



ILLUSTRATION: BIPLOB CHAKROBORTY

Books and bureaucrats are a dangerous mix



OF MAGIC & MADNESS

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BADIUZZAMAN BAY

Do you feel, whenever the realms of books and bureaucracy converge, that something very non-bibliophilic is about to happen? I do, and my instincts tend to be accurate. After all, it is bureaucracy that is largely responsible for restricting the free flow of ideas and undermining academic freedom in Bangladesh. It is bureaucracy that punishes critical publications. It is bureaucracy that compromises the integrity of school textbooks through undue additions or omissions. It is bureaucracy that has reduced the quest for knowledge to a quest for BCS jobs. It is bureaucracy that has robbed the spirit of our Language Movement by marginalising mother languages – including Bangla. It is because of bureaucracy that once-revered state awards for writers are now objects of ridicule.

I can go on and on about the detrimental effects of bureaucracy on the world of literary endeavours, but you get the point. There is something about the intertwining of paperwork, protocols and politics that can lead to a tragic loss in translation. As grand visions and initiatives of the government are filtered through layers of bureaucracy, they emerge altered, diluted, or even entirely lost.

Take, for example, the case of Jatiya Grantha Kendro, or National Book Centre. Few people are perhaps aware that there is a specific government institution responsible for overseeing non-government libraries. There can be any number of reasons for its relative lack of familiarity. If I had to guess, I would say it's because this is how those in charge of it want it to be – less known, less scrutinised.

For there is a lot about this institution that, bureaucrats would hope, is better left buried under the rug. As per a recent report by this daily, the centre, since its establishment following the enactment of the National Book Centre Act, 1995, has been consistently failing to fulfil its mandate due to poor infrastructure, a shortage of manpower and resources, and lack of care and planning. There it goes again: the bureaucratic mechanism being an Achilles' heel in literary initiatives. Everything about the centre is thus ill-conceived and poorly executed, ranging from the shabby, largely nondescript building in which it is housed, to its lack of promotional activities, to the way it engages with the recipients of its annual grants.

Its pathetic state is perhaps best reflected in the management of its own library, which has over 11,000 books, including many rare reference materials. However, as

the librarian himself admits, there hasn't been a visitor looking for books in years! What is a library for, then? To read newspapers? To play host to BCS crazies? To collect books (and dust)? The disorganised arrangement of the books in this library, with stacks of old newspapers and rare books piled haphazardly in dark corners, would be an eyesore to any bibliophile. The authorities couldn't archive them systematically, let alone digitise them, even after 28 years of its establishment.

In addition to the poor

country, as is its mandate. Private libraries, built through voluntary initiatives all over the country, give us hope amid the deteriorating state of most public libraries. They have challenges of their own, of course, especially in terms of finances, quality of services and book collection. In this digital era, they also suffer from the prevailing apathy towards books. But their very existence is a defiant counterpoint to this situation. And with proper assistance and guidance, they could be moulded into genuine drivers of change in local communities.

Although any private initiative must ultimately depend on its own strength for survival, government oversight, and grants, if properly distributed and followed up on, can help in a big way. Such assistance must be provided with a genuine interest in promoting a culture of reading and intellectual engagement among people, especially the younger generation.

It was only in 2018 that the government started to observe the National Library Day, on February 5. Given how the day is observed – through issuing a circular, some discussion, maybe a procession if someone is feeling outdoorsy – you cannot help but see “perfunctory” written all over it. It almost seems as if bureaucrats merely wanted to tick a box. It makes them look good, and feel useful, except it is of no use in a practical sense. No change to our troubled interaction with books was sought, none achieved.

management of its library, the centre is also being hamstrung by various problems in its handling of non-government libraries. For one, the financial assistance given to the listed libraries is woefully insufficient. The annual allocations – divided into categories A, B, and C – barely cover a couple of months' operational costs for them, leaving them financially strained. The bureaucratic hurdles involved in accessing the funds further compound their difficulties. There are also allegations of favouritism and lack of quality control when it comes to giving them books. Often, substandard books on political and administrative issues, written by ruling party leaders and bureaucrats, dominate the offerings, while books of diverse genres and perspectives are ignored. We have seen the same thing happening in August 2022 when a book reading programme for government officials included over a hundred books written by 25 high officials. Why select books that no one in the four hemispheres would want to read?

All this is quite hard to accept because the National Book Centre could be a vital player in building a strong library culture in the

This interest is precisely what is lacking now. It was only in 2018 that the government started to observe the National Library Day, on February 5. Given how the day is observed – through issuing a circular, some discussion, maybe a procession if someone is feeling outdoorsy – you cannot help but see “perfunctory” written all over it. It almost seems as if bureaucrats merely wanted to tick a box. It makes them look good, and feel useful, except it is of no use in a practical sense. No change to our troubled interaction with books was sought, none achieved.

Why should we read? Because books – the right kind of books – can educate, inspire, and transform. It is not for nothing that the pen is believed to be mightier than the sword. But don't expect much when bureaucrats wield their pens to shape the destiny of literary initiatives. Their ability to complicate the simplest of decisions, their blunders and misplaced priorities, and their interest in preserving the prevailing politico-administrative status quo can derail even the noblest of efforts. A reader-friendly environment that helps to think and critically engage is not in their best interest.

