Kailakuri Health Care Project

"Health For the Poor By the Poor" (in association with the Mati NGO)

2016 ANNUAL REPORT

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1. Introduction:

2016 has been our first full year without Dr Edric Baker ("Dr Bhai") leading the project and we certainly felt his absence. Many of the staff see dreams of him from time-to-time, and a wonderful video has been put together by UCA News, which you can see on You Tube at http://youtu.be/HgO0Ipam9tc or access from our Facebook page: www.facebook.com/kailakuri. We are dedicated to upholding Dr Baker's aim of "health care for the poor, by the poor" and ensuring that the sick and injured in our working area have access to treatment, despite their poverty. Dr Baker was especially concerned for poor diabetic patients, that they learn how to manage their diabetes and live a long and fulfilling life, free of health complications.
These efforts are only possible with the support of committed donors who subsidise the treatment costs.

We are very conscious that we have been drawing on reserve funds to meet expenses. Despite a 3% decrease in overall expenditure our patient numbers are up 2% for 2016. In 2017, we are looking at additional ways to save funds and improve the project's efficiency, so that we can operate sustainably and retain a modest reserve. This may lead to a slight decrease in total patient numbers, as we are committed to maintaining a high standard of care and we need a certain paramedic-to-patient ratio to achieve this. We collect a small percentage of treatment costs from patients, according to their financial ability, as charging the full amount would make this inaccessible.

Two doctors from Gonoshashtaya Kendra (GK) continue to provide medical supervision on a two-monthly rotating basis and American doctors Jason and Merindy Morgenson have reached 100% of their funding target for their first term in Bangladesh so we expect them to arrive within a few months once the visa paperwork is completed. They intend to serve long-term at Kailakuri. In terms of personnel, one village supervisor retired in 2016 and we have now a total of 90 staff, excluding two Gonoshashtaya Kendra doctors and New Zealand volunteer Nadine Vickers. Former Project Advisor Dr Jenny Clarke has been promoted to a regional leadership position in New Caledonia and her colleague Sr Julienne Hayes-Smith kindly offered to take her place. She is an experienced nurse practitioner based in Dhaka, who pioneered the Safe Motherhood programme for CARITAS in Bangladesh. Sr Julienne also has a Masters degree in Development Studies and many years of experience in managing medical projects. She visits the project for a few days every month as well as remaining in phone, Skype and email contact.

In other news, Kailakuri Health Care Project is hoping to set up as an independent NGO. We have applied for Social Welfare Department registration and once this is granted we plan to apply to the NGO Bureau for registration and approval of a three-year budget (FD-6), allowing us to bring in foreign funds in the name of 'Dr Baker's Organisation for Well-Being'. Kailakuri's Project Manager Pijon Nongmin has been appointed as provisional Executive Director (ED), alongside an Executive Committee of nine members led by Chairwomen Mironi Hagidok. Most of the Executive Committee members are part of a Project Advisor Committee put together by Dr Baker in 2004, so they have plenty of experience in advising the Kailakuri project and they are integral to the future vision. They prepared a Constitution which was submitted to the Social Welfare Department. Senior paramedic Sujit Rangsa will continue in his role as Acting Medical Co-ordinator.

We hope that you will pray for and journey with us as we progress through each step of the process, which requires a lot of paperwork and permissions from government. In the meantime we intend to continue as a partner of Mati NGO, who hold the relevant Government authorisations for Kailakuri. Mati's leadership have been gracious in providing advice and supporting our decision to become independent. We have also received valuable guidance from other organisations and individuals close to us – you know who you are!!

Front page: Pijon Nongmin (Project Manager, provisional Executive Director), Nadine Vickers (English Communications) and Sujit Rangsa (Acting Medical Coordinator) receive free medicines from Blue Roses Foundation

2. Statistics at a Glance

		2016	% Increase	2015
1.	**The Village Mother-Child Health Programme (VHP):**			
	Number of Villages	22	10%	20
	Population	18,442	0%	18,442
	End of Year Under 4 Year Old Care	1,438	10%	1,308
	Number of Women Given Antenatal Care	470	-5%	495
	Number of Staff Assisted Deliveries	181	2%	178
	(including women coming from outside the programme for assisted deliveries & CS referrals)			
2.	**No. of Persons Receiving Health Education:**	**28,000**	**4%**	**27,000**
3.	**Outpatient Visits:**			
	General	25,294	5%	24,190
	VHP	340	21%	280
	TB	1,796	-7%	1,936
	Diabetes	20,916	1%	20,808
	Total	48,346	**2%**	**47,214**
4.	**Inpatient Admissions:**			
	General	1,130	8%	1,049
	Diabetes	457	-4%	475
	Total	**1,587**	**4%**	**1,520**
5.	**End of Year Diabetes Patient Numbers:**	**1,803**	**5%**	**1,724**
6.	**No. of TB Patients Treated:**	**105**	**13%**	**93**
7.	**No. of Surgical Transfer Patients:**	**190**	**56%**	**122**
8.	**Total No. of Staff:**	**90**	**-**	**93**
	(equivalent number of full-time staff =)	(125)		(129)
9.	**Total Expenditure:**			
	BDT	23,165,000	-3%	23,820,000
	USD	293,228	-4%	$305,385
	NZD	413,661	-11%	$467,059
	Euro	275,774	-5%	290,488
	GBP	233,990	15%	203,590

(Exchange Rate details – see next page)

Notes:

1. Shulakuri Union was divided into two unions in 2016, and the new union (which includes Kailakuri village) has been named Fulbagchala. For this reason, some 'paras' have become villages. So the number of villages has increased to 22, even though our working area has not grown.
2. Within the national TB programme, people are becoming more aware of the symptoms of extra-pulmonary TB (outside of the lungs), and this is reflected locally with more patients seeking treament from KHCP. In 2016, 43% of our TB patients suffered from extra-pulmonary TB.
3. St Vincent's was unable to restart annual three-month surgical camps in 2016 because of the unstable political situation in Bangladesh but we have sent many surgical patients to Gonoshashtaya Kendra, who provide a 20% discount on patient treatment costs.

