

# Kailakuri Health Care Project

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



## 2019 ANNUAL REPORT

### Table of Contents

1. Introduction.....	1
2. Statistics at a Glance.....	3
3. Low Cost Health Care at a Glance.....	4
4. Preparation for the Future.....	5
5. Gender Disparity and Religious Breakdown.....	6
6. Annual Accounts for 2019.....	7
7. Donor List.....	9
8. Financial Situation and Budget.....	13
9. Staff, Training and Health Education.....	13
10. The Mother-Child Village Programme.....	15
11. The Primary Health Care Diabetes Programme.....	16
12. General Patient Care.....	18
13. The TB Programme.....	19
14. Conclusion and Appreciation.....	20

### 1. Introduction: Current Project Status

2019 marked the final year of a two-year partnership between Kailakuri Health Care Project and the Indigenous Peoples Development Services (IPDS) NGO, with Kailakuri gaining NGO Bureau registration and budget approval to run as its own NGO, “Dr Baker’s Organisation for Wellbeing”, in December 2019.

Drs Jason and Merindy Morgenson completed 12 months of Bangla language training in June 2019 and moved into the Kailakuri project compound with their young family, having renovated and extended the mud-brick building previously occupied by Dr Mariko Inui from Japan, to accommodate the six of them.

Jason: “We would like to thank everyone for their tremendous support of us during this time of transition to living at Kailakuri. Mymensingh was difficult for the children as we were living in an apartment with no safe place for the kids to simply go outside and play. Moving to Kailakuri was a blessing as the kids could go outside to play again without many worries. The Kailakuri staff have been wonderful with the kids. They

*play with the kids, keep them well fed, teach them Bangla and Mandi, and even let them help out with some of the work needed to be done. The staff have been extremely patient with us as well, as we continue to learn Bangla, see patients, help with their management, and help with managing the project.*

*Edric put a tremendous amount of work and detail into Kailakuri that can only be learned one step at a time. The poor have many needs that can only be understood by those who are poor. Edric chose staff to work at his project from the local poor. He trained them to do the health work, and he trained them very well. The care that the staff give the patients at Kailakuri rivals that of well-trained nurses and doctors in the USA. Tribal Christian, Muslim, and Hindu staff pray together in the morning for all the patients, and those prayers continue throughout the day as they continue to care for the patients. We pray that God will help us pick up where Edric left off in praying with the staff, teaching them, and supporting them in every way that we possibly can.”*

Gonoshashtaya Kendra has continued to provide two rotating internee doctors for two or four-month stints at the project. Dr Rakibur Islam provided oversight as a registered Bangladeshi doctor in 2019. In December 2019, registered doctor Newaz Ahamed joined the Kailakuri team. Once the COVID situation eases, we are open to having new volunteers at the project, especially anyone with a medical background or experience in IT, administration or computer work. We would provide practical advice regarding visas and support for in-country costs. This includes free accommodation and meals at the project and a basic allowance for other necessities. No Bangla language necessary – we will arrange tutors to help with this!!

One of the themes we wanted to highlight this year is the huge contribution made by individuals and community organisations in Bangladesh, to the work of the Kailakuri Health Care Project. This is not immediately obvious in our annual budget statistics, as it often includes in-kind contributions and volunteer work, but it makes an enormous difference to our capacity to serve patients and provide a greater level of care. We have shared some of these examples in photos and anecdotes scattered throughout the report.

As you will see from the statistics, KHCP expenditure in 2019 was 18% higher than 2018. This is partly due to budgeted salary increases which took effect in December 2018 (an average 9% increase, the first salary increase in over two years), but also due to general inflation increases (including the cost of food). Other factors included increases in medicine costs, the number of inpatient and outpatient visits, the amount of surgical transfer referrals made by KHCP and some expenses associated with setting up as an NGO.

Medication costs form a huge part of the total budget. In 2018, KHCP received 6 months’ worth of free insulin, but only 2-3 months’ worth of free insulin in 2019. The insulin for the remaining months was still heavily subsidized by BIRDEM Hospital. Other medications also went up in price. For example, the established medication for gastric conditions was rendered obsolete by the Bangladesh government due to health concerns and replaced by a more expensive alternative. This is one of the most common health complaints in Bangladesh, and Kailakuri prescribes Ranitidine tablets to 3,804 patients per year (at a total cost of USD \$4,543)! Outpatient visits went up by 25% in 2019 and inpatient visits by 27%. This had a significant impact on overall costs, as it meant more meals provided, more medications, and more paid overtime for the paramedics. Also, surgical transfers went up by 96% in terms of patient numbers, but only 40% in terms of costs, as we had a number of subsidized providers. It is 10% of the overall budget. This includes eye camp follow-ups for cataract operations and other common procedures such as gynecological care, removal of tumours, gall bladder surgeries and more.

