

Biman: Fleet Modernisation Programme

by Hedayat Ahmed

In order to cater for passenger growth, Biman now has to move to higher passenger capacity aircraft than the DC10-30. But such an addition to passenger capacity has to be on a prudent, calculated and gradual basis, rather than taking a quantum leap into a capacity growth.

In my last write up on Biman I had advanced a set of suggestions to improve its economic viability, regularity and public image of the national carrier in order to meet the challenges of the time. In this paper I shall offer some concrete proposals to modernise its fleet of wide-body aircrafts in order to remain competitive in a region where the air transport industry is poised for a phenomenal growth.

For reasons of sheer economic necessities and commercial considerations, Biman needs urgently to phase out its present fleet of DC10-30 aircraft and replace them with later-built modern type of aircraft which will not only be economical to operate, but also provide the carrier with the vital means of enhancing substantially both its passenger and cargo revenues in the next 15 years. Such a proposed fleet modernisation programme, which is long overdue, when implemented will enable it to improve its allround image as a reliable international carrier of passenger and cargo, offering quality aircraft and services, maintaining acceptable levels of schedule regularities, which will then produce the desired end-result of substantial improvement of passenger and cargo revenues. Coupled with savings achieved due to lower fuel consumption, much lower maintenance costs, and other economic benefits of operating

a modernised fleet, over the next 15 years, Biman will be able to be a financial drain on the limited resources of the government, and the country. In a way, the fleet modernisation programme has already been put into operation with the acquisition of two new Airbus A310-300. This will fill a great vacuum that has existed for far too long in the aircraft capacity (size) between DC10-30 at one end, and the Fokker F28/ATP at the other. This, of course, happened due to the absence of Boeing 707-320C from the fleet. The two new acquisitions will fill the role as a regional all-passenger aircraft for Biman.

Biman now needs to proceed with the fleet modernisation programme on its extensive international route network which produces today, and has even much greater potential of producing tomorrow, substantial amount of revenues in passenger and cargo sales. The airline has to analyse, and develop the market strategies, for optimising the potential that exists, keeping a pragmatic view of the ever-changing global aviation environment, particularly in the significant field of traffic rights granted by one country to another. Up to now Biman has remained primarily a passenger carrier, with cargo, more or less, being carried on a non-emphasised low-key basis. There are several reasons for this. First, was the fact that the

DC10-30 is an all-passenger aircraft and it is not designed to carry a substantial amount of commercial cargo. Secondly, with the premature sale of the excellent Boeing 707-320C (combi i.e. capable of being converted into all-cargo freighter), the airline lost the edge it had in marketing cargo aggressively, and operating reliably on a time-table regularity basis, which would have increased Biman's overall cargo revenues substantially, over the past six years.

In order to cater for passenger growth, Biman now has to move to higher passenger capacity aircraft than the DC10-30 passenger capacity. But such an addition to passenger capacity has to be based on a prudent, calculated and gradual basis, rather than taking a quantum leap into a capacity growth. The management must bear in mind that, for example, the anticipated significant reduction in the current 5th freedom traffic rights from various European points to USA and back, which is expected to come into force from mid-1997. The matter is now being deliberated by the European Union (EU). However, unlifting of cargo from intermediate points may not come within the purview of

such restrictions. Recognising this scenario, PIA and Air India amongst others, are adjusting their passenger capacity for the trans-Atlantic flights to US points from 1997. Biman has to bear this important factor in mind, whilst determining the passenger capacity it should acquire in its proposed fleet modernisation/acquisition plan.

It has to be borne in mind that neither Biman's own resources nor any substantial borrowing from the government will enable it to meet huge outlay in acquiring new aircraft. Hence, it will be obliged to explore the used aircraft market in order to modernise its fleet. Moreover, it is recognised that any used aircraft (even in the best of condition) is not a NEW aircraft.