3. Low Cost Health Care at a Glance:

Low Cost Health Care	BDT	USD	NZD	Euros
1. Annual antenatal care in the home for one mother/ health nutrition care in the home for one child	1,150	15	21	14
2. Six months multidrug treatment course for one TB patient (cost to KHCP)	1,740	22	31	21
3. One general outpatient visit (including salary and medications)	110	1	2	1
4. Cost of keeping one inpatient admitted for one day (incl. medication, food for patient & attendant)	410	5	7	5
5. Cost of supervision and treatment of one diabetes patient for one year (cost to KHCP)	3,700	47	66	44
6. Staff pay for 90 staff for one year	10,790,000	136,582	192,679	128,452
7. Average pay, one staff member for one month (including overtime)	9,400	118	168	112
8. Average pay, one functional full time staff member (125 functional full time staff, see note. 2)	6,900	87	123	82
9. Total project expenditure for one year	23,165,000	293,228	413,661	275,774
10. Approximate cost per person touched (appr 28,000)	830	11	15	10
11. Fixed expenditure (total salary bill) per person touched	385	5	7	5

2016 Exchange rates:

USD 1 = 79 BDT (2015- 78), **NZD 1** = BDT 56 (51) **Euro 1** = BDT 84 (82) **GBP 1** = BDT 99 (117)

Notes:

1. Many of the 90 staff work overtime so that the functional fulltime staff number is 125. The annual individual salary increment was 8%, but our salary bill was 5% less than 2015 as staff did not cash in their annual holidays, the overtime bill was reduced, one staff retired and two worked part-time.

Dr Edric Baker's Biography

In June 2016 we hosted Kate Day and her mother Faith Alexander for one month at Kailakuri. Kate held over 100 interviews with Edric's friends, colleagues and patients as well as a number of NGO and government officers. She is writing a biography on Edric's life.

Photo: Dr Tarif, Kate, Faith and Pijon (Project Manager)

4. Preparation for the Future

Kailakuri faces a challenging few months as we work towards Social Welfare Department and NGO Bureau registration, so that 'Dr Baker's Organisation for Well-Being' can operate as an independent NGO. We will continue with a partner NGO in the interim. The current health care activities will continue as previously, but as a project of the new NGO. We also hope to attract the services of an English Communications and Fundraising volunteer to replace Nadine who is leaving in the next few months. We would consider anyone who is able to commit at least three to six months to the project, and willing to learn the Bengali language. Do you know of anyone who can help?

i. Medical Supervision and Leadership:

Kailakuri is primarily a paramedic-run project, with 33 paramedics and health educators, 17 village programme staff, 10 health assistants and 2 patient transfer staff. We have two internee doctors from Gonoshashtaya Kendra to provide medical supervision and expect Drs Jason and Merindy Morgenson (and their four young children) to arrive in Bangladesh within a few months. The Morgensons plan to be based in Mymensingh for six months to learn Bengali before gradually taking over medical leadership of the project.

ii. Strengthening the Paramedics:

Separate staff training is carried out once a week for the paramedic team, village health workers and general staff and twelve staff have completed a six-month non-official training programme in Mymensingh. We have enrolled two staff members in a one-year paramedic course for the first time this year.

iii. Communications and Support:

We have continued to produce quarterly English newsletters with input from volunteers such as Nadine Vickers, Ben McLaughlin and Sophie McGrath from New Zealand.

iv. Committee Structures:

This revised Diabetes Constitution was approved in 2016, and the Diabetes Committee held their bi-annual diabetes meetings. An Executive Committee of nine members has been set up in 2017 as we move to become an independent NGO, and this has taken over from the Project Advisor Committee.

Members of the Executive Committee for Dr Baker's Organisation for Well-Being:
Md Abul Kari, Pijon Nongmin, Goren Dalbot, Mironi Hagidok, Agnes Rema, Prodeep Nokrek, Narayon Bormon and Toroni Bormon.
(Md Mujibur Rahaman was unable to attend latest Committee meeting).

5. Community Coverage and Benefit:

Kailakuri provides **mother-child care** for all pregnant mothers and 0-4 year old children in 22 villages, which covers about 50% of the Shulakuri Union (with a population of 40,000, it is only 12% of Madhupur Thana). Maternal complications come to the inpatient service. KHCP is one of many organizations motivating for and promoting the government's immunization and family planning programmes.

Health education is propagated through the village programme and all the project's services and has a wide and effective impact. The Kailakuri **TB Programme** is responsible for the Shulakuri Union, and receives patients from parts of the surrounding Unions (i.e. when they come for diabetes treatment).