Some expenses fluctuate from year to year – KHCP bought a huge supply of firewood in 2019 (which powers the wood stoves on inpatient side), but this should last well into 2020. Other costs have come down as KHCP makes greater use of technology, such as mobile calls rather than home visits on occasion.

It takes a lot of work to compile our Annual Report. A big thanks go to Nur Amin Roton who has pulled together all of the statistics (as he faithfully does each year). Thanks also to Pijon Nongmin, Sujit Rangsa and Jason Morgenson for their contributions, and Nadine Vickers for editing, formatting and finalising.

## 2. Statistics at a Glance

	2019	% increase	2018
<b>1. The Village Mother-Child Health Programme (VHP):</b>			
Number of Villages	22	0%	22
Population	19,500	3%	19,000
End of Year Under 4 Year Old Care	1,654	2%	1,615
Number of Women Given Antenatal Care	579	16%	500
Number of Staff Assisted Deliveries	168	24%	136
(including women coming from outside the programme for assisted deliveries & CS referrals)			
<b>2. The Village Mother-Child Health Programme (VHP):</b>	<b>28,000</b>	<b>0%</b>	<b>28,000</b>
<b>3. Outpatient Visits:</b>			
General	26,699	26%	21,270
TB	1,488	2%	1,465
Diabetes	20,048	0%	20,109
<b>TOTAL</b>	<b>48,235</b>	<b>13%</b>	<b>42,844</b>
<b>4. Inpatient Admissions</b>			
General	1,260	26%	1,000
Diabetes	472	29%	367
<b>TOTAL</b>	<b>1,732</b>	<b>27%</b>	<b>1,367</b>
<b>5. End of Year Diabetes Patient Numbers:</b>	<b>1,604</b>	<b>-3%</b>	<b>1,661</b>
<b>6. No. of TB Patients Treated:</b>	<b>96</b>	<b>10%</b>	<b>87</b>
<b>7. No. of Surgical Transfer Patients:</b>	<b>329</b>	<b>96%</b>	<b>168</b>
<b>8. Total No. of Staff:</b>	<b>80</b>	<b>-6%</b>	<b>85</b>
(equivalent number of full-time staff = )	(100)	0%	(100)
<b>9. Total Expenditure:</b>			
BDT	2,50,32,000	18%	213,01,000
USD	294,494	16%	253,583
NZD	447,000	22%	367,259
Euro	266,298	19%	224,221
GBP	223,500	10%	202,867

(Exchange Rate details – see next page)



Dr K Jaman BNSB Eye Hospital held a free eye camp on 16 June 2019. They did 200 cataract operations for poor patients and provided 200 sets of glasses as well as treatment to 850 people. Kailakuri received the equivalent of \$19,600 USD worth of free services from BNSB (as it costs \$95 for a cataract operation and \$3 for glasses at a private eye service centre in

### 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>	1,003	12	18	11
2. <u>Six months multidrug treatment course</u> for one TB patient (cost to KHCP)	2,531	30	45	27
3. <u>One general outpatient visit</u> (including salary and medications)	120	1	2	1
4. Cost of keeping <u>one inpatient</u> admitted for <u>one day</u> (incl. medication, food for patient & attendant)	492	6	9	5
5. Cost of supervision and treatment of <u>one diabetes patient</u> for <u>one year</u> (cost to KHCP)	4,370	51	78	46
6. <u>Staff pay for 80 staff</u> for one year	112,11,000	131,894	200,196	119,266
7. Average pay, <u>one staff member</u> for <u>one month</u> (including overtime)	112,11	132	200	119
8. Average pay, <u>one functional full time staff member</u> (100 functional full time staff, see note. 1)	8,969	106	160	95
9. Total <u>project expenditure</u> for one year	250,32,000	294,494	447,000	266,298
10. Approximate <u>cost per person</u> touched (appr 28000)	400	5	7	4
11. <u>Fixed expenditure</u> (total salary bill) per person touched	380	4	7	4

#### 2019 Exchange rates: 10 December 2019

**USD 1** = 85 BDT (2018: 84), **NZD 1** = 56 BDT (58) **Euro 1** = 94 BDT (95) **GBP 1** = 112 BDT (105)

#### Notes:

Many of the 80 staff work overtime so the functional fulltime staff number is 100. The annual individual salary increment was 9%, but our salary bill was only 5% more than 2018 because five staff retired.



Staff adapting to the COVID-19 PPE protocols. On occasion we need to hire an ambulance.





## 4. Preparation for the Future

In 2020 Kailakuri is operating as an independent NGO, known as “Dr Baker’s Organisation for Well-Being. Drs Jason and Merindy Morgenson will complete their two-year term at Kailakuri mid-year and plan a six-month sabbatical in the USA with their family. Dr Newaz Ahamed, a Bangladeshi registered doctor, will remain at the project and provide medical oversight to the team of paramedics, alongside the internee doctors.

