

# PARTNER PLAN

An ecumenical appointment with:



The **Methodist Church** 

## Gillian Rose - Bangladesh July 2013

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Dear Friends in Scotland

Sunday 7 July, 2013 and many busy weeks have flown by since I last sent you our news on Easter Sunday. Ascension Day followed by Pentecost and Trinity Sunday have all rushed by with their different celebrations, and now we are well into the “green season” in the life of the church.

And Bangladesh too is at its greenest as the dry hot days have given way to the rainy season when crops and jungle alike spring up miraculously before one’s eyes. In this area however, the rain is not sufficient for the farmer’s needs, while other areas have disappeared under water, and river erosion is destroying homes and schools and pastureland. But such is the way of the world nowadays.



But it is all very beautiful, and a little cloud of butterflies are playing amongst the brilliant scarlet blooms of the hibiscus bush adjacent to my verandah while the minute tuntuny birds are busy in the vegetable garden, and a mynah (starling family) has just arrived on the table to remind me that lunch time is long overdue! But it is good to see the butterflies, as insect life seems to be on the wane, and one can no longer see the clouds of interesting looking coloured insects flying from flower to flower in the vegetable garden. Maybe too much insecticide is being used in the fields.

The bamboo clumps along the river bank have been thinned out, and I can once again see across the river and watch the farmer ploughing his field with his two cows in harness. This is becoming an unusual sight in the countryside now, with the advent of power tillers and tractors. Bullock carts too are now few and far between, rapidly becoming things of the past, patients now arrive in cycle propelled or motorised vans.

Politically the country is in a worse mess than before with elections on the horizon and no agreement between parties on how they should be held. Politics has degenerated into inter party slandering and wrangling, with no one looking to the interests of the man on the street, struggling to bring his family up decently.

And, of course, the country is still reeling in horror from the dreadful Rana Plaza disaster where so many lives were needlessly lost and many crippled for life. May God have mercy.

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But to return to Bollobhpur: where life has not stood still, not many beds have been empty and tiny arrivals vying for places in the incubators.

April 12 2013, Monday and the newest set of girls are sitting their Preliminary Training School examinations, eager to be able to start their training proper and to wear the coveted nurses uniform and cap. And it is good to be able to report that all passed well, both the written and the practical examination, and on Sunday afternoon April 21 during a simple service in the parish church, they received their new uniforms and caps kneeling at the altar step and afterwards, lighted candles in hand, they stood to repeat the Nightingale nurses oath, promising to uphold the standard of nursing and to lead good lives. May God be with them as they train.

April 20, Saturday found us at our Karpasdanga village centre for an afternoon's teaching for a group of village women. There was a lot of activity and it was all great fun, and they managed to learn more about how to keep themselves and their families well.

Karpasdanga is our biggest and busiest village clinic with 10 maternity beds, 2 cabins for those who wish to pay for a private room and is once again being run by Bollobhpur trained experienced midwife Mrs Lakhi Mondol and her husband Hebol. And the girls in training spend time in rotation, learning to care for and deliver women in a village situation.

And on Tuesdays they are joined by a team from the hospital when up to 100 and more general patients receive care and treatment, and crowds of expectant mums come for their routine ante-natal care.

Michael and a team of his students from the laboratory bring basic blood and urine tests and the clinic is very popular and well attended. People, especially diabetic patients, are grateful to have the service right on their doorsteps, rather than having to make an expensive trip to the town and pay heavy fees to private doctors for care.

For Karpasdanga is one of the many villages adjacent to the border with India, and being a remote border area, has very few facilities for health care. Karpasdanga village lies eleven miles away from Bollobhpur hospital.

Wednesday morning finds a team from the hospital doing a satellite clinic at Anandabash, a large village three miles away from Bollobhpur. Again, the clinic serves the people of several heavily populated villages stretching along the border.

I see the general patients, Hannah our community midwife manages the ante natal clinic, Nomina dispenses the medicines and a team of senior students from the laboratory provide blood tests. This, too, is a busy clinic, and patients are happy to have the facility in or near their own village and do not have to "dress up" to go and see the doctor!!

Thursday mornings bring weekly clinics at two venues. Dibakor, hospital administrator cum Licenced Village Medical practitioner (Government six months training) with a team of laboratory students, goes to see patients at our clinic at Nityanandapur ("Place of everlasting happiness"). This is a village clinic with four maternity beds, and is run by Bollobhpur trained midwife Parimal and three student nurses on rotation.

Nityanandapur has many Christian families and is seventeen miles away from Bollobhpur. But the heavy proportion of patients using our clinic are from the majority Muslim population.

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And at the same time I am at the village clinic at Ratanpur where we have six beds for midwifery and general patients. Ratanpur is three miles from Bollobhpur and services villages the other side of the river Bhairab whose people find Bollobhpur hospital difficult to access. And so we take the care to them. Again two or three students from the laboratory come to help me, and the clinic is popular. Juthika and three students manage the clinic.

