

Dhobaura— M’singh road in a sorry state



MD AMINUL ISLAM, Mymensingh

The 30-kilometre stretch from Mymensingh’s Dhobaura to Tarakanda has become almost unusable, causing immense suffering for thousands of people who travel on the road.

The 45-kilometre Mymensingh-Dhobaura road, passing through Tarakanda and Phulpur, is the only road connecting the area, particularly for Dhobaura residents. But numerous potholes along the route have made journeys risky, costly, and time-consuming.

Md Abul Hossain, a local journalist, said with no alternate route to reach Mymensingh city, commuters are forced to risk their lives daily. A journey that previously took an hour now requires over two hours, he added.

The plight of patients referred to Mymensingh for better treatment from Dhobaura Upazila Health Complex is particularly severe. Patients and their attendants not only face life-threatening risks during the trip but also pay double fares due to the poor condition of the road, he said.

The broken road has also increased the cost of transporting agricultural products. “We produce different kinds of vegetables and crops, but the carrying cost has gone up sharply due to the state

of the road,” said Md Liakat Ali, a farmer of Kalsinsur village.

Arif Hossain, a pick-up driver, echoed him.

Khokon Pahloan, proprietor of Pahloan Enterprise at Dhobaura Bazar, said, “We have to pay extra fare and spend additional hours transporting goods, and the problem has worsened this year.”

Md Shafiqul Islam Mondal, LGED upazila engineer in Dhobaura, said the 30-kilometre road passes through three upazilas — Dhobaura, Phulpur, and Tarakanda. The nine-kilometre portion in Dhobaura is comparatively in good condition, he claimed.

Salman Rahman Rasel, LGED executive engineer in Mymensingh, said repair work has already been initiated.

Admitting the poor state of the road, he said the department does not receive the required funds every season, which has contributed to its current condition. A proposal for massive repair work has been submitted, and the work could start by November this year, he added.

Md Uzzal Hosen, Dhobaura UNO, said the issue has been raised in the district coordination meeting. LGED engineers have been contacted and assured that the road will be repaired soon to alleviate the ongoing sufferings of the people.

Healthcare reform begins, service yet to improve

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unwanted public attention after the Anti-Corruption Commission launched an investigation into allegations against the health adviser’s two former personal officers — Muhammad Tuhin Farabi and Mahmudul Hasan.

The duo allegedly abused their positions and engaged in extortion, tender manipulation, and various corrupt practices to unlawfully amass wealth.

When asked, Health Adviser Nurjahan Begum said, “We haven’t received any specific allegations against the two. We cannot carry out a probe based on vague allegations. That’s why no action was taken against them.”

They left the ministry after completing their tasks, she said, adding that the two were involved in the management of medical care for July victims.

“This has not tarnished my reputation,” she told The Daily Star on August 17 at her Secretariat office.

Referring to criticism that she was seldom seen on the ground over the past year, the health adviser said, “I make field visits whenever necessary. I do that to get an idea of the real situation. But if I go somewhere with fanfare, I won’t get the actual picture.”

TREATMENT OF JULY VICTIMS

Providing proper treatment to those injured during the uprising was the health administration’s foremost priority. However, it faced allegations of mismanagement and deficiencies in medical care for them.

Ministry officials said a list of 13,811 people injured during the uprising was prepared, and health service providers across

the country did their best to serve them. Doctors were brought in from seven countries for their treatment, and 78 of the injured were sent abroad for better care. Of the wounded, 7,363 were given health cards for free lifelong treatment at government hospitals.

Despite these efforts, many of the July victims admitted to the National Institute of Traumatology and Orthopaedic Rehabilitation, and the National Institute of Ophthalmology and Hospital expressed dissatisfaction with the quality of treatment and rehabilitation. They staged demonstrations on several occasions.

POLITICAL INFLUENCE CONTINUES

The new administration’s resolve to bring positive changes was put to the test when it moved to replace top officials at health agencies, hospitals, medical universities and colleges. Many of the posts were held by individuals affiliated with Awami League, with the previous administration mired in allegations of corruption.

The health ministry faced its first major challenge when it appointed Prof Robed Amin as acting director general of the Directorate General of Health Services (DGHS) on August 18 last year. Amin previously served as a DGHS director during the AL government’s tenure.

Amin was unable to assume office for over a month amid protests from pro-BNP and Jamaat-e-Islami doctors, forcing the authorities to withdraw his appointment.

Sources said most top posts in health organisations are currently held by doctors with links

to the two political parties.

