



Patients and their attendants on the hallway floor of a hospital in Bagerhat as a sudden inflow of diarrhoea patients caused overcrowding at the medical facilities.

PHOTO: STAR

# Bagerhat hospitals teeming with diarrhoea patients

OUR CORRESPONDENT, Bagerhat

The number of diarrhoea patients has been rising alarmingly in Bagerhat.

Medical staff at different hospitals of the district have been grappling with the sudden influx as they provided treatment to more than 600 diarrhoea patients in the past week alone, while 200 of the patients still remain hospitalised.

Dr KM Humayun Kabir, civil surgeon of Bagerhat, said the incidence of waterborne diseases has increased due to drinking of contaminated water.

Drying up of freshwater ponds in extreme heat amid a drought-like situation might have worsened the situation, he added.

Meanwhile, patients and their attendants alleged that the hospitals are providing only one set of saline and two tablets to each patient and everything else has to be purchased by the patient.

Acknowledging a shortage in the stock of saline, many hospital authorities said that a sudden increase in the number of patients caused the shortage.

They were providing free medications to the patients according to availability, they also said.

Mehedi (not his real name) was admitted to

**Bagerhat Civil Surgeon Dr KM Humayun Kabir said the incidence of waterborne diseases has increased due to drinking of contaminated water.**

the Diarrhoea Ward of Bagerhat Sadar Hospital with complaints of vomiting and dysentery.

"I've been in the hospital for the last three days. Here, all the medicines except for a saline and a couple of tablets need to be bought from outside. I bought about Tk 3 thousand worth of medicines so far. The overall atmosphere inside is not so good either. Poor patients are having a hard time buying medicines from outside," he said.

A female diarrhoea patient was admitted to the same hospital on Wednesday from Ghazalia in Kachua upazila.

She was also provided only one saline and five more saline sets had to be bought by her relatives from outside.

"We are poor people. It was really difficult for me to buy the saline," she said.

Asked, the hospital's Resident Medical Officer Mirajul Karim said inadequate supply against a large number of patients is causing the situation.

"Around 20 to 25 patients are being admitted every day against only four beds in the ward of our hospital. We are also struggling to serve the patients. In last one week, I provided medical services to more than two hundred women, men and children. Many of the patients are still admitted here."

Drinking unsafe water might be one of the reasons that helped spread diarrhoea in the region, he also said.

Civil Surgeon Dr KM Humayun said water in most parts of Bagerhat, a coastal district, already has high salinity and the number of diarrhoea patients has been rising after freshwater ponds started drying up due to an ongoing drought.

The situation might improve after the monsoon replenishes the sources of freshwater, he hoped.

Regarding the scarcity of saline at hospitals in the district, he said, "We informed our higher authorities in Dhaka so more saline and medicines are sent urgently."

# Russia, China can be new sources

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The DG said they have sought documents from the authorities of Sinopharm and Sputnik V and once those documents are available, those will be approved for emergency usage authorisation in the country, after considering their efficacy and safety standards.

When asked about the price of those vaccines, the DG said, "Price is negotiable and will be fixed on a government-to-government basis."

Mahbub also said Bangladesh is planning for purchase and local co-production of both vaccines.

In early 2020, the Beijing Institute of Biological Products created an inactivated coronavirus vaccine called BBIBP-CoV. China, UAE, Bahrain, Egypt, Pakistan and some other countries across the world are currently using it.

The World Health Organization is yet to give the approval for the vaccine. But the WHO advisory panel said Sinopharm has presented data on their Covid-19 vaccines indicating levels of efficacy.

Russia approved the Sputnik V vaccine for domestic use in August last year.

India recently approved the use of Sputnik V as the country faces shortages of jabs amid an intensifying second wave of the deadly Covid-19 virus.

Even as efforts are underway to secure alternative sources, the challenge of the hour is securing enough doses for people waiting for their second jabs.

There are around 35 lakh people who are yet to get their second jab of Oxford-AstraZeneca vaccine, which is produced by Serum. But the government has 21 lakh doses in hand.

The otherwise smooth inoculation campaign suffered a blow after the Indian government on Saturday said export of AstraZeneca vaccine would remain suspended due to dearth of raw materials and to accommodate local demand.

The decision left the Bangladesh government with no option but to suspended administering the first shot from Sunday.

