

PM again warns wrongdoers

Returns home from Azerbaijan

BSS, Baku

Prime Minister Sheikh Hasina has once again issued a strong warning against wrongdoers, saying that law will take its own course against those who commit crime.

“The law will take its own course against criminals whoever they might be and whichever party they belong,” she said when expatriate Bangladeshis living in Azerbaijan called on her at Hotel Hilton Baku on Saturday.

The PM said, “You’ve seen that it [the action] is continuing. If any of our party men are involved in any criminal activities, they are being handed out instant punishment.”

The PM said in order to teach lessons to others, one should start from his or her own house.

Referring to unbridled corruption committed by the then BNP-Jamaat

government, she said there was no limit to graft during their five-year misrule.

PM RETURNS HOME

The PM returned home yesterday after wrapping up her four-day official visit to Azerbaijan to attend the 18th Summit of the Non-Aligned Movement (NAM) in Baku.

A special flight of Biman Bangladesh Airlines carrying the premier and her entourage landed at Hazrat Shahjalal International Airport around 7:20pm.

Liberation War Affairs Minister AKM Mozammel Haque, Road Transport and Bridges Minister Obaidul Quader, PM’s Security Adviser Major General (ret’d) Tariq Ahmed Siddique, Sahara Khatun, MP, Principal Secretary Md Nojibur Rahman and high civil and military officials were present at the airport to receive the premier.

CCC mayor ‘forces’ Hasina Mohiuddin off stage in Ctg

STAFF CORRESPONDENT, Ctg

Chattogram City Corporation (CCC) Mayor AJM Nasir Uddin yesterday “forced” Hasina Mohiuddin, wife of former CCC mayor late ABM Mohiuddin Chowdhury, off the stage at a programme.

Hasina, the president of Chattogram city Mohila Awami League, is the mother of Deputy Minister of Education Mohibul Hassan Chowdhury Nowfel, also AL organising secretary.

The incident happened during the representatives’ meeting of six district units of Chattogram division at a port city community centre. AL General Secretary Obaidul Quader was the chief guest at the programme organised by Chattogram city AL.

When Hasina was on the stage, Nasir, also general secretary of the unit, asked her to get down and sit on a chair on the front row, said the witnesses, adding that as she did not do so, he again asked her to get off the stage.

Quader was not present at that time, they said.

At one stage, she got down and sat on a chair on the front row until the programme ended, they said.

Mohiuddin Bachchu, convener of Chattogram city Jubo League, protested the incident.

Contacted, Bachchu said she did not want to get on the stage. She got on the stage following the request of Mahtab Uddin Chowdhury, president of Chattogram city AL.

“When I saw the incident, I went to Nasir bhai and told him that she got on the stage on request of Mahtab bhai,” said Bachchu, adding, “Nasir bhai told me that only selected leaders from the party’s central and district committees could sit on stage.”

Hasina refused to comment. “Everybody saw what happened on the stage ... I don’t want to say anything about it,” she told The Daily Star.

This correspondent tried to contact Nasir over phone, but he did not receive phone calls.

Shamim, bodyguards sued in arms case

STAFF CORRESPONDENT

Rab yesterday pressed charges against SM Golam Kibria Shamim, popularly known as GK Shamim, and his seven bodyguards for brandishing firearms to spread fear and panic among people.

Sub-Inspector Shekhar Chandra Mallik of Rab-1 submitted the charge sheet before the Chief Metropolitan Magistrate Court in Dhaka.

According to the charge sheet, Shamim used his armed bodyguards for extortion by triggering fear among people at different bus terminals and cattle markets.

Court sources said that though the

bodyguards carried licensed firearms, they breached the conditions of the licence.

Shamim and his bodyguards were arrested at the capital’s Niketon area on September 20 after Gulshan police sued them for misusing firearms.

The law enforcers seized eight firearms, a huge amount of ammunition, a fixed deposit receipt worth Tk 165 crore, around Tk 1.8 crore in cash, a large stash of US and Singaporean dollars, and several bottles of foreign liquor.

Later, two more cases were filed under the Narcotics Control Act and Money Laundering Act against Shamim with Gulshan Police Station.

Buet academic activities

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because of the delay [in their graduation],” he said.

Contacted, Antora Tithi, a spokesperson for the protesting students, said despite their academic loss, they would not sit for examinations until the killers get expelled.

