Corruption can't be dressed up as gifts

LGRD state minister's remark on bribes sends the wrong signal

We endorse Transparency International Bangladesh's criticism of LGRD State Minister Mir Shahe Alam's recent remark that government engineers may accept gifts from contractors after completing their work and clearing bills. The anti-corruption organisation rightly cautioned that such comments coming from a public office holder risk legitimising bribery in public procurement and other government works. Accepting personal benefits from contractors whose work they oversee creates an obvious conflict of interest.

It is indeed shocking that the state minister, speaking at a public event, said if a contractor, "being satisfied, gives the engineer a gift from his profit, that does not fall under the category of bribery." This remark cannot be dismissed as offhand—even though the state minister has apologised and withdrawn it—nor does his explanation that he was speaking informally absolve him of his responsibility. The LGRD ministry's defence of the remark is also troubling. Engineers are paid by the state to ensure the quality of public works, certify completed projects, and clear bills in accordance with the rules. Taking gifts from contractors is a clear violation of restrictions on such benefits under the Penal Code as well as government conduct rules, as TIB rightly pointed out.

We are also surprised at the lack of a public statement from the government to distance itself from such a controversial remark. Nor has there been, as of this writing, any reaction from the parliament floor. What does it say about the reality of graft culture in our country?

Our indignation is rooted in numbers. TIB's National Household Survey 2025 on corruption prevalence found that 81.6 percent of households experienced corruption while accessing public services, while 63.6 percent were compelled to pay bribes. The estimated value of bribe transactions around the country reached Tk 12,633.2 crore in 2025. These numbers represent citizens paying extra for services to which they are entitled, often because they have no meaningful alternative. The Anti-Corruption Commission, too, has fallen short in its role as the primary graft watchdog. TIB found that only 0.3 percent of survey respondents had lodged complaints with the ACC, pointing to a serious trust deficit.

We resent Shahe Alam's remark and expect more responsible, measured public speaking from our government officials. On its part, the government must publicly reaffirm that corruption cannot be excused under any circumstances, and strengthen the institutions meant to tackle it.

This is not an isolated incident. Earlier in February, only days after taking office, Road Transport Minister Shaikh Rabiul Alam argued that collections from transport operators were not extortion if made through mutual understanding. Can one really doubt that such attempts to redefine questionable practices weaken the government's credibility? We resent Shahe Alam's remark and expect more responsible, measured public speaking from our government officials. On its part, the government must publicly reaffirm that corruption cannot be excused under any circumstances, and strengthen the institutions meant to tackle it. If the government wants people to put their trust in its capabilities, it must match its anti-graft pledge with consistent action.

Assess needs before expanding UHCs

Govt must prioritise service delivery at existing facilities

At a time when existing upazila health complexes (UHCs) across the country remain underutilised because of acute manpower shortages and a lack of essential equipment and facilities, the government's plan to upgrade all UHCs to 151-bed facilities at an estimated cost of Tk 45,000 crore seems ambitious. While strengthening healthcare services at the grassroots level is essential, expanding every facility to the same capacity without a clear assessment of local needs raises questions about the project's priorities and feasibility.

According to a report by this daily, the three-year project, scheduled to begin in December 2026, will involve constructing new hospital buildings, replacing dilapidated structures, and renovating existing facilities across 443 upazilas. It will also introduce specialised services, including intensive care, kidney dialysis, eye care, and cancer screening. However, upgrading all UHCs to 151 beds, regardless of their individual needs, overlooks significant differences in population, disease burden, location, and existing healthcare capacity.

According to the Health Bulletin 2023, occupancy rates at the 20 least-used UHCs ranged from 11 to 65 percent, while those at the 20 most heavily burdened facilities stood between 160 and 221 percent. This means some facilities are struggling to accommodate patients, while others are not. Moreover, 24 of our upazilas remain without any UHCs. A uniform expansion plan therefore may not be the most effective way to address these disparities.

Over the past decades, this daily has consistently reported on the poor condition of our UHCs, where patients are often deprived of essential primary healthcare. As these facilities remain ineffective, patients are forced to travel long distances to seek treatment at tertiary hospitals. The continued suffering of dengue and measles patients in remote areas should serve as an eye-opener for the government. Shouldn't it first ensure that these facilities are adequately staffed, properly equipped, and effectively managed before undertaking such a massive project with public money?

