

KAILAKURI HEALTH CARE PROJECT

(Kailakuri & the Mati NGO)

Village Kailakuri, Madhupur Thana, Tangail District, Bangladesh



October 2014: Mother-Child Care in the Village Health Programme - “Focus on Subokachona”

We have started mother-child care services in a new village area: Subokachona, since early 2014. The Kailakuri village workers working in this area are Moriom and Kadiza, each responsible for a different area of the village. Moriom does monthly check-ups for 29 children and 10 pregnant mothers. (Moriom is responsible altogether for 4 village areas and supervises 107 children and 20 pregnant mothers). Each week a supervisor goes with the village workers for one or two areas.

Before KHCP extended activities into Subokachona, there was a real deficiency in mother-child services (government workers were only doing delivery assistance, immunisations and family planning). Occasionally we would receive mothers and children at the Kailakuri clinic as outpatients. Initially a village meeting was held to confirm whether people were interested in Kailakuri’s assistance and the overwhelming response was YES.



A few days ago I (Nadine) met with Taslima at her home in Subokachona, along with her two children and her husband Shahin. Shahin’s mother also lives with the family. The couple’s daughter Sharmin is

aged 3, and their son Somuel aged 9 months. They live in a simple mud house and own 1.25 acres (0.5 hectare) land, which they have planted out in pineapples (a local cash crop). These small market-gardening type holdings allow middle class village families in our area to make quite a good living (by local standards). Taslima had both deliveries at home, with no mid-wife. However, she was fortunate to have no complications. She was first introduced to our village health worker Moriom about six months ago.

Moriom is responsible for visiting 29 under 4-year-old children in this village every month. She maintains a weight chart for each child and offers general advice and medication to the families as needed. This advice includes issues such as:

- Exclusively breast-feeding their babies until they are six months old;
- Then progressively introducing soft nutritious foods – such as rice porridge, lentils, vegetables and eggs, etc;
- Feeding their children 5-6 times per day;
- Always washing their hands with soap or ash before eating;
- Bathing their children regularly;
- Wearing sandals at all times instead of going barefoot (to prevent hookworm);
- Using proper latrines rather than toileting in the fields.

At today’s weigh-in Taslima’s 3-year-old daughter Sharmin is only 9.8 kg, which is underweight for her age. She has recently been sick with a fever and diarrhoea, and eating very little. Unfortunately a few months ago Shahin beat up his wife and Taslima sought refuge at her parent’s home, taking her son with her. Her daughter remained in the care of Shahin and his mother. There was a village court case and finally the situation was resolved with Shahin agreeing to sign over 0.2 acre (0.06

hectare) land into his wife's name, not an insignificant amount in our area. She returned to the home with Somuel about 10-12 days ago, and this is Moriom's first follow-up visit to the family.

While Taslima was away, her husband went to the local pharmacist to obtain medications for his daughter's sickness. The pharmacist prescribed worm tablets for Sharmin, and vitamin A to increase her appetite! However Moriom gently informed him there was no need for his daughter to take worm tablets, as Kailakuri regularly prescribes these, and Sharmin had already had her dose. Neither would vitamin A be desirable at this time (as high dose vitamin A capsules are regularly given by government workers to prevent vitamin A deficiency blindness and excess can be dangerous).

Instead she gave feeding advice and a number of folic acid tablets for mal-absorption, as well as some fever medication. She explained carefully how many tablets should be taken, and at what time of the day. She also encouraged the family to plant some vegetables around their home, so they would not need to buy all of their food from the market.

This is because financial pressures often mean that poor families cannot afford to buy enough nutritious fruit and vegetables for their families. Moriom mentioned that mothers often feed their children salted rice, or rice flavoured with sugar or molasses, as a cheaper alternative.



Later on that day we visit Monija, aged 16, who is 5 months pregnant. She was married at age 14, and this will be her first child. Moriom identified Monija's pregnancy several months ago, after listening to her symptoms (she shows me the antenatal chart patient ticket she wrote up). She now visits Monija every month to monitor her

progress. Moriom completes the paperwork and does a blood pressure and abdomen check (in the privacy of her home) as I sit in the background.

When I question what advice Monija has received, she tells me that Moriom has been encouraging her to eat well during her pregnancy. She seems a bit nervous about what to expect, and is full of questions for Moriom. Moriom tries to persuade her to give birth at the Kailakuri clinic because this will be a high-risk delivery.

Our staff mention that within Subokachona, trust in Kailakuri's services is growing. As relationships deepen, the local women are relying more on advice from village health workers before they make important decisions. For example, pregnant mothers wait for the OK from their health worker before travelling to their parents' home to give birth (as per tradition in Bangladeshi society).

In Subokachona village, there are tube-wells in most homes (used for drinking water, cooking, washing utensils, clothes etc.), but not everyone has a tubewell. Those who don't need to carry their drinking water from elsewhere. But not everyone bothers with this – the tube well may be far away, or they may need water urgently - in which case they drink directly from a traditional well, and risk getting water-borne illnesses (because the bucket used to draw the water stands in-between times on often heavily contaminated ground). The village health workers warn locals of these risks.

There are also toilets at most homes (some of which are in dire need of repair). But in the initial village meeting, we heard that some people prefer to toilet in the fields – which causes the spread of illnesses such as hookworms. Through the patient teaching of our village health workers, these attitudes are beginning to change. When KHCP first began work in this village, they came across many skin sores in young children (from lack of attention to hygiene) but this is now uncommon. And in many other ways, we are seeing gradual progress.

This extension would not have been possible without the generous assistance of Rita Lampart-Kimmel and the World Child Future Foundation (WCFF) in Switzerland, who have agreed to fund our entire village programme costs (including mother-child care in 19 local villages) for a 3-year period from Sep 2013 - Aug 2016. We are extremely grateful.

Our mother-child village programme, first built up by New Zealand mother-child nurse Libby Laing, now covers 19 villages with 18 workers caring for 1,102 small children and 388 pregnant mothers

from three different ethnic-religious communities. It is one of our most important activities.
- Nadine Vickers

P.S. Nadine has been working with us for approaching two years, most especially on communications and funding, and has given us great help through an extremely difficult period. Without her help we would not have been able to continue the programme. She is shortly returning to New Zealand and has offered to speak to various groups and churches about our work. We are very grateful to her, wish her well for her future plans to study development assistance for the poor, and are busy hunting for a replacement.

I myself (Edric, medical coordinator) have recently developed a rather major health problem and so we are especially grateful to Dr Mariko Inui from Japan for returning to help us and to Gonoshashtaya Kendra (Bangladeshi medical college hospital) for providing us with an ongoing programme of rotating internee doctors. We are awaiting our two long-term young American doctors who will come to us next year (any other doctors ready to stay a moderate length of time will be more than welcome!) - Edric Baker



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WEBSITES

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

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