

BANGLADESH UPDATE



1,765
New cases in 24hrs



8,02,305
Total cases



12,660
Deaths



7,42,151
Recoveries

GLOBAL UPDATE



3,570,877
Deaths



171,733,761
Total cases

Buddhist monk attacked in temple

SANJOY KUMAR BARUA

Two unidentified men attacked an indigenous Buddhist monk inside a temple in remote Panchhari upazila of Khagrachhari and looted Tk 1 lakh early Monday.

The attackers intruded into the temple by breaking its door and attacked the monk with sharp weapons, said Sonshay Chakma, a devotee of the temple.

The victim is Agra Jyoti Mahasthabir, 47, principal of Pujgang Pragyva Sadhona Bono Vihar (temple), Sonshay added.

Dulal Hossain, officer-in-charge of Panchhari Police Station, said an attempt to murder case was filed in this connection.

According to the victim, the two miscreants, one aged around 25, indiscriminately attacked him with sharp weapons.

"At one point, I became senseless," he said, adding, "Both the attackers were of Bengali-speaking community."

The indigenous Buddhist community members in the area are scared after the attack on the monk, Sonshay said.

"We first took him [the victim] to Panchhari Upazila Health Complex for treatment," he further said, adding that doctors at the complex later referred him Khagrachhari Sadar Hospital.

Ripon Bappi, resident medical officer of Khagrachhari Sadar Hospital, said, "The injured monk had wounds on his head, hand and other parts of the body."

Pfizer vaccine roll-out

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They also said administering the vaccine with 0.3 ml syringes would be a challenging task for the health professionals.

The health minister said apart from the registered people, frontline health workers and other frontliners who did not get the first shot will be given priority in the Pfizer vaccine.

The Directorate General of Drug Administration had approved the emergency use of the Pfizer vaccine on May 27.

Bangladesh is expected to receive 68 million doses of Covid vaccines from COVAX.

Zahid Maleque said the country will also receive six lakh Sinopharm vaccine doses as gift from China next week.

"Chinese officials have informed us that the vaccine will arrive in seven to 10 days," he added.

On May 12, Bangladesh received a gift of five lakh Sinopharm vaccine jabs from China. The government has already started administering those doses to healthcare students on a priority basis.

Asked about the procurement of the Chinese vaccine, the minister said they sent all the related documents to the

Chinese authority after signing those and were waiting for their response.

Bangladesh suspended administering the first dose of Covid vaccine on April 26 due to a depleting stock. The administration of the second dose was also suspended in many places due to the same reason.

The government has only around three lakh doses of Covid vaccine in hand.

Bangladesh had started mass inoculation against the novel coronavirus on February 7 with a target of vaccinating all its citizens aged 18 and above in phases.

The government suspended the vaccination registration process on May 5.

Bangladesh's mass inoculation campaign stumbled after Serum Institute of India failed to ship Oxford-AstraZeneca vaccine.

As per an agreement, Bangladesh was supposed to receive three crore shots of the vaccine in six months.

Serum delivered the first 50 lakh doses in January, but shipped only 20 lakh shots the following month.

No shipment has been received by Bangladesh from the company since then.

A missed opportunity

FROM PAGE 1

month lockdown. Workers returned to factories. Public movement also increased.

The arrival of the Covid vaccine jabs in January this year, for which the government deserved kudos, fuelled the optimism further.

The people, concerned more about feeding their families than Covid, gradually lowered their guard against the virus.

They cared little about maintaining health protocols amid lax enforcement of rules, creating the ground for the second wave that caught the nation off guard.

It became evident that very little was done in preparing for the worse while the going was good. And valuable time was wasted.

At the height of the crisis last year, poverty doubled, and at least one crore people became new poor. Incomes fell as high as 80 percent.

According to a survey by the Centre for Policy Dialogue, almost all who had lost jobs from April to May last year due to the economic downturn found work by February this year. But 86 percent of those covered by the survey said they were not earning enough to meet their daily necessities.

One of the priorities of the government was to expand the coverage of social safety net programmes to reduce hardships of the poor.

But it could not spend two-thirds of around Tk 25,000 crore aid packages for the poor and vulnerable, frontline health workers and low-income farmers.

In December, a government survey revealed that the social safety net schemes failed to cover millions of urban people facing food insecurity.

The implementation of the schemes gained momentum recently.

