

Dhaka was made the capital of Bengal in 1610 by Islam Khan Chishai and was called Jahangirnagar till 1704, when subahdar's residence was transferred to Patna. For better administration in the eastern part, Murshid Quli Khan (subahdar from 1716 to 1727) established a naib-nazim (deputyship) and appointed a naib-nazim for its administration. The post of naib-nazim was continued even after the establishment of English rule.

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A hospital longs for patients

MUZANUR KHAN

The seven-storey Infectious Diseases Hospital (IDH) in Mohakhali has turned into a virtual abandoned building, as about 80 of its 100 beds have remained empty for years.

"This is the lone hospital in Bangladesh where beds are available for patients round the clock. It has also medicine in store all the time," a senior IDH doctor said, asking not to be named.

According to an office assistant, only two to three patients are admitted to the 100-bed hospital a day, while the hospital is overstuffed with doctors and nurses.

As many as 1,118 patients were admitted to the IDH last year, while 499 inpatients were treated until June this year, according to the hospital record.

The hospital, set up on 35 acres, has 20 doctors and 74 nurses. "If we consider the patient-doctor ratio, it is a unique hospital. There are 23 patients today that means we provide one doctor and three nurses for one patient," said an on-duty doctor, who declined to be named.

Hospital sources said about 10 nurses now work in other hospitals on deputation but receive salary from the IDH.

"As most nurses don't need to work, they spend time chatting in their rooms," said Amina



The Infectious Disease Hospital in Mohakhali. Our photographer was barred from taking snaps inside the hospital yesterday.

Begum, an attendant to a patient on the fourth floor.

The sources said the government has neglected the IDH since its launch in 1972 as a specialised hospital for treating tetanus, measles, diphtheria, viral hepatitis, chicken pox and hydrocephalus and providing limited care for HIV-infected people.

"Because of a tremendous success of the Extended Immunisation Programme across the country, the number of infectious disease patients has decreased over the years -- the reason a few patients come here now," said Dr Golam Mohammad Quraishi, a consultant who is now in charge of the hospital.

"We treat many outpatients and about 90 percent of them come here to take primary treatment for animal bites," he added.

About 100 outpatients visit the IDH a day, although it has no outpatient department: outpatients are treated at the emergency department. As many as 33,457 outpatients received treatment from the hospital last year, while 14,801 were given treatment until June this year.

Although the hospital is overstuffed with doctors and nurses, it could not launch its Intensive Care Unit (ICU) and Radiography and Imaging Department (RID) in a full-fledged fashion as no specialists and technicians were appointed to that end.

Modern, costly equipment is lying on the floor. Office assistants are running the RID carrying out X-ray and other tests," a hospital official said.

Dr Quraishi who carries out the work of senior consultant, a

has registration. "We have written to the health ministry to include our ambulances in the table of programmes and equipment for the last three years, but nothing happened," Dr Quraishi said.

Nurses in the hospital work at risk, as the authorities do not provide enough masks to protect infectious micro-organisms. "We can be attacked by the deadly viruses anytime but we receive only Tk 250 a month in risk allowance," a nurse said.

The IDH has an AIDS unit on the top floor with five beds that have become a virtual home for the staff. A staffer has been living there with his family for a year, cooking food, washing and drying clothes.

Contacted, the office assistant said: "We have asked him to leave the unit six months ago, but he did not listen to us."

Dr Motiur Rahman, a senior doctor and former consultant, said: "This is not a full-fledged hospital. If we can turn it into an infectious diseases institute that will help."

Much of the IDH area has ended up in the hands of local gangsters: slum dwellers use water, electricity and gas through illegal connections with the hospital.

"We made efforts to evict slum dwellers but could not continue because of a High Court stay order," an IDH official said.

Only two to three patients are admitted to the 100-bed Infectious Disease Hospital (IDH) overstuffed with doctors and nurses

CLAMPDOWN AN EYEWASH

Illegal rickshaw factories thrive in guise of repair workshops

SULTANA RAHMAN

When Dhaka City Corporation (DCC) is clamping down on illegal rickshaws, scores of illegal rickshaw factories, mostly in guise of repair workshops, are churning out hordes of the three-wheelers.

The DCC stopped issuing new licences to rickshaws since 1995, but these factories produce hundreds of rickshaws a month, adding to the traffic woes of the capital.

