

# PARTNER PLAN

An ecumenical appointment with:



The Methodist Church 

## Gillian Rose - Bangladesh June 2012

Bollobhpur Hospital  
PO Kedargonj  
District Meherpur  
Bangladesh

Gillian Rose is an  
Ecumenical Partner of the  
Church of Bangladesh Group

Dear Friends in Scotland

Sunday 20<sup>th</sup> May and the Sunday after Ascension Day, which makes me realise with a jolt that not only have Lent and Easter flown by without a trace, but that next Sunday will be the Church's birthday, Pentecost, and as usual I am all behind with keeping you up with our news. Indeed what was the "new year" 2012, is now definitely 'old' and almost half consumed!!



But we have not been idle, the wards and the nursing school have been busy, and in the community, teams have continued to take pregnancy care to the satellite village clinic, the field workers have brought health and nutrition teaching to the mothers and monitored the weights of their growing babies. And at the other end of the scale, the Elderly Care workers have visited the elderly and infirm in their homes, brought them comfort and care and a listening ear, and been a liaison for them with the village clinics, and the hospital. But let me take you for a visit around the wards.

The hospital has four private wards (cabins) for those who wish to pay. These have their own separate attached bathrooms, separate solar lighting system and are large airy and attractive.



Amena

Cabin 1 houses tiny Khuki, and her mother. Khuki is in one of our incubators, and arrived soon after birth at a private hospital some 2 hours drive away, and in the middle of the night. Khuki weighs 1.5kg, which for us is a 'good' weight for a premature baby, but was limp and grey on arrival. Praise God, now 36 hours later, she is lifting her arms and legs and 'playing' in the incubator, and her oxygen has just been turned off, the girls on duty feeding her every two hours by tube.

Cabin 2 is empty at present, and Cabin 3 houses Rohima, a diabetic lady with a horribly infected foot, now being stabilised on insulin, and her infection being brought under control by expensive antibiotics being injected into her veins. Rohima is perhaps the only one of our diabetic patients who can afford to pay for her treatment. Most of them have to be treated free, and few can pay for their insulin and drugs.

We were grateful to Sister Pat Bennett and friends at Bristol, whose Christmas sale raised a generous £1,000 for us, and which is being used for diabetic care for our poor patient.

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Cabin 4 is being used for Kajoli, an epileptic lady from distant Nityanandapur village (which means “the place of everlasting happiness”). But this poor lady, from the Christian community, had an epileptic fit while she was cooking rice for the family on an open wood fire, fell face forwards into the bubbling pan and the flames, and suffered extensive burns to one side of her face, eye, ear and head, and is obviously in a critical condition. She arrived three days ago with a letter from the parish priest enclosing a donation of 200 taka and asking us to organise her treatment and diet, and also to provide food for the relative who will stay with her! So you understand how gratefully received your generous donations are! For one day’s treatment will cost more than 200 taka to say nothing of diet for two! But praise God she is feeling much better today, the pain and swelling have subsided and she managed to eat a plate of rice and curry. And our hospital shop is supplying a daily egg to enhance her diet. Bollobhpur hospital keeps open doors for poor patients like Kajoli. We never worry about how we will manage the expenses. We pray for them in our chapel each morning, and know that God will provide.



Kukhu

And now into the Maternity ward where there has been three admissions this morning.

Jahanara, crept in un-booked, her 5<sup>th</sup> pregnancy and three live children, all girls. It was not long before she emerged from the labour ward another baby girl in her arms, hopes for a son dashed once again!! An un-booked pregnancy in the radius of Bollobhpur, means a failure of our Community Maternal Care programme, and we obviously need to have the work evaluated. Hopefully friends from USPG are putting this need into their programme.

Asma, another Muslim lady, expecting her second baby and hoping to complete her family with a baby girl, was rewarded with a second son!! So we may be seeing her back again!! For although most families are opting for two children only, the temptation to try again, if they don’t give birth to the son (or daughter) that they hoped for, is great.