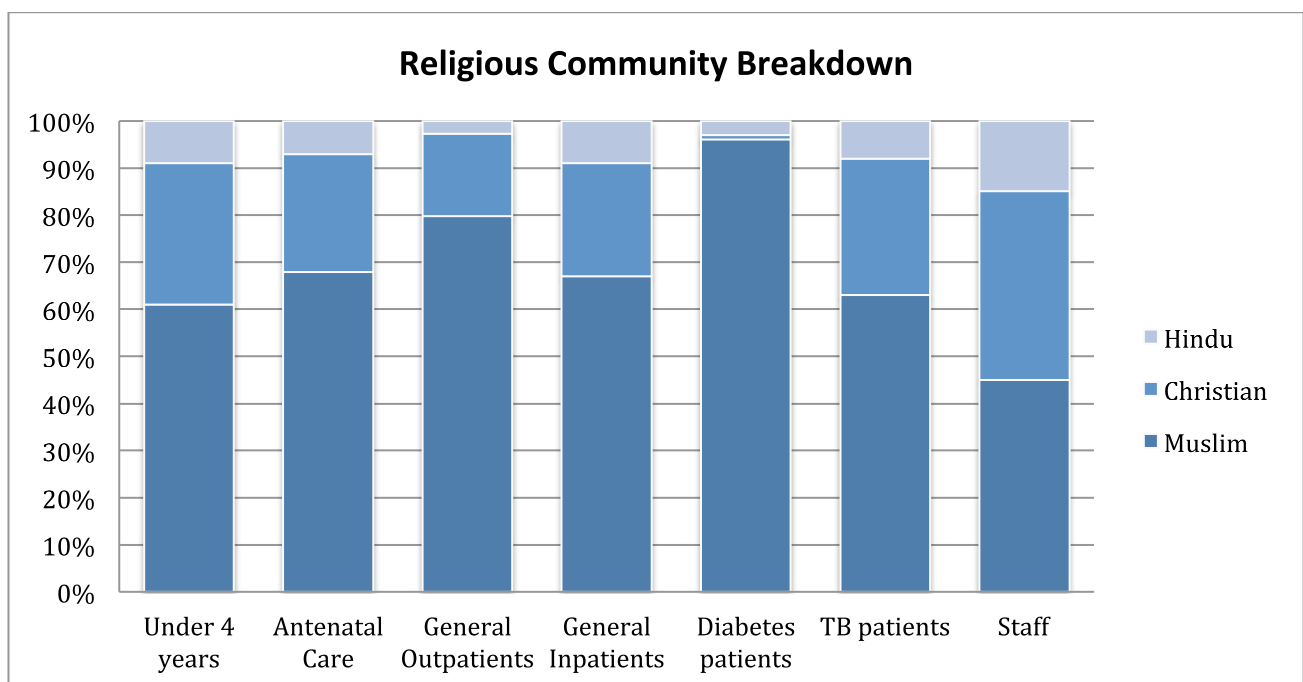
The **General Outpatients** service lacks the capacity to accept the number of patients who present on some days, although for long-term patients there is fairly good coverage of about 30% within an 8km radius of Kailakuri. **Inpatient** coverage is better, however, patient numbers prejudice patient assessment and duration of admission. Enlargement is difficult in terms of costs, staff and supervision requirements.

As per previous years, the general inpatient and outpatient statistics suggests we need to make outpatient attendance easier for working men. But this would require more paramedics, and greater project expenses. Amongst lung-TB patients, we receive a lower percentage of females (38%), probably due to their exclusion from public transport and crowded situations. But we receive many female patients with gland TB.

The **Diabetes Programme** is probably providing treatment and supervision for almost all poor Type One patients within 20 miles of its subcentres (ie from about 5% of the 11 million population in the four districts of Tangail, Jamalpur, Mymensingh and Sherpur). Tablet patients are less motivated for Kailakuri because the market price of medications is considerably less than the cost of travel to the subcentres. We are probably getting about 10% of poor Type Two's within 15 miles but almost all within five miles.

Gender disparity (female 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
67%	60%	45%	67%	56%	48%



6. Annual Accounts for 2016:

(1st January 2016 to 31st December 2016)

INCOME	BDT ('000s)	USD	NZD
Opening Balance	**47,69**	**60,367**	**85,161**
Income/Receipts			
Foreign Donations	215,74	273,089	385,250
Patient Fees	18,26	23,114	32,607
Staff Meals	1,15	1,456	2,054
Local Donations	7,80	9,873	13,929
Miscellaneous	7	8	125
Total Income/Receipts	**243,02**	**307,620**	**433,964**
Total Opening Balance & Income/Receipts	**290,71**	**367,987**	**519,125**
EXPENDITURE			
Programmes (General, Diabetes, TB, MCH-VHP, Health Education)			
Salaries	94,60	119,747	168,929
Education Materials etc	31	392	554
Diabetes Medications	8,72	11,038	15,571
Other Medicines	18,75	23,734	33,482
Diabetes Equipment	4,24	5,367	7,571
Other Medical Equipment	1,43	1,810	2,554
Supplies & Equipment	40	506	714
Patient & Staff Meals	2430	30,760	43,393
Gardens and Grounds	71	899	1,268
Firewood	278	3,519	4,964
Lamps and Kerosene	71	899	1,268
Bedding	48	608	857
Travel and Conveyance	892	11,291	15,929
Poor Patients	656	8,304	11,714
Surgical Transfers	1750	22,152	31,250
Home Visits	133	1,684	2,375
Diabetes Meetings	91	1,152	1,625
Miscellaneous	79	1,000	1,411
MCH Village Health Programme (excluding salaries)	188	2,380	3,357
SUB TOTAL	**195,32**	**247,241**	**348,785**
Administration			
Salaries	1330	16,835	23,750
Provident Fund	712	9,013	12,714
Stationery	131	1,658	2,339
Electricity	89	1,127	1,589
Phone and Emails	52	658	929
Furniture	103	1,304	1,839
Cycle Repairs	75	949	1,339
Building Repairs	141	1,785	2,518
Bank Fees	44	557	786
Audit Fees	95	1,203	1,696
Mati Central Office Service Charges	419	5,304	7,482
SUB TOTAL	**31,91**	**40,392**	**56,982**
Capital Expenditure			
New Cycles	0	0	0
New Buildings	46	582	821
Electrical Installations	46	582	821
Land Purchase	0	0	0
SUB TOTAL	**92**	**1,165**	**1,643**
Government Value-Added Tax (VAT)	350	4,430	6,250
TOTAL EXPENSES	**231,65**	**293,228**	**413,661**
CLOSING BALANCE	**59,06**	**74,759**	**105,464**

