

November 2009

Link Group Executive Meeting.

A meeting of the Kailakuri Health Centre Project Link executive group was held on at Libby Laing's beach house at Pukehina in the Bay of Plenty, NZ, on 11th October. Highlights of the meeting follow for your information.

Resignation and Tribute to Libby Laing

An important item on the agenda was to acknowledge the untiring support Libby Laing has provided over the past 11 years. Libby first went to Bangladesh in Sept. 1998. Airfares and insurance were provided by Church Mission Society (CMS). After language training she worked with Edric for four years at Thanarbaid and the (then) out-centre of Kailakuri. At that time there was a very weak and not very effective village mother and child health care programme. Libby undertook to develop and strengthen this. Drawing on a life time of NZ nursing experience including Plunket work, she built this up. Today a highly skilled team of some 14 village workers provide support and advice to mothers and children in 17 villages. The benefits of this work have flowed beyond the families directly dealt with. It is notable that the number of outpatients coming to Kailakuri from these villages has dropped significantly. The whole community has benefitted.

At the end of 2002, Libby came home and resumed Plunket nursing. In 2004, and each year since, she has returned to Bangladesh for up to three months at her own expense and worked with the village mother and child health care paramedics.

Back home in NZ, as many of you will know, Libby has been a tireless supporter, travelling the country to show pictures and talk about the people of Bangladesh and the Kailakuri Health Centre.

Libby we salute you! None of us could have done what you have done. You were the right person at the right time. Thank you for sharing your boundless energy, your formidable skills and your bountiful love. We are sad, but recognise that it is time for you to move on to new challenges. "*life has its seasons, and God has the reasons*". Our love and prayers are with you in whatever it may be that unfolds for you in the future. In the meantime we wish you well for your trip back to Bangladesh late November and December.

Link Group Coordinator

Peter Wilson agreed to take over from Libby as Link Group Coordinator.

Kailakuri

Edric gave a brief outline of the current situation. The past couple of years have been quite difficult with political uncertainty, rampant inflation, constant pressure from increased demand for services. Although Bangladesh now has a new elected government, corruption has returned and if anything is worse than it has been previously. Inflow of money for project support has been increasing, but is unpredictable as to when it comes and how much.

Within this framework, an attempt has been made to restrict growth so that standards can be maintained within the available budget. Over-all there has been a small increase in the numbers of outpatients, inpatients and diabetics in the diabetes programme.

For some time feelers have been put out unsuccessfully within Bangladesh and internationally for a Dr to replace Edric as Medical Officer in Charge. As an interim measure it seems likely that the Japanese Overseas Christian Medical Cooperative Service (more commonly known as the Japan Christian Service or JCS) may supply a Dr for a minimum of one 12 month assignment. A lady Japanese Dr has now visited Kailakuri twice, staying there for three weeks on the second occasion, and she has indicated a willingness to work there. Advice from the JCS is that they will be interviewing her in November. Please pray for a positive outcome.

If the Japanese Dr does come to Kailakuri, it will be necessary to build a residence for her at an estimated cost of about NZ\$1,700.

Further help will also come in the form of an intern from the USA. This young man has completed his pre-medical science degree and will spend six months working at Kailakuri. Although having these extra personnel will make demands on Edric, it is also hoped that they will free up some of his time which can be devoted to preparing for the future.

Turning to the future, Edric laid out a three point plan aimed to strengthen Kailakuri and deal with the issue of somebody to replace him.

(i) Administration and Funding Liaison. A weakness of the present operation is that Edric is the only person on the staff who is fluent in spoken and written English. An English language capability is needed for:

- Liaison with Donors
- Correspondence, newsletters and reporting
- Dealing with visitors and the Bangladesh Government.

Edric's proposal is that a volunteer Mission Administration/Liaison person be sought to undertake these tasks for a period of about four years, including language study. The volunteer Administration/Liaison person would also assist with non-medical project management.

(ii) Strengthen Local Staff Leadership. Senior staff to undertake part time formal training in Mymensingh.

(iii) Bengali Senior Nurse as Medical Officer in Charge. Assuming no Dr can be found to take over from Edric, a religious order within Bangladesh will be approached with the aim of attracting a senior experienced nursing Sister who would undertake a period of training and familiarisation in each of the Health Centre departments before taking over as Medical Officer in Charge.

The group discussed this and agreed that this was a pragmatic and workable plan, with the proviso that it should be approached flexibly so as to respond to any changing circumstances.

NZ Tour

Edric has been back in NZ since the beginning of September and has already travelled to and addressed gatherings in Hamilton, Te Kuiti, New Plymouth, Stratford, Wanganui, Hastings, Gisborne Whakatane and Tauranga.

