



Farmers rot huge quantities of jute in the Chitra River in Narail district, causing serious water pollution, while many others face problem to rot the item due to lack of adequate water in canals and marshy lands.

Jute rotting pollutes Chitra

'Ribon retting' method fails to attract farmers: Poor rain adds to the situation

OUR CORRESPONDENT, Narail

Water of around 40-kilometre area of the Chitra River in the district has become dangerously polluted due to large-scale jute rotting in the water body. Farmers traditionally rot jute plants in the rivers and other water bodies like ponds, canals, beels and marshy lands but pollution due to the practice is more serious this year as the water level has gone down due to lack of adequate rain in the area. The situation is likely to worsen further as around half of the mature jute plants that are still on the fields will find their way to

the water bodies for rotting, said locals. In the district, 18,350 hectares of land was brought under jute cultivation during the current season, said sources of the Department of Agriculture Extension (DAE). Thousands of people living on both sides of the river in Narail Sadar and Kalia upazilas of the district use the river water for bathing, washing, cleaning, even for cooking and drinking, but the polluted and stinky water has become unusable now. Various skin and intestinal diseases are breaking out in this area, said Dr Billal Hossain, medical

officer of Narail Sadar Hospital. The pollution causes massive death to fish and other aquatic creatures, badly affecting earning of local fishermen. Meanwhile, the DAE's initiative to introduce 'ribon retting', a method of rotting jute plants in small amounts of water in holes dug for the purpose, has virtually failed. During recent visits to different areas of the district, this correspondent saw that the water of the Chitra River and different canals, beels, ponds and other water bodies has turned black and stinky.

"As the water of the Chitra River is used for rotting jute plants during the harvest season, its water becomes unusable. Fishes and other aquatic creatures also die due to the pollution. Everybody should become aware to evade the immense danger," said Dr Motiur Rahman, assistant professor of zoology at Narail Government Victoria College. Amrito Kumar Das, sub-divisional engineer of Water Development Board, Narail, said they will cooperate if the administration takes steps to free the Chitra River and other water bodies from pollution.

4 cops hurt in gunfight

UNB, Chittagong

Five people, including four policemen, were injured in a gunfight with a robber gang at Barohatia Pakfirani in Lohagara upazila early yesterday. Officer-in-charge of Lohagara police station M Shahjahan said, a team of the police station arrested a robber, Nazim Uddin, from Chunuti area of the upazila on Tuesday afternoon. Later, the police team along with Nazim Uddin launched a drive in Barohatia Pakfirani of the same upazila around 2:00am yesterday to recover firearms. Sensing the presence of the police team, cohorts of Nazim opened fire, forcing the law enforcers to fire back, said the OC. Nazim sustained bullet injury during the gunfight while four policemen -- sub-inspectors Solaiman and Nunul Islam and constables Khairul Haque and Didar -- were also injured in scuffling with the robbers, the OC added.

Cargo vessel sinks, 6 hurt

UNB, Sunamganj

A cement-laden cargo vessel sank in the Surma River in Sadar upazila following a collision with another cargo vessel yesterday, leaving six workers injured. Police and witnesses said, Holly Motherland, the Chhatak-bound cargo ship from Dhaka carrying 7500 sacks of cement worth around Tk 4 crore of Shah Cement company, sank in the river after collision with Al-Kawsar-2, a stone-laden cargo, around 10:30 am at the launch terminal in the outskirts of the district town. Six crew of the cargo were injured when the accident occurred. Crack developed at the bottom of Al-Kawsar following the accident and it started to sink in the river.

50-KM TAILBACK ON DHAKA-CTG HIGHWAY

Nightmare journey for the home-bound passengers

OUR CORRESPONDENT, Comilla

A 50-kilometre-long tailback created on the Dhaka-Chittagong highway has turned the journey of thousands of home-bound passengers into a nightmare. The tailback followed a road accident in Chandina upazila of the district about 3:00am yesterday. Law enforcers at Moynamati Highway Police Station, said a Dhaka-bound bus of 'Eagle Paribahan' and a covered van collided head-on in Palki Cinema area of Harikhola around

3.00am. The accident disrupted traffic up to Amirabad in Daudkandi from Alekhar Char in Comilla Sadar, causing immense suffering to the passengers going to celebrate Eid and Puja festivals and halting scores of cattle-laden trucks. Women, children, elderly people and patients were the worst victims of the tailback. Many passengers alleged that it took over 5 hours to cover 40 kilometres of the road at night. Several hundred vehicles remained stranded on both sides of the road after the accident. However, a wrecker rushed to the spot and removed the two accident-hit vehicles from the highway in an hour-long struggle. Office in charge Abu Salam Miah of Daudkandi police station said they were struggling to ease the traffic jam. Eid and Puja festivals had added to the situation, he said. Earlier on Monday a Dhaka-bound truck and a Chittagong-bound covered van met a head-on collision at Dauladpur which stopped movement of vehicles on 35 kilometres from Chandina to



