

PARTNER PLAN

Pat Jamison - Bangladesh December 2010

CBSDP
Jobarpar Mission House
Jobarpar, Agailjhara
Barisal, Bangladesh

Dear Friends

What if you had no family to care for you in later life and no health service to help?

What if you had osteoporosis and couldn't afford medication?

What if you had broken your wrist and didn't attend hospital?

What if you had to deliver a premature baby and carry out mouth-to-mouth resuscitation as you had no equipment?

In Bangladesh these are all regular occurrences!!

As a Community Health Advisor I am currently spending a great deal of time in the village areas and every afternoon spend time in the clinic setting.

I have observed how most of the resources in the majority of community health programmes are channelled to ante/post natal care, nutrition awareness and vaccination programmes with children. However I have noted that little or no resources are assigned to the elderly.



I have noticed the large amount of elderly people I have seen in the clinic and more notably in their homes.

Recently I have read several articles in local papers and one that astonished me was one I read in The Daily Star. 'Bangladesh is one of the most severely disaster-prone and elderly-threatened least-developed countries in the world.'

Least-developed and disaster-prone yes, elderly threatened no this is not what I expected!! Statistics have shown that by 2025 Bangladesh along with four other Asian countries will account for about half of the world's total

elderly population.

I was asked by an elderly lady recently what I could do to help her. She stated she has no family and would have no one to look after her when she is unable to do this independently. I didn't have an answer.

Another elderly lady came to visit me at a clinic. She was obviously suffering from osteoporosis however she had no money to purchase any expensive and what would be long-term medications.

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I felt it may have been too late to start any way however I was able to give her some basic pain relief.



Thankfully in Bangladesh the family unit is strong and usually very supportive however what if there is no family similar to the lady in Koligram and even more so what if the family unit has broken down.



The lady above is elderly and is still in employment. This is quite unique in this region as unemployment is extremely high.

I had an elderly couple who came to visit, for whatever reason their son did not have any contact with his parents. The lady was very ill and required hospitalisation. We took her to hospital, stayed until all was sorted, obtained medicines and paid for what was needed. She required surgery however could not afford it and was too ill to travel. She was then discharged home.



We had the privilege to care for her in her little house until she died a few weeks later. We now visit her husband who is alone to ensure he is being given support.



Another elderly lady attended the clinic in Jobarpar one afternoon. She had fallen and her right wrist was obviously broken. She was not prepared to travel on a bus for over 2½ hours to the nearest hospital (who would blame her) as the local government hospital about 50 minutes away does not perform any procedures or surgery.

As the hospitals in the area are all private she was unable to provide the funds to pay for this any way. I applied a sling and gave her some pain relief. She visited several weeks later, her arm relatively well healed however quite misshapen.

What can the Church of Bangladesh Social Development Programme do about all this and more notably what can the Community Health Department do?

I have met with Provanjon the Project Manager and the development staff and have encouraged them to report any concerns they may have with the elderly in the community. We have also asked in the many homes we visit to ensure that the elderly people are not overlooked. In some cases we have made a return visit just as support and this has been received with gratitude.

We are currently exploring an approach where we can ensure the elderly are included in many areas.

One idea is to provide peer support in the form of meeting together in a mutual area. This may take the form of a gathering even once a month where we can talk about issues especially of concern, health advice and of course some tea and snacks.

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You will be pleased to know that the premature baby delivered is fit and well. I had the privilege to visit her a month later. This is her and Nurse Recka. She was not very happy as her Mother wakened her to enable me to take the photograph.

I am also currently purchasing equipment for use in the clinic settings. It is necessary to have equipment that requires minimal servicing as all of the areas are very rural. This has proved difficult however I continue to search.

Please continue to pray for:

- All the five areas Jobarpar, Kandi, Dhamsor, Koligram and Chourkoli
- For all who make decisions in Church of Bangladesh for the Community Health Department
- For the local people who suffer needlessly due to poor medical services
- For all my nursing staff who live and work in very meagre surroundings
- That I can discern the needs of the people I come into contact with
- Most of all that God will use me no matter where I go and who I come into contact with.

Pat Jamison