jason and Merindy had been working at Kailakuri under an arrangement with IPDS (Indigenous Peoples Development Services). As per Government rules, if any foreign volunteer changes NGOs then that volunteer needs to fly outside of the country. In September Jason and Merindy decided to go to their home country USA and commit to coming back when the Covid pandemic is under control.

We are very grateful to Dr Md Riazul Islam Rishad, our Medical officer since July 2020. Gonoshashaya Kendra is continuing to provide internee doctors. Kailakuri also has a well trained paramedic team, trained by Dr Baker. Their medical knowledge and experience is well suited to primary health treatment and management and their communication with health service provider organisations is very strong. Kailakuri's poor patients are also getting well-looked after when they require a transfer to other surgical facilities. Japan Overseas Christian Service has funded a number of Kailakuri staff to complete a "Diploma in Medical Assistant" course alongside their shifts.

Dr Edric trained the Kailakuri medical team to use low-dose antibiotics where possible. Nowadays most Bangladeshi doctors do not prescribe Amoxicillin or Cotrimoxazole. But these two are still the main antibiotics of Kailakuri and their success rate is remarkable. BIRDEM Hospital is subsidising the monthly cost of insulin and supporting the technical side. Pacific Pharmaceuticals are donating medicine worth 50,000 taka (NZ\$830) every month. Ranitidine, Aspirin, Potassium and Captopril tablets have disappeared from the market. The combined effect of paying for alternatives to these medicines and inflation has increased our total medicine cost by 30%. Close relationships and support from Government is very important for Kailakuri. The District Commissioner of Tangail, Md Shahidul Islam, donated an Admin building. Local Government also donated PPE (Personal Protection Equipment), blankets, and a 61 metre boundary wall.

Author, Kate Day Reports on Progress Biography of Edric Baker

While 2020 was a memorable year for everyone, for me and my husband John-Luke the standout feature was having our first full year as parents to our baby son Wilfred who was born in November 2019. Therefore, in the early months of the new year, the important task of Edric's biography did get lost, at least figuratively if not literally, under a pile of reusable nappies.

When I was able to open my laptop again, my supportive family looked after Wilfred for chunks of time while I got back into writing. I managed eight weeks of writing retreats over the course of the year. By August, I had completed the second draft of the manuscript. I chose a professional editor, Deborah Shepard, to appraise the manuscript and she made some excellent recommendations. She has done a closer edit in 2021, to help me get the manuscript into the best possible shape for approaching publishers.



A few of the internee doctors who volunteered in 2020: Dr Asif Rahman (Dec 2020); Dr Sonia Sultana (July 2020) to the left. Also Dr Rishad (fully qualified & registered doctor) below



2. Statistics at a Glance

	2020	% increase	2019
1. The Village Mother-Child Health Programme (VHP):			
Number of Villages	22	0%	22
Population	19,800	2%	19,500
End of Year Under 4 Year Old Care	1,645	-1%	1,654
Number of Women Given Antenatal Care	559	-3%	579
Number of Staff Assisted Deliveries (including women coming from outside the programme for assisted deliveries & CS referrals)	176	5%	168
2. The Village Mother-Child Health Programme (VHP):	28,000	0%	28,000
3. Outpatient Visits:			
General	23,808	-11%	26,699
TB	1,289	-13%	1,488
Diabetes	17,503	-13%	20,048
TOTAL	42,600	-12%	48,235
4. Inpatient Admissions			
General	970	-23%	1,260
Diabetes	319	-32%	472
TOTAL	1,289	-26%	1,732
5. End of Year Diabetes Patient Numbers:	1,644	2%	1,604
6. No. of TB Patients Treated:	100	4%	96
7. No. of Surgical Transfer Patients:	181	-45%	329
8. Total No. of Staff:	78	-3%	80
(equivalent number of full-time staff =)	(99)	-1%	(100)
9. Total Expenditure:			
BDT	246,20,000	-2%	2,50,32,000
USD	289,647	-2%	294,494
NZD	410,333	-8%	447,000
Euro	239,029	-10%	266,298
GBP	217,876	-3%	223,500

(Exchange Rate details – see next page)

