

Medicare stops in Ctg

FROM PAGE 1
treatment.

The Daily Star visited around 20 private hospitals, clinics and diagnostic centres, including Centre for Specialised Care and Research (CSCR), Epic Healthcare, Popular Diagnostic Centre, Metro Diagnostic Centre, and Doctor's Lab, in the port city throughout yesterday but saw no doctors in any of them.

Around 10:00am, Soumitra Das, a businessman, along with his ailing brother Nayan arrived at Chevron Clinical Laboratory near Probortok intersection. But much to their frustration, they found the main gate of the diagnostic centre locked.

Right in front of the gate, a banner read, "There will be no diagnostic tests, except for some emergency ones, and the private chambers shall remain closed as per a decision of Bangladesh Medical Association (BMA)."

"My brother is having a severe abdomen pain. We have been to several other places to diagnose his problem but found them closed too," Soumitra told this correspondent there.

A few minutes later, Mujibur Rahman, a local, went there to collect the report of his 12-year-old son's urine test but had to return empty handed.

"How can we start his treatment without the report?" he asked before leaving.

Around noon, one Rashedul Hasan went to CSCR, a private hospital, on OR Nizam Road for an appointment with a professor at Chittagong Medical College Hospital (CMCH). But he found a notice on the doctor's door instead. It read: "The chamber will remain closed for an indefinite period upon a BMA directive."

"The condition of my brother is critical. Where will we go if doctors stop attending patients this way?" he asked.

This correspondent saw many private chambers of doctors in several places of the city shut as well.

Hundreds of patients had to suffer yesterday due to the doctors' move.

On Wednesday, doctors' leaders in a meeting gave a 24-hour ultimatum to the authorities to withdraw the two cases filed against their colleagues.

They had threatened to stop provid-

ing their services in private hospitals and diagnostic centres if their demand was not met within the deadline.

According to the Chittagong Civil Surgeon office, there are 107 authorised private hospitals and clinics along with 271 diagnostic centres in the port city.

Contacted, Mujibul Haque Khan, president of Chittagong BMA, said doctors could not be sued for anything that happened during treatment. "How can we provide patients with treatment if we have to be in constant fear of cases?"

"Those who filed the cases could have gone to the BMDC [Bangladesh Medical & Dental Council] or BMA with their complaints.

"We will continue our work abstention until our demand is met," he said.

Asked about patients' sufferings, the doctor said the government hospitals are out of the purview of their demonstration. "We have also asked the authorities of diagnostic centres and clinics to offer healthcare services to the patients in critical condition."

On January 10, Meherun Nesa, 22, niece of Expatriate Welfare Minister Nurul Islam, died at a private clinic in Katalganj area following a caesarean operation due to alleged negligence of doctors. Another doctor at CMCH mistakenly left a bandage inside the body of Nur Absar during a surgery recently, according to the case statements.

The accused doctors are Shamima Siddique Rosy and Mahbul Alam of Surgiscope Hospital, and Assistant Registrar Rana Chowdhury of CMCH.

After the cases were filed on Tuesday, a Chittagong court took cognisance of those and directed the officer-in-charge of Panchlaish Police Station to take the lawsuits as FIR, said CMP Additional Deputy Commissioner (prosecution) Kazi Mutaki Ibnu Minan.

Last night, Khairul Bashar, father of Meherun Nesa, in an email to this correspondent said his fight was not against doctors but for justice. And now, a section of doctors are observing work stoppage to divert attention from the issue, he added.



A patient sits at a closed gate of a Chittagong diagnostic centre where a banner announces a strike called by Bangladesh Medical Association (BMA). The banner also reads there will be no diagnostic tests, except for some emergency ones, for an indefinite period. The private chambers shall remain closed. The work stoppage -- at private hospitals and clinics and diagnostic centres -- began yesterday demanding withdrawal of cases filed against three doctors for neglect of duty. PHOTO: STAR

Rate halved in 15 years

FROM PAGE 1
42.3 in 2000," said Dr Shams El Arifeen, director of the Centre for Child and Adolescent Health at icddr,b, Dhaka.

This is good progress, he said, but it is still slower than maternal and neonatal mortality rates in Bangladesh.

Neonatal deaths in Bangladesh were 74,400 and maternal deaths 5,500 in 2015. Annual reduction rates of these were respectively 3.9 and 5.3 percent, according to The Lancet Series titled "Ending Preventable Stillbirths", published on January 18 this year.