UN RECOGNISES COMMUNITY CLINICS

Capacity enhancement is the need of the hour

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SHAHNOOR WAHID and NOUSHIN MOULI WARESI

The innovative model of “community clinics,” introduced in Bangladesh by the Awami League government in 1998, has been recognised by the United Nations as a unique example of public-private partnership in the health sector. As part of global recognition of the efficacy of community-based healthcare in the country, the UN resolution, titled “Community-based primary health care: a participatory and inclusive approach to universal health coverage,” was unanimously adopted on May 17, 2023.

While introducing the “Community Clinic Model of Bangladesh,” the resolution asked member-states to explore measures to scale up, stressing that “the implementation of the resolution can make a world of difference to the lives of billions of people around the world who need basic healthcare facilities closest to their homes.” It also acknowledged women's empowerment, community engagement and mobilisation towards achieving universal access to health.

This morale-boosting UN resolution, a veritable recognition of the hard work put in by thousands of health assistants, family welfare

present condition, to go to the town for availing health services. But now we receive these health services in our village at the community clinic.” This, in a nutshell, is the kind of services women in distant villages are getting from community clinics.

Though community clinics proved to the world that it's a model that can deliver desired healthcare services at the grassroots, they were shut down with the change of government in 2001. In 2009, they were revived through a project titled “Revitalisation of Community Health Care Initiatives in Bangladesh (RCHCIB).”

While we appreciate the government giving full attention towards the restoration and revamping of community clinics by adding important features, we feel the concept of public-private partnership needs to be emphasised further and explained elaborately among the rural populace for better maintenance of the clinics.

Since most of the over 20-year-old buildings are now in a dilapidated state, each community clinic must be housed in a spacious new building with better storage facilities for medicines and equipment. Efforts should also

clinic every day, cleanliness of the premises is an important factor that has to be addressed regularly, especially when infectious diseases are coming in full fury and taking lives.

The role of community healthcare providers (CHCP) is important for the smooth functioning of a community clinic, but there are allegations that many of them are not qualified and trained enough to handle even common ailments. They, therefore, need to attend regular training courses to upgrade their skills.

Absence of CHCP, HA and FWA during rush hours is a common complaint at many clinics. Patients coming from far-off villages on foot will feel frustrated if they fail to find anyone at the clinic. Community leaders and senior district health officials must address this issue and search for a suitable answer.

Some senior health experts are of the opinion that the government should appoint at least one registered doctor at every community clinic to provide minimum healthcare. If implemented, we believe this would take rural healthcare service towards fulfilling our goal of Health for All. But in reality, the pertinent question of whether a qualified doctor would like to stay in a remote village for months would come up eventually. We have seen that qualified doctors are reluctant to stay even in upazila health complexes for long.

We believe that community clinics can play a major role in reducing the child mortality rate, which is on the rise at the moment. A study report



The community clinic model has been successful in delivering desired healthcare services at the grassroots across Bangladesh.
FILE PHOTO: STAR

assistants, midwives and health staff at grassroots level for over two decades, will no doubt inspire them to make the community clinics even more people-friendly, offering essential primary healthcare services.

The clinics operate on the basis of a public-private partnership agreement. Under this agreement, the government provides structural services, medicines, service providers (CHCP, HA and FWA) and other logistical support. The local communities, on the other hand, donate land for the construction of clinics and ensure the overall safety and security.

It is now widely acknowledged that community clinics are the first frontier from where our fight to reduce child and maternal mortality, arrest malnutrition, provide antenatal care to pregnant women, organise vaccination drives, etc begins. Hosne Ara (not real name), an expecting mother, said in an interview, “I stay in a village which is located in a hilly area. It is not possible for me, in my

be undertaken to create the sense of ownership among the locals to make community clinics sustainable and equitable. No doubt, this is an ideal way to universalise healthcare in Bangladesh, but it will need continued allocation of resources and full political commitment.

The beneficiaries must not consider the clinics as mere medicine shops and thus take undue advantage of them. If medicines for diabetes and non-communicable diseases are made available, it has to be ensured that these medicines are given only against genuine prescriptions. Qualified manpower has to be posted there to stop pilferage and monitor the inflow of medicines and proper use of medical equipment. There is a shortage of medical equipment in most community clinics, and many of the outdated ones do not function properly. These need to be replaced immediately by new supply so diagnosis can be accurate and easy.

Since hundreds of people visit a

published by Bangladesh Bureau of Statistics (BBS) on June 13 says that in 2021, under-five child mortality rate was 28 per thousand. But it increased to 31 in 2022. And deaths of children under one year has increased to 25 per thousand from 22 per thousand during the same period.

In this regard, regular and timely interaction among the community people and community clinic healthcare providers will help in creating awareness regarding childhood diseases, importance of vaccination against killer diseases and urgency of timely intervention to reduce child mortality rate in the country.

There is no denying that community clinics have all the promises to save lives if run by qualified people. They will need full support of the government in terms of funding and manpower. At the same time, the community stakeholders must participate with the zeal of ownership.

CROSSWORD BY THOMAS JOSEPH

ACROSS

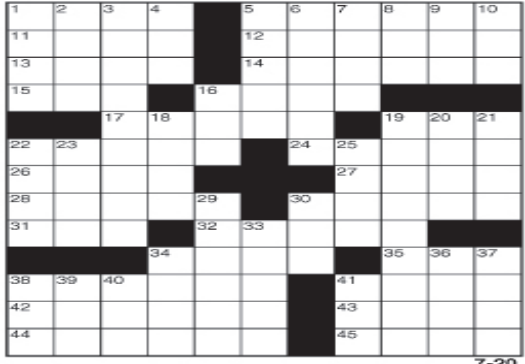
- 1 Job for a lawyer
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