JN Shaha Lane of Shahid Nagar in Old Dhaka is one of the places where such factories thrive with at least 13 rickshaw factories in operation. Rustom Ali's Garage is just one that produces nearly 15 to 20 rickshaws a month.

"We not only make new rickshaws, we sell 'reconditioned' ones too. We buy them at low prices from users, repair and sell them," Rustom Ali said, adding

that he rents 34 rickshaws every day.

He said the rainy season is the peak time for rickshaw business as the poor arrive in the capital from villages in search of jobs.

Similar factories can be noticed at other places especially in Mohammadpur (around Geneva Camp), Mirpur, Argaoon, Narinda, Laxibazar and Khilgaon.

The DCC has issued licences to 79,616 rickshaws, but as many as 400,000 ply illegally. Mayor Sadeque Hossain Khoka recently admitted that the hordes of illegal rickshaws are the prime reason for traffic congestion in the metropolis.

Aiming to reduce traffic congestion, 10,484 illegal rickshaws have been impounded by Dhaka Metropolitan Police (DMP) and the DCC since September 2003, most of which have been shipped out to different districts and rural

areas.

"But as new rickshaws hit the streets every day, it is hard to reduce illegal three-wheelers," a DMP police official said. He said police have not received direction to evict the rickshaw factories.

The rickshaw factories can work freely as neither the DCC nor the transport department thinks it is their responsibility to clamp down on rickshaw factories.

Rickshaw factories are not our area of concern as we do not issue trade licences to them. The transport department is the responsible authority," said an official of the DCC's trade license division.

Following the survey, at least 25 factories were closed down in Mohammadpur area. But the factory owners went on a movement on grounds that they need the workshops to repair the existing rickshaws.

The drive stopped after an understanding between the owners and the DMP that these factories would be used as repair workshops. However, the workshops have now turned out to be factories for churning out illegal rickshaws.

licences, but we no longer issue such certificates to rickshaw factories. We do not monitor such factories," a senior official of the DCC's trade license department said.

Sources in the DCC said, at least 189 illegal rickshaw factories were identified in a survey in 2000 when the DCC and the traffic division of the DMP went on a drive against such factories.