Dr Arifeen and Dr Sayed Rubayet, director of Saving Newborn Lives, a project of Save the Children in Bangladesh, presented the series at a discussion jointly organised by Save the Children and icddr,b at The Daily Star Centre yesterday.

Experts said slow reduction in stillbirths "reflects the not-so-good quality of antenatal care of pregnant mothers, low rate of facility births and high prevalence of child marriage in Bangladesh."

Dr Syed Rubayet said "at least 58 percent birth deliveries in Bangladesh are conducted by unskilled attendants."

TEN COUNTRIES WITH HIGHEST STILLBIRTHS

1. INDIA	592,000
2. NIGERIA	314,000
3. PAKISTAN	243,000
4. CHINA	122,000
5. ETHIOPIA	97,000
6. CONGO	88,000
7. BANGLADESH	83,000
8. INDONESIA	73,000
9. TANZANIA	47,000
10. NIGER	36,000

Also, he pointed out, only 26 percent of the pregnant women get proper antenatal care in the country. He stressed this rate must increase.

Besides, official data shows 65 percent of girls are married before the age of 18.

According to The Lancet, globally 2.6 million stillbirths occurred in 2015, and most of those were in the developing and middle income countries in Africa and Asia.

Though Bangladesh ranked seventh in terms of the number of stillbirths, it is not ranked in the top

ten countries in terms of highest stillbirth rates.

REASONS OF STILLBIRTHS AND WAYS OUT

Complications in labour and the ensuing trauma, infections such as syphilis and malaria, maternal and fetal complications, maternal hemorrhage, maternal or fetal malnutrition, congenital anomalies and cord complications were identified as major reasons behind stillbirths in the developing countries.

As ways out, The Lancet suggested rigorous family planning programme, good health and nutrition of pregnant women, promotion of adolescent health, high quality antenatal care, management of maternal infections and hypertension and diabetes, strong monitoring of fetal growth, high quality delivery and prenatal audit.

Gynaecologist Dr Samina Chowdhury said social and psychological suffering of the mothers giving stillbirths "are enormous as they are often neglected in the family as well as the society."

"One needs to understand their pain. It is not right to assess the loss just by numbers," she said at the discussion.

Dr Riad Mahmud of Unicef said

antenatal care in Bangladesh's rural areas, especially at upazila and union levels, "is quite poor."

He suggested the authorities utilise the community clinics and union health centres as venues for quality antenatal care.

Bangladesh Demographic Health Survey does not pay attention to incidents of stillbirths, Dr Mahmud said, adding that unless there is quality data, it is difficult to introduce focused interventions to reduce stillbirths.

Professor AK Azad Chowdhury, secretary general of Bangladesh Pediatric Association, suggested ending child marriage and raising awareness of antenatal care and birth preparedness for pregnant mothers.

Professor MA Mannan of Bangabandhu Sheikh Mujib Medical University, Professor Dr Ferdousi Begum of Sir Salimullah Medical College, Dr Sufia Khatun of Bangladesh Breastfeeding Foundation, Dr Fahmida Sultana, deputy director of the Directorate General of Family Planning, Dr Dildar Ahmed of Bangladesh Neonatal Forum, Dr Arefin Amal Islam and Belal Uddin of Save the Children, among others, spoke at the programme.

Muslim body chief seeks healing of Saudi-Iran rift

AFP, Jeddah

Worsening relations between Saudi Arabia and Iran are diverting attention from the "real challenges" facing Muslims, the head of the Organisation of Islamic Cooperation said yesterday.