Nevertheless, vast number of airlines around the world (and not only airlines from the third world) are buying used aircraft, as they find that despite of their unquestionable benefits an airline like Biman cannot afford the prestige, or luxury, nor the overall economics of acquiring and operating aircraft like MD11 or Airbus A340 which are both excellent aircraft. So, a balanced, properly analysed and objective compromise approach has to be made in selecting the right type of aircraft which will meet the expectation of travelling public as well as satisfy the increasing demand for cargo. Only reliable used aircraft available in the market are Boeing 747-200 and -300 models. Thus, a choice has to be made between all-passenger

and combi (i.e. both passenger and cargo version) models. This decision needs to be taken very professionally keeping in view the projected growth in passenger as well as cargo. Two alternative scenarios are presented hereunder. Assuming Biman acquires four all-passenger B747-200, it would mean a jump of 50 per cent more seats per flight as compared to existing DC10-30. Obviously, this is not a feasible option, at least, in the short term. For the same reason, acquisition of B747-300 will increase passenger capacity by 60 per cent per flight as compared to present. In other words, only viable option is to acquire an all-combi fleet of B747-200/300 models.

It is to be noted that B747 combi has been designed and

built by Boeing to provide greater flexibility to an airline to operate it, when needed, either as an all-passenger version or in mixed (passenger-cargo) configuration. In combi configuration increase in passenger capacity will be within the manageable means of Biman's commercial department while offering substantial cargo capacity at no additional operating cost. This is what will make a B747 combi ideal capacity aircraft across the Atlantic. The lower capacity of combi will cater for possible loss of some 5th freedom traffic rights from EU countries to USA and vice versa; but at the same time providing additional passenger capacity over the current DC10-30, in a prudent and calculated manner.

While surfing the world market for used aircraft Biman must avoid acquiring any aircraft which are more than 20 years old and which are now categorised in industry's terminology as 'aging' aircraft

with very high fuel consumption and high maintenance costs. Retirement age of such aircraft will fall due in next 5-7 years. However, later models, such as B747-300 will not face such a situation in the next decade or so as the first such aircraft was built in 1982-83. Biman should, therefore, plan to acquire four B747-200/300 in the near future. Upon the introduction of four combis Biman should be able to improve regularity, maintain reliability and increase cargo revenue substantially over the next decade or so.

Replacement of DC10-30 with more advanced aircraft having higher passenger and cargo capacity needs to be addressed urgently in view of the following: (a) resale value of DC10-30 is fast declining, (b) it is no longer in production, (c) Biman must cater for growth in passenger traffic, (d) prudent exploitation of cargo potential, and (e) better economic return on investment.

Patient, Heal Thyself!

by Ameneh Ispahani

JANUARY 11th, 1996, the dinner party was over but I could hear snatches of Noorjahan Bose's conversation with one of the guests and wanted to meet her. "Looking at me now can you imagine that there was a time when I couldn't raise my hand to comb my hair?" it was only what Noorjahan was saying but the passionate way she was saying it that encouraged me to go up to her and introduce myself. There was no time to chat so we exchanged cards and I said I would go round to her place one morning to hear about herself.

Noorjahan was born in Barabashia, an island in Patuakhali District in Bangladesh. As a young girl Noorjahan was very active and had taken part in all the sports that were available in school and college. By the time she was in her early thirties, though, she noticed that when she worked a lot with her hands they would start to feel numb and, after walking some distance, her legs would get cramps and start to hurt.

After Noorjahan got married and went to live in Washington DC she started to get such terrible pains that, for sometime, she couldn't walk at all and couldn't work for one and a half years. Doctors diagnosed the ailment as osteoarthritis. The pain used to be in the legs (particularly the knees which used to swell and throb terribly), shoulders and fingers. The doctors treated it with pain-killers such as Aspirin, Voltaren capsules and Tollectin DS for two years. The pain stabilised at a bearable level and though Noorjahan was not able to walk much she went back to work.

