

Over 100 crore embezzled!

It's time to blacklist DGHS staffers who are enabling corruption

THE Directorate General of Health Services (DGHS) published a list on July 9 of 14 blacklisted contractors who had misappropriated over Tk 100 crore from various government medical colleges and hospitals. As per the list, one contractor alone—a Topkhana-based medical equipment supplier called Bengal Scientific and Surgical Company—has embezzled Tk 44.9 million from Rangpur Medical College Hospital, Tk 16.6 crore from Satkhira Medical College Hospital in one instance, and a further Tk 60.6 million from Satkhira Medical in conjunction with Messrs Mercantile Trade International and Universal Trade Company. A report published in this daily highlights that a case was filed against this contractor by the Anti-Corruption Commission (ACC) in November and three more cases were filed against it in Rangpur and Satkhira between July and October last year.

It begs the question: why did it take the DGHS over six months to take action against these corrupt contractors when the ACC had submitted detailed investigation reports about their irregularities, and when there were already cases filed against them? One contractor had a case filed against it in 2015. Unfortunately, delayed and inadequate responses to the ACC's recommendations by the health ministry and associated institutions has become the norm—a report published last month highlighted how the ACC's warning about corruption in the purchase of medicines, surgical equipment and other machines had been ignored for 16 months by the relevant authorities.

The ACC has, on multiple occasions, warned about an alleged nexus of contractors and officials from the DGHS and other organisations under the ministry who enable such corruption and misappropriation of money, and provide impunity to embezzlers. We have also demanded on numerous instances that those involved with syndicates be brought to book. It's time the DGHS answers the public about what steps, if any, it has taken to identify the errant staffers within its own organisation.

Blacklisting of corrupt contractors is hardly a permanent solution to what seems to be a systemic problem. Unless those tasked with the responsibility of choosing and monitoring procurement processes are held to account, these 14 blacklisted contractors will simply be replaced with 14 others, and the public will have to continue to pay the price for it.

Promoting communal harmony amidst the pandemic

Volunteers in Mymensingh set up quarantine facility and free oxygen service

AS the pandemic continues to challenge every nook and corner of our healthcare sector, which is struggling to put up with the influx of patients (Covid-19 related and otherwise), we are informed through a recent report in this paper about volunteering organisations and individuals who are stepping up to assist patients in Mymensingh. A Phulpur-based volunteering organisation took the initiative to run a 20-bed isolation centre, as well as set up three more in surrounding areas, and is now ready to start a free oxygen service, with aid from donors, for critical Covid-19 patients in the district. Upon the doctors' recommendation, the volunteers take the cylinders to the referred hospital to provide oxygen support to the patients.

Apart from setting up the isolation centres, the organisation—with support from 100 volunteers who work by rotation—further provides necessary food and medicine for patients who cannot afford the treatment, with contributions from its own administration. The foundation has extended its services to other centres across Mymensingh too and aims to set-up a total of 500 isolation beds in the near future. Doctors from Phulpur Upazila Health Complex are assigned to maintain contact with the isolation centres round the clock to ensure uninterrupted medical support.

We praise the humanitarian spirit and the timely initiative taken by the volunteers in Mymensingh. At a time when the number of people being infected is on the rise and deprived patients are finding it harder to bear the cost of battling Covid-19 and avail the necessary treatment, the above case sets a perfect example that our fight against the pandemic is a collaborative one. We also urge the donor organisations and the health ministry to extend their support to such initiatives. If it can be successfully replicated across other districts, it will go a long way to help ease the burden on our healthcare sector and enable treatment for those who need it the most.

LETTERS TO THE EDITOR

letters@thedailystar.net

Caring for ASD children

In Bangladesh, a large number of people are suffering from autism spectrum disorders (ASD), especially children, who need regular supervision. But due to lockdown, the institutions that look after such children are closed and their services have been postponed. During the ongoing pandemic, those with ASD are at high risk as they can't express themselves the way they are used to. The lack of specialised care further hampers their well-being. Although some organisations have started online services, many don't have access to proper internet connection and computers. Therefore, parents are the only hope for children with ASD. Creating awareness and demonstrating proper caring techniques via mass media can go a long way to cope with this situation. Specialised programmes for autistic children can also be conducted via television.

Fawzia Khanum Ahona, Rajbari



MUSHTAQUE CHOWDHURY

IN 1989, the United Nations decided to observe July 11 as World Population Day every year in the wake of the world population reaching five billion. The purpose was to bring attention to the "health, development and environmental impacts of rapid population growth". The world population has now risen to 7.8 billion, and in my own lifetime, it has more than trebled.

