

Dear friends, dear sponsors,

Historic! That is how I would describe the steps taken this year.

Professional autonomy is now a very near reality. It has been difficult due to the diversity and complexity of the diseases. Autonomy of the centre's management is also well on its way thanks to the devotion and honesty of our administrator; Mr Kasi and his SARPV team.

On the other hand financial autonomy which appeared to be inaccessible now has solutions emerging since the beginning of the year. The partnership with the Bengali organisation Zero Club Foot (ZCF) helps us to finance the treatment of children with club feet. The high quality of our workshop can expect some cost recovery. But it is without question the commitment of the mother-child hospital in Chittagong (CMOSH) that could be the key to financial autonomy. Thanks to the unwavering support of Professor Karim and his team at the Chakaria Centre (CDC), will become a satellite of CMOSH. The five CDC physiotherapists will, over 5 years, gradually be paid by the CMOSH. Better yet, the CMOSH will apply the charity system used in Chakaria to patients operated on in Chittagong.



This is why the signing of the contract of cooperation between AMD, KDM, SARPV and CMOSH is a historic moment and marks a milestone in this program.

Our partners such as the AnBer foundation see it as a positive sign and have renewed their confidence. Others, such as the Michelam and Alberici foundations have joined us.

I hope that you too will remain faithful to the trust that you have so far shown us. Thank you in advance.

Thierry Craviari

LETTER FROM BANGLADESH

N° 19 spring 2013

*Thanks a lot

আবেক ধন্যবাদ

PROFESSOR KARIM: THE "FATHER" OF THE MOTHER AND CHILD HOSPITAL IN CHITTAGONG

Professor Karim, who are you ?

I am the elected president of the Chittagong mother-child hospital. I am 80 years old. I gained my medicine diploma in 1957 from Dhaka, then I specialised in surgery at the University of Edinburgh in Scotland, receiving my diploma in 1966. My wife is an obstetrician-gynaecologist and graduated in London. Alas, she has been very ill for the past 6 years. We have 3 children, 2 sons and a daughter who live in the USA. With the help of other colleagues I started the mother-child hospital in Chittagong (CMOSH) in 1979. I have been the Secretary General and Vice President since 1996 and have been re-elected as president every 3 years. I am the head of this hospital and I chair a steering committee of 25 members. We take all decisions concerning the organization and management of the hospital.



Tell us about this hospital.

Originally, it was a hospital dedicated to mothers and children. Now it is a general hospital counting 550 beds. We have departments for general surgery as well as orthopaedic, urology, internal medicine, nephrology, cardiology, dermatology, psychiatry, ENT, ophthalmology, obstetrics and gynaecology, radiology, blood and a medical analysis laboratory. Emergency patients are taken 24 hours a day.

From the side of the general hospital's activity we have developed a university structure: the children's health institute. This structure is the responsibility of paediatricians and specialists in neonatology, pulmonology and neurology. This teaching is dedicated to doctors who want to become child specialists.

We also began a major program of building a hospital with 850 beds where there will also be a nursing school.

Where do the financial resources for the hospital come from ?

The hospital is non-profit. Our resources come from payment by the patients, the training cost paid by students, philanthropic donations and funding from the Bengali government.

Why has a contract of cooperation between AMD, KMD and SARPV been signed ?

We appreciate these 3 associations with who we have been partnered since 2005. We would like to actively participate in their work and support the Chakaria programme long term. With AMD's help we hope to continue improving the quality of the orthopaedic service and operating theatre. I think this contract is a good means of cooperation where each partner can find his area of interest and benefit.

SOMIA a particularly complex case



Somia was 2 and a half in November 2008 when she was presented at the Chakaria centre for the first time with her dad. They came based on the recommendations of a neighbor who had already been consulted at the centre. After a consultation with the physiotherapists, Somia was selected for the 2009 surgical program. The consultation in January confirmed bilateral club foot and a dislocation of the left knee. The association of these

deformities made this treatment particularly complex. It was decided to treat the right foot with serial corrective plaster before the operation, and to do the same with the left knee. The treatment of the right foot was very successful. Unfortunately the treatment of the knee failed.



In 2010 Somia could not be taken on due to medical problems. She had to wait for the 2011 surgical campaign to continue treatment of her left knee and foot. After a long period in casts, she was then able to benefit from an operation on her knee and her foot.

