

A nine-to-five workday spent dangerously close with the opposite sex in a sequestered office cubicle makes it painstakingly difficult for things not to get steamy once in a while. While it's best to keep those teenage kicks to yourself now that you're a responsible twenty or thirty-something working man or woman, a fortuitous side-glance from the other party may be that green light you've been waiting for since the first day at work. Good vibes followed by some good old-fashioned courtship have all the makings of a happy ending, but keep in mind some common-sense yet oft-violated rules.

Hands (and eyes) off until you're off the clock

Tempting as it might be to flash an apparently private smile to your significant other now and then, how long before you're staring off in the wrong direction in the middle of a board meeting? Inattentive to your fellow co-workers and outright disrespectful to your higher-ups, public displays of affection are undeniably unprofessional. While raising eyebrows is one thing, don't give superiors and peers extra reason to put you under scrutiny by being clumsy with your workplace romance (they probably have enough reasons as it is.)

It may seem impossible at first to resist rushing over to your SO's desk every time you find a cute cat GIF, but being within close quarters of each other at work is an invitation for trouble. Department changes may not be as feasible an option in this country as it's played out to be in movies, so make sure to keep your time together at the workplace reasonable. Savour the half-hour lunch and tea breaks and avoid making the rest 99 percent of the office feel uncomfortable and unwelcome every single time the two of you are within breathing distance of one another. For all you know, you might just be doing your career a disservice each time you decide to discuss lovey-dovey mumbo-jumbo with your beau instead of the latest EPL match with your boss.

Don't break the rules because of love

As preposterous and insensitive it may seem to you for the company to have an anti-progressive conservative take on office romances, your job does come first. Keep those budding feelings on a leash, especially if there is a zero tolerance policy when it comes to fraternisation. This of course might not be the case, but if it's smooth sailing for you and your lover all the way, you may finally have to fill out a form for that department change. No matter how discreet and sensible a pair might be, too close a working relationship will invite problems for everyone.

Other than rules pertaining to general professionalism, there's always the HR side of matters. Put off making that grand first move until you actually know the person—you can never be too sure as to what he or she might find harassing. Best to steer clear of a super awkward

conversation with the HR coordinator. And chances are you won't even get away with a relatively harmless section transfer. The other big no-no when it comes to workplace romance is dating your boss or subordinate. This one probably need not even be mentioned—any normal person would and should find the idea of it wholly unethical (and a little gross). Yet this is hardly uncommon. You probably don't want your lover to have control over your pay as well as your career path (isn't the thought of it suffocating enough?). And if you two have a falling out, best case scenario is

you're going to have to see the face of the man or woman who ruined your life for the rest of eternity, or at least a very, very long time. Equally inexcusable and despicable is doing your sweetheart's cumbersome expense reports and project proposals for them. Unless you're doing everybody else's work for them as well, don't do your girlfriend's or boyfriend's. Most colleagues would react badly to such displays of favouritism (and can you blame them?). Also, there's got to be something somewhere in that big book of company code of conduct against it.

RULES OF ENGAGEMENT

Office romance etiquettes to abide by

AMIYA HALDER

MUSINGS



CARTOON: E R RONNY

ENDEAVOUR



PHOTOS BY DOCTORS FROM YEMEN

BANGLADESH'S SILENT SERVICE TO THE WORLD

Fighting cholera in conflict zones

ZYMA ISLAM

Peacekeepers are not the only soldiers Bangladesh sends to wars. Quite out of the public eye, a health organisation has been routinely sending experts to manage the diarrhoea and cholera epidemics that break out in conflict zones.

In 2014, they sent personnel to Kurdistan in northern Iraq to deal with an outbreak of cholera among the refugees spilling over from the Syrian conflict. The same month they went to South Sudan to train the newly-formed government tackle the aftermath of the war. The following year, in 2015, Mozambique called them in to provide assistance. Not a country that ranks highly in the list of aid-giving nations, Bangladesh has been a surprising ally to war-torn countries in the Middle-East and Africa.

While our airports flock with emergency health professionals from other countries responding to the Rohingya crisis this year, ICDDR,B (International Centre for Diarrhoeal Diseases Research, Bangladesh) is lending a hand to Yemen.

Last month the organisation was teaching Yemen's broken-down health sector how to manage its worst-ever cholera outbreak. A nutrition expert from ICDDR,B demonstrated how to make infant formulae from scratch while a group of Yemeni doctors and nurses looked on, taking notes. The formulae is a concoction of regular cow's milk, soybean oil, sugar and crushed calcium, potassium and magnesium tablets, and can be fed instead of the tinned variety to children with diarrhoea.

"Can we get a video of the process so that we can teach our nurses how to make this?" asked one of the doctors, Nahla Arishi. Dr Arishi works as the Paediatric Director and head of the Cholera Management Unit of a hospital in a city called Aden. Her city, being the "second capital", as she says, was one of the first to be hit with cholera. The World Health Organization (WHO) put the number of deaths at 2,132 out of more than seven lakh cases across the country as of September. According to the UN, more than half of the victims were children.

International media reported how Yemen's municipal workers have not received their salary in a year, leading to little sewage management, and ultimately cholera. The main airport in Sana'a has essentially been closed since March 2015 making it difficult to transport supplies and medical assistance.

Global Emergency Responses
1991 - present



MAP: ICDDR,B

Of course Bangladesh would know how to stretch a coin and make nutritional supplements for children from scratch. Survival tactics when resources are scarce are exactly what this country in the global South has to offer to another.

"Affordability is a big part of these solutions," says Dr Mohammed Iqbal Hossain, the Head of the Child Malnutrition Unit at ICDDR,B. "For infants with diarrhoea who are over six months, supplementary feeding is needed along with breastfeeding. We are also teaching the team from Yemen what to use as an alternative when even milk is not available anymore."

The outbreak, which had been on the rise since October last year, had only just started to mellow out when a team of Yemeni doctors and nurses came to Dhaka to learn about cholera management. Everyone in the team said their hospitals have not been paying their salaries, and have acute shortage of supplies. Four of the doctors work in hospitals that have been bombed in airstrikes.

Talal Ameen Noji is a doctor with a city hospital in Taiz, Yemen. "Taiz is on the frontline and our city is completely blocked off so supplies are not coming in," he says. Many of the cities no longer have access to the instant infant food that people are used to, and nobody is trained to prepare local substitutes.

"Our hospital is one of the only two functioning any

more. There were 20 hospitals in the city, and they all closed down because of the war," says Dr Noji. They have not received their salary in a year and nearly half of their staff left, he adds. The hospital is frequently hit with shrapnel and is in the line of fire.

"The health facilities are in the city which is now barricaded all around because of the war. This cut off the hospitals from the villages where most of our patients are," says Dr Noji. It is in this scenario that Taiz saw a cholera intake rate of 2-10 per 1,000 of the population.

"Taiz is on top of a mountain so piped water was not always available and people were supplied using water trucks," adds Dr Noji. "Now that the city is under lockdown the trucks can no longer bring safe drinking water. That is how the cholera started."

ICDDR,B also provided cholera training as far as Haiti which had an outbreak after the earthquake in 2010. The organisation started dispatching emergency response teams from 1991 when doctors went to Peru and Ecuador. Something as simple as the oral rehydration solution available in all pharmacies in Bangladesh—generally known by brand names like Orsaline—is more revolutionary than is acknowledged.

Once feared like the plague, cholera is no longer a mortal threat to populations in our country. Now we are extending the same support to others. ■