With increase in the number of people leaving for home ahead of two festivals, numerous vehicles get stuck in a 50-kilometre-long tailback on Dhaka-Chittagong highway yesterday, turning the journey a patience test for thousands of passengers. The photo was taken from Jingtatali in Daudkandi upazila under Comilla district in the morning.



Concerted efforts by all stakeholders

MUST READ FOR ALL MOTHERS ...



Maternal Mortality affects development of a country

SUPPLEMENT DESK

MATERNAL mortality rate in Bangladesh has declined by 66% over last few decades, estimated at a rate of 5.5% every year. The latest Bangladesh Maternal Mortality Rate is 170 per 100,000 live births as per UN and WHO estimates (2014). The MMR was 600 per 100,000 live births in 1975 and 574 in 1990. Bangladesh is well on track and striving hard to attain the target of 143 deaths per 100,000 live births by 2015 as envisaged in MDG-5. The contraceptive prevalence rate is around 61% as against the target of 72% to be achieved by 2015. The extensive drive for pre-natal care, introduction of health vouchers scheme for poor women, deployment of community based skilled birth attendants, and introduction of the midwifery programme by the Government and United Nations Population Fund (UNFPA), other UN and development partners and NGOs in service delivery contributed to such successes. Additionally, a number of favorable changes occurred during this period like income per head increased sharply, the poverty rate fell and the education levels of women of reproductive age improved substantially. While the above mentioned achievements would lift our morale, there is no scope to be complacent as yet. There are many challenges ahead which the nation has to face with unwavering determination, such as, more than 5000 women die during child birth every year; 70% of pregnant mothers suffer from acute anemia and the high rate of adolescent pregnancy persist in Bangladesh. It is estimated that about 16 women per 1 maternal death suffer from various diseases related to pregnancy and child birth e.g. Obstetric Fistula, Uterine Prolapse, anemia, etc. The major causes of Maternal Mortality are - postpartum haemorrhage (31%), Eclampsia /pre-eclampsia (20%), delayed & obstructed labour (7%), Abortion (1%), other direct cause (5%) and indirect cause (35%). The key factors affecting maternal deaths are knowledge attitude and practice of family planning and safe motherhood care as well as accessibility& availability of contraceptives. Bangladesh has achieved success in family planning programs against the backdrop of low literacy rate, low status of women, low income and so on. Major successes in population sector programs were achieved in expanded access to family planning services with the introduction of a broader range of modern and effective methods. Use of contraceptives and quality family planning services can avert more than 32% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than two years apart. According to the BDHS 2011, the unmet need for Family Planning is 13.5% and the family planning programme of the Government is focusing on addressing this issues.

UNFPA Bangladesh supports Family Planning service delivery in Bangladesh through system strengthening vis a vis quality assurance, capacity building of newly recruited doctors and FWVs for clinical contraception and post-partum FP, capacity building of field workers on inter-personal communication and internet communication technology and strengthening training centres through procurement of equipment, national FP campaign, the observance of FP Service and Campaign weeks and World Population Day, promoting the use of long acting and permanent method for eligible couples and training on inter-personal communication (IPC) and implementation of the National Plan of Action on ASRH. UNFPA has been supporting the Directorate General Of family Planning (DGFP) in providing Emergency Obstetric Care through 70 Maternal and Child Welfare Centres (MCWCs) throughout the country. The components of this support are through training of doctors on Emergency Obstetric and Neonatal Care.



The proportion of births attended by skilled health personnel has increased from 5% in 1990 to 31.7% in (BDHS 2011) but still 71% of delivery occurs at home. To reduce maternal mortality and morbidity, UNFPA is supporting the community skilled birth attendant (CSBA) as well as training and establishment of the new Midwifery cadre. To comply with the Honourable Prime Minister's commitment at the 65th General Assembly at the UN to create new cadre of 3000 midwives in country, UNFPA is supporting the Government to develop the midwife as a professional. Efforts include capacity assessment and assistance for midwifery education, development of strategic directions and mentorship programmes. More than 1100 students have already enrolled in a 3 year diploma midwifery course since 2012. The first batch will come out in 2015. For the time being, UNFPA has been supporting the 6-month post- basic advanced midwifery training for nurse-midwife through Nursing Institutes/ colleges in the public