Talking to this correspondent, Nurjahan Begum said they had searched for non-partisan individuals to fill vacant posts at health agencies, institutions and hospitals, but got only a few suitable candidates.

“We then gave emphasis on finding honest and skilled individuals... We did not make appointments considering political affiliations,” she added.

SUSPENSION OF SECTORAL PROGRAMMES

The interim government scrapped the proposed Fifth Health, Population, and Nutrition Sector Programme (HPNSP) and decided to absorb the sectoral programmes into regular ones to improve coordination and strengthen infrastructure.

Since 1998, the health ministry implemented four HPNSPs to provide various health services.

The ministry decided to take two projects forward to complete the unfinished tasks of the Fourth HPNSP and continue the supply of medicines and other emergency items. However, the projects have not yet been approved, disrupting the supply of medicines, officials said.

For example, five types of medicines for diabetes and hypertension are provided at 430 hospitals, mostly at the upazila level, but their supply has been seeing disruptions, they added.

STEPS TAKEN SO FAR

The 12-member Health Sector Reform Commission, led by National Professor AK Azad Khan, submitted its report to Chief Adviser Muhammad Yunus on May 5, recommending a sweeping overhaul

of health service management.

Early this month, the health ministry moved to implement some of its short-term recommendations after facing criticism from health experts and campaigners over delay in initiating reforms.

It decided to promote 7,000 doctors, including 6,000 in supernumerary positions for the first time in the sector, as many have been “deprived of promotion for long”.

The ministry has already initiated a process to appoint 3,000 doctors through a special BCS and appointed 3,512 senior nurses to mitigate the manpower crisis.

Meanwhile, the ministry lowered the prices of coronary stents from three US companies by Tk 3,000 to Tk 88,000 each, providing much-needed relief to heart patients. The revised rates will come into effect on October 1.

Also, Essential Drugs Company Limited (EDCL), the state-owned pharmaceutical manufacturer, announced reducing prices of 33 essential medicines.

Steps have also been taken to reduce prices of cancer drugs.

WHAT EXPERTS SAY

Be-nazir Ahmed, a health expert and former director of disease control at DGHS, said Bangladesh has performed reasonably well in preventive healthcare through various sectoral programmes over the last few decades.

However, the interim administration halted these programmes and failed to devise a transitional plan to continue the services provided under the schemes, severely impacting preventive healthcare, he said.

Giving an example, Be-nazir said the death rate from rabies fell by 90 percent due to one such programme. With the programme now halted, this hard-earned achievement is at risk of reversal.

Health services have also been affected but the impact is less visible because the private sector provides 80 percent of these services, he said.

However, poor people who rely on government support have been severely affected, as they are not receiving medicines provided under these programmes.

Apart from internal challenges, the suspension of USAID funding also hit the country’s health services, he said.

“We hoped that the interim government would make health services more pro-people, but the sector did not receive priority. Its actions have created a vacuum, and we risk falling behind in some disease control efforts,” he added.

Prof Syed Abdul Hamid of the Institute of Health Economics at Dhaka University said that given the circumstances, it was difficult for the health administration to bring about major changes in the sector, but it has initiated some reforms.

After a long time, steps have been taken to update the essential drug lists and regulate their prices, he said.

“Some processes have been launched, and some alternatives have been put forward, but their implementation has yet to begin. This is why the changes are not visible at the service level.”

However, there has been a lack of proactiveness among health ministry officials, he added.

Delayed diagnosis putting children at greater risk

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“He had a fever for 13 days and was receiving treatment at home. We admitted him to the hospital on Thursday when his health declined,” said his mother, Rubi Begum, a resident of Sipahibagh.

According to the Directorate General of Health Services (DGHS), at least 4,026 children aged 0–10 have been hospitalised with dengue this year, while 10 children of the same age group have died out of 110 total deaths so far. In the past 24 hours, 173 dengue patients were hospitalised, raising the total cases to 27,955.

Dr HM Nazmul Hsan, associate professor at

Shaheed Suhrawardy Medical College and Hospital, said many parents are showing negligence this year by not testing their children soon after fever begins.

“Children are often brought to the hospital only when their condition turns critical,” he said.

He explained that dengue symptoms appear differently in children.

“For adults, symptoms usually begin with sudden fever, body pain, and eye pain. But in children, it often starts with nausea and coughing. Infants may cry excessively, refuse breastfeeding, or appear unusually tired.”

Dr Hsan warned that

dengue reaches the critical stage faster in children.