In 1986 a doctor had recommended that Noorjahan take the hormone, Estrogen, which she took for six months, during which time she felt much better. However, knowing that Estrogen had serious side-effects, and as she had a family history of strokes and

heart trouble, Noorjahan discontinued this line of treatment. Between the years 1988 and 1992 Noorjahan decided to give up all medication and managed, somehow, to carry on even though she continued to suffer. In June 1992, however, the pain returned with redoubled force and this time it affected her entire body. Noorjahan was hospitalised. Investigations re-started; doctors tried all sorts of cures. The only medication left was Cortisone. She was not keen to take such strong medication and decided to try homeopathy. It didn't work. She then tried acupuncture, which also failed. Desperate, she turned back to allopathy and started on a treatment of Cortisone injections which she took once a week. These injections helped to reduce the swelling and pain but Noorjahan knew of the dire side effects of Cortisone and was not willing to continue this treatment.

By now Noorjahan was looking for a miracle. She had heard of a holistic doctor who had helped sick people she knew, and sought him out. He advised her to give up the five night-shade vegetables — white potatoes, tomatoes, capsicums, brinjals and jalapeno peppers. He also suggested to her the names of many types of food to which she might be allergic and told her to give them up temporarily and after three months she could re-start one food at a time, taking careful note of the reactions from the food that was being re-started. Noorjahan found that peanuts, coffee, chocolate, corn, milk and milk products gave her terrible reactions and she couldn't eat them at all. Other foods such as shrimps, red meat, oranges, she could eat in very small quantities. Yoghurt, though a milk product, she could eat with no harmful effects whatsoever. Looking back, Noorjahan recalls times when she and her husband, Swadesh, would go out to eat Chinese food, and how

her knees would swell up so much that she was limping by the time they reached home. She never thought to connect this reactions to the cornflour which was a staple of Chinese cooking.

Noorjahan's holistic doctor then advised her to eat a lot of ginger, garlic, onions and red chillies with her food. Especially red chilly powder, he said, was good for health and she should consume one full tablespoon of it in her food every day. By January 1994 Noorjahan started to feel better. In addition to the changes in her diet she started to take Vitamins C, E and B Complex. She had been advised moderate exercise so she swam every day and also used her exercise bicycle. Noorjahan learned to pace herself and not overstrain her body. "One has to listen to the body's language," she said, "I used to exhaust my body and that made my condition worse. I have now learned to stop and sit down when I get tired. I let Swadesh take care of me and don't feel guilty about it."

All these years Noorjahan had devoted a lot of time to reading books on health. In 1994 an old friend sent her a copy of Jean Carper's "Food — Your Miracle Medicine." It explained the importance of diet and talked of the allergic reactions to various foods. It gave a list of twenty foods that were most apt to aggravate (rheumatoid) arthritis. Corn and wheat were the worst culprits, followed by red meat, oranges, milk, oats, rye, eggs, coffee, malt, cheese, grapefruit, tomato, peanuts, sugar (cane), butter, lemon, soya. Noorjahan was amazed to discover that the recommendations were very similar to what her holistic doctor had told her.

This is now 1996 and Noorjahan is completely well. Her "miracle" cure wasn't any type of medicine but an awareness of the food to which she was allergic, and their elimination from her diet. It really was as simple as that!

HEALTH-HYGIENE-SANITATION

Wind of Change Blowing over Villages

by Onirvan Shahu



School programme, Bhaluka: Reaching the message to their parents

persuading the women in the families. Then, following them, others also came forward to avail the benefits of sanitation.

"We are trying to turn this village into a model one by explaining the importance of hygiene and sanitation in the light of Hedihi and Quran during the prayer congregations in the mosque and with a call to adopt appropriate measures to wards maintaining health and hygiene in greater congregations, at least once in a month," said Qari Md. Rustom Ali, imam of local mosque who is also a member of Barachala Village Sanitation Development Committee.

But the question is, if pure drinking water and sanitary latrines only can keep a man completely healthy, the answer is 'no'. While people are being saturated under pressure of poverty every now and then in meeting their basic needs, they have little concern if they are drinking safe water or not, or where they are easing themselves.