3. Low Cost Health Care at a Glance:

Low Cost Health Care	BDT	USD	NZD	Euros
1. <u>Annual antenatal care</u> in the home for <u>one mother/health nutrition care</u> in the home for <u>one child</u>	1,065	13	18	10
2. <u>Six months multidrug treatment course</u> for one TB patient (cost to KHCP)	3,010	35	50	29
3. <u>One general outpatient visit</u> (including salary and medications)	122	1	2	1
4. Cost of keeping <u>one inpatient</u> admitted for one day (incl. medication, food for patient & attendant)	499	6	8	5
5. Cost of supervision and treatment of <u>one diabetes patient</u> for one year (cost to KHCP)	4,030	47	67	39
6. <u>Staff pay</u> for 79 staff or one year	111,77,000	131,494	186,283	108,515
7. Average pay, <u>one staff member</u> for one month (including overtime)	11,318	133	189	110
8. Average pay, <u>one functional full time staff member</u> (99 functional full time staff, see note. 1)	9,031	106	151	88
9. Total <u>project expenditure</u> for one year	246,20,000	289,647	410,333	239,029
10. Approximate <u>cost per person</u> touched (appr 28000)	879	10	15	9
11. <u>Fixed expenditure</u> (total salary bill) per person touched	399	5	7	4

2020 Exchange rates: 10 December 2020

USD 1 = 85 BDT (2019: 85), **NZD 1** = 60 BDT (56) **Euro 1** = 103 BDT (94) **GBP 1** = 113 BDT (112)

Notes:

Many of the 79 staff work overtime so the functional fulltime staff number is 99. There was no individual salary increase in 2020, but our salary bill was 0.3% less than 2019 because one staff member retired.



Dhaka Commissioner's visit



Dr Shareef Hasan with a burns patient at Kailakuri. He runs the Smile Train project.

4. Preparation for the Future

In 2020 Kailakuri operated as an independent NGO, known as “Dr Baker’s Organisation for Well-Being. Drs Jason and Merindy Morgenson completed their two-year term at Kailakuri in September and returned to USA for a sabbatical with their family. Dr Rishad, a Bangladeshi medical doctor, took over from Dr Newaz Ahmed part-way through the year. He provides medical oversight to the paramedics, alongside the internee doctors. The Bangladeshi NGO Bureau has approved a 2-year FD-6 budget for 2021 and 2022.

i. Medical Supervision and Leadership:

Kailakuri is primarily a paramedic-run project, with 30 paramedics and health educators, 14 village programme staff, seven health assistants and two patient-transfer staff.

ii. Strengthening the Paramedics:

Separate staff training is carried out once a week for the paramedic team, village health workers and general staff. 12 staff have completed a six-month non-official training programme in Mymensingh and 3 staff have completed a 1-year paramedic course. Sujit, Roton and Nazma are studying towards a three-year Diploma Medical Assistant course (with a full scholarship from Japanese Overseas Christian Medical Cooperative Service (JOCS). Farhad has now completed his three year Diploma.

iii. Communications and Support:

We have continued to produce quarterly English newsletters and Annual Reports and maintained a new website, www.kailakuri.com, as well as regular posts on Kailakuri Health Care Project’s Facebook page.

iv. Committee Structures:

The Executive Committee of Dr Baker’s Organisation renewed their membership in 2019, for another two years. The Diabetes Committee ran its bi-annual diabetes meetings in 2020, with all diabetic patients.



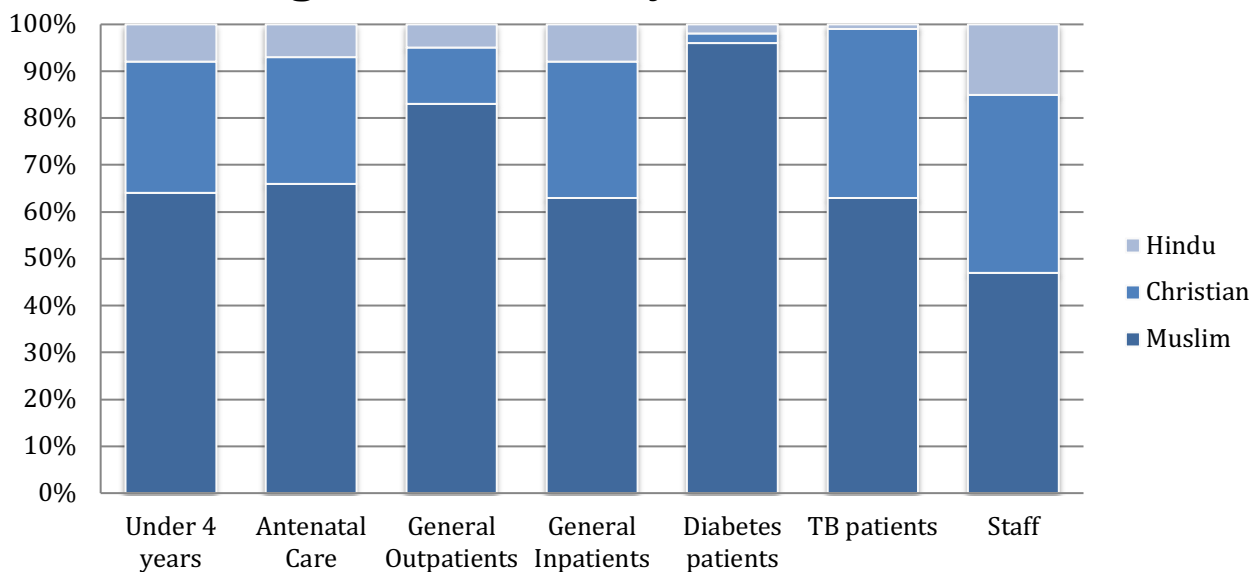
District Forest Officer, Tangail, meeting with Pijon Nongmin and Dr Jason Morgenson

