The Daily Star

FOUNDER EDITOR
LATE S. M. ALI

DHAKA SATURDAY JUNE 27, 2020, *ASHAR 13, 1427 BS*

Slum dwellers stuck in a vicious cycle of debt

Roll out safety net programmes, waiver repayment of loans

A report published in this daily on June 26 paints a bleak picture of the plight of urban slum dwellers who, having lost their regular income since the onset of the pandemic, are now finding themselves deeper and deeper in debt. Some of them already had huge debts from before—Babu Hossain, for instance, had borrowed Tk 60,000 from a bank and another Tk 60,000 from an NGO, after a fire destroyed his mobile phone repair shop at Bou Bazar in the capital's Karail slum. After his shop closed as a result of the nationwide shutdown, he had to take out additional loans at high interest rates from two loan sharks in the slum to pay his family's medical bills. Now, everyone is asking him to pay back their dues—his landlord, bank, NGO and the sharks—and Hossain simply has no way to pay them back.

Slum-dwellers who remained in the capital since the lockdown began have essentially been left to fend for themselves. The amount of relief distributed by the government and NGOs have simply not been enough for the large number of people who live in the slums. Taking advantage of the helplessness of these people, unscrupulous money-lenders are charging exorbitant rates on loans and pushing slum dwellers into a vicious cycle of debt, from which they cannot recover in the foreseeable future. Meanwhile, NGOs and banks have also began to pressurise their clients for repayment of loans since the lockdown has been lifted, which has forced many to reach out to loan sharks to make ends meet.

If the government continues to fail to provide comprehensive safety net programmes for the urban poor, it is inevitable that they would find themselves in such dire situations. NGOs and private initiatives, which are providing relief, are doing so on an ad hoc basis, and as such are leaving out a vast majority of the population in need.

Under the circumstances, we urge the government to roll out safety net measures for the urban poor, monitor the unscrupulous behaviour of exploitative moneylenders and increase the availability and accessibility of low-interest loans to low-income groups. We also call upon NGOs to waiver the repayment of microcredit loans of those living below the poverty line till their economic situation improves and to provide flexible schedules for repayment of new ones.

Daktarkhana offers health services and hope

A source of affordable and efficient primary healthcare

WHEN statistics indicate that 3,000-plus daily cases are becoming the new normal, and our healthcare sector is in a race against time to tackle the waves of patients (Covid-19 positive and otherwise) pouring in from all walks of life, a recent report in this daily tells us of Daktarkhana, an exemplary initiative to set up general physician (GP) centres to treat patients with general ailments. Its purpose is to share the load of patients, and in turn, ease their flow to the already overburdened hospitals and clinics, many of which are in a dire state. We commend the initiative taken by Dr Ratindra Nath Mondal, a medicine specialist who founded Daktarkhana last year, to address this need of the hour. His idea is based on the model adopted in developed countries where residents of a particular area can seek primary medical consultation and treatment at their respective GP centres. If the GPs are unable to diagnose the patient or if the patient requires expert care, only then will the GPs refer them to the designated specialists.

As a result, general patients no longer need to wait in endless queues at hospitals which are now overburdened with critical patients—many of them Covid patients. Instead, they can get treatment, medicine and in-depth counselling from the GP centres at a bare minimum, or for free if they are unable to afford it. Enabling employment, Daktarkhana allows newly-graduated registered doctors to attend a four-day training so that they are prepared to treat all types of general diseases, whether it is related to newborns or adults. Upon completion, they are permitted to open a Daktarkhana branch. Given the acute shortage of trained hospital staff nationwide, such a passage will surely help facilitate basic healthcare for the people during this time of crisis. Furthermore, the GP centres also provide free telemedicine, letting patients use the service from far and wide.

To date, Daktarkhana established 70 branches across the country, trained around 3,250 doctors and aims to set up a branch in every one kilometre area. Based on the success of their initiative, we believe that there is an urgency for similar models to be replicated across all communities. The government can play a significant role here by contributing to Daktarkhana in its timely endeavour, by instructing the relevant bodies to help speed up the process and establishing such centres on its own, especially in remote parts of the country. Needless to say, the condition of our hospitals and clinics are in a precarious state and the way ahead is to immediately implement the expansion plans of these GP centres to provide some relief to patients who can be treated without hospitalisation.

Doctor, doctor, what is wrong with us?

