



Kailakuri Health Care Project



(Kailakuri & the Institute of Integrated Rural Development, IIRD)
Village Kailakuri, Madhupur Thana, Tangail District, Bangladesh

JUNE 2013

Changes abound and the work continues...



Christine with Harun (Finance Manager), Roton (Medical Admin Manager) & Pijon (Project Manager)



Nadine with paramedics Pronoti, Nibita & Bruno

On 6th July, I (*Christine*) will be leaving Kailakuri and Bangladesh behind. I had initially planned to stay only 6 months when I arrived in September 2011. The Kailakuri Health Care Project is worth every 'dollar' donated. The methods used make the most of all that is given. The benefit to the poorest of the poor, those who cannot afford medical treatment elsewhere is immeasurable. And so I stayed for longer than planned. There is much I will miss (particularly many of the staff), however, I look forward to moving onto a new phase in my life. I am so pleased Nadine Vickers, also from New Zealand, is here to replace me. With her law and politics degree and experience in law and administration I know she will be an asset to this project. (And I am sure she will find the work both rewarding and challenging.)

NADINE Some of you may know about my visits to Kailakuri and plans to take on Christine's role as English administrator. I returned to Bangladesh on 17th June (for an 18 month stint), and I'm excited about the adventures ahead. I first heard about Edric and Kailakuri from a nursing friend who heard him speak in Balclutha last year, and was very impressed with their work.

Since visiting Kailakuri for 2-3 days in January with a short-term missions team from Invercargill Central Baptist Church, I felt a real connection with

local staff, the simple village life and Kailakuri's valuable work amongst the poor communities. I volunteered for another 6 weeks in February/March visiting various outreaches and doing office work, to consider whether I could commit longer-term.

I have just spent 2 months back in New Zealand - fundraising, applying for a Bangladeshi visa, doing part-time work and sorting my life out before coming back to Bangladesh. Thanks so much to all of you who have supported me along the way.

Organising a Bangladeshi-style dinner party in Invercargill for 50 guests was definitely a highlight; they were good-natured about eating with their hands and adjusting to a staged power-cut midway through the meal.



My language study has suffered a little during my stay in NZ (Edric won't be impressed), so I'd better get onto this again. Bangladeshi cartoons on

Youtube were an important educational source, and more interesting than reading my dictionary. Kailakuri has plenty of challenges ahead – adjusting to changes within our NGO head office in Dhaka, continuing political instability in Bangladesh (it being an election year, with war crimes tribunals dating back to the independence war in 1971), and the ups-and-downs of running a village hospital in an ever changeable environment. But the staff members remain highly motivated, many patients continue to visit Kailakuri for treatment, and I'm sure that God will work out his plans for the time ahead.

Sometimes nothing can be done...



Shufi arrived with her son *Shujon* one Monday afternoon having travelled eight hours from the north near the border. *Shujon* was diagnosed with cancer of the left kidney. *Shufi* had left her sick husband, who could not work, at home with their two pre-teen daughters. When asked who would look after them, she said Allah would. Sadly it was too late for successful treatment for *Shujon* and they returned home. Had affordable health care been available closer to their village perhaps the outcome may have been different.

Sometimes 'ki korbo' what to do?



Anawar (getting a ride) has been at the project for over a year now. He arrived with uncontrolled diabetes, elbow joint infection and osteomyelitis (bone infection) on both sides of the joint. It all started off from the elbow being from

being pierced by a bamboo stick and not treated straightaway combined with uncontrolled diabetes. It has been difficult to treat. There was discussion about amputation but reluctance to do so as Anawar still has use of his hand and arm. Anawar lacks the acumen to look after the infection and his diabetes and the problem continues. While he is at the hospital all is in control but when he returns home the infection and diabetes become worse. Left uncontrolled he will die. So our 'little brother', as he is now known by the staff lives, at the hospital and to help cover his costs is encouraged to do some work until a solution is found.

Promotive, Preventative, Curative...

Last year 23,000 (both inpatients and outpatients) were given health education. This is so important in the effort to prevent situations like Anawar's and all sorts of major health problems. About a month or so ago we had a visit from UNICEF. The doctor who visited commented at the end that this project was the first he had seen which combined promotive, preventative and curative health care. We hope that our model will one day be used to care for more of the poor in Bangladesh.

