K AILAKURI HEALTH CARE PROJECT

(In association with Indigenous People's Development Services - IPDS)

Village Kailakuri, Madhupur Thana, Tangail District, Bangladesh

Sep 2017: Khalil's struggle with poverty and diabetes



"My name is Khalil and I'm about 50 years old. I am married to Bulbuli and we live in Jamalpur district. I lost my parents when I was about seven years old. After that, one of my uncles looked after me and I settled there permanently. I have two sons. Fokiruddin, aged 12, doesn't go to school and Ibrahim aged 6 goes to Madrasa (Islamic school).

I was about 35 when I first got diabetes but I didn't understand anything about it until after I was diagnosed. I used to get very hungry and eat a huge amount of food. And when I used to pee it would attract ants and dried into a white powder. I was taking treatment from a village healer but it didn't make me any better. I just spent my money and my health was getting worse day by day.

One day my neighbour Ibrahim (a diabetes patient) came to my house. After hearing my story, he advised me to do a blood sugar test and took me to Jamalpur for this. I was afraid when I heard that I had diabetes, as I didn't have any idea about the treatment.

Then Ibrahim brought me to the Kailakuri Health Care centre and I was admitted here. Within a few days I learnt how to test urine sugar levels and inject insulin into my body. I was also taught that if anyone wants to live a normal lifestyle, they just have to keep their diabetes under control. After a few weeks at the clinic I got better and I was discharged. But being poor, it's impossible to feed my family without doing daylabour work on someone else's fields. I didn't take insulin regularly while I was at work.

I was admitted to Kailakuri last Wednesday. I have a leg ulcer because of uncontrolled diabetes. I didn't have any money to come to the clinic. Seeing this, one of my cousins brought me here by hiring a van gari. My treatment is going well and I'm taking medicine regularly. Paramedics are dressing my leg ulcer."

Sujit Rangsa, the acting medical coordinator of the health centre says that "when Khalil first came to take treatment, his BMI was only 12 which is not normal for a healthy man. His wife left him after seeing his condition. The patient is so poor that the organisation provides a travel allowance to facilitate treatment from the hospital. Within a few months, he became healthier. His wife returned when he got well. At present, she is mentally unwell. About three months ago Khalil couldn't come for insulin because of a flood in their area, and he was not eating enough at home. Now his diabetes is controlled again, his leg ulcer has started drying up. It will take a few more weeks to heal completely and he will be able to return home."

Because of this centre, Khalil is still alive. He expressed his gratefulness to the clinic and the staff. Receiving treatment from Kailakuri Heath Care centre has restored his courage and enabled him to live a longer, healthier life. He hopes that the organisation will always be around to serve the poor.

KHCP - NZ Link Group News

BY PETER WILSON, COORDINATOR - NZ LINK GROUP

Link Group Annual General Meeting. Ten people attended the AGM which was held in Auckland on Sept. 10^{th} , 2017, including Nadine Vickers - freshly returned to New Zealand after eight months of volunteer work at the project.

Drs. Jason and Merindy Morgenson: Jason, Merindy and family plan to arrive in Bangladesh in mid-January 2018, provided NGO visas can be issued in time.

Finances. In presenting the accounts, NZ Link Group treasurer Glenn Baker paid tribute to the late Peter Reid who had audited the accounts free of charge for ten years from 2005 – 2015. It was noted that donations had been dropping and that NZ expenditure had exceeded income by \$41,872 in the past financial year. The Kailakuri management team and staff have identified measures they can take to reduce operating costs by about 15% with only a slight reduction in number of patients serviced. Reserves at hand are able to cover the deficit for the current year but income will have to be increased over the coming year in order to continue functioning at the same level.

Situation at Kailakuri. Nadine Vickers described how the Joint Committee had taken a decision that Kailakuri should become a registered independent Non Government Organisation (NGO) so as to be able to keep alive Edric Baker's vision of 'health services for the poor, by the poor'. This required registration with the Bangladesh Social Welfare Department (SWD) who recommended a change of name to one which would commemorate Edric as well as describe the NGO's activities. It was decided to call the new NGO 'Dr. Baker's Organisation for Well-Being.' Becoming an NGO involves quite a bit of paper work with the SWD and the NGO Bureau as well as some changes in the structure of the health centre governance. The bureaucratic paper work is going to take up to another year to complete. The changes in governance have involved the appointment of an independent Executive Committee and an Executive Director. Members of the Executive Committee are all respected members of the local community who have had a long association with Kailakuri. Pijon Nongmin was appointed as Executive Director.