BLOWIN' IN THE WIND

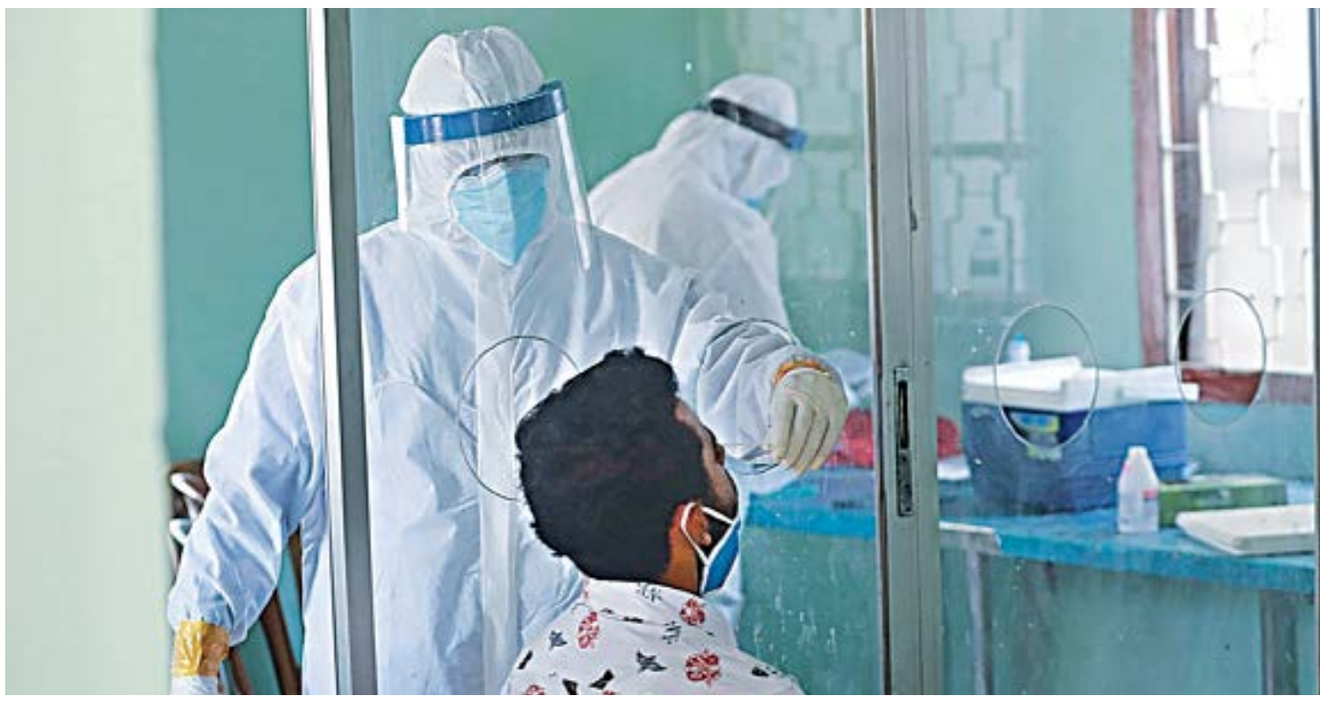
SHAMSAD MORTUZA

THERE was a broken black chair by the window near the gate. On it there was a thin plastic bag containing some mixed up rice, daal, and probably vegetables or curry. These are the types of bags we normally use for bulk distributions in a charity event for the destitute. The bag lied there as a treat for a medical doctor. It was his meal after coming out of a public hospital in Bogra where he served for five straight days at a Corona unit. The safety protocol demanded that he stayed a minimum of five days in a government allotted hotel for a mandatory Covid test before returning to home or work. His wife, who happens to be my former student, posted it on Facebook sharing her pain and disgust at the way her husband's service was being reciprocated by society. Her post was picked up by an online newspaper, and the story had by now become viral.

The question is simple: how do we treat the most meritorious and committed segment of our society? This said doctor, we are told, studied for 14-years to finish his FCPS and MD. He sat for his public service examination BCS and served in remote areas as per his job requirements. All his efforts and contributions are repaid by negligence, indifference and disrespect. The hotelkeeper simply left the food outside treating the doctor as a pariah. The bag of meal is suggestive of our insolent attitudes towards not only an individual health worker but also for the entire profession who are deemed as the frontline warriors in this battle against the pandemic.