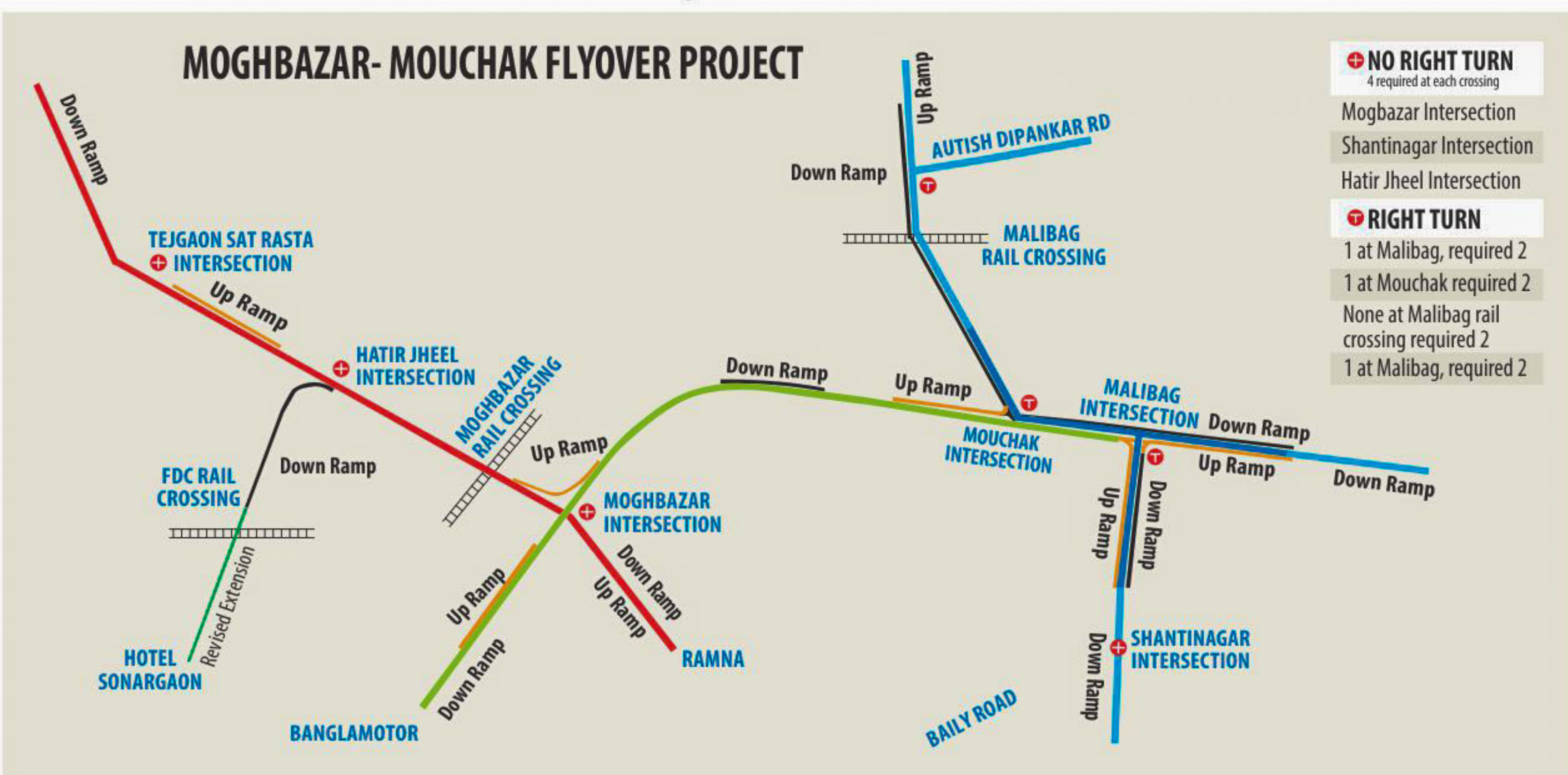
Iyad Madani was addressing an extraordinary meeting of the 57-member OIC, called by Saudi Arabia after protesters in Iran burned its diplomatic missions there in early

January.

They attacked Riyadh's embassy in Tehran and a consulate in the second city of Mashhad after the kingdom executed Shia cleric Nimr al-Nimr, a driving force behind anti-government protests.

The attacks "contradict diplomatic standards", and "interference in the affairs of any member state undermines our organisation's charter," said Madani, referring to criticism by Iran's leaders of Nimr's execution.

Concrete block in city's heart



FROM PAGE 1
"We cannot be hostile towards a government organisation like the LGED. Moreover, the Planning Commission and Executive Committee of the National Economic Council chaired by the prime minister had already approved the project," DTCA Adviser ATM Helaluddin Nagari told The Daily Star.

DTCA Executive Director Kaikobad Hossain said, "We could not take [legal] action as a ministry was involved."

Project Director of the flyover Nazmul Alam, however, said, "The Nazmul had DTCA approval." He stood his ground when mentioned that two officials of DTCA had told The Daily Star that the project did not have its approval. Nazmul didn't show this newspaper any document in this regard.

Star approached eminent transport engineering expert Prof Shamsul Hoque and raised a number of technical questions on the flyover.

Responding to a question, Prof Hoque, who drew the layout configuration of Kuril flyover and Banani-Zia Colony flyover, said, "The flyover will hardly help resolve the chronic traffic congestion in the project area. Instead, it will remain an irreversible and immovable block to the capital's mass transport systems like metro rail and rapid bus service."