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
61%	63%	39%	79%	62%	49%

Religious Community Breakdown



In March 2020, Caritas Safe Motherhood project coordinator Mrs Provaty Rozario visited KHCP with her team. They have helped train six midwives at Kailakuri. Sr Juli, nurse practitioner, was very involved in supporting both Kailakuri and Caritas for a number of years.

6. Annual Accounts for 2020:

(1st December 2019 to 31st November 2020)

INCOME	BDT ('000s)	USD	NZD
Opening Balance	61,74	72,635	1,02,900
Income/Receipts			
Foreign Donations	220,34	2,59,224	3,67,233
Patient Fees	21,50	25,294	35,833
Staff Meals	72	847	12,00
Local Donations	16,00	18,824	26,667
Miscellaneous	1,00	1,176	1,667
Total Income/Receipts	259,56	3,05,365	4,32,600
Total Opening Balance & Income/Receipts	321,30	3,78,000	5,35,500
EXPENDITURE			
Salaries	95,79	112,694	159,650
Education Materials etc	126	1,482	2,100
Diabetes Medications	823	9,682	13,717
Other Medicines	24,46	28,777	40,767
Diabetes Equipment	496	5,835	8,267
Other Medical Equipment	92	1,082	1,533
Supplies & Equipment	54	635	900
Patient & Staff Meals	18,63	21,918	31,050
Gardens and Grounds	51	600	850
Firewood	207	2,435	3,450
Lamps and Kerosene	47	553	783
Bedding	41	483	643
Travel and Conveyance	10,12	11,906	16,867
Poor Patients	641	7,541	10,683
Surgical Transfers	16,49	19,400	27,483
Home Visits	36	424	600
Diabetes Meetings	83	976	1,383
Miscellaneous	75	882	1,250
MCH Village Health Programme (excluding salaries)	2,59	3,047	4,317
SSP (Stipend support programme)	138	1,624	2,300
SUB TOTAL	197,18	231,976	328,633
Administration			
Salaries	15,98	18,800	26,633
Provident Fund	947	11,141	15,783
Stationery	115	1,353	1,917
Electricity	150	1,765	2,500
Phone and Emails	51	600	850
Furniture	10	118	167
Cycle Repairs	30	353	500
Building Repairs	308	3,624	5,133
Bank Fees	31	365	517
Audit Fees	80	941	1,333
IPDS Central Office Service Charges			
SUB TOTAL	33,20	39,060	55,333
Capital Expenditure			
New Cycles			
New Buildings	831	9,776	13,850
Electrical Installations	253	2,976	4,217
Land Purchase (New NGO and communication)	165	1,941	2,750
SUB TOTAL	12,49	14,693	20,817
Government Value-Added Tax (VAT)	3,33	3,918	5,550
TOTAL EXPENSES	246,20	289,647	410,333
CLOSING BALANCE	75,10	88,353	125,167

Notes:

1. Expenditure Breakdown According to Programme

Programme	BDT ('000s)	USD	NZD	% of Total
Diabetes Programme	66,27	77,965	10,450	27
Diabetes Inpatients	(20,57)	(24,200)	(34,283)	(8)
General Patients	72,66	85,482	121,100	30
General Inpatients	(43,70)	(51,412)	(72,833)	(18)
General Outpatients	(28,96)	(34,071)	(48,267)	(12)
Total Inpatients, General & Diabetes	(64,27)	(75,612)	(107,117)	(26)
Administration	27,91	32,835	46,517	11
MCH Village Programme	24,19	28,459	40,316	10
Surgical Transfers & Poor Patient Referrals	22,90	26,941	38,167	9
SSP (Stipend support programme)	138	1,623	2,300	1
Other	153	1,800	2,550	1
Health Education	715	8,412	11,916	3
Capital Expenses incl. repairs	15,87	18,671	26,450	6
TB	301	3,541	5,017	1
Government VAT	333	3,918	5,550	1
Total (excl. expenses in italics)	246,20	289,647	410,333	100

(all costs include salaries where appropriate)

- Exchange Rates at 10 December 2020 (mid-market rates from www.xe.com)
USD 1 = 85 BDT (2019: 88 BDT) **Euro 1** = 103 BDT (2019: 94 BDT)
NZD 1 = 60 BDT (2019: 56 BDT) **GBP 1** = 113 BDT (2019: 122 BDT)
- The total expenditure of BDT 246,20,000 (USD 289,647) has decreased by 1.6% since 2019.
- This **account** is so far unaudited and **unofficial**. Differences from the official audited account will be due to: different time frame, inclusion of rotating fund and lack of official data from the banks.