The healing was difficult, but finally everything went well. Today Somia is 7 years old and she can walk and run with no problem. Such a result on a condition this complex was almost un hoped for. This was made possible thanks to the cooperation between the physiotherapists, the ortho-prothesist, the surgeons, rigorous monitoring and thanks to you! Your support can change the lives of disabled children in Bangladesh. If a small portion of the cost was paid by the family, then the majority was covered by charity funding.

Charity funded quality care is what we are aiming for. To continue down this road your support is invaluable.



LÉNA IS PROUD OF HER TEAM

Lena Gallegos, who are you ?

I am a physiotherapist and president of KDM since 2004.

What was the role of KDM in this program ?

Since the beginning of the program, KDM has been committed to AMD and SARPV forming 2 teams of 4 students over 3 years.

The duration of training was 2 years followed by 1 year of support and assistance to the organisation based on their speciality. The initial duration of three years was changed to two years following the termination of partnership with the local hospital structure. At the end of the first 5 years, the protocol for orthopaedic treatment of children suffering from rickets has evolved and the need for specific brace equipment proved indispensable. KDM has continued its work by forming a team of ortho-prothesist and has contributed to the construction and equipping of the workshop. Then, in order to optimise and adjust the treatment protocols, short support missions and annual assessments are performed by a rehabilitation doctor, a physical therapist and prosthetist. Since 2010 the Chakaria centre has been able to benefit from the instillation of a specific support programme for children with club foot. KDM has contributed to this action by sending physiotherapists specialised in the "Ponseti" method.

What is the assessment of these 12 years of cooperation ?

At the end of these 12 years, the close involvement of local staff and KDM volunteers remained intact. KDM can see with pride that the local team of therapists following training have, for the most part, obtained a diploma equivalent to that of the official state of Bangladesh. They are now certified to provide quality care in a structure tailored to specific needs.

What is the future of KDM in this program ?

KDM has signed up again at the end of 2012 for another 5 years along with AMD, SARPV and CMOSH. Our continued action and support is justified as we can see the continued evolution and progress since we began our assistance through areas such as treatment protocols and organisational structure. It will now be possible to extend our abilities further field to cure the children of Bangladesh

SHAHIDUL HAQUE : " RESTORE DIGNITY TO THE DISABLED CHILDREN OF BANGLADESH "



Shahidul, who are you ?

I am 57 years old. At the age of 2 I had polio, and since then my status changed. From normal, I had become disabled. I couldn't move by myself anymore and my parents became my only means of moving. My mother decided to send me to school despite everything and I managed to achieve my masters at the University of Dhaka. For a disabled person to obtain such a diploma taking into account the difficulties of accessibility and transport was simply a miracle. I come from a middle class family

from the village of Kapasia (Gazipur). I have 5 brothers and 4 sisters. My father died the 4th august 1980 in a road accident. I was the big brother so I stopped my studies and found a job at a bank. I was then able to support my family and my siblings could continue their studies.

How was the SARPV association founded ?

In 1989 there was a terrible tornado in Satura near Dhaka. With a group of friends we went to the location to help the poorest. On the way we found a young girl leaning on a bamboo. I asked her what she was doing. She replied that she had been offered food and clothes but no one had seen to her leg. It had been amputated during the tornado. It shocked me to see that no one had looked at the injured people who had become disabled after the tornado. This is why I decided to found an organisation called SARPV (Social Assistance and Rehabilitation for the Physically Vulnerable). I left my job and started to work so that the disabled people of Bangladesh could regain their dignity as I was able to experience at the beginning of my life. I didn't think about the future and I am grateful to my family for not opposing my choice. I can say that I am lucky because since this date I have succeeded in gaining funding from donors to support this organisation.

What is the role of this organisation?

We try to guarantee support for disabled people by developing their skills so they regain their dignity in society. We employ 192 people divided between 6 different sites including the Chakaria centre. Our work orients around 6 principles:

- 1 – Preventative treatment and care of disabled children - sustained by AMD-KDM and now CMOSH.
- 2 – Creating schools where both disabled and able-bodied children can receive an education. This program is developed with the help of 'Ami des Enfants du Monde'.
- 3 – To help victims of floods and other natural disasters. This project is supported by ECHO, DFID, CBM and CDD.
- 4 – Work to develop networking, lobbying and advocacy to bring attention to other organisations and local authorities about the problems faced by disabled people in Bengali society.
- 5 – Microcredit for disabled persons.
- 6 – Training of persons with disabilities in order to create a micro-enterprise in the fields of sewing, packaging or craft - supported by Manusher Jonno Foundation.