Abdur Sattar, a farmer of Charpara village under Phulpur thana said, "We, who have a bit of earning, have already installed tubewell and sanitary latrine. But there are many who cannot despite will, because of unemployment or poverty." He maintained that many would have been interested in this matter if the government or other organisations could ex-

tend them some loans.

Not that no favourable response in this respect has been received. "We have undertaken profitable projects like nursery, bee-farming, even lending programme alongside pure drinking water supply and sanitary latrine making, selling and installation, with the help of some donor organisations, through which the poor villagers have found a way or earning and thus enjoying the health and sanitation facilities," maintained Mr. Abdul Khaleq, Executive Director of Grameen Manobik Unnayan Sangstha (GRAMAUS), a local voluntary organisation of Phulpur thana.

While talking to the regional officer of NGO Forum for Drinking Water Supply and Sanitation, one of the donor organisations of the local establishments, it came to light that NGO Forum has so far installed 989 tubules in 124 unions of Mymensingh region through its 66 partner organisations, and the partner organisations have sold 10,176 latrines through 32 village Sanitation Centres (where latrine construction materials like ring, slab etc. are made), which have benefited 14,835 families of this region. Not that the Forum has extended only financial help to the partners but also supplied them with necessary instruments and arranged for necessary training of their workers. And the Forum officer believes

that this entire activity has also generated opportunities of some extra income for the villagers.

The working organisations have already taken some initiatives to aware the rural people and encourage them to adopt these health and hygiene measures such as, holding regular courtyard meeting with people of all strata, specially the women, school programmes to aware the school children, video show, forming village sanitation development committee with local elite and people of different strata of the community etc.

But the means is not the end. It remains to be seen, how much these efforts are effective and how much is implemented. In a discussion in this regard Mr. Abdur Ahal, Headmaster of Samla Tahar Model Girls high school at Bhaluka thana maintained, "There are about 400 students in our school and many of them come from a distance of 4-5 kilometres. We take minimum two classes per month specially to aware them of different matters of hygiene and sanitation."

Mr. Ahal added that, this effort has not only made their pupils conscious but has also encouraged the guardians of the wards. And, as a result, 90 per cent of the households of the students concerned have adopted tubewell and sanitary latrine facilities.

But he thinks that the teachers also need to take some

training in this regard. He especially emphasised for educational VDO programmes on hygiene and sanitation, at least once in a month, by the involved organisations.

Showing her hands, Kalpana, a student of class for of this school, said, "Now, I pare my nails regularly and following rue, my younger brothers and sisters also pare their nails, wash their hands with soap before meal and after defecation. Now we don't complain of any stomach trouble."

Women play a particular role in maintaining family hygiene, and responsibility of the mother in this respect more than any one in the family. Because, the children, future citizens, would grow up as their mothers teach them to be.

A discussion was held with Moslema, a worker of Human Development Programme following a courtyard meeting at Barachala village. She said, "We not only tell these women about the benefits of hygiene and sanitation, but also discuss with them the other reasons responsible for impairment of health, such as early marriage, excess child-bearing, importance of mother's milk etc."

She thinks these efforts have helped change the women's views and thinking.

"I don't want to repeat the same mistake of my parents by giving marriage of my daughter before 18," repentantly said Biklis Akhtar, a member of Kamalaphuli Mahila Samity of Barachala village.

Biklis could not even complete her SSC for getting married at 16. And naturally she and her child suffer ill health. So, Biklis and others like her are trying to aware the village women through their association not to do the same mistake they had done.

After all, our male dominated society is also very much responsible for the retardation of our health and environment. Moreover, there are very old superstitions and blind conceptions. Many a male does not let the female take part in beneficial development activities and even tend to consider it as affront to religious practices.