Admin Building opening ceremony at Kailakuri. It was funded by Md Shahidul Islam, previously Deputy Commissioner of Tangail, now DC of Dhaka.

7. Donor Supporter List:

I. Overseas Donors and Supporters

1. **World Child Future Foundation** (Switzerland) for supporting our maternal and child health care activities from September 2013.
2. A very generous Japanese donor (**Dr Mariko Inui**) who supports our surgical transfer programme
3. A New Zealander **John Greene** for generous support
4. The **Japanese Overseas Christian Medical Service** who sponsor paramedic training for staff and donated a special fund for Covid-19 purpose
5. 30+ regular **New Zealand donors** giving via the NZ Link Group; 10 sponsors of girls' education
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. A retired British GP for continued generous support over several years
11. A retired mining engineer in the Bay of Plenty
12. **Karl Klontz** for continued maintenance of the solar power set up on inpatient and outpatient sides
13. **Jason and Merindy Morgenson** for fund-raising on our behalf in America.
14. **Howick Presbyterian Church**, Auckland, New Zealand
15. The **Muldoons** in USA, who have given very generously in the past few years
16. **Addy & Cees Koeijers**, in France, who have donated funds from sale of their artwork.
17. Support from **Mukogawa Christ Church** and **Ashiyo San-Jo Church** in Japan.
18. **Ms. Junko Yuasa**, a Japanese donor who visited the Kailakuri project in 2016
19. **St. Stephen's Anglican Church**, Whangaparoa, New Zealand.
20. Homegroup at **St Martins church**, Spreydon, Christchurch
21. **St Luke's Havelock North** mission group
22. The **Rotary Club of Kapiti**
23. **Overseas Bangladeshis** in America, Japan, Hong Kong, Singapore, Australia and New Zealand
24. **British and Italian private donors**
25. Other **Churches in New Zealand**
26. **NZCMS, AAW, NZAMB, and CWS** for friendship, support and prayer back-up.
27. 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.
28. Many others (especially overseas Bangladeshis) who have given us great encouragement.
29. Everyone who has given via Pay Pal



Marking the 5th anniversary of Dr Edric Baker's passing in September 2020

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. **BIRDEM Hospital** (Diabetes Association of Bangladesh) which along with Novo Nordisk, Lilly Company and Popular Pharmaceuticals Ltd and Aristopharma Ltd provide 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)

3. The **IPDS NGO**, our umbrella NGO, which managed government authorisation and liaison and channeled our funding through their Bank account from November 2017 – November 2019
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. **Gonoshastaya Kendra (GK)** 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. **Pacific Pharmaceuticals** gives a large donation of free drugs every month
8. **Md. Hanif Sanket**, Media Personality (of Ittaydi television programme).
9. **DC Tangail, Civil Surgeon UNO, AC land, UH & FPO Madhupur** for their help and support
10. **Centre for Rehabilitation of the Paralysed**, which provides almost free care and surgery for our patients.
11. The **Taize brothers, Naomi didi from L'ACHE and Ayako didi from Protibondi Community Centre**, Mymensingh for their continued support
12. **Proloy Chisim (additional DIG), Hemonto Henri Kubi** (Sub Secretary, PS to State Minister), **Muktedir Aziz** (Sub Secretary, PS to PM's Advisor) for advice and support
13. The **Dr Baker Blood Foundation**, founded by Arup Sorker, for donating blood for patients. **GK Shondhani Club, Medicine Club, Alokito Madhupur and Mymensingh Medical Collage and Hospital Medicine Club** for organising a large number of blood donations.
14. **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.
15. The **Executive Committee** give generously of their time and wisdom for project management
16. **Dr. Samanta Lal Sen of the National Burns Unit** in Dhaka for giving us free patient care.
17. 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.).
18. **Dr. Zia, Kazi Salina Azmi and Md Jahid Islam (Navy)** has given generously.
19. **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.
20. **Fathers Francesco PIME** for proving accomodation for our patients and staff at Asadgate, Dhaka.
21. The **Marist Sisters, the Taize Brothers, Protibondi Community Centre, the Church of Bangladesh, and The Pirgacha Mission, The Holy Cross Fathers and Sisters** give various kinds of help including important advice when needed.
22. **Caritas NGO**, Bangladesh, who provide follow-up midwifery training in Dhaka and supplied some medications for Covid-19
23. **Dr Md Rakibur Islam** who was our medical officer gave several Training for medical staff.
24. **Mati**, our previous umbrella NGO, who are still giving support
25. **Aristopharma Ltd donated medicine and purchase low cost.**
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, Capt: Moniru Islam, MD Mukarram Hossien Mosa** for medical support and advice.
30. **Prof: Dr Tahmina Begum** donated a phototherapy machine for new born babies and other medical equipment, **Prof: Dr Selina Husna Banu** did an epilepsy camp for follow-up patients, **Prof: Dr Pervine Rahaman** is doing surgery at low cost.
31. Two women from the Garo Community (Mrs Kanchon Rozario of Nalikhali and Mrs Dirobala Nokrek of Mominpur) wo made donations of land for Diabetes sub centres.
32. Shakil UK is donating annual cost for garden and Tree planting
33. Md Shafiul Alam Chowdhury – Former Chief Conservator of Forest (CCF)
34. Dr Istiak Ahmed Rizvi and Dr Khobieb Hassan Taqi
35. **Dr Nazneen and Mr. Biplob Banergee** - Vaalo avant – grade Ltd **Prof: Farha Tanzil Titil** and her freieds, **Alokhito Madhupur** provided PPE and infrared Thermometers, medications for Covid – 19
36. **Dr Nafis Abdullah provided medicines**
37. **Ariyan Reza Chowdhury**
38. **Abdus Salam -MHPS**
39. **MHPS – Gulshan**
40. 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.
41. **Local religious leaders** who inspire us to work with the poor.
42. 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.
43. Other **Bangladeshi friends** who have given both monetary donations and wise advice.



