

ANNUAL REPORT

2012-2013



Care First Foundation

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কেয়ার ফাষ্ট ফাউন্ডেশন

বয়স্ক পিতা-মাতা সন্তানের দয়ার আশা করে যেভাবে তারা করেছে ।

পিতা-মাতার প্রয়োজন না দেখে সন্তানের প্রয়োজন মিটিয়েছে

তারা বেহেশ্তের দরজা যার ইচ্ছে সে হেফাজত করুক বা ধ্বংস করুক ।

বয়স্কদের সন্মান করুন ও সেবার হাত বাড়িয়ে দিন,চায় ভালোবাসা ।

আমরা কাঙ্খিত মানুষটিকে পরিবর্তন করতে পারবোনা কিন্তু আমি নিজে পরিবর্তন হতে পারি ।

দয়া কোন কাজ নয়,শুধু মনের ১টি ইচ্ছে,যা কখনই নষ্ট হয় না ।

পিতা-মাতাকে বার্ধক্যে পেলে তাদের কষ্ট দিওনা উহু বলোনা ।



সন্তানের প্রতিক্ষায় অসহায় বৃদ্ধ বাবা- মায়ের অভিশপ্ত কান্না

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Take proper geriatrics care your Age parents



Forward with regard and caring .



Report : Md k Shahidur rahman

Care First Foundation Annual Report Year 2013

Foundation Profile : Care First Foundation is a non profitable philanthropy right based organization specially for the widow and elderly . Age people increasing rapidly similarly increasing aging problem but to ignorance of geriatric care ,low income, conflict and family attitude problem did addressing properly consequence suffering increases. As a result elderly do not care themselves even not family when they suffered geriatric diseases .We conducted FGD and HH survey to find out root causes of elderly suffering. It has indicated that geriatric disease and caring ignorance ,family attitude and low income. Age care is right issue both in religious, social and humanitarian ground. Elderly are mostly auspicious person to ethnic family for safety ,solvency and decision make and eliminate discrepancy in family and hold relationship. In terms home is right place of geriatric care. Substantially the Foundation have been worked since 2011 to step forward developing livelihood of the elderly both urban and Rural areas..



Back Ground:

Bangladesh is globally high densely populated country of which Dhaka is 2nd worse city for living . According to Population census, 2001, National Report (provisional) published by the BBS, July 2003 reveals that there are 14,43,140 persons belonging to 65-69 years, 16,26,240 belonging to 70-74 years, 6,15,940 belonging to 75-79 years and 10,76,380 persons belonging to 80 years and above age group. Thus number of elderly population above 65 years of age stands as

47,61,700 persons. Last two census is indicated Age people increasing rapidly. Our national evaluation indicated last two decades child and mother mortality and morbidity rate reduced tremendously because of successfully compilation of various livelihood development project example safe water, primary health care ,diabetic control, hypertension, heart and respiratory infection control .Increasing of Aging is now challenges to manage social security, dependency and caring. Disable care, respite care, dementia care Alzheimer care and over geriatric caring ignorance and poverty is main causes of elderly problem.

We known that older deserved dignity, equity and social value in all respect in family and community prevailed social security . Elder's are more tolerable and knowledgeable to handle relationship, conflicts, violation, discrimination, and not mistake again .In Bangladesh traditionally the elders are the guardians and advisers of the society. Elderly people are respected in family and society . But due to various socio-economic consequences the traditional values and customs have been changed chronologically. Social moral values of the younger turned unexpectedly . Today in many cases youths no longer like to live with the elders. On the other hand, the younger lived outside due to their profession . As a result, the traditional joint family structures have broken down and familial support to the elders have been reduced largely. Under the above circumstances elderly people, specially the elder population of the poor families have been thrown into socio-economic insecurity. Absence of geriatric care knowledge and facilities their suffering since aging invites new health hazards and social problems of which Elderly poor women faced more problems then mail aging due to poverty and attitude.

Indeed 60 above olders gradually suffered in many geriatric complains like physical pain, diabetic, eye disease, hypertension, heart disease ,Respiratory track infection, osteoporosis ,dementia, Alzheimer, Parkinson etc. In our community major older family are low income group who are unable to spend their caring purpose. Helpless and disable elder are lived very miserable condition due to poverty . Some research indicated causes of elderly problem is poverty, low income, discrepancy, hostile attitude, family conflicts, caring ignorance etc . We thought elderly problem is new arena of development profile specially our country. Now in Bangladesh above 60 year age is 47 lakh the year 2001 and by year of 2015 the aged will be 1 core 15 lakh which is alarming for us. We understand this problem could be reduce by geriatric awareness , caring training, conflicts resolution . We are experienced of PHC, child and maternity care ,satiation, right,gender, livelihood development project implementation. Care First Foundation believed old parent nursing is religious and social obligation of all concerned and all society in terms, reward after death. Care First Foundation, Bangladesh planed to develop this situation subsequently

provided training, education, motivation and empowerment of the family member and create hues number of care giver work force for care giving and social security. We addressed partnership approaches community based sustainable social security program .Now Aging problem is most important right issue because of population booming so substantial we promote elder care aim to reduce elderly pain.

