

## As if a journey to hell!

MD. ASADULLAH KHAN

DHAKA city roads including their innumerable lanes and by-lanes have turned into a veritable mess. Their appalling condition, though much talked about but hardly attended to, has now assumed an alarming proportion. People, at every corner of the city are afraid to get out of their houses and even if they have ventured out on the road, they are not sure if they can return to their homes quite safe and sound because of the accident-prone dirt tracks, cratered and potholed masquerading as roads. Travelling by rickshaw or even walking on foot is a risky job. The condition of the lanes and by lanes connecting the main roads in most areas of the Dhaka city is unspeakable. The roads from Bakhshibazar to Badamtali, Islampur, Sadarghat, Gandaria or Wari, Hatkhola, Gulistan, Rathkhola, Malibagh, Maghbazar, Khilgaon or in the north from Kalabagan to Hatirpool, Mohammadpur to Mirpur mostly under the constant load of traffic have become pulverised, cratered, potholed due to non-repair and for long stretches reduced to mere dirt tracks. Any one passing either by rickshaw or baby taxi along these will be lucky to have escaped major spinal cord injury other than the physical pain he has to suffer because of constant jerk while on the seat because of the undulation under the wheels. The total road scene in the entire Dhaka city is something awesome and precisely speaking, a journey to either office or business centre or market place or hospital is literally a journey to hell.

Other than the influx of new cars that are hitting the roads everyday, there is huge increase in the number of rickshaws, most of which allegedly unlicensed, have added to traffic jam and congestion at busy intersections like Gulistan, Hatkhola, Newmarket, Green Road, Elephant Road and Dhanmondi crossings. On such busier sections, cars, buses and tempo drivers of the vehicles invariably doze off when caught in traffic snarls that last sometimes 30 minutes at a stretch in one location. Other than being late in the offices, workplaces or at any scheduled appointment, mental disgust, exhaustion and loss of effective man hours is a colossal drain on the resources for the whole nation. Along the 2200km road covering 340 sq km city area from Narayanganj to Savar, the volume of buses, trucks, cars and three wheelers is growing at a breathtaking pace. With the axiom that the tonnage on city road, especially an industrial city grows twice as fast as the economy, the traffic growth has ranged at least 10 percent in each of the past 10 years. The total number vehicles on the city roads is about 7.5 lakh, at least five times the number it was in 1990. The weight of freight moved by the city roads in recent times has jumped at least 50 times in this period and the number of passengers has leaped-frogged 70 times. Under the grow-

ing load of traffic, roads are getting cratered and potholed. Roads with innumerable potholes, a cloud of dust, accumulated water in the ditches and smoke blowing over the commuter's face as vehicles pass by are features symbolic of the squalid state of the city in summer. With the onset of rainy season most of these roads off and on turn into either canals or mini ponds.

The problem, as such, is posed by the rapid deterioration of the road-top or the macadam which is stingily laid. According to a World Bank study, none of these roads, not to speak of lanes or by-lanes, has internationally accepted quality of structural condition and pavement formation. Other than the drain on economy due to slow pace of industrialisation and trade and a poor FDI (foreign direct investment) climate in consequence of poor road structure, precisely speaking, the cost of vehicular damage because of poorly maintained city roads is pushing up transportation costs either for passenger movement or goods transportation to unsustainable limits hardly affordable by the common public. The delay factor in travel, say from Gulistan to Mirpur, due to traffic jam and bad city roads has reduced the



Anything but traffic-worthy

number of trip a bus or any mechanised passenger carrier can make. So a bus owner or trucker must push up the fare or freight to meet his capital cost and maintain the rate of return. Other than the commuter's woes that beggar any description, the wear and tear of vehicles is expediting their ageing. Let alone funds for road widening or finding alternative roads in some congested commercial areas like Chawkbazar to Sadarghat as well as Armanitola, Babubazar, Badamtali, Islampur and the road connecting Nawabpur to Sadarghat via Wari, Hatkhola, Kaptanbazar, Maishundi etc., there is hardly any attention ever given for routine

Recalling the dictum that late American President John F. Kennedy often said, "It is not wealth that built roads, but roads that built wealth", all countries in the world have woken up to the main problem or necessity of improving roads. In India, new measures are being taken to encourage private capital in the road sector. Unhappily, even though the number of vehicles plying on the Dhaka city roads has increased at least 100 times during the last one decade..., the investment flowing into the road sector has not matched this growth.