Notes:

1. Expenditure Breakdown According to Programme

Programme	BDT ('000s)	USD	NZD	% of Total
Diabetes Programme	**6651**	**84,190**	**118,768**	**29%**
Diabetes Inpatients	(2085)	(26,392)	(37,232)	(9%)
General Patients	**7160**	**90,633**	**127,857**	**31%**
General Inpatients	(4433)	(56,114)	(79,161)	(19%)
General Outpatients	(2727)	(34,519)	(48,696)	(12%)
Total Inpatients, General & Diabetes	(6518)	(82,506)	(116,393)	(28%)
Administration	2353	29,785	42,018	**10%**
MCH Village Programme	2270	28,734	40,536	**10%**
Surgical Transfers & Poor Patient Referrals	2406	30,456	42,964	**10%**
Other	1085	13,734	19,375	**4%**
Health Education	399	5,051	7,125	**2%**
Capital Expenses incl. repairs	308	3,899	5,500	**1%**
TB	183	2,316	3,268	**1%**
Government VAT	350	4,430	6,250	**2%**
Total (excl. expenses in italics)	**231,65**	**293,228**	**413,661**	**100**

(all costs include salaries where appropriate)

1. Exchange Rates at 30 November 2016 (mid-market rates from www.xe.com)

   USD 1 = 79 BDT (2015 = 78 BDT) **Euro 1** = 84 BDT (2015 = 82 BDT)

   NZD 1 = 56 BDT (2015 = 51 BDT) **GBP 1** = 99 BDT (2015 = 117 BDT)

2. The total expenditure of BDT 23,165,000 (USD 293,228) has decreased by 3% since 2015.

3. 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.

4.

Sapporo Dental College and Hospital held a Dental Camp at Kailakuri in September 2016 (to mark the 1st anniversary of Kailakuri founder Dr Edric Baker's death).

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 Mother-Child Village Health Programme from September 2013.
3. A very generous Japanese donor (**Dr Mariko Inui)** who sponsors our surgical transfer programme
4. The **Japanese Overseas Christian Medical Service**
5. To New Zealand supporters and family of Nadine Vickers who carried through our English office and communications, especially **Invercargill Central Baptist Church** who finance her flights and visas.
6. **New Zealand donors** giving via the NZ Link Group, the NZ Anglican Mission Board and the NZCMS (including some giving very large private donations).
7. **Asia Connection Incorporated** (ACI) USA, who collect private donations on behalf of Kailakuri.
8. The **Quail Roost Foundation, (**QRF), USA, who continue to support us with an annual grant.
9. 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.
10. **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.
11. **Jason and Merindy Morgenson** and **Nicholas and Emily Tseffos** for enthusiastically 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. Support from **Mukogawa Christ Church** and **Ashiyo San-Jo Church** in Japan
15. **Ms. Junko Yuasa**, a Japanese donor who visited the Kailakuri project in 2016.
16. **St. Stephen's Anglican Church**, Whangaparoa, New Zealand.
17. **St. Patrick's Catholic Church**, Lincoln, New Zealand.
18. The **Anglican Cathedral parish of Nelson**, New Zealand.
19. Homegroup at **St Martins church**, Spreydon, Christchurch
20. The **Rotary Club of Kapiti**
21. **Overseas Bangladeshis** in America, Japan, Hong Kong, Singapore, Australia and New Zealand.
22. **St Paul's Union Church**, Taupo, New Zealand.
23. **British and Italian private donors**.
24. Other **Churches in New Zealand**
25. **NZCMS, AAW, NZAMB, and CWS** for friendship, support and prayer back-up.
26. 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.
27. Many others (especially overseas Bangladeshis) who have given us great encouragement.
28. Everyone who has given via Pay Pal (through Kailakuri website link).

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. The **Mati NGO**, our umbrella NGO, which manages government authorisation and liaison and channels our funding through their Bank account.
3. **BIRDEM Hospital** (Diabetes Association of Bangladesh) which along with Novo Nordisk and Lilly Company provides low cost insulin to poor diabetes and free insulin for young diabetes.

> 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)