Rationale the Program :

Biological age, ignorance of geriatric disease , family conflicts, poverty, caring management and regardless attitude , non accountability is major causes of Elderly problem. We hope partnership development or support may encourage us to develop the elderly livelihood or social shifty net of the Elderly.

Foundation office : Foundation hired a office at DOHS Baridhara, Dhaka .H# 365/5 (1st Floor),R#6(West) DOHS, Baridhara. Dhaka-1000

Year of Establishment: Since 2012 February this foundation forward actively with programs and set with own office.

Registration Status: Govt. society act reg. : S-11274 Year 2011 ,Bangladesh

The Management committee:

Sl.	Name, Father's / Husband's name and Address	Designation	Others Link and Status
1	Mr. Anhar A. Chowdhury Add: House: 2-D, Road-73, Gulshan-2, Tel: 01711-544 988 & 989 0893.	Chairman	Founder member of university of Asia and Pacific,Ex Secretary general , Gulshan society , member Rotary Club
2	Ms. Safina Rahman Add: Apt.#100,H # 8/I, Rd-81,Gulshan-2 Dhaka ,Telephone: 01711-521 874.	Vice Chairperson	Industrialist,District Governer Rotary international , Member Gulshan society
3	Mr. M. A. Helal Chowdhury Add:Spring Leaf - D/4, H-27, Rd.126,Gulshan, Dhaka - 1212 Telephone No.: 8859284, 01711593620	Vice Chairman	Member Gulshan Club, Rotary international. Treasurer ,Kawran Bazer orphanage care and Madrasha. social work, Member Gulshan Society
4	Ms. Shirin Shila Add:Oakwood,H-20, Rd-107,Gulshan-2, Dhaka 1212 Tel: 01711-544 366, 881 6129-30	Vice Chairperson (Female)	Journalist and news custer BTV, Member Gulshan society
5	Mr. Ejaz Pervez Hossain Add: H-20/B, Rd. – 79, Gulshan-2, Dhaka- Telephone No.: 01191 570581, 9896383	Secretary General	Engineering consultant and social work
6	Mr. Mrinal Kanti Saha Add:190/1, Malibagh Bazar Road, Dhaka Telephone No.: 01711 392840	Treasurer	Former Head of finance –Friend International, Dhaka

Sl.	Name, Father's / Husband's name and Address	Designation	Others Link and Status
7	Mr. Md. Nurul Kabir Add:H -16, Flat : N-0, Road- 7/C Sector – 9, Uttara, PS-Uttara, Dhaka-1207 Telephone No.: 01711 524902, 892 1609	Organizing Secretary	Business and social work
8	Mr. Kazi Amdadul Hoque Add: House-4, Lane-19, Block-B, Mirpur – 10, Dhaka Telephone : 01713030124	Secretary (Program)	Member Rotary Club & Ex Program officer Save the Children
9	Mr. Md. Monwar Faruq Chowdhury Add:11/2 Iqbal Road, PS-Mohammadpur, Telephone No.: 01714 117736, 814 3383	Secretary (Public Relation)	Procurement Manager Friends International. Bangladesh
10	Mr. Altaf Hossain Add: Sattara Centre (9 th floor), 30-A Naya Paltan, VIP Road, Dhaka. Telephone: 935 1001 & 01713-039 131	Joint Secretary (General)	Land Developer and social work
11	Dr. Mahfuza Moushumi Add: 39E, Arambagh Housing Society Telephone : 01726 696306	Joint Secretary (R&D)	Program officer Save the Children.
12	Mr. Md. Munir Hossen Add: House 205 (3 rd Floor, North), Road 6, Mohammadia Housing Limited, Mdpur Telephone: 01819 243723	Joint Secretary (Program)	Officer Friendship Bangladesh and social work
13	Mr. Rathindra Kumar Chowdhury OBE Add: House 47,Rd 6, Sector 4,Uttara, Dhaka Telephone : 01711 568334, 8956526	Joint Treasurer	Officer Friendship Bangladesh and social work
14	Mr. Md. Abul Kalam Add: Apt. # 302, House # 74, Road # 8A, Dhanmondi R/A, Dhaka - 1209 Telephone : 01819 262701	Member	Business and Social Work
15	Ms. Afroza Nasrin Ahmed Add: House 470, Nayatola Mogbazar,Dhaka. Telephone : 9332679	Member	Business and Social Work
16	Ms. Salma Hossain Add: Tribute Homes, House-35, Road-114, Flat- B/2, PS- Gulshan, Gulshan-2, Dhaka Telephone: 989 0875 & 01929-910 600.	Member	Director Occan Group and social work, Member Gulshan society
17	Syed Nur-E-Alam Add: House 4, Road # 1/B, Sector # 9 Uttara, Dhaka - 1230 Telephone : 01740 989479	Member	Business and Social work
18	Mr. K. A. T. M. Nazmul Huq Add: 106/2, Moneshwar Rd,Zikatola, Dhaka Telephone : 01713 067236	Member	Officer Squire Group and social work
19	Mr. Ahmed Toufiqur Rahaman Add: D-5, Plot-345, Road 12, Block-D, Bashundhara R/A, Dhaka Telephone : 01712517255	Member	Officer BRAC and social work