Despite attaching the highest priority to the health sector, the government could not rebuild the creaking healthcare system. It could implement only 26 percent of the sector's development budget in the first 10 months of the current fiscal year.

Agriculture did very well as always, helping the country combat the crisis. But the government has failed to build adequate food stock owing to the reluctance of farmers and millers to sell the produce at the government-set rates which were lower than the market prices.

Beefing up the food stock was of paramount importance through early imports because one bad crop can drastically change the situation and compel the government to buy rice at higher prices from the international market.

The fall in revenue expenditure was a welcome development. But the economy didn't benefit due to the inability to spend for development purposes.

The worrying thing is that the ministries, which were instrumental in tackling the pandemic and helping the poor and the vulnerable, were among the worst performers.

Nothing was done for the expatriates who were forced to return home, though they, along with around one crore others who are still toiling on foreign soils, have supported the economy through thick and thin.

Cottage, micro, small and medium enterprises did not get adequate attention despite being the bedrock of

the economy.

Also, the failure to maintain a steady supply of Covid vaccines was a major disappointment.

Revenue generation didn't pick up as expected because of the slowdown in economic activities. And the country will surely miss the goal set for fiscal 2020-21, as it did in the previous fiscal year when it posted negative growth in revenue collection for the first time.

The government revised down the GDP growth projection to 6.1 percent from 7.4 percent for 2020-21 as the pandemic continues to batter the economy.

It, however, hit the target in terms of whitening black money. A record Tk 14,295 crore was legalised in the first nine months of fiscal 2020-21 because of the opportunity to disclose untaxed assets by paying only 10 percent penalty, and that too without facing any question about the source of the income -- an unprecedented tax incentive.

Whether the 10 percent tax rate on the undisclosed amount is a penalty or reward is a moot point because the preferential treatment allows the black money holders to pay far less than regular taxpayers who have to pay up to 25 percent tax depending on income.

The government didn't do well in carrying out reforms.

One example is the VAT and Supplementary Act. It was formulated in 2012 but was put into action two years ago in a compromised form.

Yet, the country has not been able to benefit fully from it as the infrastructure that would boost collection of value-added tax is not ready yet.

The government, however, took some measures to encourage business activities and save public money.

In November, parliament passed a law allowing an individual to form a company to give a boost to entrepreneurship, attract investors and support the growth of small and medium enterprises.

The government closed down 25 loss-making jute mills and seven sugar mills to reduce losses. This hinted that it no longer intends to inject funds into unprofitable state-run enterprises.

It also asked state-owned companies like Bangladesh Telecommunications Company Ltd to be self-reliant.

Digitalisation is one area that saw several steps in the right direction.

The social welfare ministry, which spends bulk of the funds under social safety net schemes, and other ministries are working to disburse these funds through mobile financial services (MFS), which will ensure transparency and prevent leakage.

In the past, the government used to channel only the stipends in the education sector through the MFS.

Besides, Bangladesh Bank allowed micro-merchants and underprivileged businesses to open personal retail accounts with MFS providers, allowing them to accept payments digitally.

Throughout the year, the finance minister has been supported by bearable inflation, good harvest of crops, stable exchange rate, moderate exports, record foreign currency reserves, a robust flow of remittance and foreign aid.

Since the Covid outbreak, he did not hesitate to make funds available. Now, he has to get to the root of the problems in implementing the government initiatives and resolve those so that the country does not miss the boat again.



A big chunk of earth along Dhaka-Tangail highway was eroded by rain water yesterday, making this part of the road risky. The photo was taken in Ashekpur Bypass area of Tangail.

PHOTO: STAR

Underequipped for Covid surge

FROM PAGE 1

health complex received 130 N95 masks last year and that was it.

In neighbouring Kaliganj Upazila Health Complex, Store Keeper Srikanta Das had a similar sorry tale.

"We have 10 oxygen cylinders but we have to send them to Jashore. They don't get filled immediately -- we leave it and then go pick it up at a later date."

The upazila health complex, which also serves a locality that is separated from India by just the river is facing an impending crisis with just 2 doctors -- which makes the roster system impossible.

According to the government guidelines, facilities are supposed to keep a healthcare provider on duty for a fortnight before following up with a quarantine period of a fortnight.

With the current manpower, this very crucial hospital can barely cover all three of the daily shifts.

Taking the worsened Covid-19 situation in India into consideration, the Bangladesh government is contemplating enforcing lockdown in eight bordering districts: Satkhira, Khulna, Rajshahi, Kushtia, Jashore, Naogaon, Natore, and Chapainawabganj.