II. In-Country Support (continued)

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** 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. **GK Shondari Club and Medine Club f**or organising a large number of blood donations
8. **Pacific Pharmaceuticals** gives a large donation of free drugs every month
9. The **Centre for the Rehabilitation for the Paralysed (CRP**) which provides almost free care and surgery for our patients.
10. The **Sapporo Dental College and Hospital** in Dhaka for providing almost free dental treatment camps at Kailakuri.
11. Two women from the Mandi Christian community (**Mrs Kanchon Rozario** of Nalikhali and **Mrs Dirobala Nokrek o**f Mominpur) who made donations of land for diabetes sub centres.
12. **British Women's Association** have given donations for buildings and furnishings.
13. **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.
14. **Notre Dame College** who provide accomodation to Dhaka patients almost free of charge.
15. The **project's committee members** give generously of their time and wisdom for the management of the project.
16. **Dr. Sen of the National Burns Unit** in Dhaka for giving us free patient care.
17. The **Apon Drug Rehabilitation Centre** in Dhaka which provides free care for our patients.
18. 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), Md. Yakub Ali (Shulakuri Union Chairman), Md. Shafiqul Islam (of the Statistics Ministry**) and **Md. Abdullah-Al-Mahmud (Mintu)** and **Md. Risal Mahmud** (Peal-Pipeline Engineers and Associates Ltd.).
19. **Donbari group** gave a generous donation towards the construction of an admin building
20. **Dr Zia** from Dhaka, **Opurbo Majumdar** (Singapore), **Md Jahid Islam** and **Shahid Khan** (a Bangladeshi living in Australia) have all given generously.
21. Other **Bangladeshi friends** who have given both monetary donations and wise advice.
22. **Md. Hanif Sonket** (of Ittadhy television programme) 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.
23. For all of those who have donated through the Matir 'piggy' banks distributed throughout Bangladesh (and those who have requested a bank for their shop, school, business etc).
24. **St Vincent Sick Centre** provides subsidised treatment to KHCP surgical transfer patients during surgical-medical camps twice each year, run by visiting Italian and Korean doctors.
25. The **Pirgacha Mission, The Holy Cross Fathers and Sisters, the Taize Brothers, Protibondi Community Centre, the Church of Bangladesh, the Xavarian Fathers** and the **Marist Sisters** give various kinds of help including important advice when needed.
26. **Caritas NGO**, Bangladesh, who provide follow-up midwifery training in Dhaka
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. 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.
30. **Local religious leaders** who inspire us to work with the poor.
31. 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.

8. Financial Situation and Budget:

I. Income, Expenditure and Balances for 2016 and 2017 (projected):

	2016 USD	2017 USD
Opening Balance	60,367	74,759
Income	307,620	246,835
Total	367,987	321,594
Expenditure	293,228	307,889
Balance	74,759	13,705
II. Income Breakdown (%):		
Opening Balance	17%	19%
Patient Fees	6%	6%
Other Local Income	3%	3%
Foreign Donations	74%	72%
III. Source of Foreign Donations:		
USA	15%	20%
NZ	69%	64%
Switzerland	10%	10%
Japan	6%	6%

Notes:

(1) The income, expenditure and balances shown correspond to 1st January to 30th December financial years (as against NGO and audit 1st September to 31st August financial years)

(2) Opening balances refer to balances within Bangladesh.

9. Staff, Training and Health Education:

The essence of "Health for the Poor by the Poor" is that ordinary local people are trained in the project for the aims and work of the project. It depends on motivated local staff and committed leadership.

Kailakuri Health Care Project has 90 staff. The leadership roles include Mr. Sujit Rangsa as Acting Medical Coordinator, Pijon Nongmin as Project Manager (and provisional ED), Roton Mia as Programme Administrator and Heads of Departments for Outpatients, Inpatients, Diabetes, TB and Mother-Child-Health. New Zealand volunteer Nadine Vickers has fulfilled the English Communications/Funding role and we expect Doctors Jason and Merindy Morgenson to arrive in late 2017 and take over medical leadership.

I. The Health Action Team: 71 (77% of staff), headed by Acting Medical Coordinator Sujit Rangsa

i. Acting Medical Coordinator	1
ii. Paramedics and Health Educators:	32
iii. Short term rotating Internee Doctors	2
iv. Health Assistants:	10
v. Village Mother-Child Care Staff:	17
vi. Cooks:	7
vii. Patient Transfer staff	2

40% of the health action team work with general patients, 30% with diabetes, 24% in Village Mother-Child Care, 3% with TB and 3% with transfer of patients.

II. Support Staff: 21 (23% of staff)

ii. Assistant Director, Management	1
iii. English Communications	1
iv. Administration and Office Staff:	6
v. Finance Staff:	3
vi. Garden, Compound, Market etc.:	10

III. Staff Gender and Religious Breakdown

Amongst the staff, 62% are male and 38% are female; Muslim 45%, Christian 40%, 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, previously by the medical coordinator. Now the senior paramedics give the on-going training to the rest of the staff. Twelve senior paramedics have completed a six-month Local Medical Assistant and Family Planning (LMAF) training course in Mymensingh. Five have had short midwifery training from CARITAS in Dhaka. TB paramedics are trained and supervised by 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).

V. Health Education:

Health and nutrition education is essential and a priority in KHCP activities. It is probably the project's most cost effective intervention. The 4 health educators give constant teaching in inpatient and outpatient departments and in the diabetes sub-centres and teaching is ongoing by all the staff in the village mother-child and TB programmes. The very strong emphasis on teaching and awareness plus the fact that almost all staff are local **ensures the transmission of important health concepts and messages throughout the community and brings about community change**. About 28,000 people received health education messages during 2016.

VI. Ongoing Medical Leadership/Supervision

As Edric has commented previously, the project should have at least two full-time appropriately orientated committed medical doctors, not diverted into fundraising, communication, negotiation and other non-medical activities. At this time it is managing well with its team of paramedics following the Standard Treatment Book and medical oversight provided by rotating doctors from GK.

The entire project set-up and its work depend on the basic concepts of egalitarianism and the equal worth and rights of staff, patients and all people. All must be connected.