Visit by Dr Pronoy Kanti Das, Civil Surgeon, Jamalpur and his team in September 2020

8. Financial Situation and Budget:

I. Income, Expenditure and Balances for 2020(actual) and 2021(projected):

	2020	2021
	USD	USD
Opening Balance	72,635	88,353
Income	305,365	2,07,844
Total	378,000	2,96,197
Expenditure	289,647	3,23,529
Balance	88,353	-27,332

II. Income Breakdown (%):

Opening Balance	19%	27%
Patient Fees	7%	7%
Other Local Income+ Loan Received	6%	1%
Foreign Donations	68%	65%

III. Source of Foreign Donations:

USA	47%	35%
NZ + Japan	39%	50%
Switzerland	13%	15%
Australia	1%	0%

Notes:

- (1) The income, expenditure and balances shown correspond to 1stDecember to 30thNovember financial years (as against NGO and audit 1stDecember to 30th November financial years).
- (2) *Opening and closing balances refer to balances within Bangladesh.

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 79 staff in January 2020 (NB: down to 78 by December 2020). The leadership roles include Pijon Nongmin as Executive Director of Dr Baker’s Organisation, 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. Doctors Jason and Merindy Morgenson have worked as Medical Consultants and Fundraisers since they moved to Kailakuri in mid-2019. New Zealand volunteer Nadine Vickers has assisted with English Communications and Fundraising from New Zealand (although we would welcome others to join!).

The Health Action Team: 65 (82% of staff), headed by Acting Medical Coordinator Sujit Rangsa

I. Acting Medical Coordinator	1
II. Medical Officer	1
III. Paramedics and Health Educators:	30
IV. Short term rotating Internee Doctors	2
V. Health Assistants:	7
VI. Village Mother-Child Care Staff:	14
VII. Cooks	8

41% of the health action team work with general patients, 31% with diabetes, 22% in Village Mother-Child Care, 3% with TB and 3% with the transfer of patients.

II. Support Staff: 14 (18% of staff)

I. Monitoring Officer	1
II. Administration	1
III. Finance Staff	3
IV. Office Staff:	2
V. Garden, Compound, Market, etc.:	7

III. Staff Gender and Religious Breakdown

Amongst the staff 60% are male, and 40% are female: Muslim 47 %, Christian 38%, 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. The senior paramedics give the on-going training to the rest of the team, and Dr Jason Morgenson and Dr Rishad also lead training at times. 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). Four paramedic staff have completed formal paramedic training, and three are currently studying, alongside shifts at the project.



Dr Selina Husna Banu's camp for epilepsy and cerebral palsy patients at Kailakuri. She is a Professor of Neurosciences.



Japanese physiotherapist Ayako with a patient in February 2020

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.