You may ask, "with so many doctors being dead due to Coronavirus outbreak why bother focusing on a trivial bag of meal at a time of dire emergency?" You may even add, "what about those inhuman doctors who treat their patients as nothing but money making machines?" Between these two polar extremes, there are some dedicated souls who are trying their best to serve the nation against all odds. They are not in the news because a news becomes a news only when a man bites a dog. You don't get to hear when a doctor heals a patient (unless she or he is a celebrity). You only get to hear about doctors when they are involved in malpractice or die. In recent times, we have been reading about the alarming rate at which doctors have been dying—in most cases they are senior doctors with years of experience. Their loved ones would post on social media about their sacrifices, where you get to see the human faces behind the number that you come across in the news. The contributions of doctors fail to match the sensation of a celebrity who is perhaps dating someone new or reportedly spending too much time on phones with a colleague.

Often we take the service of a doctor for granted. Doctors become news for all the wrong reasons. Take the heinous murder of Dr Rakib in Khulna on June 15 for instance. In a civilised society, you cannot lynch a doctor over the death of a patient. Doctors are not miracle workers or voodoo magicians from the cave paintings or scrolls of a primitive society. If there is any negligence on the part of a doctor, of course the legal system should be involved to probe into any alleged malpractice. To kill a doctor or beat him or her up just because you can, thanks to your party muscle, is cancerous. Unless there is strong signal from the top, this will not stop. Stern actions must be taken to nab the killers of Dr Rakib and to uplift the dented morale of doctors.



A physician, wearing personal protective equipment (PPE), collecting sample at the Fever Clinic in the capital's Shahbagh for coronavirus testing. PHOTO: AMRAN HOSSAIN

Yes, our doctors are falling ill because of the exposure to the novel coronavirus, but they are also sick of being treated as non-humans. A brief scanning of the news available in both mainstream and social media will clarify this.

Everyone is afraid to speak up because they do not know if they are stepping onto the tentacle of a hydra headed monster that is devouring our health system. Apparently there is a "doctor strange" who has become so powerful that he runs a syndicate; some doctor's association has compared this Doctor Who to a mafia don. Yet there is no action against him. Doctors have been thrown in jail for protesting against low standard PPEs. Doctors have been arrested for predicting the severity of the crisis. Imbued with a similar fear, partly because of the "Dr" before my name, I shall simply point out certain published news, facts and figures available in the public domain or issues being investigated by the anti-corruption bureau.

The first scam was reported when a batch of sub-standard masks was supplied to the hospitals claiming them to be N95. The products were over-priced. Many doctors were forced to buy their own personal protective gear. One thing is clear: the government is willing to spend, but the money is being channelled to middle men. And doctors who relied on these counterfeit products not only became vulnerable to infections but also became potential super spreaders.

One particular contractor is now being investigated for siphoning out hundreds of crores of taka through dodgy purchases. The panel of doctors formed to advise the health ministry during this crisis has gone on record saying that their opinions are disregarded or ignored. It seems a group of middle men in cahoots with some powerful government officials are more interested in buying equipment, building structures rather than implementing them. You see news of a convention centre being developed into a field hospital, but you do not see them going into operation. The urgency to spend money is not matched by the sincerity to make those facilities operational. You read about one DG being removed from his duty, and the minister underperforming or refraining from going to his office. There is a complete lack of supervision and coordination. The bureaucracy looms large. You can't get treatment for non-Covid illness without a test report. And it takes two weeks to get such a certificate. As a result, you see patients running from hospital to hospital, dying on the way, lying in front of the hospital looking for a bed. There are not enough beds to accommodate the patients that we have. And when you see *daal-bhat* wrapped in a plastic bag for a doctor, you know that there is something rotten in our health system.

According to a recent report, the country has only 6 doctors, nurses, and midwives for every 10,000 people. All our neighbours fare better in terms of doctor patient ratio: in India the figure stands at 7.77, in Pakistan 9.75, in Sri Lanka 9.5, in Nepal 6.5, in Myanmar 8.6, and in Maldives 22.3. These figures do not reflect our development discourse. And the minimum threshold set by the World Health Organization is 23 per 10,000 population.

At present there are total 110 recognised medical colleges in Bangladesh, 36 of which are public, 68 are private, and 6 are army. These colleges could admit about 11,000 students every year. When you look at the total number of registered doctors, you will understand how difficult it is to become a doctor. There are some 86,800 MBBS doctors, and dentists registered with the Bangladesh Medical and Dental Council. Only 20,000 doctors are employed by the government. The ratio of doctors for every 10,000 people in public hospitals is 1.29. The facts also suggest that many of our doctors are not in our health system. One intelligent guess is that they have migrated abroad.