The cooperating NGO Mati who has completed the Government liaison work for us over recent years, indicated that they are no longer able to do this, so an MOU has been signed with another NGO, Indigenous Peoples Development Services (IPDS) who will act for Kailakuri until such time as the Dr Baker's Organisation for Well-Being is fully registered and all the paperwork with the NGO Bureau completed. A new logo is being worked on. A number of staff will complete a formal one-year paramedic certification course alongside their normal work over the coming year. Several new supervising paramedics are to be appointed soon and Sister Julienne will visit from Dhaka to help in their selection. The GK medical school continue to supply internee Doctors as well as subsidised operations. The staff have worked very well on their own without senior medical supervision for the two years since Edric passed away but are beginning to feel the strain. Cognisant of this, Jason and Merindy have found funds to employ a Bangladeshi Dr for the interim period pending their arrival in country and completion of six months of language training, and two fully qualified doctors have offered to take turns fulfiling this need.

Dr Edric Baker's Biography. Kate Day has completed all field work, research and data processing. Six of the estimated 20 chapters have been written, and she is looking for grants to help with publication.

Nadine Vickers has now returned to Christchurch. She will graduate from a Masters in International Development in November, and hopes to join the New Zealand Police soon. Her husband Ratan Bormon has just received his New Zealand visa so he will join her soon and enrol in academic English studies. We are indebted to Nadine for all the hard work and support she has given to Kailakuri over the past four years. We are also searching for volunteers to fulfil the English Communications role in future.

Speaking Programme South Island. Nadine Vickers has kindly offered to make herself available to speak to any interested groups in the South Island between now and Christmas time.

Speaking Programme North Island. Peter Wilson will contact key persons in the North Island and arrange speakers for any interested group.

Contact Us...

USA

Ted Rose (Asia Connection) whoknowstedrose@gmail.com

John Havican (Asia Connection) jhavican.asiaconnectioninc@gmail.com

Nicholas Tseffos helpkailakuri@gmail.com

Jason and Merindy Morgenson

jwmorgen@gmail.com

BANGLADESH

Pijon Nongmin Executive Director

drbakersorganisation@gmail.com

Sujit Rangsa Acting Medical Coordinator kailakurihealthcentre@gmail.com

NEW ZEALAND

(NZ Link Group)

Peter Wilson, Coordinator kailakuri.nzlink@gmail.com

Hilary Lynch, Newsletters tui_eden@xtra.co.nz

Glenn Baker, Treasurer treasurerkhcp@gmail.com

WEBSITE http://sites.google.com/site/kailakurihealth

FACEBOOK <u>www.facebook.com/kailakuri</u>

(Like our Facebook page and receive regular updates)

GIVEALITTLE www.givealittle.co.nz/org/khcp

Donations can be made by...

- From New Zealand:
 - Making an online payment to our New Zealand Bank Account (ANZ, Whakatane, New Zealand).
 Account Name: Kailakuri Health Care Project Link Group; Account Number: 01 0486 0185024
 O0. Please email Glenn Baker at treasurerkhcp@gmail.com with your donation and contact details for receipts, also details of any regular automatic payments set up.
 - Posting a cheque to "Kailakuri Health Care Project Link Group" to KHCP-NZ Link Group, PO Box 522, Whakatane 3158, New Zealand.
- Internationally:
 - o Paying online through our website via Paypal at http://sites.google.com/site/kailakurihealth
 - Making a telegraphic transfer (TT) payment to our New Zealand Bank Account (ANZ, Whakatane, New Zealand). Account Name: Kailakuri Health Care Project Link Group; Account Number: 01
 0486 0185024 00, SWIFT code ANZ BNZ 22. Please email Glenn Baker at treasurerkhcp@gmail.com with your donation and contact details.
 - Please get in touch with Pijon Nongmin at <u>drbakersorganisation@gmail.com</u> for options to donate within Bangladesh.
- If you live in the United States, you can write a cheque to "Asia Connection Inc". Please indicate on a separate note that the donation is for Kailakuri and send to Ted Rose, Treasurer, Asia Connection Inc, 1226 Scott St, El Cerrito, CA.94530-2458, and give your contact details for a receipt.

For any changes to your contact details or if you would like to receive your newsletter by email please contact Pijon Nongmin at drbakersorganisation@gmail.com (international) or Hilary Lynch at tui_eden@xtra.co.nz (NZ)

Thank-you so much for your support.

Our greatest need is gifts towards on-going running costs.