Kailakuri Statistics for 2020

Number of Villages:22 (population 19,800)

Staff: Village Workers 10, Supervisors 4

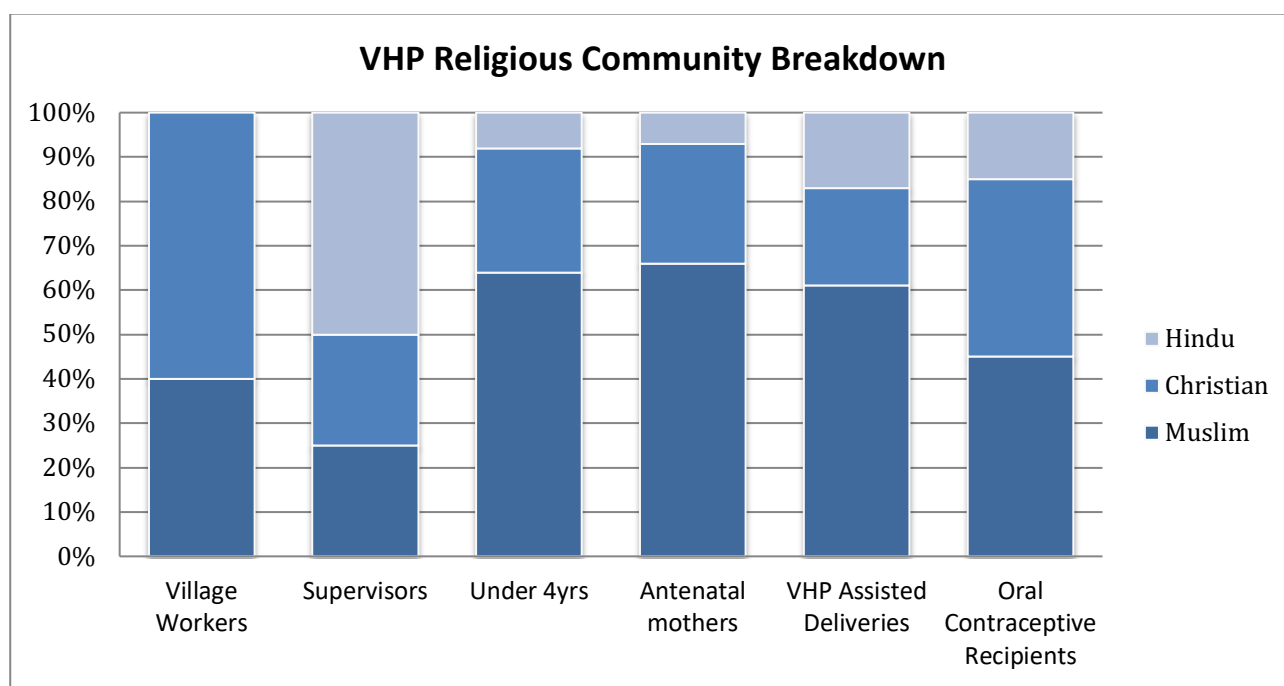
Under four old Child Care:1,645 (1% less than 2019) at years' end. Weight chart survey at the end of the year showed nutrition problems in 3% (failure to gain weight over three consecutive months, a drop of 0.8kg not yet regained or below 3rd centile on weight chart). This very low figure shows the quality 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: 559 mothers were given ANC (3% less than in 2019).

Delivery Care: 12% of ANC mothers had staff assisted deliveries, 68 deliveries (24% less than in 2019), 66 in their homes and 2 at the project health centre.

Family Planning: Staff continue to motivate couples to use the government programme, and 18 couples received oral contraceptives from the VHP.



The total cost of the VHP for 12 months was BDT 24,19,000 (USD 28,459) (NZD 40,317) (Euro 23,485) about BDT 1,065 (USD 13) (NZD 18) (Euro 10) 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 90 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 2020

End of Year Patient Analysis

Total Number: 1,644(2% more than 2019)

Treatment: Insulin 860 (52%) Glibenclamide tablets 7,84 (48%),

Religio-Ethnic Breakdown: Muslim 1,583 (96%), Hindu 38 (2%) Christian 23(2%)

Gender: Male 486 (30%), Female 1158 (70%)

(Hindus and males are not coming in proportion to their actual numbers in the community)

Insulin Patients

Total number treated during 2020: 906 (2% less than 2019)

Continuing from 2019 873

Started in 2020 33

Transferred Out 1

Defaulted 19 (2%)

Died 26 (3%)

Continuing into 2021 860

<u>End of Year Analysis</u>	<u>Insulin Patients</u>	<u>Tablet Patients</u>
Total Number of Patients	860	784
Regular Attendance	98%	94%
Diabetes Control (Benedict):	Good 90% Fair 7%	Good 82% Fair 7%
Distance of Home from nearest Sub-Centre: [15miles = 24km, 10 miles = 16km, 5miles = 8km]	Within 15miles 97% 0-5miles -36% 6-10miles - 35% 11-15 miles - 27%	Within 15miles 87% 0-5miles - 28% 6-10miles -31% 11-15miles -28%
Functional Literacy: (able to write name & read or write a very simple letter).	85%	76%
Age:	Under 30yrs -6% Under 21yrs- 5%	Under 30yrs -1% Under 21yrs -0%
Economic Status: [based on home visit assessment).	Very Poor - 25% Extremely Poor -63%	Very Poor -21% Extremely Poor-65%
Religio-ethnic Status:	Muslim 97% Christian 1% Hindu 2%	Muslim 96% Christian 2% Hindu 2%
Gender breakdown:	Male 38% Female 62%	Male 21% Female 79%