Health officials said the vaccines in hand will run out within two weeks. If more AstraZeneca doses are not secured by then, the second-dose campaign will also be hampered, feared health officials.

"We are communicating with China, Russia, USA and even on a private level. Local companies are also giving us offers. But still, everything is at the communication stage. We are trying to materialise the discussions quickly," Health Minister Zahid Maleque told The Daily Star yesterday.

Asked whether the campaign of the second dose of AstraZeneca vaccination would be hampered, he said they would continue the second dose till the last available jab.

Experts said depending on a single source was a suicidal decision by the government

-- its officials failed to anticipate the crisis.

Dr Be-Nazir Ahmed, a former director (disease control) at the Directorate General of Health Services, said, "We have advised the government to administer the same vaccine in the second dose, as the issue of injecting two different vaccine is yet to receive scientific backing."

Although the government started the mass inoculation programme successfully with a large number of vaccines in hand, the problems started when Serum failed to fulfil the conditions of the agreement.

As per the agreement, Bangladesh was supposed to get three crore doses of vaccine which would arrive in the country in six monthly instalments. SII delivered the first consignment of 50 lakh doses properly but in the second consignment it gave only 20 lakh doses and has since not provided Bangladesh any doses.

Amid such a situation the government has been in talks with vaccine suppliers in Russia (Sputnik V) and China (Sinopharm). "Our discussion is going on. Everything is positive till now. But until anything is finalised we cannot say anything," the health minister said.

Russia has already offered Bangladesh sale of around 2.5 crore doses of Sputnik V by December this year in phases or assistance in producing the shots locally.

The Russian government also offered to export a further 3.5 crore doses in phases by April next year.

Apart from this, Sinopharm has already given six lakh doses of vaccine to Bangladesh free of cost. The organisation also said they are capable of supplying around 15 lakh doses per week, said health officials.

Md Sayedur Rahman, chairman of pharmacology department at BSMMU, said in Bangladesh the existing gap between the first dose and second dose is eight weeks "although Oxford researchers demonstrated that 12 weeks' gap between the doses provides maximum protection. Accordingly, the UK government is continuing their vaccination programme with 12 weeks' interval [between doses]. Even Canada is giving [the second dose] after 16 weeks [of administering the first dose]. So, the Bangladesh government has eight additional weeks in hand to manage the vaccine," he said.

Professor Sayedur also drew attention of the policymakers to the surplus Oxford vaccine in the US and Australia as well as the possibility of formulating an agreement with the newly approved vaccine plant in Thailand. The government may intensify diplomatic activities to procure doses from these sources within the additional eight weeks, he said.

"During this pandemic, despite inadequate research evidence, some countries are using two different vaccines. Against this backdrop, the government may go ahead with this option as well," he added.

# Save lives now, livelihood can wait

FROM PAGE 1

livelihood would be destroyed and the poverty rate would further rise," he told The Daily Star.

He suggested enforcing a "hard lockdown" for three months at a stretch to control the virus transmission, and expanding the government's food, cash assistance and other social protections so that the people who would be affected by the preventive measure could survive.

"Now we are seeing a death toll of around 100 people a day. If it reaches 1,000 per day, it would create a huge social unrest and the cost of [dealing with] that would be much higher than the cost of a three-month lockdown," the noted economist said.

"We need to sacrifice livelihood in order to save lives," he said, adding, "We have to spend an additional amount in this regard. If we can contain the transmission and provide food assistance to the affected people, it will have an economic return in the long run."

The BIDS report was a background paper commissioned by the General Economics Division, Planning Commission and prepared for the 8th Five Year Plan.

According to the report, the poverty rate was 20.3 percent in the first quarter of 2020. Because of Covid-19 pandemic, it increased to 25.13 percent at the end of the year.

**NEW POOR**

The research report estimated the new poor considering five different scenarios amid a "hard lockdown".

The first scenario was considered

as zero income for labouring class in urban areas, but rural income remained unaffected and as a result of that 93.60 lakh people may be pushed into poverty due to the inevitable lockdown effect owing to Covid-19 -- an additional 5.2 percentage point increase in the headcount index of poverty.

In the second scenario, if there is an 80 percent drop in income for the labouring class in urban areas and a five percent drop in income for labouring class in rural areas, 1.28 crore people might be added as new poor and the index of poverty will witness a 7.1 percentage point increase.