“For adults, it may take 48 hours to become critical, but in children, it can take just 24 hours. That’s why we strongly recommend hospitalisation as quickly as possible.”

He also said children are more prone to developing dengue shock syndrome, which is highly dangerous.

Urging guardians to be more cautious, he added, “The risk of infection is high at schools and coaching centres. Most schools don’t provide full-sleeve uniforms, but these are essential during dengue season. Children’s legs should also be protected with long socks and shoes.”

Ensure justice for Rohingyas

FROM PAGE 3

shortages, forced conscription, and abuses by both the junta and the Arakan Army.

The rights groups warned that conditions are worsening in Cox’s Bazar, where over one million Rohingya refugees are facing abductions, sexual violence, shrinking aid, and deteriorating health and education services.

“Impunity remains pervasive,” the statement said, noting that while the International Criminal Court (ICC) and the International Court of Justice (ICJ) are pursuing cases against Myanmar, no concrete accountability has been achieved.

It pointed out that the ICC prosecutor’s request for an arrest warrant against Myanmar

Commander-in-Chief Min Aung Hlaing in November 2024 is still pending.

The groups urged the United Nations Security Council to refer the situation in Myanmar to the ICC and called on UN member states to use universal jurisdiction to prosecute perpetrators of atrocities, as seen in Argentina.

They also raised concerns over the upcoming UN High-level Conference on the Rohingya and other minorities in Myanmar, scheduled for September 30 in New York.

R o h i n g y a representation is lacking. Survivors, women, youth, and Rohingya-led civil society must be at the forefront of discussions about their future,” the statement said.



PHOTO: STAR

The signatories further urged host countries, including Bangladesh, to protect the rights of Rohingya refugees, ensuring access to education and livelihoods and safeguarding against forced returns to Myanmar.

“We stand united in our

call for an end to impunity, the right of the Rohingya to live in safety and dignity, full recognition of the Rohingya as citizens of Myanmar, and the inclusion of their voices in shaping the country’s future,” the statement concluded.

The 58 organisations

included Amnesty International, Fortify Rights, Human Rights Watch, Burma Campaign UK, European Rohingya Council, Odhikar, Refugees International, Robert F Kennedy Human Rights, and numerous Rohingya-led networks.

3,909 students awarded

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“Welcome” awards, 1,108 earned “Appreciation” awards, 615 were given “Congratulations” awards, and 86 students received the prestigious “Best Reader” award.

Actor Khairul Alam Sabuj delivered the welcome

speech at the programme. He congratulated the awardees, saying that truth and cultural values are the greatest sources of inspiration in life’s journey. Mountaineer MA Muhit, Shamim Al Mamun, former secretary and current member of the National Election Enquiry Commission; Khulna

Deputy Commissioner and District Magistrate Mohammad Saiful Islam; Bishwo Shahitto Kendro trustee and management consultant Khalid Hasan; and Gramceenphone’s Regional Head for Khulna Bushra Mehreen also attended the event.

River land filled up

FROM PAGE 4

Ahidul Islam of Chanchra Dakshinpara.

Another resident, Firoz Ahmed of Bhaturia Narayanpur village, said, “In many places there are complaints of encroaching to build structures or cultivate fish. But here the entire river has been filled. We do not understand how river land becomes private property.”

Bangladesh Environment Movement (BAPA) Jashore Board Executive Engineer Palash Kumar Banerjee said there is no way river land can become private property. “Appropriate legal action will be taken after investigating the issue of river filling and encroachment,” he added.

The phone number on the land sale signboard belongs to Nur Islam Nuru, a former peon of the Jashore registry office. He told reporters the land is privately owned by Jamal, Kamal and Munna of the area, and that he was

selling on their behalf.

Kamal and Munna also claimed they had proper documents and were selling land they legally owned.

Jashore Sadar Sub-Register Amena Begum confirmed that they received a complaint. “Investigation is underway. Action will be taken against those involved after the investigation is completed,” she said.

Water Development Board Executive Engineer Palash Kumar Banerjee said there is no way river land can become private property. “Appropriate legal action will be taken after investigating the issue of river filling and encroachment,” he added.