Even Nazmul agrees on this. "It is true that the flyover will not make any significant contribution to the public transportation service," he said.

The LGED has expertise in building roads and highways in rural areas, not flyovers in the complex environment of a metropolis. And yet it did not get experts to vet the layout.

The Buet team, of which Prof Hoque was a member, voluntarily looked into the entire layout configuration and discovered the gross anomalies in it and drew the attention of LGED project officials.

Sadly, the construction went ahead without any correction, an action that forced the authorities concerned to spread out links and routes of the proposed BRT and metro rail to peripheral areas like Bhulta, Baipal, and Purbachal.

The flyover, instead of resolving traffic bottleneck in Mouchak, Malibagh, Moghbazar, and Shanti Nagar intersections, will exclude the areas from BRT and metro rail services, said Prof Hoque, a technical expert on Strategic Transport Plan (STP) of Dhaka.

The BRT and metro rail are well-thought-out and sustainable transport solutions in the metropolis.

Prof Jamilur Reza Choudhury, who led the advisory expert committee on Dhaka's STP, is also in the dark. "We know nothing about the project design," he said.

Asked why the scheme was going on without key approvals, Nazmul said, "We are implementing the project with government approval."

As to why they had not held a public consultation on the flyover scheme, Nazmul said, "It was not required in the approval process."

Public consultation may not be legally required but it is practised around the world in public interest to avoid major faults and anomalies in any large project, particularly one in a complex urban context, said Prof Hoque, citing examples of Kuril flyover, the BRT, and the metro rail.

Lack of coordination between the flyover and mass transport systems, faulty architectural layout, and inadequate right-turn provisions would have been exposed had it gone through DTCA approval process or a public consultation or an independent scrutiny, said officials concerned.

Heavy traffic of public transport vehicles from Motijheel, Shanti Nagar, Rajarbagh, and Mouchak would have no option to turn right towards Tejgaon at Moghbazar intersection.

Nazmul said, "Right-turn loops could not be built, as it would entail land acquisition and huge demolition." He said they had to alter the construction design of every foundation piling and pier due to lack of information on underground utility service lines.

Ascending ramps of the flyover have been designed with steeper slopes while the descending ones were less steep, which should have been the other way round, said Prof Hoque. It would make climbing the ramps difficult for less powerful vehicles.

He said the slope of the ascending ramps was "standard" with five-percent ascending ration. But Prof Hoque said anything less than the standard five-percent was more convenient for traffic movement.

The flyover ramps are going to occupy a 21-metre width with three descending and ascending ramps each at Shanti Nagar and Rajarbagh ends, creating bottlenecks and leaving hardly any room for traffic movement, said Prof Hoque, replying to another question.

Vehicles would still have to crawl on a road that would be even narrower.

The flyover would not either reduce the risks at level crossings as most of the traffic would be using the existing

roads due to the lack of right-turn facilities of the flyover, said experts.

Pedestrians would have to suffer as foot bridges would need to be removed at Moghbazar and Mouchak and pavements shrunk in Rajarbagh and Shanti Nagar to accommodate the ramps.

LGED The LGED approved the layout and detailed design on its own, according to insiders. After the construction had begun, they called in Robert Eves, chief adviser of China Major Bridge Engineering Company Ltd, to oversee the flyover's construction design.

This was done since Eves was not busy with Padma Bridge construction which was stalled then.

Nazmul said they hired Eves to review the entire design, and he examined "both the layout configuration and construction design."

Eves had nothing to do with the layout configuration after a decade, said insiders. As a structural engineer, he was assigned to scrutinise the construction design.

The Daily Star could not get LGED Chief Engineer Shyama Prosad Adhikari's comments regarding the matter, especially as to why they did not obtain the DTCA approval.

He neither picked up calls from this paper nor did he respond to texts sent on January 3 and 4.

LGED media consultant Abu Fattah was contacted several times but he could not get this paper in touch with the chief engineer.

Attempted yet again on January 6, Shyama Prosad Adhikari picked up a call at 4:00pm but said, "I am busy in a meeting." Asked when this paper should call him, he hung up.

Local Toma Constructions Ltd, allegedly blessed by a state minister, Chinese firm Metallurgical Construction Overseas Company, and joint venture of Indian Simplex Infrastructure Ltd, and local Navana Construction are building the flyover.

According to insiders, a state minister pushed the scheme forward to serve the interest of another state minister.