### 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 and Roton 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](http://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 will run bi-annual diabetes meetings in 2020, with all diabetic patients.



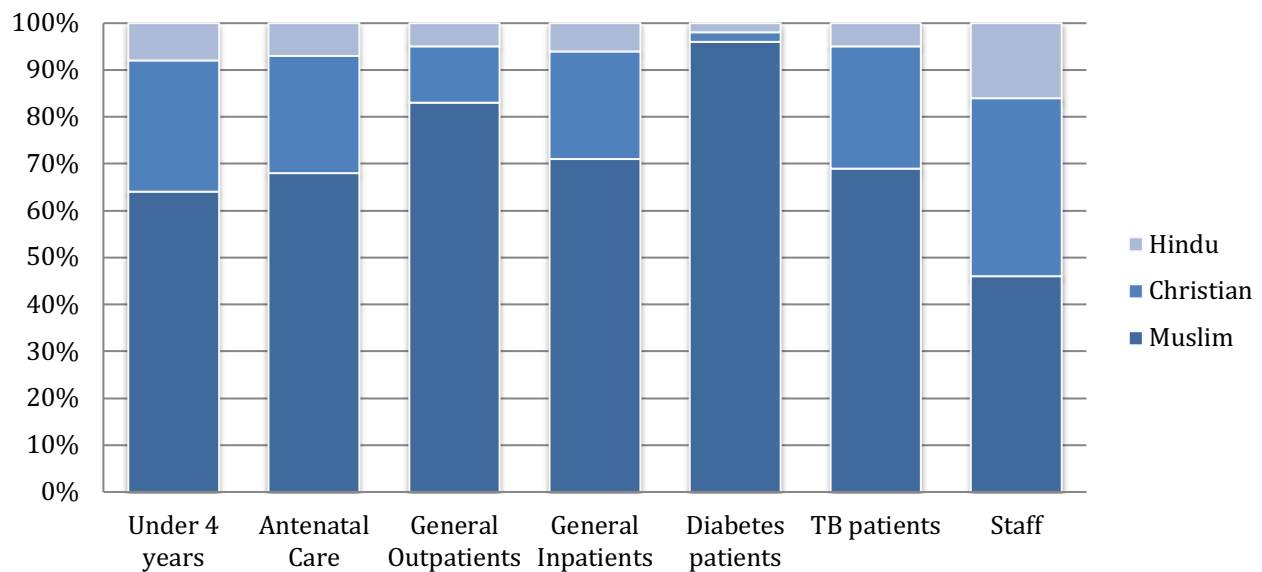
Professor Dr Selina Husna Banu held an epilepsy camp for 120 follow-up patients in January 2020.

## 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
64%	62%	43%	79%	62%	47%

### Religious Community Breakdown



The Doctors' Community donated medicine, oxygen cylinders and other supplies when they visited Kailakuri in September 2019.

## 6. Annual Accounts for 2019:

(1<sup>st</sup> December 2018 to 31<sup>st</sup> November 2019 )

INCOME	BDT ('000s)	USD	NZD
<b>Opening Balance</b>	<b>17,25</b>	<b>20,294</b>	<b>30,804</b>
<b>Income/Receipts</b>			
Foreign Donations	263,08	309,506	469,786
Patient Fees	23,79	27,998	42,482
Staff Meals	88	1,035	1,571
Local Donations	6,67	7,847	11,911
Miscellaneous	39	459	696
<b>Total Income/Receipts</b>	<b>294,81</b>	<b>346,835</b>	<b>526,446</b>
<b>Total Opening Balance &amp; Income/Receipts</b>	<b>312,06</b>	<b>367,129</b>	<b>557,250</b>
<b>EXPENDITURE</b>			
Salaries	93,60	110,118	167,143
Education Materials etc	1,08	1,271	1,929
Diabetes Medications	10,01	11,776	17,875
Other Medicines	30,03	35,329	53,625
Diabetes Equipment	5,78	6,800	10,231
Other Medical Equipment	89	1,047	1,589
Supplies & Equipment	78	918	1,393
Patient & Staff Meals	20,06	23,600	35,821
Gardens and Grounds	50	588	893
Firewood	2,33	2,741	4,161
Lamps and Kerosene	44	518	786
Bedding	48	565	857
Travel and Conveyance	10,44	12,282	18,643
Poor Patients	6,44	7,576	11,500
Surgical Transfers	17,83	20,976	31,839
Home Visits	38	447	679
Diabetes Meetings	-	0	0
Miscellaneous	1,32	1,553	2,357
MCH Village Health Programme (excluding salaries)	1,60	1,882	2,857
SSP (Stipent support programme)	1,66	1,953	2,964
<b>SUB TOTAL</b>	<b>205,65</b>	<b>241,941</b>	<b>367,232</b>
<b>Administration</b>			
Salaries	<b>18,51</b>	21,776	33,054
Provident Fund	9,74	11,459	17,393
Stationery	3,02	3,553	5,393
Electricity	1,54	1,812	2,750
Phone and Emails	20	235	357
Furniture	11	129	196
Cycle Repairs	36	424	643
Building Repairs	4,35	5118	7,768
Bank Fees	30	353	536
Audit Fees	138	1624	2,464
IPDS Central Office Service Charges	-	0	0
<b>SUB TOTAL</b>	<b>39,51</b>	<b>46,482</b>	<b>70,554</b>
<b>Capital Expenditure</b>			
New Cycles	-	0	0
New Buildings	-	0	0
Electrical Installations	29	341	518
Land Purchase (New NGO and communication)	1,63	1,918	2,911
<b>SUB TOTAL</b>	<b>1,92</b>	<b>2,259</b>	<b>3,429</b>
<b>Government Value-Added Tax (VAT)</b>	<b>3,24</b>	<b>3,812</b>	<b>5,786</b>
<b>TOTAL EXPENSES</b>	<b>250,32</b>	<b>294,494</b>	<b>447,000</b>
<b>CLOSING BALANCE</b>	<b>61,74</b>	<b>72,635</b>	<b>110,250</b>