We believe it would be prudent for the government to first conduct comprehensive upazila-specific assessments of existing facilities, patient demand, disease patterns, population projections, and future healthcare requirements. As health experts have pointed out, replacing dilapidated buildings is necessary, but new infrastructure must be designed according to local needs. More importantly, the existing shortage of doctors, nurses and support staff must be addressed urgently. Without adequate manpower, equipment, medicines and other essential logistics, additional beds and specialised units risk remaining underused.

How can we make healthcare decentralisation work?

Lessons from an upazila-level project



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Bangladesh has a strong rural primary healthcare network comprising upazila health complexes (UHCs), union health and family welfare centres, health sub-centres, and community clinics. Still, persistent challenges such as inadequate staffing, limited diagnostic facilities, poor maintenance, and weak institutional capacity have continued to undermine service quality, leading to underutilisation and patient dissatisfaction.

The Upazila Governance and Development Project (UGDP), implemented by the Local Government Division (LGD) under the Ministry of Local Government, Rural Development and Cooperatives, represented a bold bet on decentralisation. Launched in FY2015-16 and completed on December 31, 2025, UGDP strengthened upazila parishads through performance-based financing, capacity development, and targeted infrastructure and service-delivery sub-projects. High-performing upazilas received additional funds, typically Tk 50 lakh per year on top of the upazila Annual Development Programme (ADP) block allocation from the government.

Under the project, more than 47,000 medical works, items, and supplies were delivered across 408 upazilas. Later, assessment of 158 upazilas showed that 91.88 percent of the 29,257 items distributed there are currently operational and actively serving patients—far better than many comparable public infrastructure initiatives. The upazilas invested over Tk 113 crore in obtaining diagnostic tools, upgrading facilities, and addressing local gaps through decentralised procurement that proved faster and more responsive than traditional centralised systems. This success validated the core idea: when local governments are empowered with funds and authority, they can tailor solutions to real community needs, fostering a stronger sense of ownership.

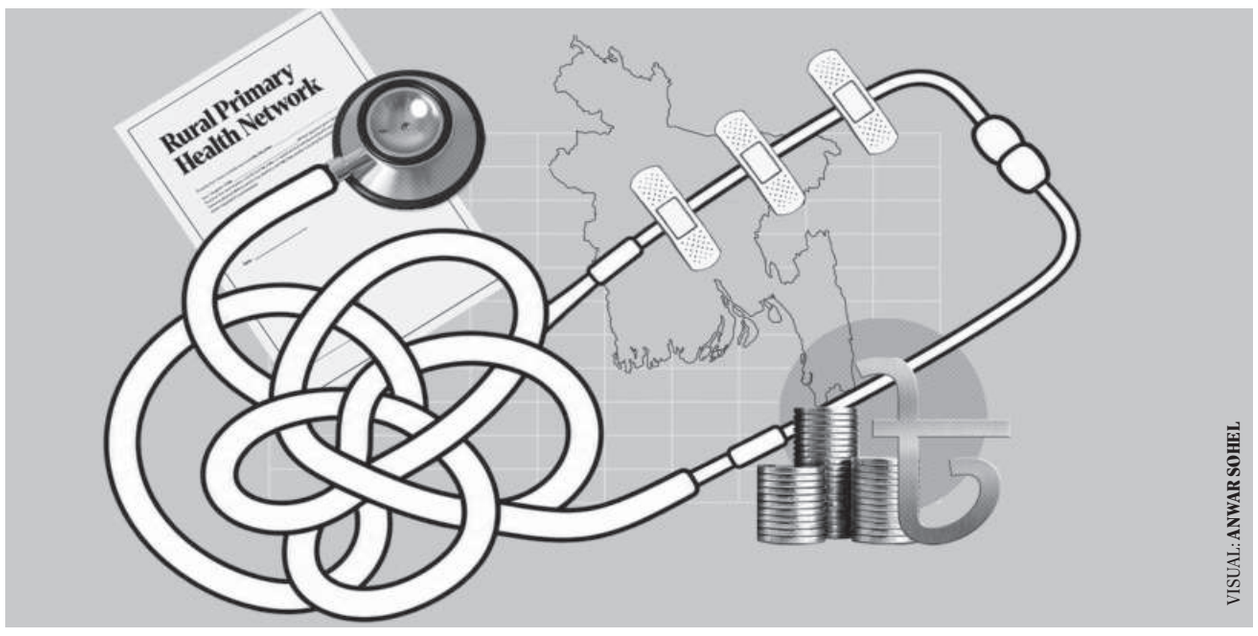
However, the same assessment also exposed systemic "structural friction" that threatens long-term sustainability. In the 158 upazilas covered under the study, approximately 8.11 percent (2,375 out of 29,257 units) of equipment were non-functional or underutilised, not primarily due to manufacturing defects, but because of deep mismatches between hardware provision and the human, financial and logistical systems managed by the Ministry of Health and Family Welfare.