At the end of this week, after spending time with his Mother in Whakatane, he will travel again, this time to Wellington and the South Island. After this Edric will return to Whakatane for about two weeks before proceeding to Auckland and Whangaparoa for more meetings and departure back to Bangladesh on December 7th 2009.

June 2009

Dr. Edric Baker will be returning home to NZ to visit his elderly mother later this year. He will also tour to parts of NZ to speak to interested groups and share with them news about the Kailakuri Health Centre. If your group would like to have Edric visit, please email: kailakurihealthcentre@gmail.com

March 2009

Dear Friends of Kailakuri – Bangladesh,

We join with the Staff at Kailakuri in extending our sincere sympathy to Edric, his mother Betty, his two sisters, three brothers and extended family,

on the recent death of John, a loving husband, father, grandfather and great-grandfather. (13th February 2009)

Edric was unable to return to New Zealand in time for John's funeral service, but hopes to come for a private visit in approximately 4-6 weeks, to spend quality time with his mother and family members. Our thoughts and prayers are with them all.

Edric reports from Kailakuri that:-

- a) the work continues to go well – no shortage of it.
- b) the Bangladesh general election at the end of December was very successful with an absence of the usual violence. The winning party was elected with a large majority and there is a general mood of optimism throughout the country.
- c) the last two rice harvest have been good ones and if this continues with the crop being presently planted, then the country will have food security for the next 12 months.
- d) prices of some of the basic commodities (cooking oil, rice, and fuel) have started to fall
- e) thanks to Roton's firm encouragement, the 2008 annual report is well underway.
- f) financially we are still running the project on the wonderful response of last years appeal. This should cover us for a good part of this year.

Libby reports:-

During my visit to Kailakuri at the end of last year I was once again impressed by the level of commitment and dedication of the staff. I was also very impressed by the level of knowledge of the senior paramedics. This was brought home to me during the visit of two Australian and one New Zealand nurse (Judy) who were part of a team of 12 from the Australia - New Zealand Burn's Association. They came to Dhaka to give seminars to health professionals (mainly doctors) on the latest treatment for burns. Judy, who heard Edric speak in Auckland last year, expressed a strong desire to visit Kailakuri when in Bangladesh, and her two friends were happy to accompany her. They came for three days and very kindly offered to share their knowledge with our senior staff. This necessitated two sessions. At the beginning of the second session, as the staff were being questioned to check their level of understanding, it became very obvious that our senior staff were right up with the play, including the mathematical calculations, and knew and understood exactly what was expected of them. The senior staff have now used other teaching sessions to pass on what they learnt to the rest of the staff members. This means the gardeners and cooks as well as the care givers know how to treat burns in the first 24 hours of their occurrence- the critical period for a healthy outcome.

I now wonder if instead of a doctor to replace Edric we should be looking for an overall administrator, preferably with a health background. Somebody who is bilingual and with a heart for the poor, will more realistically be found in Bangladesh than a registered doctor. For western doctors and other health professionals to maintain their registration, they must now continually update their skills within a very small timeframe in approved countries. A long term commitment in a third world country is therefore precluded.

In spite of the great response for Project funding last year we cannot afford to become complacent. With the huge drop in the exchange rate and the dismal international economic forecasts we continue to rely heavily on donations which may be harder to come by this year. Please continue to remember the work at Kailakuri which is reliant on your generosity.

A gentle reminder :-

a) that the Kailakuri Health Care Project is registered with the New Zealand Charities Commission. There is now no limit to the amount of donations that are eligible for the 33% rebate. To claim all rebates for the year to 31st March 2009, phone the Inland Revenue Department, have your IIRD number ready, and ask for a rebate form to be sent to you. After the initial form they are sent automatically each year.

b) cheques for donations should be made out to Kailakuri Health Care Projector – Link Group and sent to our treasurer:- Glenn Baker, 33 Waiewe St., Whakatane, 3120.

c) direct credits can be made to Kailakuri Health Care Project – Link Group Whakatane ANZ account no 010 486 0185024 46 If followed by an email

(kailakurihealthcentre@gmail.com) then receipts will be sent.

d) up to date information on Kailakuri can be found on the internet at <http://sites.google.com/site/kailakurihealth>

e) if you are happy to receive newsletters by email, please email us at: kailakurihealthcentre@gmail.com

f) I am happy to speak to groups any time – anywhere, about the work at Kailakuri.

Thank you all for your ongoing interest and support. Please continue to remember Kailakuri, its work, and staff in your prayers.

Libby Laing,

Coordinator, Kailakuri Health Care Project – NZ Link Group