**Notes:**1. Expenditure Breakdown According to Programme

Programme	BDT ('000s)	USD	NZD	% of Total
<b>Diabetes Programme</b>	<b>70,09</b>	<b>82,459</b>	<b>125,161</b>	<b>28</b>
Diabetes Inpatients	(21,73)	(25,565)	(38,804)	(9)
<b>General Patients</b>	<b>78,42</b>	<b>92,259</b>	<b>140,036</b>	<b>31</b>
General Inpatients	(46,42)	(54,612)	(82,893)	(19)
General Outpatients	(32,00)	(37,647)	(57,143)	(13)
Total Inpatients, General & Diabetes	(68,15)	(80,176)	(121,696)	(27)
<b>Administration</b>	<b>32,88</b>	<b>38,682</b>	<b>58,714</b>	<b>13</b>
<b>MCH Village Programme</b>	<b>23,30</b>	<b>27,412</b>	<b>41,607</b>	<b>9</b>
<b>Surgical Transfers &amp; Poor Patient Referrals</b>	<b>24,27</b>	<b>28,553</b>	<b>43,339</b>	<b>10</b>
<b>SSP (Stipend support programme)</b>	<b>1,66</b>	<b>1,953</b>	<b>2,964</b>	<b>1</b>
<b>Other</b>	<b>1,32</b>	<b>1,553</b>	<b>2,357</b>	<b>1</b>
<b>Health Education</b>	<b>6,08</b>	<b>7,153</b>	<b>10,857</b>	<b>2</b>
<b>Capital Expenses incl. repairs</b>	<b>6,63</b>	<b>7,800</b>	<b>11,839</b>	<b>3</b>
<b>TB</b>	<b>2,43</b>	<b>2,859</b>	<b>4,339</b>	<b>1</b>
<b>Government VAT</b>	<b>3,24</b>	<b>3,812</b>	<b>5,786</b>	<b>1</b>
<b>Total (excl. expenses in italics)</b>	<b>250,32</b>	<b>294,494</b>	<b>447,000</b>	<b>100</b>

*(all costs include salaries where appropriate)*

- Exchange Rates at 10 December 2019 (mid-market rates from [www.xe.com](http://www.xe.com))  
**USD 1 =** 85 BDT (2018: 84 BDT)      **Euro 1 =** 94 BDT (2018: 95 BDT)  
**NZD 1 =** 56 BDT (2018: 58 BDT)      **GBP 1 =** 122 BDT (2018: 105 BDT)
- The total expenditure of BDT 250,32 000 (294,494 USD) has increased by 18% since 2018.
- 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.



Professor Dr Shareef did free operations for 14 cleft lip and palate patients in 2019 and also does skin graft operations for burns patients.



## 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.



In 2019, we continued to have regular visits from Ayako, a Japanese physiotherapist based in Mymensingh who works with disabled children. She is also training our staff how to do this.



Dr Jorg from Germany visited with Mati's Executive Director Lenen and delivered training to paramedics on Chronic Obstructive Pulmonary Disease.

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.



Nurses Lyn, Marie and Nerida from Tauranga, New Zealand, visited in Feb 2019 and volunteered at Kailakuri.

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



Belgium group (Probus Bongo) donated funds in February 2020 to repair the Maternity building they had constructed several years ago, when a group of their volunteers visited the project in Bangladesh.



In September Sara Gordon from Christchurch, New Zealand, volunteered a month of her time to help out at Kailakuri, particularly with administration and English tutoring for senior staff. She was a big encouragement for staff in her enthusiasm for the project and interest in learning more. Previous volunteer Nadine Vickers returned with her husband (and ex-employee of Kailakuri), Ratan Bormon, to visit Bangladesh for six weeks and spend time at Kailakuri. This overlapped with Sara's visit, and Nadine's brother Isaac spent a week or so analyzing Kailakuri's financial situation and providing advice, which was well received given his professional skills as a financial advisor.