The third scenario will occur if there is an 80 percent drop in income for labouring class in urban areas and 10 percent drop in income for labouring class in rural areas. It might make 1.64 crores new poor and the index of poverty will witness a 9.1 percentage point rise.

For poverty projection purposes under the Covid-19 shock, researchers had picked the third scenario as the one likely to occur because it realistically portrays the possible impact of shocks on consumption/ income.

According to the fourth scenario, if there is an 80 percent drop in income for labouring class in urban areas and a 20 percent drop in income for labouring class in rural areas, this may add 2.53 crore people new poor and a 14.1 percentage point increase in the headcount index of poverty.

In the fifth scenario, it considered that in the case of a 70 percent drop in income for labouring class in urban areas and 30 drops in income for

labouring class in rural areas, it will make 3.54 crores people new poor and the index of poverty will witness 19.7 percentage point increase.

Binayak said that among the new poor, majority of them are "transient poor", who are pushed into poverty shortly after sudden shocks, and these groups have some kind capacity to be able to graduate from poverty.

But some of the new poor do not have the resilience and capacity to be able to come out of the poverty line, he said, adding people who have no capacity to graduate from poverty are the real new poor.

This group usually needs assistance, he said.

**REVERSE PROGRESS**

The report said that the Covid-19 crisis threatens to destroy the gains of years of efforts and initiatives in the areas of poverty reduction.

Bangladesh would have achieved the SDG target of zero poverty by 2031 under a seven percent average growth scenario had there been no Covid-19. Even a six percent average growth rate of GDP would have taken the country closer to achieving the target.

It will take almost nine years to reach the poverty level of 2019 and almost five years to reach the poverty level of 2016 under a more realistic six percent average growth scenario in the next two Five-Year Plans, said the study.

"This is a huge economic shock and it is unique in Bangladesh's history. None of the natural shocks that have visited the country before had such a dire consequence for poverty," it added.

## Government of the People's Republic of Bangladesh. Bangladesh Marine Academy, Pabna.

### INVITATION FOR TENDER

01. Ministry/Division	Ministry of Shipping
02. Agency	Bangladesh Marine Academy, Pabna
03. Procuring Entity Name	Commandant, Bangladesh Marine Academy, Pabna
04. Procuring Entity Code	-
05. Procuring Entity District	Pabna
06. Invitation For	Supply of Boson Store Goods -Lot:1 Supply of cookeries and cutleries for cadet mess-Lot:2 Supply of sports and misc items-Lot:3 Supply of stationer items for cadet and office-Lot:4 Supply of materials for demonstration hall (For practical classes of cadet) -Lot: 5
Invitation Ref. No.	18.25.7616.001.07.001.2020-21
08. Date	28.04-2021
09. Procurement Method	National Open Tendering Method (OTM)
10. Budget & Source of Fund	GOB
11. Development Partner(if applicable)	N/A
12. Project/ Programme Code	N/A
13. Project/ Programme Name	N/A
14. Tender Package No.	Package No-OTM- 01/2020-21
15. Tender Package Name	As mentioned at Serial No. 6 and in the Tender Schedule.
16. Tender Publication Date	On 28-04-2021 or before.
17. Tender Last Selling Date	17-05-2021 (During office hour).
18. Tender Closing date and time	18.05.2021 on 12.00 Noon.
19. Tender Opening date and time	18-05-2021 on or after 12.30 pm.
20. Name and Address of the office for Selling tender documents	1. Office of the Accounts Officer, Bangladesh Marine Academy, Pabna. Bera, Pabna mob: 01866222159 2. Office of the executive engineer PWD, Pabna mob:01966946033
21. Name and Address of the office for Opening & receiving tender documents	Chairman, Tender Opening committee Bangladesh Marine Academy, Pabna. Bera, Pabna.
22. Place/Date/Time of pre-tender Meeting	Conference Room, Bangladesh Marine Academy, Pabna. Date: 05-05-2021 Time- 10.30 A.M.
23. Eligibility of tendered	All eligible persons/Contractors/ Firms who have fulfilled the qualification criteria stipulated in the tender data sheet and other conditions of the tender documents with experience.
24. Brief Description of goods or works	As mentioned at Serial No. 6 and in the Tender Schedule.
25. Brief Description of Related Services	As mentioned at Serial No. 6 and in the Tender Schedule.
26. Tender Document Price	Taka 2000.00 (Two Thousand) Non-refundable DD/PO in favour of the Commandant (Drawable Sonali Bank, Karanja bazar Branch) Bera, Pabna is to be submitted.
27. Lot	Identifications of Lot Location Tender Security (DD/PO, Re-fundable) Completion Time in days/months
Lot-1	Supply of Boson Stores Goods. Bangladesh Marine Academy, Pabna. TK. 20,000.00 30 Days
Lot-2	Supply of cookeries and cutleries for cadet mess. -Do- TK. 25,000.00 30 Days
Lot-3	Supply of sports and misc items for cadets. -Do- TK. 10,000.00 30 Days
Lot-4	Supply of stationer items for cadet and office. -Do- TK. 10,000.00 30 Days
Lot-5	Supply of demo/workshop items -Do- TK 10,000.00 30 Days
28. Name of official Inviting Tender	Capt. Md Taufiqul Islam.
29. Designation of official Inviting Tender	Commandant.
30. Address of official Inviting Tender	Bangladesh Marine Academy, Pabna.
31. Contact details of official Inviting Tender	Commandant Bangladesh Marine Academy, Pabna. Bera, Pabna Ph-01748538239, e-mail-taufiqulislam1095@gmail.com
32. The procuring entity reserves the right to accept or reject any or all tenders without assigning any reason whatsoever.	