Masudur Rahman, deputy commissioner (media) of Dhaka Metropolitan Police, earlier told this newspaper that charge sheet in the case would be submitted by the first week of November.

He also said they had found involvement of all the arrestees in the murder.

ANOTHER SUSPECT ARRESTED

Meanwhile, detectives yesterday arrested another Buet student in the Abrar murder case.

A team of Detective Branch (DB) of police arrested SM Mahmud Setu, in the capital’s Banglamotor area around 7:00pm, Masudur told The Daily Star.

With Setu, a batch-14 student of Chemical Engineering department, a total of 21 accused have so far been arrested in connection with the murder, the DMP official said.

Though his name was not mentioned in the charge sheet, Setu was arrested based on the confessional statements of several arrestees and other relevant evidence, he said.

Abrar, a second year students of Electrical and Electronic Engineering department, was beaten to death by a group of Chattra League men at the university’s Sher-e-Bangla Hall between the night of October 6 and early hours of October 7.

Abrar’s father filed a murder case against 19 students of the university, mostly BCL leaders, and several other unnamed accused with Chawkbazar Police Station on October 7.

At least eight accused gave confessional statements narrating horrific descriptions of torturing Abrar to death.

Rejoinder

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detailed discussion with some members of the standing committee, one of whom -- a ruling Awami League MP -- spoke on record and we published his comment. Others spoke on an anonymous basis.

The press release issued by the standing committee (the Parliament Secretariat) following its October 20 meeting said in paragraph 4 that detailed discussion was held on published news reports on irregularities, corruption and mismanagement. [lqvmvIKvh©µgm²ú#K©vevfbœmgtrfvZxp%°wbKvwlKvqCkVwKZAwbaq'yb©wZlAe°e°vcbvma²#K©ve°ZwvZlAvAvjvPbvKiv nqll] It also asked Wasa to settle the audit objections expeditiously and warned that Wasa employees should not resort to corruption and irregularities.

The above observation hardly sound like the committee was “extremely pleased” or reiterated that “Dhaka Wasa was a role model” for South Asia.

We again talked to a few committee members who said the Wasa rejoinder did not reflect the proceedings of the standing committee.

We stand by our report.



A waste treatment device, called a hydroclave, purchased in 2015 at a cost of more than Tk 8 crore now lies unused, surrounded by debris, in the National Institute of Ophthalmology and Hospital in the capital's Agargaon.

PHOTO: PRABIR DAS

2 treatment devices stay idle for 4yrs

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with space. After a long, bureaucratic procedure, a separate one-storey, teen-roofed shed was built to the furthest right corner from the main building for the machine.

The next matter of concern was power supply.

In a letter to the hospital’s director in August, the Public Works Department said, “The medical waste treatment plant should not be connected to the 1,000 KW power sub-station [at the hospital], as almost all of the power coming from the sub-station is used up to run the hospital’s everyday functions.”

So, a separate transformer is required to feed the plant.

But even if all these issues are

solved, the 250-bed eye hospital will not be able to make optimum use of the device, said the hospital’s Director Golam Mostafa recently.

Each device can sterilise 350 kg medical waste in one cycle that takes nearly an hour to complete; it can run at least six cycles a day. But the NIOH generates only about 150 kg waste a day, said Rona.

The machine is also collecting dust at the multi-disciplinary tertiary-level hospital in Khulna.

Even though it was installed four years ago, no one has the skills to operate it.

However, the hospital recently sent two employees to Vietnam for training, said Satyakam Chakraborty

of the Directorate General of Health Services (DGHS). The machine would be operated soon, he added.

But optimum use of the machine at the 250-bed specialised hospital in Khulna will not be ensured either.

Satyakam said the procurement plan only mentioned that the devices were “to support waste management”.

The purchase was not done following requisitions from healthcare facilities, as is the practice, said the line director of hospital services management.

Someone in a position of authority at the DGHS might have considered the equipment necessary, he added.

Satyakam also said the entire fund of Tk 16.78 crore had been disbursed from

the DGHS immediately after receiving the procurement notification by the Central Medical Stores Depot in 2014.

However, an employee of NewTech GT Ltd, which imported the products from Canada, said anonymously that 70 percent of the payment was made and the rest would be paid once the facilities start using the devices.