maintenance. Dhaka's population is now about 10 million and thousands of people namely businessmen, students and job seekers come to Dhaka every day from all the districts. Dhaka is now the number one destination of migrants. Of course, immigrants have landed in Dhaka before, though never so relentlessly and not for the reasons they are coming in now. Because it is not only the nerve centre of political power but in recent times it is unquestionably a commercial hub. The unceasing advent of new industrial units every year has spawned the growth of factories including garments factories surrounding the city that employ more than 20 lakh workers. Such large scale deluge of businesses is changing Dhaka into something it never was in the early 70s. Dhaka has a different charm

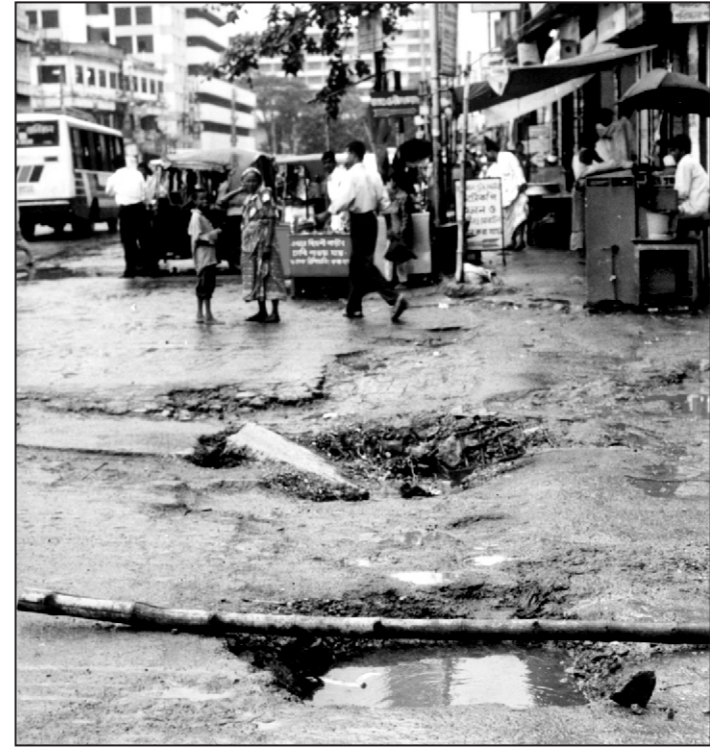
epicentre of Bangladesh's economic modernisation. That reflects as much in the swarming of new foreign and Bangladeshi companies as in the profusion of opportunities in new vocations like computer technology, consultancy, company jobs, university teaching and technical training. Despite all the attractive features, like cosmopolitan nature of the city, its ethnic and cultural freedom, Dhaka feels like a mess. That's because it has been made by individuals anxious to make a quick buck. Unfortunately, that tendency is as prevalent among its traders, businessmen and dealers as among its planners and administrators over the time. That's the reason why even as Dhaka thrives, it remains leavened by the spirit of non-chalance best explained by the DCC's age-old motto: "everything

government in the past or even present, but by selfish individuals. That's why it now appears to be a faceless city.

The problem is compounded by the fact that there seems to be no let up in development works like say, pipe laying on the city roads. If WASA has finished laying down pipes, then comes DESA and if DESA finishes the cable line work then comes T & T with telephone cables and then DCC for erecting road barriers. What is most shocking, none of these organisations has any co-ordination in plans. After the works have taken a kick-start and only when some works have progressed, very often it suddenly stops with no explanation whatsoever. Shortage of funds may be an explanation, although it is never made public. But as per norms prevalent if any outside organiza-

can't they do the same for us, the people living on the other corners of the city and paying city corporation taxes, gas and electric bills most regularly? Many of the supposed VIPs, it is reported, often default in clearing up the utility services dues. Precisely true, it would be a sheer injustice and violation of election pledges to deprive all sections of the electorate the facilities of walkable roads, let alone being motorable.