And at the other end of the ward, the newest incubator houses little Sweety, who weighs just 850g! Her twin brother was found to be dead on admission, for they were brought from a government hospital a long way away, and his weight was almost the double of his tiny sisters. Sweety has had her ups and downs, but by the grace of God, she is now 16 days old, turns circles in her incubator, and has started to suck her mittens.



850gm Sweety

The incubator’s hardly need turning on this month, for the whole of Bangladesh has become one big incubator, with high humidity and the temperature at 35°C and more. I recorded 38 °C (100 °F) on my verandah 3 days ago. It is less today as I write, and the mercury is stable at 35°C (94°F).

In the Female beds next to each other are a Christian lady Minu, with heart disease and no one to look after her or pay for her treatment, and Muslim Amena, who has just returned after a brief visit to see her home again. Amena was first admitted 2 months ago, severely ill with uncontrolled diabetes, high fever and a horribly infected hand and foot. Indeed she was brought to us because other hospitals had insisted that the hand needed amputation, and live or die, Amena was not going to have her hand cut off. She had given up eating several days previously.

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But thanks be to God, with careful daily dressings, antibiotics injected into her veins, diabetic control with insulin, and with lots and lots of prayer, Amena now has a beautifully healed hand and foot, all she lost was half of her index finger, and her great toe. Amena is now the life and soul of the ward, with perfect diabetic control, and completely in charge of her own life again. Her two sons are managing the cost of her medicines, and we manage the diabetic diet. In this way the name of the "Mission" hospital spreads amongst the Muslim community.



Minu

Next to Amena, is Khuku Moudol, a Christian lady who suffered a severe stroke. Khuku is now rehabilitated, up and about, and is slowly learning to speak again. Then Putul, the mother of one of our student nurses, severely ill with high fever, and whose husband died recently with uncontrolled and untreated jaundice. The family did not seek help until it was too late, indeed he had visited a "quack" jaundice doctor, until he was beyond saving. Frustrating indeed, but there are many such "quack" practitioners, and patients have faith in them until, as I said, it is too late.



Mesarun

Then Tripty, a mentally handicapped 25 year old from the Christian community, who had stopped eating due to dental pain, and is now being fed by tube and having her mouth cared for.

In the children's section, tiny 1kg 350gm Khoka, who I have named "skeleton". He came to us severely malnourished after two spells at the government hospital at Meherpur, eleven miles away. He has already gained 200gm in 5 days admission, on two hourly feeding by tube, and his mother is grateful.

The government hospital gives good up-to-date, neonatal and premature baby care, with high power antibiotics, intravenous fluid etc. etc. But they make a huge mistake of giving the baby back to mother when the course is complete and saying "your baby is well now" and discharging her. But a tiny low birth weight baby is not well, and cannot manage his own nutrition from mother's breast, the baby gradually loses weight, becomes limp, stops breathing and dies.

But thanks be to God, many hear of Bollobhpur Hospital before this happens, and arrive in time for us to rehabilitate, and eventually discharge the baby when the weight is more than 2kg, and he/she is fully breast feeding and gaining weight. Many families have grateful memories of the care their child received at Bollobhpur, with the student nurse feeding and caring for them 2 hourly day and night.

And next to skeleton, is another Khuki, still not out of danger who was born at the Maternity hospital Meherpur, three days ago. The family were not happy with care and discharged themselves and brought the baby to Bollobhpur. She is still on oxygen, and tiny hourly feeds and her colour and breathing have improved.

Just a brief stop at the Male ward to meet Mr Amor Mondol, a gentleman with a blood circulation disease, who arrived with us from Dhaka after having his leg amputated there. Amor, too, is very poor, and the village people collected together to send him to Dhaka. From admission, it was obvious that the leg was a mess, and the amputation unsuccessful. We sent him to the government hospital for further surgery, but no one was willing to touch him, and he returned to us at Bollobhpur. Eventually I prevailed the owner of a private clinic where we have a good liaison to "have a go"! He agreed, and has done a beautiful above knee amputation which hopefully will heal successfully.