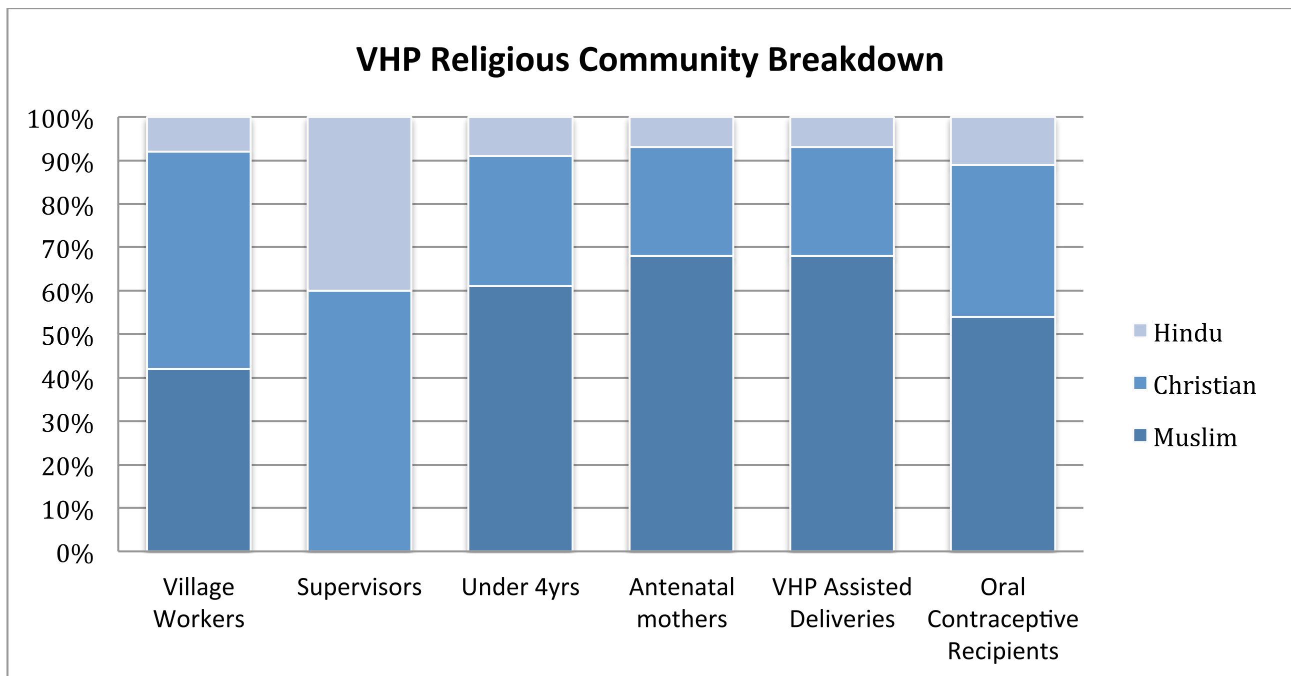
Assistant Professor Dr Shareef Hasan has retired from a government hospital and now devotes his time to treating poor, deprived patients. He specialises in skin graft operations and his team have carried out several free skin-graft operations for Kailakuri burns patients at outside clinics.

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 a number of common illnesses.

Kailakuri Statistics for 2016

Number of Villages: 22 (population about 18,442)
Staff: 17, Village Workers 12, Supervisors 5
Under 4yr old Child Care: 1,438 (10% more than 2015) at years' end. Weight chart survey at the end of the year showed nutrition problems in 4% (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: 470 mothers were given ANC (5% less than in 2015).
Delivery Care: 10% of ANC mothers had staff assisted deliveries, 42 deliveries (18% less than in 2015), 31 in their homes and 11 at the project health centre.
Family Planning: Staff continue to motivate couples to use the government programme and 26 couples received oral contraceptives from the VHP.



(We are training one of the Muslim VHP staff to become a supervisor)

The total cost of the VHP for 12 months was BDT 2,270,000 (USD 28,734) (NZD 40,536) (Euro 27,024) about BDT 1150 (USD 15) (NZD 21) (Euro 14) per mother or child cared for.

New Zealand volunteers Sophie McGrath (nurse) and Ben McLaughlin (doctor) who visited Kailakuri in March 2017. They are seen talking with outpatient paramedic Minhaz. We would welcome the service of other medical or administration volunteers at Kailakuri.

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 25 are linked into the BIRDEM-Novo Nordisk "Changing Diabetes in Children" and "Life For a Child" programmes which provide free insulin. The 114 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 2016
End of Year Patient Analysis
Total Number: 1,803 (5% increase from 2015)
Treatment: Insulin 854 (47%), Glibenclamide tablets 943 (52%), Diet alone 6 (1%)
Religio-Ethnic Breakdown: Muslim 1,738 (96%), Hindu 43 (2%) Christian 22 (2%)
Gender: Male 507 (28%), Female 1,296 (72%)
(Hindus and males are not coming in proportion to their expected numbers in the community)

Insulin Patients

Total number treated during 2016:		903 (6% increase from 2015)
Continuing from 2015		805
Started in 2016		+98
Transferred Out	-1	
Defaulted	-21 (2%)	-49
Died	-27 (3%)	
Continuing into 2017		854

End of Year Analysis	Insulin Patients	Tablet Patients
Total Number of Patients	854	949
Regular Attendance	98%	93%
Diabetes Control (Benedict):	Good 75% Fair 20%	Good 65% Fair 20%
Distance of Home from nearest Sub-Centre: [15miles = 24km, 10 miles = 16km, 5miles = 8km]	Within 15 miles 94%; 0-5miles 34%, 6-10miles 34%, 11-15 miles 26%	Within 15miles 82%, 0-5miles 25%, 6-10miles 29%, 11-15miles 28%
Functional Literacy: (able to write name & read or write a very simple letter).	70%	59%
Age:	Under 30yrs 39%, Under 21yrs 12%	Under 30yrs 4%, Under 21yrs 0%
Economic Status: [based on home visit assessment).	Very Poor 32%, Extremely Poor 66%	Very Poor 36%, Extremely Poor 63%
Religio-ethnic Status:	Muslim 96%, Christian 1%, Hindu 3%	Muslim 96%, Christian 2%, Hindu 2%
Gender breakdown:	Male 36%, Female 64%	Male 21%, Female 79%