## 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 Aristopharmy 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. **Gonoshashtaya 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 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.



The Executive Director of our previous partner NGO IPDS, namely Mr. Sanjeeb Drong, visited Kailakuri in September 2019. They continue to provide advice and support in Kailakuri's NGO journey.

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
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 allowed us to purchase more at 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, 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. 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.
33. **Local religious leaders** who inspire us to work with the poor.
34. 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.
35. Other **Bangladeshi friends** who have given both monetary donations and wise advice.



Professor Dr Tahmina Begum's visit in July 2019



BIRDEM Hospital Life for a Child and Changing Diabetes in Children project held a camp on 26-27 September 2019. They checked the HbA1C levels for young diabetics and did cataract operations for some patients.



## 8. Financial Situation and Budget:

### I. Income, Expenditure and Balances for 2019 (actual) and 2020 (projected):

	2019	2020
	USD	USD
Opening Balance	20,294	72,635
Income	346,835	192,282
Total	367,129	264,917
Expenditure	294,494	303,623
Balance	72,635	-38,706*

### II. Income Breakdown (%):

Opening Balance	6%	23%
Patient Fees	8%	10%
Other Local Income+ Loan Receive	3%	2%
Foreign Donations	83%	65%

### III. Source of Foreign Donations:

USA	31%	35%
NZ + Japan	58%	55%
Switzerland	11%	10%

#### Notes:

- (1) *The income, expenditure and balances shown correspond to 1<sup>st</sup> December to 30<sup>th</sup> November financial years (as against NGO and audit 1<sup>st</sup> December to 30<sup>th</sup> 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 82 staff in January 2019 (NB: down to 79 by December 2019). 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 welcome others to join!).

**The Health Action Team:** 67 (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:	16
VII. Cooks	8
VIII. Patient Transfer staff	2

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: 15 (18% of staff)

I. Monitoring Officer	1
II. Administration	1
III. Finance Staff	3
IV. Office Staff:	2
V. Garden, Compound, Market, etc.:	8

## III. Staff Gender and Religious Breakdown

Amongst the staff 61% are male, and 39% are female: Muslim 46 %, 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 Newaz Ahamed 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 two are currently studying, alongside shifts at the project.



Dr Edric Baker Human Welfare Association planting a tree at Kailakuri to celebrate the 4<sup>th</sup> anniversary of their activities. At first they were involved in collecting blood for patients. Now they also do blood tests for identity group, tree planting, health awareness camps and support for poor patients.

The Deputy Commissioner of Tangail, Md Shahidul Islam funded an administration building for Kailakuri, which was officially opened on 27 February 2020. It has three generously-sized rooms.



## 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 2019

Number of Villages: 22 (population 19,500)

Staff: Village Workers 11, Supervisors 5

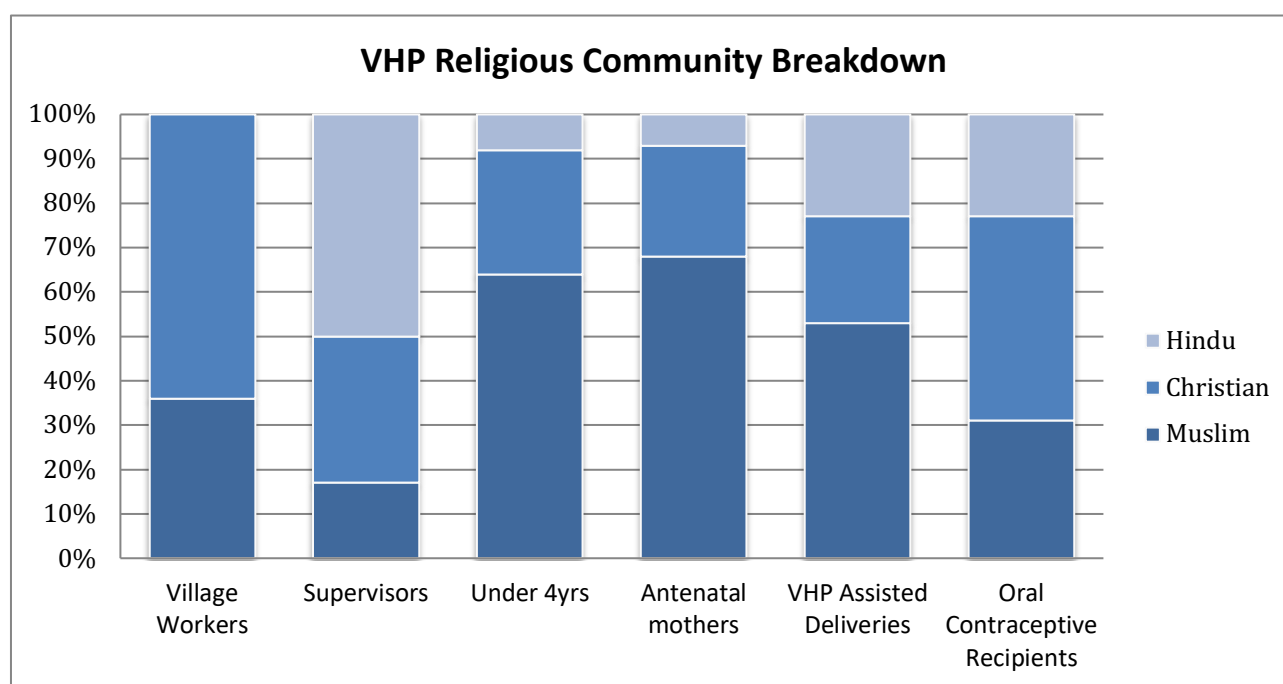
Under four old Child Care: 1,654 (2% more than 2018) at years' end. Weight chart survey at the end of the year showed nutrition problems in 3% (failure to gain weight over three consecutive months, a drop of 0.8kg not yet regained or below 3rd centile on weight chart). This very low figure shows the 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: 579 mothers were given ANC (16% more than in 2018).