The official was seen by this correspondent to pursue the matter in the third week of last month with the eye hospital administration.

The NewTech official was telling Rona of NIOH that his company would not get the commission unless full payment was made.

Our Khulna correspondent contributed to this report.

A serious threat to public health

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Health Division Services Secretary Md Ashadul Islam told The Daily Star, “We are working to prepare a new development project plan (DPP) under which there would be on-site waste management in all district-level hospitals and medical college campuses.”

He added they did not have the authority to manage waste outside of these.

The DPP is at the planning stage and it would take time as like as any other project.

THE MEDICAL WASTELAND

Currently, all the landfills in the seven city corporations are situated either on low-lying wetlands or rivers, and at some points wastes are actually being dumped by the roadside.

In Sylhet, medical wastes are being dumped in Parairchak area, adjacent to a haor. In Barishal, they are being dumped in Puranpara landfill on the bank of Sapanial Khal, a seven-km long canal that flows into the Sandhya River.

Left untreated, the germs medical waste harbours easily spread through waterbodies, eventually contaminating the food chain. Experts deem this practice to be “extremely hazardous”.

A divisional authority, comprised of the divisional director of Directorate General of Health Services as president, a representative of the respective city corporation as member, and a representative of the Department of Environment (DoE) as member-secretary, is supposed to look after the medical waste management.

This is according to the Medical Waste (Management and Processing) Rules 2008, a policy that is merely on paper.

As such, the authority it demands, however, has not been formed in any of the divisional headquarters.

In the absence of a committee, respective divisional city corporations broker a waste management deal between the healthcare establishment authority and a third party.

Similarly, waste collectors from city corporations or a licensed third party carry those medical waste into the landfills and dump it without it being sterilised.

The whole exercise is a clear violation of the medical waste management rules, which states “medical waste cannot be mixed with any other wastes at any stage -- while inside hospitals, while being collected, while transporting.” The rules also state that the wastes should be processed separately based on classification.

A licensed third party would collect medical wastes to treat and dispose those inside a “separated, boundary-marked and protected site” inside a landfill, it added.

A third party is a person or an organisation, including an NGO, which has a monthly contract with a hospital or clinic to manage their medical wastes.

Unfortunately, be it a third party or the city corporation concerned, or any other body, nobody sterilises the

medical wastes before dumping in the landfills.

The country has only one single medical waste treatment plant, which is located in Dhaka.

As a result, most medical wastes end up in landfills.

“This is absurd. Having third party does not make any sense when you are disposing all types of medical wastes together with other wastes, even after collecting separately,” Dr M Maksudur Rahman, professor of geography and environment at DU, told The Daily Star.

There is a third-party service provider in these seven divisional headquarters, except in Barishal, where Proddipan, an NGO, stopped its activities in 2006 after two years of operation.

Of the remaining third-party providers, none has the required infrastructure to deal with medical wastes. According to the providers, the set-up is too costly.

Prism Bangladesh Foundation (PBF) started its operation in Sylhet and Rangpur from the beginning of this month.

“It’s not like that PBF can manage it alone. First, we need waste separated from the hospital. There is a lack of practice among the healthcare professionals for multiple reasons,” Istiak Mahfuz, district coordinator of Prism in Rangpur, told The Daily Star. “When you are serving more than double your capacity, then it is tough for everybody to manage waste properly,” he added.

He also said that medical waste management was costly and technology-oriented, estimating that even the most basic set-up would need more than Tk 2 crore.

The health expert said only 50 hospitals and clinics out of 153 have signed contract with Prism in Sylhet, while the number is 100 out of 210 healthcare facilities in Rangpur.

In Chattogram, Chattogram Seba Sangstha collects waste and dumps those into a separate place of the dumping ground of city corporation at Halishahar.

The organisation has no standard arrangement to sterilise medical wastes. They process wastes through a manual procedure. They serve 60 percent of the total 270 hospitals and clinics in the city.

While visiting, our correspondents observed that separate types of medical wastes are often mixed with other wastes.

Nobo Waste Management Service Ltd handles 41 percent medical wastes of 220 hospitals and clinics in Mymensingh while Proddipan handles 115 healthcare facilities out of 220 in Khulna.

In Rajshahi, there is no third party to treat medical waste. Prism has recently struck an agreement but is yet to start its operations there.