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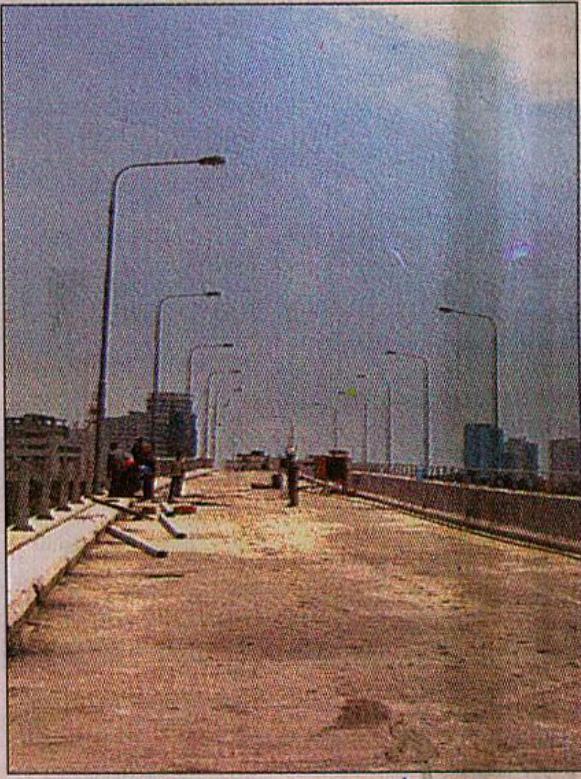
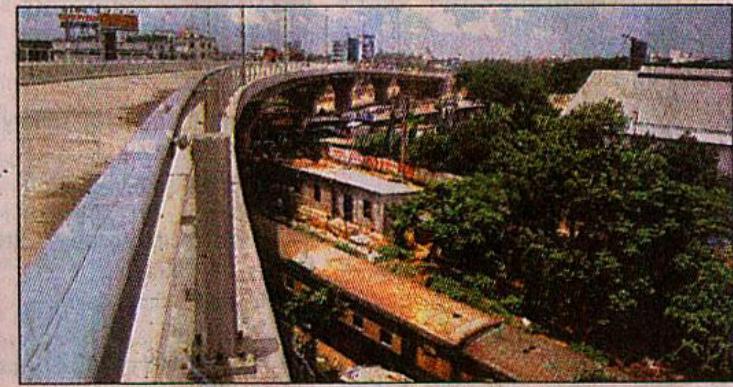
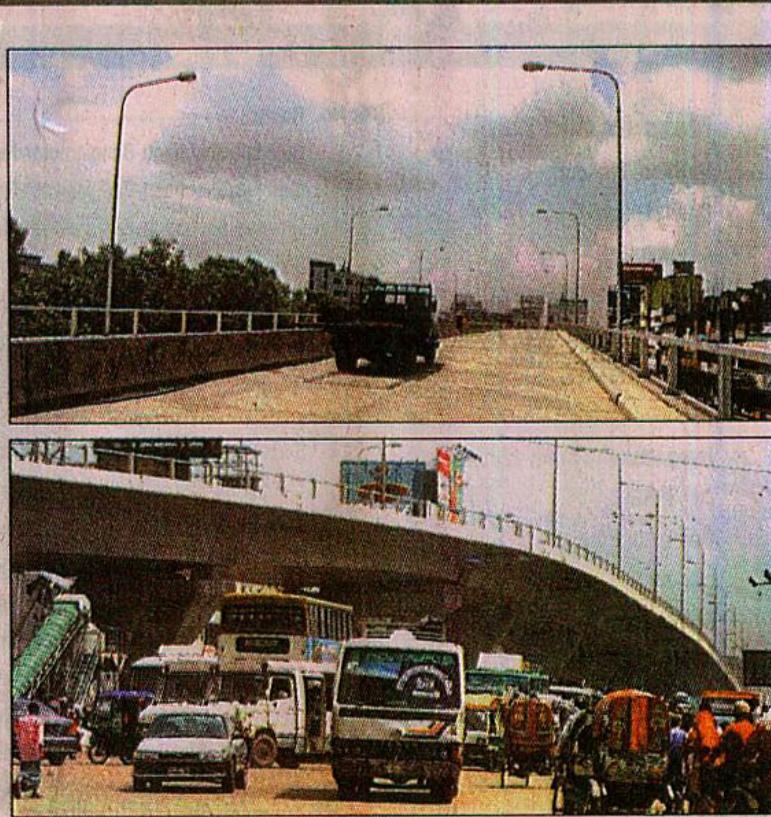
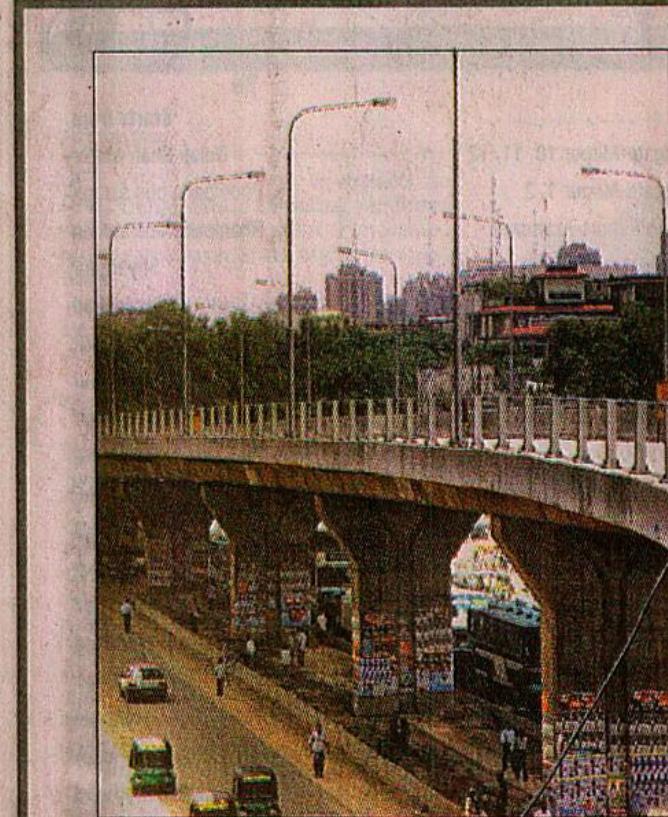
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A rickshaw factory at JN Shaha Lane in Old Dhaka.

WAITING FOR OCTOBER

The Mohakhali flyover is expected to open to traffic in the first week of October. Over 95 percent work has been completed and the final touches are being given to the flyover which missed several deadlines.



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