Instead of relying on World Bank or ADB for such development works to be financed, we should try to find out where the thousands of crores of taka we have already spent on different public sector enterprises have gone. Even after making so much investment we would only discover that people in the country live in primitive conditions because the money meant for roads, elec-



PHOTOS: STAR

thriving business centre with multinational companies (MNCs) thronging in. When the rest of the world including our neighbouring country India has taken care to speed up the road construction problem by upgrading technology, we continue to pay scant attention. Surely, if we could build roads for fast moving traffic we could witness a whole new kind of progress. If we have doubts all we need to do is to make a quick trip to Malaysia or Singapore to find out what a difference modern roads make. Leaving aside the express way or modern roads we should at least give immediate attention to the maintenance of city roads connecting different areas namely Wari, Kamalapur, Bashabo, Narinda, Motijheel on one side and Dhanmondi, Mirpur, Green Road, Tejaon, Uttara, Banani, Gulshan on the other side of Dhaka city. For industries to grow and commerce and business to flourish, smooth roadways is a must.

Even after passage of almost two years, the pipe line laying job in most areas is yet to be completed. Because of such unrelenting digging throughout the year, most of the city roads are now simply unworthy. Notwithstanding the fact that this sprawling metropolis is a city of dreams for many, yet for those inhabiting this capital it often becomes a city of nightmares. The nightmare is often manifested by the mind boggling traffic jams, chaotic rickshaw tangle and shortage or non availability of mass transportation mode, also made worse by the extremely poor condition of the roads with piles of debris, rubbishes, wastes, bricks and pebbles blocking movement. The city is gripped by a construction spree with multistoried apartment buildings being raised at every corner from Jatrabari to Banani to Gulshan to Baridhara on one side and from Newmarket to Kalabagan to Mohammadpur to Mirpur on the other side. But nobody cares about disposing of the construction materials from the road nor minds about filling up the ditches or holes created by the builder's reckless activities. There is virtually no maintenance of city roads but strictly speaking maintenance holds the key to a road's structural quality and therefore its capacity to withstand

traffic. While a durable macadam bitumen and concrete with a life span of at least seven years calls for the deployment of sophisticated "pavers", the niggardly funds available do not allow more than a thin surface dressing. Experts say that such insufficient maintenance leads to a vicious cycle. As the uncovered portion cracks up, the gaps are filled with rain water and moisture travels beneath the road to form bubbles that force their way up on the surface thus carrying the damage further down.

However there is no doubt that roads sector is most eligible to kick-start the economy. With widening of the city roads as well as maintaining these in the proper condition the gains will far outweigh the cost. Yearly savings on fuel, spare parts and vehicle maintenance will be substantial. Trade would get a fillip as travel time is expected to be reduced by at least 50 per cent. Yearly savings due to fewer accidents and damage to property will be several crores of taka. The earlier government agencies, city corporation and other utility organizations realize this, the better.

Recalling the dictum that late American President John F. Kennedy often said, "It is not wealth that built roads, but roads that built wealth", all countries in the world have woken up to the main problem or necessity of improving roads. In India, new measures are being taken to encourage private capital in the road sector. Unhappily, even though the number of vehicles plying on the Dhaka city roads has increased at least 100 times during the last one decade the freight moved at least 80 times and the number of passengers 70 times, the investment flowing into the road sector has not matched this growth. Dhaka City Corporation (DCC) has completely washed its hands of such a monumental task. DCC owes an explanation to the city dwellers about its failure to keep routine maintenance going, let alone constructing new roads because the suffering city dwellers are not defaulting their tax bills.

MD. ASADULLAH KHAN IS CONTROLLER OF EXAMINATIONS, BUET.

## Population programmes: Issues of sustainability

DR. SYED JAHANGEER HAIDER

WITHIN a period of 27 years, from 1974 (first census) till 2001, population of Bangladesh has increased additionally by 53 millions, which is about 70 percent of the base population (1974). The inter-censal growth rate of population has declined from 2.48 percent in 1974 to 1.53 percent in 2001.

According to an estimate, Bangladesh population is expected to reach 146.3 million by the year 2010, which means Bangladesh will have doubled its population in about 36-37 years. Momentum of population growth is unbridled but the land is finite and pace of development is not satisfactory. Population below poverty line is swelling, particularly in the urban areas. What would have relieved us from the burden of population growth and allowed the nation to save and invest its scarce resources for people's welfare is a major concern. One of the key developmental programmes, which could have offered an alternative opportunity for sustainable development, is certainly the success of the country's Family Planning Programme. Is Family Planning programme a success or its success has been curtailed due to failures in its implementation? Can or has the population programme achieved a sustainable level wherefrom reasonable or feasible rates of decline in the population growth rate can be ensured or expected? This may be unfolded through an analysis of the population programmes in the country, as it had passed through different stages of its implementation experiencing successes and failures.