Delivery Care: 16% of ANC mothers had staff assisted deliveries, 90 deliveries (10% less than in 2018), 78 in their homes and 12 at the project health centre.

Family Planning: Staff continue to motivate couples to use the government programme, and 16 couples received oral contraceptives from the VHP.



**The total cost** of the VHP for 12 months was BDT 23,30,000 (USD 27,412) (NZD 41,607) (Euro 24,787) about BDT 1,003 (USD 12) (NZD 18) (Euro 11) per mother or child cared for.



Hanif Sangket visited Kailakuri in November 2019 to interview Drs Jason and Merindy Morgenson and helped to raise Kailakuri's public profile across Bangladesh when this screened on national television, on Ittaydi.

## 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 2019

#### End of Year Patient Analysis

**Total Number:** 1,604 (3% less than from 2018)

**Treatment:** Insulin 873 (54%) Glibenclamide tablets 7,31(46%),

**Religio-Ethnic Breakdown:** Muslim 1,555 (96%), Hindu 31 (2%) Christian 21 (18%)

**Gender:** Male 484 (30%), Female 1120 (70%)

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

#### Insulin Patients

Total number treated during 2019: 928 (1% more than from 2018)

Continuing from 2018 865

Started in 2019 63

Transferred Out } -55

Defaulted 16 (2%)

Died 39 (4%)

Continuing into 2020 873

<u>End of Year Analysis</u>	<u>Insulin Patients</u>	<u>Tablet Patients</u>
<b>Total Number of Patients</b>	<b>873</b>	<b>731</b>
<b>Regular Attendance</b>	<b>98%</b>	<b>95%</b>
<b>Diabetes Control (Benedict):</b>	Good 85% Fair 9%	Good 80% Fair 11%
<b>Distance of Home from nearest Sub-Centre:</b> [15miles = 24km, 10 miles = 16km, 5miles = 8km]	Within 15 miles 97% 0-5miles - 36% 6-10miles - 35% 11-15 miles - 26%	Within 15miles 85% 0-5miles - 27% 6-10miles -30% 11-15miles -28%
<b>Functional Literacy:</b> (able to write name & read or write a very simple letter).	85%	<b>76%</b>
<b>Age:</b>	Under 30yrs -6% Under 21yrs- 5%	Under 30yrs -1% Under 21yrs -0%
<b>Economic Status:</b> [based on home visit assessment).	Very Poor - 25% Extremely Poor -63%	Very Poor -29% Extremely Poor-62%
<b>Religio-ethnic Status:</b>	Muslim 97% Christian 1% Hindu 2%	Muslim 96% Christian 2% Hindu 2%
<b>Gender breakdown:</b>	Male 38% Female 62%	Male 21% Female 79%



### **Glibenclamide Tablet Patients**

Total number treated in 2018 :	1182 (12% decrease from 2018)
Continuing from 2018	796
Started in 2019	386
Changed to diet only	0
Transferred	87
Defaulted	300
Died	28
Changed to Insulin	36
Continuing into 2020	731 (-8%)

### **Diabetes Patients Admitted at Kailakuri**

Total Number: 472 (20% decrease from 2018)

Average Duration of Admission: 10 days

Religio-Ethnic Breakdown: Muslim 97%, Christian 2%, Hindu 1%

Gender: Male 30%, Female 70%

44% 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 and hypertension, one from kidney failure and brain TB and one from kidney failure 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. Cataracts (including retinopathy)
6. Pregnancy/delivery
7. Hypertension
8. Kidney disease
9. Peptic ulcers.
10. Other chronic complications of diabetes (neuropathy, nephropathy)