PRAYER
TIMING

AUGUST 23

Fazr

Zohr

Asr

Maghrib

Esha

AZAN 4-25

12-45

4-45

6-38

8-00

JAMAAT 5-00

1-15

5-00

6-41

8-30

SOURCE: ISLAMIC FOUNDATION

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

পরিচালক ও অধ্যাপক এর দপ্তর

জাতীয় চক্ষু বিজ্ঞান ইনস্টিটিউট ও হাসপাতাল

শেরে বাংলা নগর, ঢাকা-১২০৭

তারিখ: ২১ আগস্ট ২০২৫ইং

এমএসআর দরপত্রের সংশোধনী বিজ্ঞপ্তি

জাতীয় চক্ষু বিজ্ঞান ইনস্টিটিউট ও হাসপাতালের ২০২৫-২০২৬ অর্থ বছরের যারক নং-এন আই ও এড এইচ/এমএসআর/২০২৫-২০২৬/২৮০৮, তারিখ: ১৮ আগস্ট ২০২৫ খ্রি. মোতারের উদ্ভূত দরপত্র বিজ্ঞপ্তি ১৯/০৮/২০২৫ ইং তারিখে প্রকাশিত হয়। বাংলাদেশ শ্রাবালিক প্রকিউরমেন্ট অথরিটি কর্তৃক জারীকৃত বিজ্ঞপ্তি অনুসারে প্রকাশিত বিজ্ঞপ্তি ১৯ নং ডকুমেন্টের দরপত্র দলিল (সিডিউল) স্থা সংশোধন করা হয়েছে।

কারের সংক্রান্ত বিবরণ	এস নং	বিজ্ঞপ্তিতে সিডিউল মূল্য(অফেরত গোয়া)	সংশোধিত মূল্য (অফেরত গোয়া)
ঔষধপত্র (সার্বিক/ঔষধ, দর, ঔষধিক উপকরণসহ)	এস নং-০১	এস "০১" এর জন্য ২০০০/- (দুই হাজার)	এস "০১" এর জন্য ৪০০০/- (চার হাজার)
এমএসআর খরচপত্র সাহায্যী	এস নং-০২	এস "০২" এর জন্য ২০০০/- (দুই হাজার)	এস "০২" এর জন্য ৪০০০/- (চার হাজার)
পাথ, ব্যাডেজ ও ক্রাফ	এস নং-০৩	এস "০৩" এর জন্য ২০০০/- (দুই হাজার)	এস "০৩" এর জন্য ২৫০০/- (দুই হাজার পাঁচশত)
লিফেন	এস নং-০৪	এস "০৪" এর জন্য ২০০০/- (দুই হাজার)	এস "০৪" এর জন্য ১০০০/- (এক হাজার)
কেমিক্যাল বি-এসেন্ট (এস-রে ডিউ ইনজি পেশারসহ)	এস নং-০৫	এস "০৫" এর জন্য ২০০০/- (দুই হাজার)	এস "০৫" এর জন্য ২৫০০/- (দুই হাজার পাঁচশত)

সংশোধিত খি পরিচালক প্রকাশিত এমএসআর দরপত্র বিজ্ঞপ্তি ১৯ নং ডকুমেন্ট অনুসারে চালানো মধ্যমে জমা দিতে হবে। পরিচালক প্রকাশিত এমএসআর দরপত্র বিজ্ঞপ্তির অন্যান্য সকল অংশ অপরিবর্তিত থাকবে।

(অধ্যাপক ডাঃ হাফিজ আহমেদ চৌধুরী)

পরিচালক

GD-1847

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Memo No. e-Tender/PWD/Raj/25-26/1804

Date: 21-08-2025

e-Tender Notice (OTM)

Amendment/Corrigendum

e-Tender are invited in the National e-GP system portal (<http://www.eprocure.gov.bd>) for the procurement of the following works:

Tender ID No	Name of work	Last selling date & time
1142418	Construction of Ground Floor & 1st Floor Kalukhali Police Station (Including Civil, Sanitary, Sentry Box, Electrification, Flag Stand and Site Development) having 06 Storied Foundation in Rajbari District.	10-09-2025 5:00 PM
1142060	Construction of 2nd & 3rd Floor Remaining Work (Civil, Sanitary, Electrical, Internal Road, Sentry Box and Saluting Dice) of Pangsha Highway Thana (Rajbari) having 06 Storied Foundation under Highway Police Madaripur Region, Faridpur.	

These are online tenders, where only e-Tender will be accepted in the National e-GP System Portal and no offline/ hard copies will be accepted. To submit e-Tender, registration required in the National e-GP system.

The fee for downloading the e-Tender document from the National e-GP System Portal have to be deposited online through any registered bank.

Further information and guide are available in the National e-GP system (<http://www.eprocure.gov.bd>).

(Md. Saifuzzaman)

Executive Engineer

P. W. D. Division, Rajbari

GD-1848