In the newly independent Bangladesh, "population explosion" was a huge worry. We have come a long way since then and it is no longer considered the nation's top problem. Thanks to the sustained attention and efforts of different stakeholders, Bangladesh is now a success story. In 1971, Bangladesh's total fertility rate (TFR), defined as the number of live births given by a woman at the end of her reproductive period, was over 6. It has now been reduced to 2.3, which is very close to what the demographers call the "replacement level". Similarly, in terms of other related parameters of population health, Bangladesh's progress over the past few decades has been exemplary. Maternal mortality ratio (MMR), defined as the number of women dying due to pregnancy and delivery-related complications per 100,000 live births, has been reduced from over 700 to less than 200 during the same period.

In 1975, I along with a group of fresh university graduates joined the Bangladesh Fertility Survey (BFS), one of the first population surveys done in the country. This took us to many nooks and corners of the country. BFS was a part of the worldwide fertility surveys carried out under the World Fertility Survey. When the results were published a year later, Bangladesh had one of the lowest rates of contraceptive prevalence (CPR)—only about eight percent of eligible couples were using some form of contraceptives. Family planning was a taboo and nobody wanted to talk about it openly. Our female colleagues in BFS had a really tough time to communicate this subject with village women.

Now, family planning is hardly a taboo—women freely talk about it even in front of menfolk. This is a revolution, particularly in the context of a conservative Muslim society. Soon after the BFS was over, I joined BRAC and was fortunate to spend extended periods of time in remote rural areas. It was pleasantly surprising to see how the organisation was promoting the concept of a small family being the norm. A

study done in Sulla, a remote upazila of Sunamganj district, in collaboration with Cholera Research Laboratory (now Icdrr) and Bangladesh Institute of Development Studies (BIDS), found the CPR to be 20 percent, the highest for that time in the country. The Bangladesh contraceptive revolution is owed to many—the government, NGOs, private sector, and development partners.

Unfortunately, the progress has now stalled. The TFR has remained the same for the past decade or more, and so has the CPR. The MMR and other health-related indicators have also stalled since 2010. This means we are perhaps not on track for the different targets of the Sustainable Development Goals (SDG).

Covid-19 threatens not only the continued progress but the sustenance of the gains we have made over the past several decades. Experts are

concerned about the collateral effects of the pandemic on non-Covid health services. Vaccination coverage, maternity services including institutional delivery, contraceptive uptake and other services have marked a downward trend. This is because of both demand and supply factors. Potential users are apprehensive of contracting coronavirus when they visit a health centre. In the supply front, there is a drop in service provision due to diverted attention and resource flows to Covid-19 response and the presence of perennials governance issues including absenteeism.

The theme for this year's World Population Day is "the sexual and reproductive health needs and vulnerabilities of women and girls during the pandemic". A recent UNFPA study estimates that if the lockdown continued for six months and there is major disruption to health services, both of which seem to be true in Bangladesh, then 47 million women



PHOTO: COLLECTED

concern over rising child marriage in their localities. Helplessness of parents in the midst of the pandemic, social pressures, economic reasons and school closures are responsible for this sad state of affair.

As a nation with so much of optimism and hope, we have to face these eventualities. Bangladesh is not unique in this situation. Such effects are being reported for many countries. In the United States, for example, a new "baby-boom" is being speculated by the end of 2020. To combat such a situation, agencies are initiating innovative solutions. PSI, an NGO, has initiated a new movement, "Flatten the boom", to inform potential boomers of the availability of alternative family planning services in their localities.

There are two immediate issues for us—containing Covid-19 and putting ourselves back on track for the SDGs. The government has adopted several measures in combating the pandemic. There is evidence that it has achieved

some early positive results. Containing it fully, however, will require more decisive measures. A lot of these latter measures has been discussed in the columns of this newspaper and other fora. What is most needed is a transparent, coordinated and science-based strategy that engages the whole of society and makes use of the assets we already have, such as community health workers. We need to go back to Bangabandhu's March 7 clarion call and empower and prepare every household for this protracted war.

It is clear that we are not on track to achieve the related targets of the Sustainable Development Goals. We have already faltered on the maternal mortality and fertility targets. The latest 2017 survey documented an MMR of 196 but, according to SDG targets, we are supposed to reach a ratio of 70 by 2030. Given the recent track record and the current Covid-19 onslaught, it is unlikely that we will achieve the SDG target unless some drastic and bold steps are taken. The progress we made until about 2010 was possible by making good use of some of the "low hanging fruits" such as easy availability of contraceptives, building new health centres, increasing vaccination coverage and acting on the social determinants of health including primary education, poverty alleviation, women's empowerment, and creating space for NGO and private sectors. Moving from here for a quantum leap forward will require utmost political commitment and imaginative solutions.