Media often reported on high-tech anaesthesia machines sitting idle in facilities lacking sanctioned junior anaesthesia consultants; X-ray and ultrasonography units gathering dust without radiologists; ambulances delivered without trained drivers or dedicated fuel budgets, etc. Minor faults escalate into full breakdowns because local managers have no quick-access "emergency repair fund" and must navigate lengthy central approvals. Diagnostic equipment often becomes inoperable once initial stocks of reagents, films, or consumables run out, with no flexible local budget to replenish them. These issues mirror broader, well-documented challenges in our rural health system: chronic workforce shortages (with over half of physician posts at many UHCs vacant in some divisions); high workloads on existing staff; and rigid financial rules that hinder timely maintenance.

Besides, Bangladesh's overall health workforce density remains below the recommendations of the World Health Organization (WHO), with pronounced rural-urban imbalances. Doctors and specialists gravitate towards cities, leaving remote upazilas struggling. Even when equipment arrives, the absence of matching specialists creates "deadweight loss." Studies using Workload Indicators of Staffing Need (WISN) confirm that physicians and nurses at UHCs often operate under very high workload pressure, yet sanctioned posts frequently go unfilled, exacerbating inefficiencies.

Maintenance and supply chain gaps compound the problem. Small repairs (under Tk 20,000) can sideline machines for months. Consumables exhaustion turns sophisticated diagnostics into expensive paperweights. Logistical oversights, such as generators without fuel allocations, further erode returns on investment. These frictions risk turning hundreds of crores of taka in public assets into depreciating liabilities, eroding public trust, and driving more referrals to already overburdened district and tertiary hospitals.

To transform the infrastructure victories achieved under the UGDP into a durable, self-sustaining ecosystem, Bangladesh must move beyond ad-hoc procurement and embrace a roadmap defined by inter-ministerial integration and local autonomy. At first, the "No Staff, No Stuff" mandate must be enforced. We must stop delivering sophisticated hardware to facilities that lack the specialists to use them. The procurement of specialised equipment must be strictly synchronised with human resource deployment. This requires a Joint Human Resource Mapping Protocol between the health and LGRD ministries to ensure that infrastructure sub-projects are only approved when the necessary specialists are either already on site or are part of a firm, imminent recruitment timeline. This must be paired with aggressive rural retention incentives, such as hardship allowances, improved housing, and faster career progression, so that our best medical minds are willing to serve in the heartlands where they are needed most.



VISUAL: ANWAR SOHEL

Simultaneously, we must address rigid financial rules that turn minor mechanical issues into long-term breakdowns. Currently, a small repair costing less than Tk 20,000 can sideline a vital machine for months while local managers navigate the labyrinth of central approvals. We must grant our local facilities the breathing room to act swiftly. By authorising upazila parishads to ring-fence a portion of income generated from diagnostic services using UGDP-provided equipment, they can be empowered to handle on-site fixes and utility needs without delay. This would also create a self-sustaining cycle of care and accountability.

Moreover, future procurement contracts must be smarter and more comprehensive, mandating the bundling of a full year's supply of consumables and long-term warranties that shift the maintenance burden upstream to the vendors. By integrating this equipment into the National Essential Drug and Supply List, their replenishment can be ensured through established, reliable channels rather than through desperate, ad-hoc local efforts.

Finally, we must institutionalise operational readiness. No high-value asset, be it an ambulance or a generator, should be handed over without a formal verification that the facility is ready to use it. This means having a designated operator, a ring-fenced fuel budget, and a clear maintenance plan in place before the keys are turned over.

The stakes of this transition are incredibly high. If we fail to act, hundreds of crores of taka in public assets may gradually turn into depreciating liabilities. Public trust will erode as communities find that modern facilities and equipment, intended for their benefit, remain inaccessible. Such inaction will inevitably increase overcrowding at already burdened district and tertiary hospitals, slowing our progress towards universal health coverage.