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Amor

Now he will need to be rehabilitated with an artificial leg, a future arrangement which will be done for him. And so in this way, many patients who are deprived of help elsewhere receive care at Bollobhpur and we are grateful to God for giving us the privileged of serving them.

Obviously I have only introduced you to a few of our inpatients, and we have not yet reached the Geriatric ward where thirteen patients are receiving care. They include blind Minoti, who was helpless on arrival, and now with physiotherapy input from Hannah (who you will remember we sent for three months training) she sits in a chair, can move her limbs, hold her head high and is learning to stand.

Deaf and blind Ranju, whose home is a day's journey away, Blind Daniel who has no one to care for him, Komholini, in her 80's, sent from district Khulna for care. Sheila and

Fensi, who have suffered strokes and need care. Kumodini, bent double from the waist. Sona and Gabriel and Santoah and Susania, who have no one to look after them at home. Please keep them all in your prayers, It gives me great joy to be able to provide this care for them, and our girls being them food from their own dining room. And God provides.

Sunday 27.5.2012 and Pentecost Sunday, and my letter still unfinished. Praise God for the gift of the holy Spirit – the gift that enables all that we do and are.

To recap – the seventeen girls who you will remember arrived on January 16<sup>th</sup> to commence their training, have successfully completed the three months Preliminary Training school, sat and passed the final examination on April 13<sup>th</sup> and on May 5<sup>th</sup> during a simple ceremony in our parish church, received their first uniform and cap, and made the nurses Nightingale oaths before God and the congregation. They promise to uphold the example of service that the nursing profession embodies, and to lead good and honest lives, and not to meddle with drugs. Please keep them in your prayers as the commence their training proper.



Minoti



Kumodina

And in the hospital laboratory three students completed their training and left for employment at the end of January, and six new students commenced the 18 month course on February 15<sup>th</sup>. Laboratory Technician Michael now has a total of 12 students in training.

February 27<sup>th</sup> – 29<sup>th</sup> saw the new 2<sup>nd</sup> year group sitting their final anatomy and Physiology examinations, and it is good to be able to report that all passed well. Since then they have completed three months midwifery classes with me, attended the delivery room to get practical experience, and yesterday, monthly “all change day” they have gone out to staff the village outstation clinics, their seniors returning to prepare for their final examinations next month. Great excitement indeed.

Yesterday May 26<sup>th</sup> found me in Khulna for the monthly change and it was good to be able to spend some time with disabled Kalpona and Reba, and to attend the management committee meeting there.

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Saturday 19<sup>th</sup> May brought a seminar on HIV, AIDS, and Drugs for our two newest groups. Drug addiction is not uncommon in Bangladesh, though praise God, there are few cases of HIV and AIDS. So our students need to be conversant with the facts from the beginning of their career to be able to protect themselves and their families, and we arrange this teaching early in their training. And tomorrow, May 28<sup>th</sup>, a team from the Bangladesh National Hospital for the Blind are expected for an Eye Camp, though I am wondering if people will turn up in this heat!!



Glory & Sheila

But to come to a close – I see Babu now lets the cows graze under the jack fruit trees in the adjacent field, the heat is so tremendous. The fruit season has been quiet this year, little clapping and banging to scare away marauders, as the lichee and mango trees have very little fruit to be saved! On the front verandah Tom and Tinja, my two dogs are sprawled on the cement floor, obviously the coolest place they could find. I shall have to capture them shortly for their Sunday bath! And in my room, three kittens are stretched out limply, two on the bed (and my bed is a mat made of carefully woven date palm leaves) because it is cool, and one, a newcomer who arrived through the window the other night, a tiny striped replica of a Royal Bengal Tiger, and has adopted me, (to my great pleasure!) stretched out on the cement floor under the bed!

I hope you too are enjoying some summer weather, and no doubt many will be off on holiday.

Thank you for keeping alongside with your caring, your gifts and your prayers.

May God bless you all.