Diabetes is a major problem now in the country, even in these border areas. Whether it is due to the change of life style following the advent of rice mills and tube wells and other labour saving devices and also access to more and better quality food, no one seems to know. But week by week new cases are booked in and known diabetics come for their routine blood sugar checks and medications. This is a service we are happy to be able to give. We are also able to supply insulin for those who need it.

That leaves Kejura clinic, about forty miles away, created to answer a call for help from a tiny Christian community and their neighbours in the surrounding villages. Dibakor goes weekly for a general clinic with the laboratory students and I visit every four weeks on the nursing students "all change" weekend.

May 27 Saturday and today is all change day for the girls at our Khulna clinic, and with a difference for today we are to take severely handicapped Kalpona to visit her village home. Kalpona, who trained to be a laboratory technician with us, and is now severely handicapped by muscular dystrophy (a muscle wasting disease) has not been able to visit her home for many years being no longer able to be helped on and off a bus or to manage the uneven paths of the village.

We managed an early start for Khulna and after a quick breakfast our laboratory boys lifted Kalpona into the car and off to her village, three girls to help also coming and enjoying the outing. There was obviously a very emotional welcome at the other end, as she was carried out of the car into her wheelchair and trundled along the uneven paths to her home. We bring her back to the clinic at Khulna at the end of a long and memorable day.

Kalpona, although physically challenged, manages the life and work of the clinic from her chair and runs the laboratory with the help of one of the students who spends a month of his training assisting her. Please continue to keep her in your prayers.

June 2013 has brought examinations for most groups. The seniors have worked hard, sat and passed the Hospital final examinations and finally at the end of the month the external examination, Dr Alok from the government hospital coming to conduct the viva examination. It is good to report that he was pleased with them all.

The 1<sup>st</sup> year group have sat their 1<sup>st</sup> year final examinations and are now proudly wearing their orange striped 2<sup>nd</sup> year caps. Likewise the 2<sup>nd</sup> year girls have passed their ½ year midwifery examinations and have been promoted to the third year and are proud of their red striped caps. And at the end of the month the senior group completed their three years training and made tearful farewells as they signed for their hard earned certificates in the office.

And so year by year groups move up a ladder, finish their training and pass on to salaried employment. Bollobhpur hospital trained midwives and nurses can be found working in hospitals, clinics, community programmes and industrial nursing all over the country.

June 28, Friday and found us making an early start for the Baptist Hospital and Joyramkura where our senior girls are having a good three month operating theatre training and surgical nursing

## PARTNER PLAN

experience during the final six months of their training. We are grateful indeed to Dr Taposh and Dr Lucy Rema for this wonderful opportunity for them.

Joyramkura hospital is unique in that it is run by local doctors and nurses and staff, all from the Garo Tribal Christian community and by their dedication and devotion their hospital is now self-supporting and needs no further help from the Australian Baptist Missionary society who originally founded it.

In contrast we, at Bollpbhpur, are still without a doctor and no sign of anyone from the local Christian community taking an interest in doing something for their own people of their own area. But we have an interested young doctor, born and bred in the capital Dhaka, who feels his vocation is to the neglected rural areas. He is now completing a course in Medical Ultrasonography and hopes to come afterwards to join us. We hope on. But there are so many "slips twixt cup and lip" that.....! He is a young Christian from the Roman Catholic community. Please pray with us.

But I enjoyed the trip to the north of the country, crossing the famous new Jamuna bridge stretching for more than 4 kilometres and connecting the north with the south of the country. And the pineapples!! Pineapples to the right and the left, being brought in from the fields and loaded onto trucks for the journey to the capital. I have never seen so many pineapples in my life.

It was also good to be able to pay a short visit to the Church of Bangladesh compound in Haluaghat and spend some time with Sister Mira.

Back to Bollobhpur and the hospital wards are busy and my day has been interspersed with calls to the ward to admit patients. This month has seen six cases of poisoning, after arriving at night as the month of Ramadan begins, and friction runs high in families with the change in routine, fasting all day and eating at night.

The most recent case arrived at just before three o'clock in the morning, the time when Muslim women have to get up, cook a meal, and get the family fed before the days fasting begins after 4am. Tough indeed. No wonder women can often stand things no longer and the smallest event triggers a dose of poison.

But thank God, all have gone home fully recovered and the recent arrival is past the worst. And in the maternity ward the girls are busy, delivering their mums, caring for them afterwards and feeding the babies in the incubators.

And in the "G-Ward" as it is fondly called (Geriatric Ward) all the beds are full and the junior girls are caring for them beautifully.

And as I write, three new girls have just arrived, fore runners of the 18 we are expecting tomorrow. Tom and Tinja have both had "Sunday" baths, though reluctantly, and Mother Cat has two delightful new kittens. A cuckoo is calling loudly as I come to a close, and Babu is bedding the cows down for the night.

Please keep alongside with your prayers. With our greetings.



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