Management : As per Govt. society registration act the Executive committee is responsible to operate the Foundation .There are 19 member consisted EC committee is accountable for policy

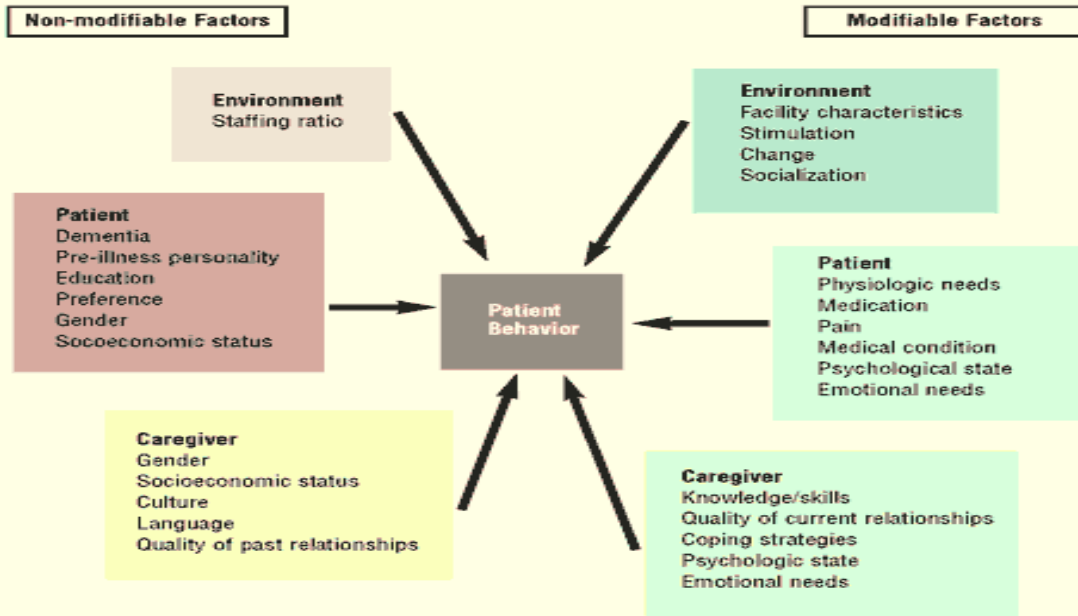
,strategy and operation approved by the AGM. Each year one AGM held .EC is empowered to operate foundation all activities including development projects.



Survey Findings : Foundation conducted small scale house hold survey on Aging problem dated Sep/2012 at small area of the Badda Kalachadpur ,Dhaka low income area. We selected catchments area where lived about 70 poor families. We found 22 Elderly family of which 07 women headed 15 man headed and their age not less 60year of which 03 were disable(2 women and one male) who are unable to walk.10 elderly suffering various age diseases but unable Medicare because of financial problem and ignorance . 18 Elderly worked daily basis labor . Family size 2-3=5, 4-5=15 above 6 were 2 families. Per head per month average income 1000-1200taka = worked Formal sector 07. informal sector 15. This suffered elderly comments that they do not go to govt. hospital because of neglected caring and provided no medicine. The suffered elderly usually taken advised from local Kobiraj, foot beard doctor or medicine seller at this locality. Consequences , the Elderly suffered due to geriatric ignorance's and low income . Report recommended geriatric awareness, Age caring and income generation support .

Figure 3

Multidimensional Behavioral Model Showing Interaction of Factors Affecting Patient Behavior



Source: Data from Braun and Kunik (2004)



Aging people mindset game kept cheer.

Objectives: Build Aging association and community awareness about geriatric care. Increase social security and health care provided entrepreneurship and mobile geriatric caring service . Increase elderly care community workforce by training ,

Target : (2014-15)

- 1) Build 100 Aging association and training on geriatric care .
- 2) Created 200 community care giver workforce by training.
- 3) Rehabilitation 100 destitute and disable elderly by entrepreneurship and medical support.
- 4) Involved philanthropic organization to create age caring opportunity with their existing resources.

