

Bangladesh & Myself - Kyoko Kawaguchi



kyoko Kawaguchi

I have come to Bangladesh for the first time as a JOCS(Japan Overseas Christian Medical Cooperative Service) worker in January 1983. After 4 month-language-training I have sent to Gournadi to work with a local NGO(Human Development Program HDP) as a public health nurse, to start a TB program, nutrition program and training program for health volunteers. First, of course, I struggled with language, moreover, the Barisal dialect was quite difficult for me.

I lived in a small tin hut in the compound of Gournadi Catholic Mission and got water by bucket from a tube well outside. Life was not easy in the beginning and quite a new experience to my life. After groping how to start the health activities with HDP which was mainly forming cooperative groups among poor villagers. I tried to know the reality of their work and the people there, before starting the health program. I visited many villages with HDP workers by walking, by rikshaw, and also by nouka. so on. I started the health activities with HDP staff and established a small TB clinic(sputum examination, medication, prevention education) by getting medicine from the government TB hospital. Besides, I visited villages every month organizing under-five nutrition programs (weighing, feeding, teaching) and health volunteers training from time to time. After I had spent 6 years in that work and succeeded my successor Ms Shoji from JOCS. I had 3 years more in Bangladesh in Dhaka for running the JOCS Dhaka Office to support JOCS workers from the backward. After back to Japan in 1995, I worked at a nursing department of one college as a teaching staff, and then I worked at JOCS head office as an overseas director in 2012 for 10 years. It's been 40 years since I first went to Bangladesh sent by JOCS! Long time!!

Hand Crafted to be cherished by you.

Touch and feel the intricate design and work of Bangladesh.



We are enrolling students at Mirpur/Pubail/Jamalpur Vocational School for the BATCH of 2023. Trades are Sewing/Basic Computer/ Basic Electrical/Auto Mechanics. Interested students are encouraged to contact: Address: 32/5, Senpara Parbata. Mirpur - 10. Dhaka - 1216. Bangladesh. Email: info@bdp.org.bd Phone: + 880 2 58052026 http://bdp.org.bd/program_vocationaleducationprogram.html

EUGLENA GENKI Program

Euglena Co. Ltd is a Japanese company established in 2005 in Japan. This company works on the malnutrition of children in Bangladesh. They are distributing nutritious cookies/biscuits to 7,000 children since April 2014. They selected some schools operated by local NGOs. Normally, the children who can not go/afford public/private schools, are the students of NGOs school. Basic Developments Partners (BDP) operate 3 schools in Mirpur, Dhaka. Euglena is working with us and we are partners working together for these poor children. Every student gets 1 packet of biscuits for each day since 2016 and during the leisure period, they have a chance to eat them. We have about 500 students who are studying in 3 BDP schools. I like to take the opportunity to give thanks to Euglena's authority. We like to continue working with Euglena in Bangladesh. We (Ambrose Gomes, Director and Hemanta Corraya, Deputy Director) had a wonderful meeting with Ms Shiori Onishi, the General Manager of Grameen Euglena and her respective staff on April 10, 2023.



Euglena & BDP Staff

We have a successful discussion regarding how we can work together in a good relationship with each other. Ms Shiori Onishi kindly agreed to visit BDP schools and other programs and activities on May 9th, 2023.

What Is Down Syndrome? - Khadija Khanam (Part-II)

How Many Babies are Born with Down Syndrome?

Down syndrome remains the most common chromosomal condition diagnosed in the world. Research by the Down Syndrome Society of Bangladesh (DSSB) has found that there are over 3,500 people with genetic condition in the country. This means that Down syndrome occurs in about 1 in every 700 babies.

Types of Down Syndrome

There are three types of Down syndrome. People often can't tell the difference between each type without looking at the chromosomes because the physical features and behaviours are similar.

Trisomy 21:

About 95% of people with Down syndrome have Trisomy 21. With this type of Down syndrome, each cell in the body has 3 separate copies of chromosome 21 instead of the usual 2 copies.

Translocation Down syndrome:

This type accounts for a small percentage of people with Down syndrome (about 3%). This occurs when an extra part or a whole extra chromosome 21 is present, but it is attached or "trans-located" to a different chromosome rather than being a separate chromosome 21.

Mosaic Down syndrome:

This type affects about 2% of people with Down syndrome. Mosaic means mixture or combination. For children with mosaic Down syndrome, some of their cells have 3 copies of chromosome 21, but other cells have the typical two copies of chromosome 21. Children with mosaic Down syndrome may have the same features as other children with Down syndrome. However, they may have fewer features of the condition due to the presence of some (or many) cells with a typical number of chromosomes.