Glibenclamide Tablet Patients

Total number treated in 2016:		1,170	(5% increase from 2015)
Continuing from 2015		919	
Started in 2016		+251	
Changed to diet only	-6		
Transferred	-7		
Defaulted	-172	-227	
Died	-8		
Changed to Insulin	-40		
Continuing into 2017		949 (+3%)	

Diabetes Patients Admitted at Kailakuri

Total Number: 457 (3% decrease from 2015)
Average Duration of Admission: 12 days
Religio-Ethnic Breakdown: Muslim 96%, Christian 1%, Hindu 3%
Gender: Male 34%, Female 66%
43% of the admitted patients were new to the project, admitted for diabetes teaching and for wasting and other problems. All admitted patients and their attendants receive twice-daily diabetes and other 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 these patients can be referred. There were 4 inpatient deaths (1% of admissions), all of whom died of severe, uncontrolled diabetes (two had a stroke, one had pneumonia and one heart failure).

Top Ten Diabetes Inpatient Problems:

1. Wasting
2. Inadequate understanding of diabetes
3. Badly controlled diabetes (several with ketoacidosis)
4. Peptic ulcer
5. Other chronic complications of diabetes (neuropathy, nephropathy)
6. Diabetic foot ulcers
7. Urinary tract infections
8. Cataracts (including retinopathy)
9. Hypertension
10. Pregnancy/delivery

Followed by: ascaris, pneumonia, gynaecological problems, ketoacidosis, diabetes TB, diarrheal diseases, skin conditions, otitis media

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

Number of patients sent: 98
Travel cost: BDT 352,800 (USD 4,466), (NZD 6,300)
Average cost per patient BDT 3,600 (USD 46), (NZD 64)

Cost of Diabetic Stock	BDT (000's taka)	USD	NZD
Insulin:	3778	47,823	67,464
(Project Portion 17%)	(659)	(8,342)	(11,768)
(BIRDEM Portion 83%)	(31,19)	(39,481)	(55,696)
Glibenclamide Tablets	1,96	2,481	3,500
Diabetes Equipment	4,24	5,368	7,571
Total Cost	**43,98**	**55,671**	**78,536**
Cost to Project	1279	16,190	22,839

<u>Estimated Cost of the Diabetes Programme (to KHCP)</u>

	BDT (000's taka)	USD	NZD
Stock	1279	16,190	22,839
Inpatient Care	2085	26,392	37,232
Staff Salaries	2050	25,949	36,607
Non-Diabetes Medicine etc.	562	7,114	10,036
Cost of sending Patients to Dhaka	353	4,468	6,304
Meetings	91	1,152	1,625
Other Travel & Home Visits	2,31	2,924	4,125
Total	**66,51**	**84,190**	**118,768**

The cost to the project was **BDT 6651,000** (USD 84,190) (NZD 118,768), about 30% of the KHCP expenditure for the year and about **BDT 3,700** (USD 47), (NZD 66) per patient. If the BIRDEM subsidy of **BDT 1,850** (USD 23) (NZD 33) is added it becomes **BDT 5,950** (USD 75), (NZD 106) per patient per year.

12.General Patient Care:

2016	Outpatients	Inpatients
Patient visits [2miles = 3.2km, 5 miles = 8km]	**25,294 (7% more than 2015)** Distance of Home: 0-2 miles 47%, 2-5 miles 31%, over 5 miles 22%	**1,587 admissions** (4% more than 2015) • 1,130 general patients (8% increase) • 457 diabetes patients (3% decrease) **<u>Average no of admitted patients</u>**: 37 (23 general plus 14 diabetes) **<u>Average duration of stay for general patients</u>**: 8 days (12 days for diabetes patients) (overall average stay 10 days).
Religio-ethnic breakdown	Muslim 87%, Christian 10%, Hindu 3%	Muslim 67%, Christian 24%, Hindu (9%)
Gender	Male 34%, Female 66% Children under 5yrs 8%	Male (48%), Female (52%) Children under 5yrs (23%)
Top 10	**<u>Outpatient Problems</u>** (no of visits): 1. Peptic ulcer 2. Asthma 3. Hypertension 4. Gynecological problems 5. Epilepsy 6. Urinary tract infections 7. Pneumonia 8. Other skin diseases 9. Abscesses, sores and ulcers 10. Pregnancy	**<u>General Inpatient Problems</u>:** 1. Pregnancy/ delivery problems 2. Malnutrition/wasting 3. Diarrhoeal diseases 4. Abscesses, sores and ulcers 5. Pneumonia 6. Peptic ulcer 7. Gynecological problems 8. Asthma/bronchitis 9. Psychiatric problems 10. Kidney problems
Followed by	kidney problems, psychiatric problems, arthritis/back pain, anaemia, otitis media, eye problems, worms, respiratory infections, bronchitis, other virus fevers, injuries and burns, nutrition problems	fractures, hypertension, arthritis, injuries burns and virus fever, urinary tract infection, anaemia, newborn babies and worms, poisoning patients, TB, epilepsy, jaundice
Cost of Running the Department	**<u>Cost of Running the General Outpatient</u>** (inc VHP) for 12 months was **BDT 2,727,000** *(*USD 34,519) (NZD 48,696), making cost per visit **BDT 110** (USD 1) (NZD 2) which includes salaries, medicines, stationery etc.	**<u>Cost of Running the Inpatient Department</u>** (general plus diabetes) for 12 months was **BDT 6,518,000** (USD 82,506) (NZD 116,393). With a total 1,520 patients and average stay of 10 days that is **410 BDT** (USD 5) (NZD 7) per patient per day.