NO ONE KNOWS THE RULES

The current handling of medical waste is in direct violation of the Medical Waste (Management and Processing) Rules 2008, which states “medical wastes could not be mixed with other wastes at any stage -- while producing

inside hospitals, while collecting from hospitals, while transporting, and would be processed separately based on classification”.

Besides, many city corporation officials are not even aware of the rules.

In fact, since the rules were made, not much has been done in this regard, with those concerned calling them flawed, which need to be looked into. All these years, no revision has been done.

Officials concerned say the government doesn’t have a standard infrastructure yet to deal with medical waste, and the waste rules cannot be implemented until the flaws are corrected.

“We have a lot of things to do,” Dr Sattyakam Chakraborty, line director (hospital service management) of the DGHS, told The Daily Star recently.

DoE officials confirmed that they “haven’t been able” to enforce the 2008 rules “for various reasons.”

They also acknowledged that there was no “authority” in any divisional headquarters.

“We haven’t gone outside Dhaka for enforcement of the rules yet. In Dhaka, we only go for enforcement when we receive allegations,” Begum Rubina Ferdoushi, director (monitoring and enforcement) told The Daily Star.

“In fact, it is tough to work on the basis of the current regulation. We [DoE] are working to update it so that it would be viable up to the root level [upazila],” she added.

Ziaul Haque, a director of the DoE and also one of the officers working on updating the medical waste rules, told The Daily Star, “There are numerous contradictions in the 2008 rules. It is not clear where would be the office of the authority or under which organisation (DoE, DGHS or city corporation) the third party would be given a licence.

Besides, a single organisation has to get three types of licences for collecting, transporting and disposing medical waste; it’s not feasible. We would start to amend the rules soon.”

He said every hospital and clinic must obtain two certificates -- the location certificate and the environmental clearance certificate -- from the DoE.

The latter includes a clause, which requires medical facilities to have a contract with their respective city corporation for waste management.

“We just see whether the hospitals and clinics have contracts with respective city corporation or not,” said Ziaul Haque.

Asked who would be held responsible for overseeing medical waste management, Ziaul said, “City corporations are responsible for all types of waste management, while the DoE is responsible for monitoring [the management]. It’s a big question whether they are doing it properly or not.”

Emdadul Hoq, deputy secretary of the LGD ministry, told The Daily Star “The city corporations are responsible. But according to the rules, it should be

managed properly. But in reality, there is no standard waste management system. We are working on it.”

The Daily Star has talked with the high-officials of four city corporations and all of them said there was an absence of proper waste management.

They even said that they were unaware of the 2008 rules or any other specific guidelines regarding hospital waste management.

(The Daily Star will run separate stories on the seven city corporations and their handling of medical wastes.)

Our correspondents from Chattogram, Rajshahi, Barishal, Khulna, Rangpur, Sylhet and Mymensingh contributed to this report.

Number

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transfer. Migration and increasing food security may be other reasons,” said Abdul Bayes, former professor of Economics at Jahangirnagar University.

“The tendency of land selling is very low and people do not sell land unless they are compelled to,” he said.

The census found that the number of farm households in rural areas is gradually increasing. But in terms of percentage, the ratio of farming families is falling.

Besides, the number of rural farm households increased to 1.59 crore in 2019 from 1.43 crore in 2008

“The likely causes behind the gradual decrease in percentage of farm households are rapid urbanisation throughout the country and many people switching to the non-agriculture sector from agriculture,” said the BBS report.

The bureau carried out the census throughout the country from June 9 to June 20 to capture the structure and characteristics of agricultural holdings and to gather data on crops, fishery, and livestock as well as to provide statistics on land use, cultivation and crop diversity.

This is the sixth BBS census on agriculture. It found that the number of farm labour households edged up to 89.74 lakh in 2019 from 88.49 lakh 11 years ago.

The report said the decreasing trend has been observed in all divisions, and that Rangpur and Khulna divisions have the highest percentage of farm labour households, whereas the lowest is in Dhaka and Chattogram, two divisions having industrial and various other non-farm activities.

This is the first time the BBS took into account the number of fisheries households in its census.

It found that 9.96 lakh households are dependent on fisheries for their livelihoods and they account for 2.81 percent of the total dwelling households.

Planning Minister MA Mannan, who was present on the occasion of release of the report, said as these are the preliminary findings, any errors or deficit would be addressed in the final report to be published later.