sector. Since 2010, a total of 1103 nurse-midwives have been trained. They are serving in different public sector hospitals. These programmes are supported by UNFPA through the Directorate General Of Health services (DGHS) Pregnancy and childbirth-related complications are the chief causes of maternal mortality and morbidity in Bangladesh. In addition, the status of women is low and this severely hinders their families and their access to reproductive health care. Obstructed labor is the most common cause of obstetric fistula (OF), the immediate causes of obstetric fistula are obstructed labor and a lack of emergency obstetric care, pervasive poverty is an important underlying cause. Women who suffer from OF are mostly very poor, malnourished, lack basic education and live in remote, rural hard to reach areas. The traditional practice of early marriage and child-bearing contributes to a risk of obstructed labor and fistula. The low status of women, particularly young women just after marriage, play a fundamental part in fistula development. Some women are denied access to health care, or are actually harmed due to cultural beliefs and traditional practices. Some women may live in seclusion and, for many, the responsibility to decide for seeking health care in pregnancy, or even after prolonged labor, depends upon the husband or other family members, including the mother-in-law. When these women fail in their perceived duty to bear live children and, still worse, develop the stigmatizing condition of OF, they are often rejected by their husband's family and have no means of subsistence. They are usually immediately abandoned and left to fend for themselves. In Bangladesh as per study undertaken in 2003, 1.69/1000 ever married women are suffering with obstetric fistula. Taking into account; three global approaches Prevention, Treatment and Rehabilitation to end obstetric fistula Bangladesh government's health department with technical and financial support of UNFPA launched the project in October 2003. Since then this project is facilitating capacity development of service providers, nationwide campaign to aware community about obstetric fistula, rehabilitation of the fistula victims through skill development so that they can return to their normal lives. UNFPA supports Fistula treatment, rehabilitation, prevention and awareness programme to bring an immediate tangible change in the quality of life of the women suffering from Fistula. For prevention, treatment and rehabilitation of Fistula patients UNFPA has helped to set up the National Fistula Centre at Dhaka Medical College hospital and also strengthening additional nine Medical Colleges Government Hospitals for the treatment of fistula patients. An integral part of this technical support is the capacity development of services providers where 250 Doctors and about 300 Nurses received training on Fistula Surgery. About 3,500 cases treated in government medical college hospitals since 2003.

We are happy but not complacent

SHAHNOOR WAHID

MEENA (25) regularly comes to BAPSA maternity clinic in Pallabi, Mirpur as she is expecting her second child. When I met her last week at the clinic she did not hesitate to come before me and talk about her pregnancy, her husband and first child. Her first child, a son, is 8 year old and goes to a nearby school. Her husband is a bus driver and they live at Monipur, a couple of miles away. I asked her why she was in the clinic. She said she came for the routine checkup. She has come here a number of times since she conceived about eight months back. "Does your husband know that you come here for checkup? I asked her. With a shy smile she replied, "Yes, he knows. He always encourages me to take advice from the doctors here." "What happened during your first pregnancy? Did you come to the clinic too?" I asked. "Yes, I used to come to the clinic as per advice of my husband and had the baby delivered here." She replied. "Why didn't you have the baby delivered at home? Didn't your mother or mother-in-law object?" I asked her. "No, they all believe that it is safe for a woman to have the baby delivered in the presence of a doctor and nurses. At home some complications may occur and that may cause death to the baby or the mother." Meena said. My last question was: "You are taking the second child after eight years. Has it been planned or was it an accident?" "No, it wasn't any accident. We planned it like this." She said. Meena and her husband represent the couples in Bangladesh who have heard about safe motherhood, and taken all the precautions for a safe pregnancy and safe delivery. The knowledge of safe motherhood as they have come to know from different sources has worked in making their family life better and happy. The story of Meena tells us why MMR has fallen in the country. The success however does not make us complacent. We know we have to go many more miles. We have to achieve the MDG target of 143 deaths per 100,000 live births by 2015.

The writer is Special Supplements Editor, The Daily Star.

- MMR in 1990 was 574 per 100,000 live births
- MMR now stands at 170 per 100,000 live births
- Rate declined by 66% over the last few decades
- Target 143 deaths per 100,000 live births by 2015
- UNFPA supports the DGFP in providing Emergency Obstetric Care through Maternal & Child Welfare Centres
- UNFPA supports Community Skilled Birth Attendants as well as training and establishment of the new Midwifery cadre.
- Increase in female education and deployment of family planning services brought advances in women's health.