Previous Achievement (Y-2012-2013):

1. One household survey at Baddah Kalachadpur South poor area.
2. Prepared Foundation Brochure.
3. Hold meeting with Diabetic association of Bangladesh and Probin Hitoshi and geriatric research institute , Help age international.
4. Visited CRP, Probin Ashrya kendro Gazipur, Probin Hitishi Bangladesh.
5. Hold one Executive committee meeting .
6. Hold two special EC meeting .
7. Arranged local donation for office hiring 2012--2014 .
8. Appointed short time consultant, office assistant, Guard etc.
9. Arranged donation for procured of office furniture.
10. Arranged office equipment by donation.
11. Prepared Care Giver guideline and training module(Not print)
12. . Community awareness on surveyed area.
13. Care First Foundation Govt. Registration .
14. Processing for NGO Bureau Registration.
15. Annual report 2012-2013.
16. Motivated and caring awareness provided 15 elderly family

বার্ধক্য পরিচর্যা

সহয়িকা

বয়স্করা অন্যের পরামর্শ পছন্দ করেনা নিজ সিদ্ধান্তে অনড় থাকতে সবার কাছ থেকেচায় ইতিবাচক ব্যবহার মৃত্যুর অবধারিত ১টি অজানা কারন অনিয়ন্ত্রিত ডায়াবেটিকস ও উচ্চরক্ত চাপ প্রবীনদের মনোরোগ উপসমকারী ঔধষ যতটুকু সম্ভাব পরিহার করা উচিত অনিয়ন্ত্রন ডায়াবেটিকে হৃদরোগ ও শ্বাস কষ্ট জনিত রোগ বেড়ে যায় এর ফলে ১/৪ অংশ প্রবীন মারা যায় ৩৫বছরের পর নিয়মিত রক্ত চাপ নজর রাখুন উচ্চ রক্তচাপে মাথাব্যথা, ঘাড়ব্যথা, চোখে ঝাপসা, অস্বস্তি লাগা ৩ মিনিট চোখ বন্দ করে ৫টি বড় শ্বাস নিন, ধরে রেখে আস্তে আস্তে ছাড়ুন, দেহকে ফ্রি করে দিন সুস্ত থাকুন

লেখক : মোঃ কে শহিদুর রহমান
প্রকাশকাল : অক্টোবর ২০১৩
গ্রন্থস্বত্ত্বঃ মোঃ কে, শহিদুর রহমান
সহযোগিতায়ঃ কেয়ার ফাষ্ট ফাউন্ডেশান

Management meeting held : One General committee .

3 special EC meeting held .

Financial Statement : Year 2012-2013 (Figure in Taka)

Sectors	Income	Expenditure	Balance	Remarks
Local donation cash	10,00000	1000000		All amount debit and credit directly in cash incurred vouchers.
Members Contribution	19000	19000		
Local donation asset	4,00000	4,00000		
Local Grant	-	-		
Foreign Grant	-	-		
Total	14,19,000	13,99,000		

Expenditure Sectors	2012	2013
Office rent		
Program development		
Consultant		
Staff		
Regular operation		
Equipments		
Furniture		
Stationery and publication		
Sandy		
Miscellaneous		
Total		

Foundation Asset : Asset procured by donation, gift and purchased.

Assets type	Permanent	Remarks
High executive table chair	3	
Executive Furniture	6	
Computer, Laptops	3	
Wooden Shelf	3	
Steel shelf	1	
Round table chair for meeting 20 no	1 set	
Sofa set	1 set	
General chair table	6	
Notice board	1	
Display board	1	
ceiling Fan	5	
Air Condition	1	
Photocopier	1	
Printer	1	
Telephone	1	
TV	1	
Reception chair table	1set	
Wall clock	1	
Camera	1	

Audited: Year 2012-2013

Banker : Dhaka Bank

Table 1		Important clinical aspects of and areas affected by Alzheimer disease
Cognition		
Memory		Ability to learn and retain new information, forgetfulness, misplacing objects
Language		Ability to follow conversations, finding the right words or names, vocabulary
Orientation		Time relationship (to recent holidays or life events)
Visuospatial ability		Visual exploration of environment, ability to organize objects around the house, driving
Praxis		Ability to use eating utensils, appliances, putting clothes on
Executive function		Planning, organizing, problem solving, meal preparation, medication dispensing
Daily functions		
Instrumental activities of daily living		Shopping, housekeeping, accounting, driving, meal preparation
Basic activities of daily living		Dressing, feeding, toileting, grooming
Behavior		Apathy, depression, anxiety, agitation, psychosis, altered sleep pattern
Neurological		Parkinsonism, incontinence, seizures, dysphagia
Caregiver		Physical and psychological health, social activities, quality of life, finances

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