

KAILAKURI HEALTH CARE PROJECT

(Kailakuri & the Mati NGO)

Village Kailakuri, Madhupur Thana, Tangail District, Bangladesh



DECEMBER 2016:

SEMITA SHARES HER VILLAGE PROGRAMME EXPERIENCES

Firstly, the Kailakuri Project Team would like to wish all of our supporters a Happy Christmas and Best Wishes for 2017. We look forward to continuing the journey with you of providing low-cost, effective health care to the poor people of our area.

My name is Semita Rema. I am from the Garo Christian community in Thanarbaid village. I am 58 years old. My husband, Monuj Nokrek, is a farmer. I have three sons and one daughter. My oldest son has completed a diploma in nursing, my middle son owns a tea stall and my youngest son is a driver. My daughter is a garment worker.

I am working as a supervisor in the Kailakuri Village Health Program (VHP). But I have also worked as an outpatient and inpatient paramedic over the years. I received training on family planning in Jalchatra and started sharing awareness of this issue in the villages.

Before I started work here, I came to know about Dr Bhai's Thanarbaid clinic from a few of our neighbours.

One day I visited the clinic as a patient. Later I told Dr Bhai I wanted to be involved in the clinic. In June 1988, Dr Bhai employed me as kitchen-in-charge because of the lack of staff. I worked in that position for one and a half years. At that time there were few staff in the VHP. Because of this Dr Bhai sent me to the villages with Nipuni Rema, so I could learn about VHP work, how to write weight charts, how to take children's weight, and how to teach people, especially mothers in the villages. But this staff member left the project and went to Comilla. I hadn't finished learning about the weight chart and family planning related matters. So later on, Dr Bhai taught me all of these things.

When I started working in the VHP, the primary treatment service wasn't so developed. There were few village programme staff. After the village staff started going to villages regularly, local



It's always hard to get children to pose for photos, especially in a weight harness!

people started getting primary treatment services. At that time, most village people were superstitious. The primary treatment service has increased people's awareness a lot. Before, they had little knowledge about saline and diarrhea. They didn't even know how to prepare saline. They were not aware of how to keep their children clean. When their babies got sick, they could not give them primary treatment. But now days they know about these things quite well. Superstitions have reduced greatly.

Two or three months after I started working in the villages, I went on Christmas holidays. While I was on holiday I came to know about a one-year-old child in Jalichira village, who had diarrhea. After hearing about the child, I visited him and found that he was in really a serious situation. I told the child's grandparents that the child was sick and needed to go hospital. But they wanted to arrange puja (a form of worship) for the child, so that he would be cured (as they believed in superstitions). The child became severely dehydrated. Then I took



Most of the village health staff before they head out to the villages, led by Leo Rema (in black jacket)

him to the hospital forcefully. After seeing the child Dr Bhai told me that we probably couldn't save him. But fortunately, his condition gradually improved after we provided IV saline. The child's grandparents were so happy. Dr Bhai told me that if I was not there the child might have died. His was Bapon Rema. He is now 23 or 24 years old. He is married and has two children.

Another story is from Chunia village. I can't remember the year exactly; I was supervising Nilima (another VHP staff). We visited a house where a woman's baby was delivered by a midwife of the village. Unfortunately, the child stopped breathing suddenly. They thought that the child had died. After entering the room, I saved the child by breathing into his mouth.

As a health staff, working in the project, I have benefited not only financially but also by learning about health prevention and treatment. I have taught my grandsons and daughters about the importance of cleanliness and sanitation. Besides, there are three types of food that we always try to eat at home, which are carbohydrates, proteins, vitamins and minerals.

I personally think that if the Kailakuri project did not exist, poor patients would have had great difficulty in getting treatment. Because of their poverty, poor patients can't afford treatment in hospitals or private clinics. There are many poor patients who are still alive and taking treatment from this primary health care centre. I do hope and pray that it will continue on in the future as it is now. I would like to share early Christmas greetings with all of you.

VHP's working area and activities (by Sujit Rangsa, Acting Medical Coordinator)

When I first started working at Thanarbaid, there were few villages in Solakuri Union within our working area. At present, we are working in twenty two different villages, within Solakuri and Orankhula Unions. These activities are really essential for the three communities (Christian, Hindu and Muslim) in this area. We now have 18 staff in the VHP. Among them, five are supervisors and the rest are health assistants or general staff.

142 mothers and 1,256 children are receiving direct treatment. We visit every single mother at her home and provide health treatment. We also assist with deliveries. If there are any complications, we refer them immediately to the Kailakuri Health Care Project. If their condition is not suitable for a normal delivery, we send them to another clinic for a caesarian operation. Kailakuri Health Care Project bears the expenses for that. Patients contribute part of the surgical costs, according to what they can afford.

The growth of children is monitored from their birth until four years of age. Besides this, village staff educate people in their homes about preventative measures for infectious diseases, the importance of using toilets, cleaning, family planning methods, EPI (immunisations), three different types of food, appropriate cooking methods for vegetables (to retain the nutrients) and some common risk factors for pregnancies, for example if the mother is particularly short, young or elderly, first deliveries, where the previous delivery was difficult, and other factors.

Christmas Greetings from a warm, sunny New Zealand!!

I (Nadine Vickers) have been in New Zealand for a couple of months, to complete my Masters studies into debt problems amongst the salaried poor in Bangladesh. I interviewed a number of Kailakuri project staff as part of my case study. If anyone is keen to read my published thesis, feel free to get in touch! It will touch on contextualised meanings of over-indebtedness, households' financial behaviour, borrower perceptions re the lending practices of various microfinance providers, and the dynamics of lender and borrower decision-making.

We would like to say a special thank you to World Child Future Foundation (Switzerland), who have been supporting our village health programme for three years now, and continue to fund mother-child care into 2017. We'll now begin work on the 2016 Annual Report. An experienced Australian nurse practitioner, Sr Julienne, has returned to work in Dhaka and she will be visiting Kailakuri regularly as a project advisor. We will also have short-term volunteers Ben and Sophie from Nelson, who are planning to come out from March to May 2017. I will join the team by mid-January, in the midst of the Bangladeshi winter, and I'm very much looking forward to it.

Any enquiries or feedback would be greatly appreciated... please write to us at kailakurihealthcentre@gmail.com and follow us on Facebook

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- Making a telegraphic transfer (TT) payment to our New Zealand Bank Account (ANZ, Whakatane, New Zealand). Account Name: Kailakuri Health Care Project - Link Group; Account Number: **01 0486 0185024 00, SWIFT code ANZ BNZ 22**. Please email Glenn Baker at treasurerkhcp@gmail.com with your donation and contact details.
- If you live in the United States, you can write a cheque to "Asia Connection Inc". Please indicate on a separate note that the donation is for Kailakuri and send to Ted Rose, Treasurer, Asia Connection Inc, 1226 Scott St, El Cerrito, CA.94530-2458, and give your contact details for a receipt.

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