From Edric's pen - The Kailakuri Village Programme

provides care for 370 antenatal mothers and 992 small children (up to four years), all in the home. Seventeen staff (village workers and supervisors) go by cycle to the homes in 17 villages.

It started in a very small way in 1983 when I arrived and felt something had to be done because many people were just not coming to Thanarbaid Clinic at all. And it was so obvious that the most important (and cost effective) work was with mothers and children. We soon found that even only doing health education and care for mothers and children there would be a dramatic change in the health of a whole village over a period of 18 months to two years.

What we are doing has quite a lot in common with the New Zealand Plunket Nurse programme (except they travelled by car), and a New Zealand plunket nurse, Libby Laing gave four years of her life in the 1990s to building up the programme. She trained workers and supervisors and built them up into a team which did its own management and managed its own funds. The activities have been on-going and of high standard despite minimal medical supervision.

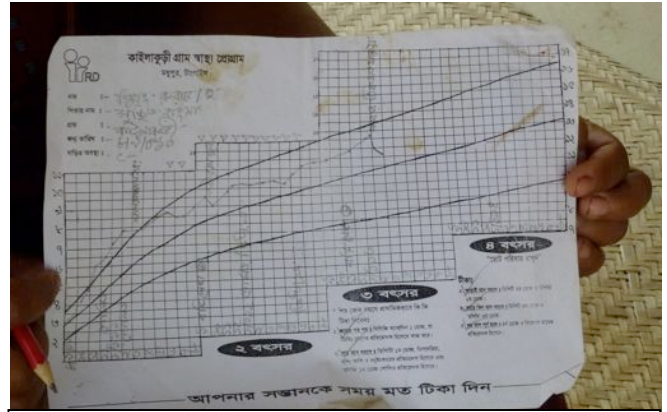
Rita Lampart-Kuppel was a Swiss paediatric nurse who worked with me at the Ming Quy Hospital in Vietnam in the war years. After almost 40 years she 'discovered' the Kailakuri project on the internet. The bond of working together for those in need and the inner drive to keep doing it do not fizzle out. Rita has set up an international programme called 'World Child Future Foundation' and wants to support our work. I am preparing a plan and proposal. We will revitalise the village programme

management and increase the area and numbers covered.

Many long term readers of our newsletter will be pleased to know that our first extension will be back into the village of Thanarbaid from which we started but later gave up when Thanarbaid and Kailakuri separated. We are about to re-enter into relations with the Church of Bangladesh and work again in Thanarbaid Clinic and the village of Thanarbaid.



Lekoni (village health worker) and **Kanonbala** (supervisor) weigh baby Spring, in Kailakuri village



Baby Spring's weight chart

The **2012 Annual Report** has now been completed. If you have not received a copy and would like one please contact Nadine at kailakurihealthcentre@gmail.com. It is also available on our websites.

Donations can be made by...

- 1) Posting a check to Ted Rose, Treasurer, Asia Connection Inc., (www.asiaconnectioninc.org) 600 Pennsylvania Ave. Unit 2, Los Gatos, CA 95030-5864, USA (NB new address) Please make the check out to Asia Connection Inc. and on a separate note state that it is for the Kailakuri Health Care Project, give your contact details for a receipt.
- 2) Paying online through our website via Paypal at <http://sites.google.com/site/kailakurihealth>
- 3) 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 00 For 2 & 3 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.
- 4) Posting a cheque made out to "Kailakuri Health Care Project - Link Group" to KHCP-NZ Link Group, 33 Waiewe St, Whakatane 3120, New Zealand

Thank-you so much for your support.
Our greatest need is gifts towards on-going running costs.

CONTACTS

Bangladesh

Edric Baker, edricbaker@gmail.com
KHCP Administration (Nadine Vickers), kailakurihealthcentre@gmail.com
IIRD (Mahbubul Abedin), mahbubul@iird-bd.org

USA

John Havican (Asia Connection) jhavican@sbcglobal.net
Nicholas Tseffos, nwatseffos@gmail.com
helpkailakuri@gmail.com

New Zealand (NZ Link Group)

Coordinator Peter Wilson kailakuri.nzlink@gmail.com
Newsletters Hilary Lynch tui_eden@xtra.co.nz
Treasurer Glenn Baker treasurerkhcp@gmail.com

WEBSITES

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