**Followed by:** Gynaecological problems ascaris, pneumonia, diarrheal diseases, urinary tract infections, 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: 63

Travel cost: BDT 271,000 (USD 3,188), (NZD 4,839)

Average cost per patient BDT 4,300 (USD 51), (NZD 77)

Cost of Diabetic Stock	BDT (000's taka)	USD	NZD
Insulin	40,59	47,753	72,482
(Project Portion 19%)	(7,59)	(8,929)	(13,554)
(BIRDEM Portion) 81%	(33,01)	(38,835)	(58,946)
Glibenclamide Tablets	2,45	2,882	4,375
Diabetes Equipment	5,78	6,800	10,321
Total Cost	48,80	57,412	87,143
Cost to Project	15,79	18,576	28,196

Estimated Cost of the Diabetes Programme (to KHCP)	BDT (000's taka)	USD	NZD
Stock	15,79	18,576	28,196
Inpatient Care	17,19	20,224	30,696
Staff Salaries	23,09	27,165	41,232
Non Diabetes Medicine	7,48	8,800	13,357
Cost of sending Patients to Dhaka	2,71	3,188	4,839
Meetings	0	0	0
Other Travel & Home visit	3,83	4,506	6,839
<b>Total</b>	<b>70,09</b>	<b>82,459</b>	<b>125,161</b>

The cost to the project was **BDT 70,09,000** (USD 82,459) (NZD 125,161), about 28% of the KHCP expenditure for the year and about **BDT 4,037** (USD 47), (NZD 72) per patient. If the BIRDEM subsidy of **BDT 2,060** (USD 24) (NZD 37) is added it becomes **BDT 6,430** (USD 76), (NZD 115) per patient per year.

## 12.General Patient Care:

2018	Outpatients	Inpatients
<b>Patient visits</b>  [2miles = 3.2km, 5 miles = 8km]	<b>26,699 ( 26% more than 2018)</b> Distance of Home: 0-2 miles 51% 3-5 miles 30% Over 5 miles 19%	<b>1732 admissions (27% more than 2018)</b> <ul style="list-style-type: none"> <li>12,60 general patients (26% increase)</li> <li>472 diabetes patients (26% increase)</li> </ul> <b>Average number of admitted patients:</b> 35 (19 general plus 16 diabetes) <b>Average duration of stay for general patients:</b> 6 days (10 days for diabetes patients) (overall average stay 8 days).
<b>Religio-ethnic breakdown</b>	Muslim 83%, Christian 12%, Hindu 5%	Muslim 71%, Christian 23%, Hindu 6%
<b>Gender</b>	Male 35%, Female 65 % Children under 5 yrs 8%	Male (38%), Female (62%) Children under 5 yrs (21%)
<b>Top 10</b>	<b>Outpatient Problems</b> (no. of visits): <ol style="list-style-type: none"> <li>1. Peptic ulcer</li> <li>2. Hypertension</li> <li>3. Asthma</li> <li>4. Epilepsy</li> <li>5. Abscesses, sores and ulcers</li> <li>6. Gynecological problems</li> <li>7. Urinary tract infections</li> <li>8. Pneumonia</li> <li>9. Otitis media</li> <li>10. <i>arthritis</i></li> </ol>	<b>General Inpatient Problems:</b> <ol style="list-style-type: none"> <li>1. Pregnancy and delivery problems</li> <li>2. Diarrhoeal diseases</li> <li>3. Malnutrition and wasting</li> <li>4. Peptic ulcer</li> <li>5. Abscesses, sores and ulcers</li> <li>6. <i>Jaundice</i></li> <li>7. Asthma and bronchitis</li> <li>8. Pneumonia</li> <li>9. Hypertension</li> <li>10. Gynecological</li> </ol>
<b>Followed by</b>	Psychiatric problems, pregnancy, other skin diseases, kidney problems, back pain, anaemia, eye problems, worms, Gingivitis, 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, kidney problems, eye problems, heart failure, cleft lip, cleft palate.
<b>Cost of Running the Department</b>	<b>Cost of Running the General Outpatient</b> (inc VHP) for 12 months was <b>BDT 32,00,000</b> (USD 37,647) (NZD 57,143), making cost per visit <b>BDT 120</b> (USD 1) (NZD 2) which includes salaries, medicines, stationery etc.	<b>Cost of Running the Inpatient Department</b> (general plus diabetes) for 12 months was <b>BDT 68,15,000</b> (USD 80,175) (NZD 121,696). With a total 1,732 patients and average stay of 8 days that is <b>BDT 492</b> (USD 6) (NZD 9) per patient per day.