Immediately after liberation, for about four years (1972-75), the Family Planning Programme experienced a period of stagnation and lull in programme implementation. In 1976, the country being alarmed

by the threats of population explosion, reorganized FP program declaring population problem as the Country's number one problem. Strong political will ushered an era of tremendous thrust to country's population programme establishing FP programme structure at all levels from national to grassroots. The end of seventies deployed more than 23,000 qualified female Family Welfare Assistants to deliver FP services at the doorsteps of millions

professionals in the country, the development partners, NGOs, Civil Society, local communities participated with a single motivation to take the messages of FP to the millions of target population. Successes till 1993-94 were remarkable; contraceptive acceptance soared to about 50 per cent, TFR declined to 3.4. Post ICPD movements along with conceptual changes in the goals of social development including, health were

gradual participation of the community. Family planning programme today is devoid of its strong domiciliary-cum-community based inter-relationship and also it has failed to institutionalize Health and FP within the existing service centres. Losses are tremendously recorded in the FP services; TFR has plateaued threatening the pace of acceleration of the processes of fertility reduction in the country. Besides, some of the important health interventions,

NRR-1 by even 2010, the total population will not stabilize until it ends up adding up to 256 millions, double the size of the current population of the country. Of the total population, at least half if not more, would then reside in the urban areas. The constraints of resources, low quality of life as it prevails now, and also the situation of deteriorating law and order does not allow a conscientious citizen to be complacent about the successes of Family

and FP services is dependent on the motivation and participation of the people, particularly the poor and women. Major change to be considered for restructuring the existing Health and FP programmes is to place the programmes at thana level and below under a unified command separated from other institutional services like hospitals at the national and district levels. The thrust of the Health and Population program at thana level and below has to be more on preventive and promotive strategies and interventions compared to the services rendered from hospitals, which is more curative and clinical.

Bifurcating the Health and FP structures nationally into two programs, one for the hospital services and the other for the field implementation at thana level and below would make health and FP programme more comparable and identical. To support the services of these two different programmes, a separate unit under a Director General for Support services, such as Communication (BCC), Planning, Research, Monitoring and Field/In-service Training may be created. This would possibly recognize the skills of Population cadre at the national and intermediate levels, while the programmes on Health and FP services at thana level and below will recognize the importance of both health and FP cadres on the basis of equity. This is a suggestion to revitalize the on-going health and FP programmes. Health and FP programmes are now at a crossroads. If Health and FP programme fails to move towards sustainability, the benefits of ensuring quality of life for the community, particularly the poorer section and the women will be hard to achieve.

Dr. Syed Jahangeer Haider is Managing Director Research Evaluation Associates for Development (READ)

Many programme planners, policy makers and implementers are concerned as how to gain the lost momentum of both Health and FP programmes, particularly at the community levels, thana and below, where both Health and FP programmes are going through a period of crisis of strategic directions and clear interventions...Bifurcating the Health and FP structures nationally into two programmes, one for the hospital services and the other for the field implementation at thana level and below would make health and FP programme more comparable and identical.

of individual couples. This thrust in the programme continued uninterrupted till about mid-nineties (1994) with gradual transformations in the delivery strategies of programs and services. The positive strategic transformations experienced in the country were combining Maternal Child Health as a part of FP programmes and the participation of NGOs. However, during these transformations programme structure and delivery strategies did go through radical changes.

The programme reached the communities through large scale participation of the community institutions, particularly Union Parishads and their elected members; it achieved a major breakthrough in neutralizing the barriers of cultural inhibitions and the programme was extensively supported by the Ulemas and the Imams (religious leaders) of the country. FP programme was integrated in the key multi-sectoral developmental programmes. In all these efforts, the government along with the emerging population pro-

undergoing rapid and major changes. Continuation of single focused/thrust FP programme was viewed relatively ineffective compared to an integrated health and population programme, both structurally and functionally.

Result was the initiation of a process of designing Health and Population Sector Programme, which ultimately ignored the usefulness of the population programme infrastructure and its manpower committed to the development and success of Family Planning services in the country. Country experienced another period (6-7 years) of stagnation and stalemate in the implementation of the population programmes. The sector wide programme was unique in its strategic goals and targets. Inefficiencies in evolving effective functional implementation mechanism suiting the needs of the manpower belonging to population cadre proved to be a dangerous default. Result was that the country has lost the momentum of a program, which could have become ultimately sustainable with

which gained through concerted efforts of the field workers of FP also started declining, as the full coverage of EPI is to-day below 60 per cent.