How did the cooperation between AMD and KDM start ?

In 1991 a cyclone devastated the region of Chittagong. I visited the site and worked in the Chakaria region to bring aid to those who had been injured. Every day I saw children with deformed legs. This had nothing to do with the cyclone but it caught my attention and I feared that these children would in turn, one day, become disabled. Since this date, I have been trying to attract the attention of doctors and other health officials to this matter. In 1994 doctors Jean-Paul Cimma and Josiane Arnaud of Grenoble came to visit and began work to understand the causes of these sicknesses. We then worked with Cornell University (USA). Finally, in 2001, AMD and KDM took the fantastic initiative to help these children by a program of preventative treatment and care. Since this date the project has benefitted over 30,000 children.

How do you see this new cooperation with a Bengali partner such as CMOSH ?

CMOSH is a large hospital organisation which has funding for health care. SARPV depends 100% on donations. We are at the disposal of disabled persons, in particular those in poverty. We are fundamentally different and it may seem difficult to imagine our cooperation. However, if the nursing staff from SARPV work for CMOSH, and if CMOSH uses SARPV's services, both sides can benefit. With this new agreement, everyone knows their role and can work with respect to the others in a long term system.

THEY HAVE BEEN SEEN AGAIN THIS YEAR IN JANUARY

2013



EMRAN
13 years old



One year after operation



RACHIDA
14 years old



One year after operation

2013

A DANGEROUS MISSION !

If the signing of the new agreement is after all an important event for the future of the project, the surgical mission in 2013 will also face great difficulties. The trial of an officer of the Islamist party, Jamaat-e-Islami, for war crimes by has triggered a wave of particularly violent demonstrations and a general strike that lasted for several weeks leaving dozens dead. Movement between sites became difficult if not impossible. Many appointments and consultations couldn't take place, operations had to be cancelled, and certain expats were blocked for several days without being able to travel. Thanks to the courage and motivation of volunteers, the Chakaria team and the mother-child hospital in Chittagong, three missions were carried out anyway. Unfortunately though, we will have had to cancel the April mission.



Annual meeting in Gap



The AMD Bangladesh team of Gap organise
Saturday the 25 may 2013
 at "La Saulce"
 A Bangladesh night
 5-7 pm : Conference
 « 12 years of solidarity with Bangladesh »
 19h30 : Dancing evening
 Information and payment before the 21st of May
 Tel : 04 92 40 61 36
 or 06 83 25 91 86

BERTRAND DEVIMEUX :

" EXCEPTIONAL ACTION IN MORE THAN ONE WAY "



Bertrand, who are you ?

I am 49 years old and a general physician. I have been president of AMD for 4 years.

How is the AMD program in Bangladesh a little different from the usual AMD projects ?

The Bangladesh program is exceptional in more than one way; firstly due to its duration, but also due to its vitality and financing. For the 10 years that the program has been running it hasn't once been stagnant. It had to adapt to

local context and open up to other aspects of the management of rickets and disability in children. Gradually the Chakaria centre's aim of fighting rickets broadened to include other pathologies: burns, polio, club-foot...

The care for rickets itself has also developed in terms of screenings and preventative medicine. A new centre to cater to advanced consultations has been opened in Ukhia this year.

Exceptionally, this program is also fully privately funded, and is largely based on a dynamic team and a network of very loyal interdependent sponsors that allow us to continue our project and have a real impact on public health in this region of Bangladesh.

Do you think the new agreement will eventually fulfil the objectives of gaining full autonomy?

NGO programs are not designed to last forever and must anticipate a handover. For this reason we have been working for several years towards autonomy of the Chakaria centre. We have trained a motivated team, and we are gradually allowing them more autonomy over the management of care. The new agreement that we have just signed with our partners will provide a secure framework for our team who will be 'sponsored' by the Chittagong hospital. It will allow AMD and its donors to focus on helping the poorest children by supporting a charity fund for the poorest patients.

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Chakaria
 DISABILITY CENTER