BDP provide help to these kind of children for more information visit link below. http://bdp.org.bd/program_hearprogram.html Source Internet: <https://www.cdc.gov>



Also sometimes called Mongolism due to the shape of the eye.

“Hard Work Never Goes In Vain” - Tonuja Sylvia

letter Corner: Your Queries & Answers...



Query From Rafsan Rakib - Jamalpur.

If somebody is motivated to come forward with very small resources, how he/she will communicate with BDP?

BDP

Basic Development Partners (BDP) are fully dependent on foreign donors. They are supporting Bangladeshi children through BDP for the last 31 years. Now it is our turn especially who graduated from BDP schools. BDP expect some sort of assistance from our graduates and local communities for the underprivileged children.

BDP always welcome those who will come forward with some resources for other children. Anybody can communicate with BDP through email or telephone given in the newsletter. Thanks.

For more information please visit our website: www.bdp.org.bd

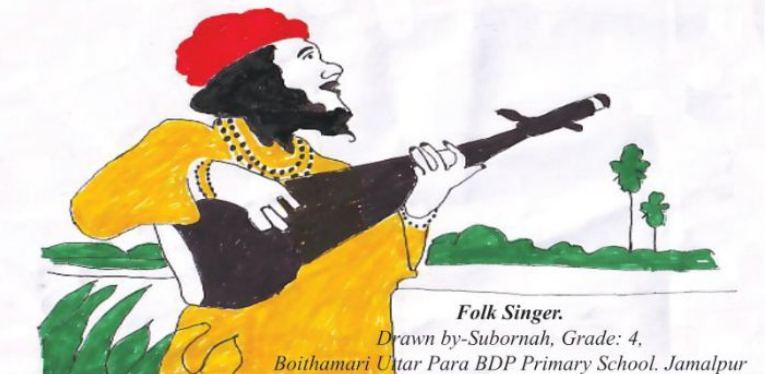
Childrens Corner....



26th March Independence Day Declaration

Drawn by Aroni Moni, Grade: 3,

Boithamari Uttar Para BDP Primary School, Jamalpur



Folk Singer.

Drawn by-Subornah, Grade: 4,

Boithamari Uttar Para BDP Primary School, Jamalpur

You can be a friend to these childrens and help them to persue their dreams.

Contact Address: 32/5, Senpara Parbata. Mirpur - 10. Dhaka - 1216. Bangladesh.
Email: info@bdp.org.bd **Phone:** + 880 2 58052026. + 880 2 58052027.

FOR MORE INFORMATION REGARDING BDP NEWSLETTER:
BDP Newsletter Editor: Khadija Khanam: +880-2-58052026, Email: bdpnewsletter@bdp.org.bd
Sunday - Thursday: 9am - 4pm.

This story is about a widowed mother named Nurun Nahar, a member of the Basic Development Partner Self-Reliance Program. She has a husband who passed away in 2017. She has two sons and one daughter. Her elder son studying in Diploma Mechanical engineering and her younger son studying in Grade 9. Her daughter studying in grade 10. After her husband's death, it's really hard to run her family. During that time she started to do business with her two sons. So she was thinking to increase their income.



Mrs.Nurun Nahar

So she takes a loan of BDT. 30,000 (Thirty Thousand Taka) two times and buy a sewing machine from the BDP self-reliance program and then she open a small tea shop. Her two sons sit in the tea shop and she is now working as a tailor. Now she expects that one day her son and daughter will do a good job and be established in society. Despite everything she is grateful especially to BDP who can provide loans and give lower interest. Now she is confident and she can enlarge her business and she can afford her children's educational expenses. Micro-Finance can be a very important vehicle for disaster relief. Despite everything she is grateful especially to BDP.

Consequences of Bullying in Schools - Ken Rigby, PhD Part - II

Clinical Implications:

A child's involvement in bully-victim problems at school, either as a victim or as a bully or as both, can be considered a risk factor for poor psychological health.

The risk is greater if the bullying is severe and prolonged and the victim lacks adequate social support.

Various strategies or treatments may be considered to reduce the chances of a child's further involvement in bullying that may worsen the condition. These include assisting victimized children to develop self-protective assertiveness skills and work therapeutically with bullying children to establish a greater awareness of the consequences of their antisocial behaviour.

Limitations:

Respondents providing the study data were essentially volunteers, and sampling could not, therefore, be random.

Accordingly, the population to which the findings can be generalized is not clear.

The study methods permit the establishment of probable risk factors only, rather than undisputed causal relations.

(Can J Psychiatry 2003;48:583-590)