Sd/-  
Officer In-charge Store  
Bangladesh Marine Academy, Pabna.

GD-827

**গণপ্রজাতন্ত্রী বাংলাদেশ সরকার**  
**পরিচালকের কার্যালয়**  
**রংপুর মেডিকেল কলেজ হাসপাতাল**

ফোন : ০৫২১-৬৩৬৩০, ফ্যাক্স : ০৫২১৬১৬০০, email: rangmch@hospi.dghs.gov.bd

স্মারক নং- রমেকহা/রং/প্রশাঃ/এমএসআর/টেকার/২০২০-২১/ ২০১২ তারিখ : ২৬ / ০৪ / ২০২১ইং।

।। দরপত্র সংশোধনী বিজ্ঞপ্তি ।।

রংপুর মেডিকেল কলেজ হাসপাতালের স্মারক নং- রমেকহা/রং/প্রশাঃ/এমএসআর/টেকার/২০২০-২১/৯৮২, তারিখ : ০১/০৩/২০২১ ইং মোতাবেক ২০২০-২১ অর্থবছরের জন্য প্রাপ্তিক্রমিক মেডিকেল এন্ড সার্জিক্যাল রিকুইজিটস (এম.এস.আর) সামগ্রী (হিউম্যানিটি বহির্ভূত ঔষধ, সার্জিক্যাল যন্ত্রপাতি, কেমিক্যাল ও রি-এজেন্ট, গজ-ব্যাভেজ-তুলা, লিলেন সামগ্রী, আসবাবপত্র) ক্রয়/সংগ্রহের নিমিত্তে যে দরপত্র আহ্বান করা হইয়াছে, বর্তমান দেশের লক-ডাউন পরিস্থিতি বিবেচনায় রেখে উহার দরপত্র দলিল বিক্রয়ের শেষ তারিখ এবং দরপত্র জমা দেওয়ার তারিখ নিম্নরূপ ভাবে বর্ধিত করা হইল।

বিষয়	পূর্ব নির্ধারিত তারিখ	সংশোধিত তারিখ
দরপত্র দলিল বিক্রয়ের শেষ তারিখ	২৮/০৪/২০২১ইং দুপুর ২.০০ ঘটিকা	০৪/০৫/২০২১ইং দুপুর ২.০০ ঘটিকা
দরপত্র জমা দেওয়ার তারিখ	২৯/০৪/২০২১ইং বেলা ১২.০০ ঘটিকা	০৫/০৫/২০২১ইং বেলা ১২.০০ ঘটিকা
ক্রয়কারীর নিকট ব্যখ্যা চাওয়ার সর্বশেষ তারিখ	২১/০৪/২০২১ ইং	২৭/০৪/২০২১ ইং দুপুর ২.০০ ঘটিকা

(ডাঃ মোঃ হোসেন করিম)  
পরিচালক  
রংপুর মেডিকেল কলেজ হাসপাতাল

GD-830