### III. Surgical Transfers and Poor Patient Referrals:

Surgical transfers comprise patients sent to other hospitals for surgery. We transferred 129 such patients, 96% more than in 2018. Poor patient referrals are patients sent elsewhere for investigations or non-surgical treatment. The combined expenditure for the two groups was BDT 24,27,000 (USD 28,553) (NZD 43,339), 29% more than in 2018. 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 2018 and June 2019. Four subsequently transferred to other centres (all cured). Of the remaining 25 patients, 2 died, i.e. 94% cure rate.

### II. Kailakuri Statistics for 2019 :

Total Number Treated		96 (10% increase from 2018)
No. Continuing from 2018		19
Started in 2018	+77	(22% increase from 2018)
Completed	- 44	} 52
Transferred	- 7	
Defaulted	- 0	
Died	- 1	
Treatment Failed	(- 8)	
Continuing into 2019	29	
(Preventative Treatment 15)		

### III. Patient Analysis:

Category 1 (new sputum positives):	43 (45%)
Category 2 (retreatment):	7 (7%)
Category 3 (non-pulmonary)	31 (32%)
Preventative treatment	15(16%)

### 100% followed treatment regularly.

The patient who died, was elderly and had malnutrition.

**Distance from home:** 46% were from within five miles and 54% within two miles

35% were under 30 years of age

**Religio-Ethnic Breakdown:** Muslim 69 %, Christian 26%, Hindu 5%

**Gender:** Male 57 %, Female 43 %

22 patients (23%) were hospitalized at Kailakuri

7% patients also had diabetes.

The **total cost** to KHCP of the TB Programme was **BDT 243,000** (USD 2,859 (NZD 4,339) which comes to **BDT 2,531** (USD 30) (NZD 45) per patient.

## 14. Conclusion and Appreciation

We are thankful that Kailakuri has successfully navigated the transition from being the project of an NGO (in partnership with IPDS), to a fully-functioning independent NGO, receiving funds directly from international donors and managing our own liaison with the NGO Bureau and other government agencies.



Kailakuri's vegetable garden, where eggplant and leafy veges are being grown for patient meals.

Since early 2020, COVID-19 has definitely changed a few practices at Kailakuri. Staff are now wearing masks, practicing physical distancing where possible, emphasising the importance of hand-washing and using PPE when appropriate, including visits to the diabetes subcentre at Madhagonj, over 70 kilometres away. As of 28 June 2020, there are 133,978 confirmed cases of coronavirus in Bangladesh, of which 54,318 have recovered, and 1,695 deaths across the country. Schools remain closed and there are still significant travel restrictions. Thankfully Kailakuri seems to be less-affected at this stage. Patients showing COVID-type

symptoms are encouraged to travel directly to Madhupur or Mymensingh for testing, as this is managed by government facilities there. There have been 20 confirmed cases in Madhupur sub-district, and 399 across the whole of Tangail district. KHCP has experienced some equipment shortages, such as oxygen refills, but has kept the supply of insulin intact, on behalf of almost 1000 insulin-dependent diabetic patients.

**KHCP- New Zealand Link Group:** In September, Kailakuri Link was licensed to show the documentary movie 'Soldiers Without Guns' as a fundraiser. Just as the story of Edric Baker and Kailakuri is an inspiring one, this movie tells another inspiring story – of how Kiwis ended a nine year civil war and brought peace to the island of Bougainville in Papua New Guinea without using guns. By year's end, showings of this movie had grossed \$2,000. Our licence has been extended to allow showings through 2020. Kate Day, who is writing Edric's biography is a researcher by profession and she is very good at it. Her research has revealed previously little known incidents and aspects of Edric's life. This is taking time, but it is well worth the wait as it is all adding up to a fascinating story. It is hoped that the book will be printed and published in 2020. The NZ Kailakuri Link Group has sent a letter of thanks to the Morgan Foundation who have been giving generous financial support for the past 11 years. When Gareth Morgan first met Edric in 2008, he committed his family foundation to five years of support. Gareth and his wife Jo having visited Kailakuri and being really impressed with what Edric was achieving with the health centre, this stretched out to 11 years. The Kailakuri staff and community will be for ever grateful for this long term support which played a part in developing Kailakuri to what it is today.

### CONTACTS

#### Bangladesh

KHCP Administration: <kailakurihealthcentre@gmail.com>

Dr Baker's Organisation for Well-Being: Pijon Nongmin <drbakersonorganisation@gmail.com>

#### USA

Jason Morgenson <jwmorgen@gmail.com>

Ted Rose (Asia Connection) <whoknowstedrose@gmail.com>

John Havican <jhavican.asiaconnectioninc@gmail.com>

#### New Zealand (NZ Link Group)

Coordinator Peter Wilson <kailakuri.nzlink@gmail.com>

Newsletters Hilary Lynch <tui\_edden@xtra.co.nz>

Treasurer Glenn Baker <treasurerkhcp@gmail.com>

### WEBSITES

[www.kailakuri.com](http://www.kailakuri.com)

[www.facebook.com/kailakuri](https://www.facebook.com/kailakuri)