Many programme planners, policy makers and implementers are concerned as how to gain the lost momentum of both health and FP programmes, particularly at the community levels, thana and below, where both Health and FP programmes are going through a period of crisis of strategic directions and clear interventions. The community based programme initiatives launched through innovative efforts of FP lost nearly a decade, once during the seventies (1972-75) and again during nineties (1998-2002). What strategic plans would be feasible to regain programme momentum and energize the field functionaries to re-energize their efforts for the welfare of the community and the people? Besides population explosion is a hard reality facing Bangladesh. One can hardly be complacent, as the programme, if it fails to achieve

Planning Programme in the country. Hence we have no alternative but to make both FP and Health programmes to be effective and sustainable. But how would it be possible now!

Health and FP program may either operate as a single thrust intervention to achieve total welfare of the people or it can revert to pre HPS status, where policy level (Ministry) was only unified, while implementation was bifurcated. Future programs on Health and FP to be sustainable have to be community focused and participated. The ownership of the programme needs to be transferred gradually to a viable community institution. Participation of the community institutions, Thana Council, Union Parishad and the Gram Sarker would also reduce conflicts arising due to intra cadre (Medical-Non Medical) feuds and rivalries. Community participation in Health and FP programmes would be more effective at thana level and below, where access to and use of Health

**Dr. Rubaiul Murshed**

All health information to keep you up to date

### ABC of diabetes

- Are you at risk?  
Tick the following boxes if you have these "risk" factors:
- Are you between 40 and 64 years of age?
  - Do you have, or have had a close family member with diabetes?
  - Have you had a baby weighing more than four kgs (nine lbs) at birth, or have you been diagnosed with diabetes during pregnancy?
  - Do you do little or no exercise (ie, less than half an hour per day, three days per week)?
  - Is your blood pressure higher than 140/90 or do you take blood pressure medication?
  - Is your waist measurement is more than 100 cms (men) or 95 cms (women)?
  - Are you 65 years of age or older?

If you have ( ) ticked two or more boxes above, you are at high risk of developing diabetes and should contact your doctor for a blood test.

**What is diabetes?**  
Diabetes is a condition affecting the body's ability to take glucose (sugar) from the bloodstream to use it for energy.

Glucose is helped out of the blood and into the body's cells by a hormone called insulin, which is naturally produced in a gland called the pancreas. Glucose comes from the carbohydrate foods (sugars and starches). Some of it is used immediately and some is stored in the liver for gradual release.

**What is the normal glucose level?**  
The normal glucose level for people without diabetes is between four and eight mmol/L. This varies depending on the time of day, the food eaten and the level of activity the person is doing.

**Could you have diabetes and not know it?**  
Yes. In many cases there are no symptoms, or the person affected does not notice the symptoms which are present.

**Type of diabetes**  
Type 1 diabetes occurs when the body stops making insulin. This type accounts for 10 to 15 per cent of all diabetes and is an auto immune disease, which may be triggered by a virus or other environmental factors. It cannot be prevented.

Type 2 diabetes occurs when the insulin in the body does not work properly. This type most often comes on as we get older and accounts for 85-90 per cent of all diabetes.

Gestational diabetes (GDM) is a form of Type 2 diabetes first diagnosed during pregnancy. Type 2 diabetes is strongly associated with lifestyle factors. It occurs most often after the age of 40 in people who are overweight and inactive, or in women who have developed diabetes during pregnancy. The exact cause is unknown.

The development of diabetes may also be caused by some medications, such as high dose of cortisone, which may be required to treat asthma or arthritis.

**How will you know if you have diabetes?**  
Some people show no typical symptoms of diabetes. However, common symptoms of diabetes include:

- \* Tiredness
- \* Excessive thirst
- \* Passing water frequently
- \* Blurred vision
- \* Increased skin or bladder infections
- \* Cramps or burning sensations in your feet and/or legs.

**How do you test for diabetes?**  
Your doctor will arrange for blood to be taken from a vein.

**What happens if diabetes is poorly managed?**  
Many people do not understand the importance of looking after diabetes properly and damage to your body may occur if diabetes is not managed correctly.

Diabetes can cause damage to blood vessels which in turn could lead to an increased risk of heart attack, stroke and foot problems, as well as problems with the kidney and vision.

Regular three-monthly checks with your doctor will help.

**Next: Facts, no fiction**