Glibenclamide Tablet Patients

Total number treated in 2020:	944 (20% decrease from 2019)
Continuing from 2019	731
Started in 2020	213
Changed to diet only	0
Transferred	0
Defaulted	136
Died	14
Changed to Insulin	10
Continuing into 2021	784 (7%)

Diabetes Patients Admitted at Kailakuri

Total Number: 319 (32% decrease from 2019)

Average Duration of Admission: 13 days

Religio-Ethnic Breakdown: Muslim 96%, Christian 2%, Hindu 2%

Gender: Male 36%, Female 64%

55% 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 five inpatient deaths of which one died of kidney failure, two from bad ulcers with septicemia and two from severe anemia and ketoacidosis.

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. Urinary tract infections
8. Pregnancy/delivery
9. Gynaecological problems
10. Cataracts (including retinopathy)

Followed by: Other chronic complications of diabetes (neuropathy, nephropathy) ascariis, pneumonia, diarrheal diseases, anemia, heart failure, diabetes, TB, skin conditions, Gingivitis (Ketoacidosis) in new patients.

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

Number of patients sent: 40

Travel cost: BDT 189,000 (USD 2,224), (NZD 3,150)

Average cost per patient BDT 4,725 (USD 56), (NZD 79)

Cost of Diabetic Stock	BDT (000's taka)	USD	NZD
Insulin	44,28	52,094	73,800
(Project Portion 18%)	(815)	(9,588)	(13,583)
(BIRDEM Portion) 82%	(36,13)	(42,506)	(60,217)
Glibenclamide Tablets	113	1,329	1,883
Diabetes Equipment	496	5,835	8,267
Total Cost	50,37	59,259	83,950
Cost to Project	14,24	16,752	23,733

Estimated Cost of the Diabetes Programme (to KHCP)	BDT (000's taka)	USD	NZD
Stock	14,24	16,752	23,733
Inpatient Care	16,47	19,377	27,450
Staff Salaries	23,41	27,541	39,017
Non Diabetes Medicine	612	7,200	10,200
Cost of sending Patients to Dhaka	189	2,224	3,150
Meetings	83	977	1,383
Other Travel & Home visit	3,31	3,894	5,517
Total	66,27	77,965	110,450

The cost to the project was **BDT 66,27,000** (USD 77,965) (NZD 110,450), about 27% of the KHCP expenditure for the year and about **BDT 4,030** (USD 47), (NZD 67) per patient. If the BIRDEM subsidy of **BDT 2,198** (USD 26) (NZD 37) is added it becomes **BDT 6,228** (USD73), (NZD 104) per patient per year.



Pijon, Jason and Sujit meeting with BIRDEM representatives in Dhaka



Bangladesh National Society for the Blind (BNSB) Eye Camp, Kailakuri

12. General Patient Care:

2020	Outpatients	Inpatients
Patient visits [2miles = 3.2km, 5 miles = 8km]	23,808 (11% less than 2019) Distance of Home: 0-2 miles 51% 3-5 miles 30% Over 5 miles 19%	1,289 admissions (25% less than 2019) <ul style="list-style-type: none"> 970 general patients (23% decrease) 319 diabetes patients (32% decrease) Average number of admitted patients: 31 (20 general plus 11 diabetes) Average duration of stay for general patients: 7 days (13 days for diabetes patients) (overall average stay 10 days).
Religio-ethnic breakdown	Muslim 83%, Christian 12%, Hindu 5%	Muslim 63%, Christian 29%, Hindu 8%
Gender	Male 32%, Female 61% Children under 5 yrs 7%	Male (57%), Female (63%) Children under 5 yrs (26%)
Top 10	Outpatient Problems (no. of visits): <ol style="list-style-type: none"> Hypertension Peptic ulcer Asthma Epilepsy Abscesses, sores and ulcers arthritis Gynecological problems Urinary tract infections Pneumonia Otitis media 	General Inpatient Problems: <ol style="list-style-type: none"> Pregnancy and delivery problems Malnutrition and wasting Abscesses, sores and ulcers Diarrhoeal diseases Peptic ulcer urinary tract infection kidney problems Asthma and bronchitis Gynecological Hypertension
Followed by	Other virus fevers, Psychiatric problems, pregnancy, other skin diseases, kidney problems, back pain, anaemia, eye problems, worms, Gingivitis, respiratory infections, bronchitis, injuries, burns, nutrition problems	Fractures, arthritis, injuries burns, virus fever, Jaundice, anaemia, newborn babies, worms, poisoning patients, TB, epilepsy, Pneumonia, eye problems, heart failure, cleft lip, cleft palate.
Cost of Running the Department	Cost of Running the General Outpatient (inc VHP) for 12 months was BDT 28,96,000 (USD 34,071) (NZD 48,267), making cost per visit BDT 122 (USD 1) (NZD 2) which includes salaries, medicines, stationery etc.	Cost of Running the Inpatient Department (general plus diabetes) for 12 months was BDT 64,27,000 (USD 75,612) (NZD 107,117). With a total 1,289 patients and average stay of 10 days that is BDT 499 (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 181 such patients, 44% less than in 2019. Poor patient referrals are patients sent elsewhere for investigations or non-surgical treatment. The combined expenditure for the two groups was BDT 22,90,000 (USD 26,941) (NZD 38,167), 6% less than in 2019. 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:

Thirty one sputum-positive patients started treatment between July 2019 and June 2020. Three subsequently transferred to other centres (all cured). Of the remaining 15 patients, 1 died, i.e. 95% cure rate.

II. Kailakuri Statistics for 2019:

Total Number Treated		100(4% increase from 2019)
No. Continuing from 2019		29
Started in 2020		+71(8% decrease from 2019)
Completed	- 53	} 67
Transferred	- 11	
Defaulted	- 0	
Died	- 1	
Treatment Failed	(- 6)	
Continuing into 2021		22
(Preventative Treatment 11)		

III. Patient Analysis:

Category 1 (new sputum positives):	38 (38%)
Category 2 (retreatment):	9 (9%)
Category 3 (non-pulmonary)	42 (42%)
Preventative treatment	11 (11%)

100% followed treatment regularly.

The patient who died was elderly and had malnutrition.

Distance from home: 48% were from within five miles and 52% within two miles
41% were under 30 years of age

Religio-Ethnic Breakdown: Muslim 63%, Christian 36%, Hindu 1%

Gender: Male 61%, Female 39%

17 patients (17%) were hospitalized at Kailakuri

5% patients also had diabetes.

The **total cost** to KHCP of the TB Programme was **BDT 301,000** (USD 3,541) (5,017) which comes to **BDT 3010** (USD35) (NZD 50) per patient.

14. Conclusion and Appreciation

Executive Director, Pijon Nongmin

The Kailakuri team developed experience and knowledge from Dr Baker on how to serve people. And they implement it every day in their activities. Local people understand this organisation is running well without Dr Baker but running with his spirit. Kailakuri is not only providing primary health care services but also a rehabilitation centre. Patients and their attendants remain there until they learn how to manage their illnesses themselves e.g for diabetic patients, how to manage insulin, maintain proper nutrition, regular urine/blood tests, for diarrhea patients – how to make saline, as well receiving training for nutrition and other health issues. After some days they are able to give training for the new patients. The Kailakuri team has appropriate knowledge, and are highly motivated and committed. We are grateful to everyone who is praying for and supporting this organisation.

Dr Jason Morgenson, Medical Consultant

This past year has been very difficult for everyone at Kailakuri. When the pandemic hit Bangladesh in March, the country went into lockdown. Our Kailakuri staff, though, kept working. Kailakuri never closed. The staff adapted quickly to the new needs of the pandemic. Extra handwashing stations were set up. Patients at the gate were screened for risk of COVID. Masks were not available at the beginning of the pandemic, but local tailors in Kailakuri quickly made masks for our staff. Masks and PPE were donated by local Bangladeshi groups and the health department. Social distancing was done as best as possible. Patients and staff sit 2 metres apart for the interview process in the outpatient department. The Village Mother-Child Health Programme (VHP) and the Diabetes subcentre clinics continued to see patients after making adaptations for the pandemic. The VHP staff had many practical questions about how to visit homes safely during the pandemic. Many of the children and mothers were at risk of malnutrition and pregnancy complications and could not be abandoned during the pandemic. Questions arose about how to wash hands, as some of the poorest homes do not even have their own water. The Diabetes subcentre staff were given PPE to wear during their trips to the subcentre clinics. The local governments would otherwise not have allowed our subcentre clinics to continue. The diabetic patients would have suffered much, though, if we were not able to bring them insulin and medication during the pandemic. The Tuberculosis department, Pharmacy, and Inpatients departments continued to run as best as possible. Medicine, laboratory testing, and X-rays were difficult to obtain during the pandemic, but our staff managed. The patients at Kailakuri were cared for despite the difficulties. Without Kailakuri, many patients would have died during the pandemic for lack of basic medical care. Please pray with us that Kailakuri will be able to continue to give its service to the poor no matter what the pandemic brings.

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