III. Surgical Transfers and Poor Patient Referrals:
Surgical transfers comprise patients sent to other hospitals for surgery. 190 such patients were transferred, 56% more than in 2015. Poor patient referrals comprise patients sent to elsewhere for investigations or non-surgical treatment. The combined expenditure for the two groups was **BDT 2,406,000** (USD 30,456) (NZD 42,964), 9% more than 2015.

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:
32 sputum positive patients started treatment between July 2015 and June 2016. Nine were subsequently transferred to other centres. Of the remaining 23 patients, 1 defaulted and 1 died i.e. **91% cure rate**.

II. Kailakuri Statistics for 2016:

Total Number Treated		105 (13% increase from 2015)
No. Continuing from 2015		39
Started in 2015	+66	(3% decrease from 2015)
Completed	-57	
Transferred	-8	
Defaulted	-1	-69
Died	-3(3%)	
Treatment Failed	5	
Continuing into 2017	19	
(Preventative Treatment 17)		

III. Patient Analysis:

Category 1 (new sputum positives):	36	(34%)
Category 2 (retreatment):	7	(7%)
Category 3 (non-pulmonary)	45	(43%)
Preventative treatment	17	(16%)

100% followed treatment regularly.
Of the three patients who died, one had uncontrolled diabetes and multiple drug-resistant TB. One committed suicide because of family problems and third died of tubercular meningitis (TB of the brain).

Distance from home: 67% were from within five miles and 33% within two miles
44% were under 30 years of age
Religio-Ethnic Breakdown: Muslim 63%, Christian 29%, Hindu 8%
Gender: Male 61%, Female 39%
17 patients (16%) were hospitalized, 13 at Kailakuri and 4 at Jalchatra
3% patients also had diabetes.

The **total cost** to KHCP of the TB Programme was **BDT 183,000** (USD 2,316) (NZD 3,268) which comes to **BDT 1,740** (USD 22) (NZD 31) per patient.

14.Conclusion and Appreciation

As mentioned in the introduction, we had to continue the Kailakuri Health Care Project activities in 2016 without the direction and guidance of Dr Edric Baker, who passed away in September 2015. It has been a challenging time. However his spirit and philosophy live on in the project, as we seek to provide *"health to the poor, by the poor"*. Dr Baker gave away all his worldly wealth to the Kailakuri project, and it was his firm belief and expectation that we would continue these health care services with the aid of supporting organisations and individuals in Bangladesh and around the world, and the leadership of incoming medical doctors Jason and Merindy Morgenson who are committed to long-term medical service at Kailakuri.

We are incredibly grateful to those who have financially supported this project. We rely on hundreds of individual donors from various countries as well as a few international organisations such as the **Morgan Family Foundation** (NZ), **World Child Future Foundation** (Switzerland) and **Quail Roost Foundation** (US). **Asia Connection Limited** (US) and the **New Zealand KHCP Link Group** (NZ) both collect funds on Kailakuri's behalf, with NZ Link Group Coordinator Peter Wilson fulfilling a much-appreciated mentoring role.

In terms of practical or in-kind support, we especially want to thank the following:

- **Mati** our partner NGO, who secured our government registration, provided visas, organised audits, supervised our finance department and offered much advice and support over the past four years
- **BIRDEM Hospital** (Diabetes Association of Bangladesh) are extremely important to us as they provide low cost insulin to poor diabetic patients and free insulin for young diabetics.
- **Gonoshashtaya Kendra** has provided two internee doctors on a two-month rotating basis since 2014, **GK Shondari Club and Medine Club** has organised a large number of blood donations
- **Japanese Overseas Christian Medical Service** funds Japanese physiotherapist **Ayako,** who visits our project every month to provide rehabilitation services to our disabled patients and trains up one of our paramedics. Former volunteer **Dr Mariko Inui** continues to provide specialist advice
- **Damien Foundation** provides free investigations and medicines for TB patients and brings the Kailakuri TB service into the National TB programme, overseen by Bangladeshi government.
- **Dr K. Zaman BNSB Eye Hospital** provides free or low cost eye surgery for our patients.
- **Pacific Pharmaceuticals** provides a large donation of free medication each month,
- **Centre for Rehabilitation of the Paralysed** (CRP) provides free treatment and operations to our physically and mentally disabled patients, as well as free wheelchairs.
- **Caritas** provides follow-up midwifery training to five of our paramedics every year.
- **Karl Klontz** installed solar power on the inpatients side of our health centre.
- **Probash Bongo**, a Bangladeshi-Belgian group who built the maternity building themselves.
- **Sapporo Dental College and Hospital** who conducted a free dental camp in September 2016
- **Notre Dame College** who provide accommodation, meals to our Dhaka patients almost free of cost.
- **Local government officials** who have provided a concrete wall in front of our compound and committed to build a tin-shed building for our diabetes patients within a month or two.
- **Dr Ben McLaughlin, Sophie McGrath, Dr Steven Pearce** and **Georgina Pearce** for volunteer support

We will write our next report in early 2018. Until then, best wishes from everyone at the Kailakuri project.

CONTACTS

Bangladesh
KHCP Administration: kailakurihealthcentre@gmail.com
MATI: mati@matibangladesh.org

USA
Ted Rose (Asia Connection) <whoknowstedrose@gmail.com>
John Havican <jhavican.asiaconnectioninc@gmail.com>
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.facebook.com/kailakuri