But outside the major divisional medical colleges, the situation is pitiful in many places.

For example, while all of these districts got some supply of life-saving N95/KN95 masks last year, this year the government's own data shows that other than Rajshahi Medical College Hospital, and the occasional general hospitals, most of the healthcare facilities have been supplied with nothing to protect their staff from breathing in the same infected air as the patients.

Store keeper Abul Hashem of Khoksha Upazila Health Complex in Kushtia said that no N95 or KN95 masks exist in store. At least four of their staffers were affected last year. "We however have about 700 PPE," he said.

But his unit is one of the lucky ones. With 52 oxygen cylinders and 3 oxygen concentrators, he belongs to a district with significantly more oxygen concentrators than the rest being talked about here.

Kushtia has 22 oxygen concentrators, Chapainawabganj has 11, Khulna has 8, Satkhira and Naogaon have 1 each, and Natore has none, according to data from the Supply Chain Management Portal of the Ministry of Health and Family Welfare.

For a population of 23.86 lakh and a positivity rate of above 20 percent, Naogaon has 191 isolation beds for the whole district.

In Chapainawabganj, which has a population of 16.48 lakh and an infection rate above 25 percent, only 20 isolation beds exist, according to the DGHS portal.

Natore has a population of 18.26 lakh and 29 isolation beds. In 24 hours ending yesterday morning, 32 samples were tested for Covid-19 there and 17 came positive, according to the civil surgeon.

Kushtia has a population of 19.47 lakh and a positivity rate above 20 percent but only 115 isolation beds.

Satkhira has a population of 20.80 lakh and a positivity rate above 25 percent. The district has only 86 isolation beds.

Khulna has 52 isolation beds but a population of 23.20 lakh and a positivity rate above 20 percent. Rajshahi fares better with a similar population and a lower positivity rate of 15 percent and 90 isolation beds.

Jashore has 101 beds, but a much lower population and positivity rate -- 13.86 lakh and 15 percent.

In fact, some upazila health complexes cannot even keep Covid-19 patients because they do not have isolation beds. Health officials of Nachole Upazila Health Complex in Chapainawabganj spoke about how they refer Covid patients to Rajshahi or Chapainawabganj sadar because they do not have an isolation system.

But once at Chapainawabganj's general hospital, the patients would find isolation beds if the situation does not get too critical. Even at this point when the surge has not reached its peak, 21 patients occupy the 20 isolation beds there.

There is no intensive care unit there either.

Zahid Nazrul Chowdhury, civil surgeon of Chapainawabganj, stressed the need for more oxygen cylinders. "We are getting 50 percent of the oxygen we currently need," he said.

In Natore too, the sadar hospital has no intensive care unit. The 31 isolation beds yesterday were filled with 32 Covid-19 patients.

While 16 oxygen cylinders were to support these patients, only 8 can be used at a time, because similar to the hospitals in Satkhira, the Natore Sadar hospital needs to send their cylinders to Rajshahi to get refilled, said civil surgeon Mizanur Rahman.

In addition, the civil surgeon told our Natore correspondent that there was no RT-PCR machine, and whatever tests were being done, were done using Gene Xpert and rapid antigen tests.

Kushtia Medical College has four ICU beds to serve patients from the entire district. The hospital has 34 Covid-19 patients admitted against 30 beds, reported our correspondent.

Though Jashore is a very risky place, being one of the preferred districts for illegal entry from India, there is no central oxygen supply system at its 250-bed general hospital, the most important facility there for serious Covid-19 patients.

The hospital is supported by 265 small and large oxygen cylinders. Each large cylinder can supply oxygen for up to one hour, said Arif Ahmed, RMO of the hospital.

He also said the installation of a central oxygen supply system was ongoing, but the oxygen tank was yet to be imported from India.

The hospital has recently launched an ICU with three beds and very limited facilities.

In Khulna Medical College Hospital (KMCH), there was a 5 kilo litre capacity central oxygen supply system, which has been upgraded to 10 kilo litre by Linde, Bangladesh recently.

However, the capacity of the system is still below the demand of the 500 bed hospital, which has an average of 1,200 patients undergoing treatment daily, said Bidhan Chandra Ghosh, director (in charge), KMCH.

Visiting the KMCH recently, our Khulna correspondent found an oxygen tank of the system was left lying on the ground. He came to know that the tank had been lying there for about six months.