These facts will tell you under what stress and duress our doctors perform. I think they deserve both our material and mental support. Without a proper support base and incentives, our next generation of doctors will be discouraged from entering the system. I know many doctor cousins and friends who do not want their children or relatives to come to the medical profession. This is symptomatic of a system that itself needs healing.

Shamsad Mortuza is a professor of English at the University of Dhaka (now on leave). Currently, he is Pro-Vice-Chancellor of ULAB.
Email: shamsad71@hotmail.com

Public universities need ICT infrastructure, not more buildings

MAHMUDUL H SUMON

OUR public universities are mostly engaged in building buildings. I mean concrete buildings! Even when a simple structure such as a bus stop is built in our universities, we see structures and designs with an abundance of rod and cement. If you try to remember some of the gates built in recent years in many of our public universities (run by taxpayer's money and yes that includes everyone!) you will get a sense of what I mean. More rod and cement means big-budget, happy contractors, happy everyone!

Lately, I've been saying this to many of my colleagues that our universities are all about how many student halls you have built in a year or in your tenure. And quite bizarrely, every year the diary/calendar published by our universities is always adorned with images of new structures of buildings or newly built memorials. I can't recall any humans in these diary/calendar publications. No images of teachers and students engaging in classroom activities or any other intellectual work, indoors or outdoors.

This is even true for the university websites where there is hardly any representation of students and their voices. If they feature at all, they usually feature in university's official programmes or events (there are the exceptions of course). But generally it's all about a few selected people involved in the ribbon cutting events and various celebrations on other days. Here too in the "dynamic" realms of our websites, monuments, and memorials rule. In the case of my alma mater (which is also my workplace for the last 18-plus years), the images of our campus's natural beauty (although I am not sure if this is the best way to be known to the world) sometimes make some inroads into the pages of our official diary. But generally, new buildings are always a priority. Who decides on these images? Surely the committees responsible for diary/calendar/website publication. But perhaps the more salient question is how did this tradition came into being? In whose imagination did it occurr that new buildings could be a thing that we need to show every time there is an opportunity with a new year?

PHOTO COURTESY: MULTIMEDIA CONTENT AND COMMUNICATION

For years together now, I've been vouching for a different kind of infrastructure. That is a university wide ICT infrastructure that may work as a backbone for many if not all the activities that we may want to do at our universities. These were simple things and nothing new. Our universities need to have a strong university-wide infrastructure, a customised Operating System if you will, which will allow students, teachers and staff to operate from their computers. We see this in many universities of the world. These are generally encrypted systems that provide online access points to many things starting from the library and its various online repositories to virtual classrooms to relevant course based portals to software supports frequently required by students, staff and teachers. Such systems are often designed in a way so that students and faculties can store and retrieve digital content of different topics useful for classroom teaching and students' learning activities. Such systems often can help teachers and staff to do away with a lot of paper work and work from home. The exam office that operates in some of our universities are simply outdated and requires new technological innovations.

This list of what could have been done with such online infrastructure can be long and I will not belabour on that here. What is lacking is any will within the university administration to bring in changes. Had we prioritised such infrastructure, a temporary recourse to online teaching would have been a possibility (the choice of online teaching by our education bosses, however, begs serious pedagogical question but that can be the topic for another discussion). In the absence of such infrastructure, and more importantly given the fact that our students do not have easy and equal access to the internet, now that they are all forced to stay put at their homes, this sudden talk of online-class (as if this is a magical solution to all our problems) sounds very hollow and meaningless. I am sure education bosses are worried. Like them, many of us are no less worried about our students. But you cannot suddenly change when our universities haven't done the homework.

To force something from the top will only produce some superficial effects and give the impression that everything is fine, much like the government's Covid response! But things are not fine in our universities and there are ample signs of that. Our universities are suffering due to an undesirable practice of teacher recruitment. This must go. We need to sort out the issue of student recruitment as well. How can we introduce an admission system that is less hassle for students and parents? We need to introduce a student-welfare centric union. These are some of the issues that we need to tackle immediately. It is high time some form of democratic mechanism is retained in the universities so that we hear a cross-section of students and teachers.

But the question remains, is there any political will for this?

Mahmudul H Sumon is professor of Anthropology at Jahangirnagar University.
Email:sumonmahmud@juniv.edu