This will require greater focus on the "higher hanging fruits". It is imperative that the government move from a "business as usual" to a drastic reform of the health system that will involve but not be limited to setting up of a high-powered permanent national commission on health reforms; increasing investments for health; improving accountability, governance, transparency and management; streamlining data systems; strengthening primary health care; and engaging the whole of society. These, if done well, should lead to much-promised universal health coverage where every citizen will have access to quality healthcare without suffering financial hardships.

Covid-19 has shown how various countries have faced the crisis differently with varying results. One conclusion that has gone viral on social media is that the countries that have women at the helm have done exceedingly better than others. The countries in this list are Denmark, Finland, Germany, New Zealand, Iceland, Norway and Taiwan. We can definitely hope to be in this league! Can't we?

Dr Mushtaque Chowdhury is the former Vice Chair of BRAC, Professor of Population & Family Health at Columbia University, and Convener of Bangladesh Health Watch.

Should education be quarantined too?

IPSHTA BONHI UPOMA

THE earth stands still. Time has paused. The bustling streets of yesterday are empty today. Schools and universities which were once filled with joyful youth are now silent. The race that stomped around the ends of the earth, have today been sent home by an enemy smaller than a microbe. Covid-19.

Yet, humans are not to be defeated so easily. Even hidden behind walls, humanity keeps moving forward. Homes have turned into schools, colleges and offices. Meetings, classes, summer schools, online courses and seminars continue at full speed from home.

Universities across the globe have shifted online to ensure undeterred continuation of education. Two Bangladeshi students I know who are studying at the University of Cambridge are continuing their studies from here in Bangladesh. The authorities at the University of Cambridge are evaluating their progress online. Another MIT student attested to similar policies being taken there.

However, keeping the mental wellbeing of the students in mind, the academic authorities have changed the grading system to a Pass/No Record policy. Due to the No Record Policy, students with poor results will have their records removed. Their CGPA will therefore not fall due to a poor grade and they will be allowed to repeat a course if necessary.

The European Girls Mathematical Olympiad 2020 was supposed to be held in the Netherlands this year. It also had to be conducted virtually due to the Covid-19 pandemic. Many large scale olympiads like the Bangladesh Mathematical Olympiad are being arranged online. A group of young students, including some past contestants of the Bangladesh team in the International Mathematical Olympiad, have initiated a Special Online Math Camp for other math enthusiasts across Bangladesh. It is fascinating to see young college students teaming up to initiate, manage and conduct online classes on higher level mathematics for around 50 school and college going students. That too is being done with little or almost no

institutional supervision.

In April, some physics students from different public and private universities, including the University of Dhaka and Brac University, initiated and arranged a month-long workshop called Online Physics Camp. The camp was successful, not only in terms of focusing on cutting-edge research topics and inspiring physicists in Bangladesh, but also in building a bridge between these students and leading institutes like Max Planck Institute and the Institute of Advanced Studies at Princeton University.

Several platforms are being used to conduct the online classes. Zoom and Google Meet are the two most

applications, one needs a medium quality graphics tablet that supports a pen. Google Classroom, Piazza and Moodle are different tools being used for online learning. Elementary quizzes can be taken on Google Classroom, discussions on homework can take place on Piazza and Moodle is being used for document storage. Students need only an internet connected computer or smartphone to participate in the classes.

Many students around the world have been using the edX and Coursera platforms to take courses online. Now, almost a hundred universities are connected to edX and around 20 million learners are participating in

While looking for solutions to deal with this crisis, we are slowly realising the grave mistake of neglecting research, education and knowledge. The irony is that this late but significant realisation hit us only after educational institutes closed. In this situation, there is no better or easier alternative than an online system to continue education. However, many students do not have good internet access.

online streaming solutions used to conduct live classes. Google Meet has made its premium features available for free until September 2020 to support educational and business organisations continue their activities smoothly.

Zoom allows us to conduct meetings or classes consisting of 40 participants for 40 minutes for free. Both Zoom and Google Meet allow screen sharing. Teachers can conduct classes not only by using slide presentations, they can also use the whiteboard features of these applications. A simple computer connected to the internet is enough to conduct a class presentation. However, to use the whiteboard facility of these

online courses using this platform. By subscribing to these online tools and platforms, educational institutes will not only be able to continue their activities online but will also be able to elevate their existing systems to a global standard.

While looking for solutions to deal with this crisis, we are slowly realising the grave mistake of neglecting research, education and knowledge. The irony is that this late but significant realisation hit us only after educational institutes closed. In this situation, there is no better or easier alternative than an online system to continue education. However, many students do not have good internet

Ipshta Bonhi Upoma is a lecturer at Brac University, and academic coordinator at the Bangladesh Mathematical Olympiad. The article reflects the views of the author and not Brac University.