Ashutosh Karmakar, executive engineer at the Health Engineering Department in Khulna, said installation of the second oxygen system would start soon as sanctioning of Tk 97 lakh for that purpose was underway.

He also said they were supplying oxygen to the 10-bed ICU unit and 14 high flow nasal cannulas using 100 large oxygen cylinders.

Installation of 10 more ICU beds was underway, said hospital sources.

Khulna had the central oxygen supply system. The government this year installed central oxygen supply system at five district hospitals in Satkhira, Meherpur, Kushtia, Chuadanga and Narail, according to civil surgeons of the respective districts.

Five districts of the division -- Jhenidah, Magura, Chuadanga, Bagerhat and Narail -- have no ICU facilities.

Farid Hossain Mian, director of hospitals and clinics at the DGHS, told The Daily Star yesterday, "We have directed all healthcare facility heads in the bordering districts where the transmission rate has gone up to increase their capacity [number of beds]. Whatever equipment they need, be it PPE, oxygen cylinders or anything else, we have asked them to collect those from the CMSD [Central Medicine Store Depot]. We have enough stock of all equipment at the CMSD."

Asked how the hospitals in bordering districts would provide high flow oxygen support to critical patients without a central oxygen supply system, he said they would increase the number of oxygen cylinders in those healthcare facilities.

The physician said they could not start setting up central oxygen supply system at upazila level hospitals. "Except Faridpur General Hospital and Panchagarh Sadar Hospital, setting up of central oxygen supply system has either been completed or is at the final stages."

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Minister's cellphone

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7:00pm when the vehicle got stuck in traffic. The minister had just left his office, Selimuzzaman, officer-in-charge of Kafrul Police Station, told The Daily Star yesterday.

As the window of the SUV was lowered, an unidentified person grabbed the iPhone and ran away, he said.

A case was filed following the incident. We are trying to recover the phone and arrest the culprit," he added.

Such incidents of mobile phones being snatched from people in vehicles are common in the city's Bijoy Sarani and Farmgate areas.

41 more die

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in mid-April.

In 24 hours ending at 8:00am yesterday, 41 more people died from Covid-19 -- which is the highest since May 9, when 56 people breathed their last, said a press release of health directorate.

During the period, 1,765 new cases were detected against 18,250 tests -- the highest since May 6, when 1,822 people were found positive.

Compared to the population size of more than 160 million, the number of daily tests has remained stagnant around 15,000 most of the time since the Covid-19 broke out in the country on March 8 last year.

Only on April 12 this year, the daily tests rose to the highest 34,968, says the Directorate General of Health Services (DGHS).

If daily tests increase, daily cases may go up to 5,263 on June 15, while the daily case detection may hit around 9,000 by June 30, according to the projection.

Experts, however, apprehended that the country may observe the peak much earlier -- by the end of June -- due to the community transmission of the Indian variant and for not adhering to the health safety guidelines.

Proportionately, the death toll and hospital admissions will also rise, they said.

"The peak will be in mid-July with daily cases up to 10,000. If the government's test capacity stands as it is, we will not be able to detect so many cases," Shafiqur Shimul, an associate professor of health economics at Dhaka University, who leads the projection team, told The Daily Star yesterday.

The other team members are: Mofakhar Hussain of the University of Toronto, Abu Jamil Faisal, member of the public health and epidemiology committee of the DGHS, Prof Syed Abdul Hamid and Prof Nasrin Sultana of Dhaka University, and Abdul Kuddus of James Cook University, Australia.

"As the Indian variant is highly transmissible and infects the young people mostly, I think we will observe the peak much earlier -- may be by late June," Abu Jamil Faisal told this correspondent.

He said there is no alternative to enforcing strict lockdown in the districts with higher positivity rate immediately.

On March 8 last year, the health directorate reported the first three cases of Covid-19 in the country. Since then, the country observed the first peak during June and July last year and the second one during November and December.

During January and February, the daily Covid-19 cases and the death toll from the viral disease decreased to the lowest since the first peak. That time, the positivity rate was below 5 percent for around two months.

But from the second week of March this year, the transmission started rising again, marking the second wave of Covid-19 due to lax enforcement of health safety guidelines. This time, the daily number of new cases surged to the all-time highest -- 7,626 -- on April 7 and so the number of deaths to 112 on April 19.

To curb the transmission, the government imposed partial movement restriction from April 5 for a week, which was later extended several times and is scheduled to end on June 6.

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