However, it is true that, like in Charpara and Barachala the wind of change is also blowing over some other villages. But the progress achieved would be only momentary if we do not come forward irrespective of male or female. Beliefs, or practices. Let wisdom play its part. Let us feel that we all have to work side by side shunning off superstitions. Only then the majority of the 68 thousands villages, if not be envisaged whole, can be turned into safe human habitats.

The Daily Star Entertainment Guide

Monday 19th August

(All programmes are in local time. We recommend programmes printed in bold. There may be changes in the programmes)

BTv

3:00 Opening: Anniversary. 3:10 Quran Programme. Summary. 3:10 Recitation from the Bible. 3:15 Cartoon Film: Macaron. 3:45 Drama Series: Reticelact of Selected Dramas. 4:00 News in Bangla. 4:45 Esio Gan Shiki. 5:00 News in Bangla. 5:25 Nazrul Songs. 5:40 Sports Programme. 6:00 News in Bangla. 6:30 Shikhangang. 7:00 The News. 7:05 Open University. 7:25 Unish Bish. 8:00 News in Bangla. 8:40 Package Drama. 10:00 News in English. 10:30 Shasthattha. 10:35 Janmat. Family Planning Programme. 10:55 Comedy series: Coach. 11:30 News in Bangla. 11:35 Tuesday's programme. 11:40 Close down.

BBC

6:00 BBC Newsroom. 6:00 World Business Report/Asia Today. 6:24 News. 9:00 BBC World Headlines. 9:05 The Money Programme. 10:00 BBC Newsday. 1:00pm BBC World News. 1:15 The Money Programme. 2:00 BBC World News. 2:30 Time Out. 3:00 Raymond's Blam. 4:00 BBC Newsday. 6:00 BBC World News. 6:05 Assegment. 7:00 BBC World News. 7:15 World Business Report. 7:30 BBC Newsday. 8:00 News. 8:30 Time Out. 9:00 The Sky At Night. 9:00 BBC World News. 9:15 The Money Programme. 10:00 BBC World News. 10:30 Time Out.

Tomorrow's World. 11:00 The World Today. 1:00 BBC World Headlines. 1:05 The Money Programme. 1:50 The Travel Show. 2:00 BBC World News. 2:30 Time Out. The Travel Show. 3:00 BBC World Report. 3:00 World Business Report. 3:10 News. 3:40 BBC World News. 4:10 Newsday.

CHANNEL V

6:00 Frame by Frame. 7:00 Reunited. 7:30 Supriya. 8:00 Jump Start. 8:30 VJ. 9:00 Frame by Frame. 11:00 The Vibe. 11:30 VJ. 12:00 Noon by Demand. 12:30 Supriya. 1:00 Reunited. 1:30 VJ. 2:00 Frame by Frame. 2:30 First Day First Show. 3:00 Sansal Mangta. 4:00 Planet Ruby. 4:30 By Demand. 5:00 VJ. 5:30 Reunited. 6:00 Supriya. 6:30 Evered. 7:00 By Demand. 7:30 Supriya. 8:00 Evered. 8:30 Planet Ruby. 9:00 Evered. 9:30 The Vibe. 10:00 BPL. 10:30 Evered. 11:00 First Day First Show. 11:30 Evered. 12:00 Launch Pad. 12:30 Supriya. 1:00 Evered. 1:30 The Ride. 1:30 VJ. 12:00 Noon by Demand. 12:30 Supriya. 1:00 Reunited. 1:30 VJ. 2:00 Frame by Frame. 2:30 First Day First Show. 3:00 Sansal Mangta. 4:00 Planet Ruby. 4:30 By Demand. 5:00 VJ. 5:30 Reunited. 6:00 Supriya. 6:30 Evered. 7:00 By Demand. 7:30 Supriya. 8:00 Evered. 8:30 Planet Ruby. 9:00 Evered. 9:30 The Vibe. 10:00 BPL. 10:30 Evered. 11:00 First Day First Show. 11:30 Evered. 12:00 Launch Pad. 12:30 Supriya. 1:00 Evered. 1:30 The Ride. 1:30 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