However, decisive action to bridge the gap between infrastructure provision and operational sustainability could transform the lessons of UGDP into a model of global excellence. With the second phase of UGDP (UGDP-2) pledged during the prime minister's visit to Japan, this is the right time to review the project's achievements and challenges and incorporate those lessons into UGDP-2's design. While no single project can transform the healthcare system overnight, careful project design and implementation can build on past successes, address existing shortcomings, and deliver greater and more sustainable impact.

Precision farming must go hand in hand with groundwater protection

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BNP had promised in its election manifesto to bring precision agriculture to Bangladesh. The idea is to use sensors, Earth observation, and other data to provide crops with the right amount of water, fertiliser, and other inputs at the right time. With a growing population, shrinking farmland, and a changing climate, growing more food from what we already have is a national priority. But such ambition must also ensure the protection of groundwater, which has been the backbone of farming progress in Bangladesh.

Shallow and deep tube-wells made widespread rice cultivation possible in the dry season. Today, roughly three-quarters of irrigated dry-season arable land, especially paddy fields, relies on groundwater. In parts of the northwest, however, decades of pumping have been accompanied by falling groundwater levels.

Precision farming can help an individual farmer decide when and how much to irrigate. But saving water on one farm does not necessarily reduce pumping across an area. If the savings allow more land to be irrigated or another crop to be grown, overall withdrawals could remain unchanged or increase. The larger question is about how much groundwater can be used, where, and when, without undermining future supplies.

Answering that question means understanding aquifers: the underground layers of sand or rock that store and transmit water. Their capacity to supply water depends on geology, how water is released from storage, and how it is replenished by rainfall, rivers, or neighbouring layers. Conditions can differ between villages and even between shallow and deep aquifers beneath the same area. In some shallow aquifers, dry season pumping lowers the water table, leaving more space for monsoon water to infiltrate. Where infiltration is favourable, this seasonal cycle can increase the volume stored underground. But space does not guarantee replenishment. Excessive pumping can reduce river flows, affect nearby wells or cause continuing depletion.

The Barind region provides a stern warning. In some places, pumping has lowered groundwater pressure until the water level fell below the clay layer that previously sealed the aquifer. Water then begins to drain from the aquifer itself, rather than being released mainly through changes in pressure. More water is released for each further metre of decline, so the water level may start falling more slowly even while abstraction continues. While that could seem reassuring, it is not evidence of recovery.

Replenishment also varies across the Barind Tract. Some aquifers receive water through overlying layers or other connected pathways; thick clay restricts it elsewhere. Even a seasonal recovery in water levels must also be interpreted alongside geology and the effects of pumping on neighbouring users. Water-level trends alone cannot tell us how much water can be used sustainably.

This is why groundwater management cannot follow district or upazila boundaries alone. One aquifer may extend across several districts, while neighbouring farms may draw water from different aquifers or from different depths in the same area. Uniform limits on pumping or water-level decline could be too restrictive in one place and dangerously lenient in another.

For better decision-making, the foundation Bangladesh already has in place can be used. The Bangladesh Water Development Board (BWDB) has historically monitored groundwater levels weekly in more than 1,200 observation wells, alongside newer automated measurements. Weekly records reveal seasonal recovery and persistent decline; higher frequency readings can also help identify short-term pumping and recovery responses. To interpret them, monitoring wells must be linked to the depth and geological layer they actually measure. Combined with geological maps, aquifer properties, irrigation records and estimates of potential monsoon replenishment, they could provide a water account for each aquifer or management zone.

This account would track how much water enters, how much is withdrawn, how much flows away naturally and how storage changes. Crucially, it could also assess where seasonal pumping creates useful storage that the monsoon can refill, and where further abstraction risks lasting harm. In suitable locations, it could also guide efforts to direct surplus monsoon water underground to increase replenishment, a practice known as managed aquifer recharge (MAR), provided the geology and water quality are suitable.

A Barind pilot bringing together BWDB, Barind Multipurpose Development Authority, agricultural extension services, and research institutions could map aquifer boundaries, define management zones, and compare crop-water demand with locally available supplies. Some zones might support carefully managed seasonal use; others may need stricter limits where replenishment is slow, or excessive pumping threatens long-term groundwater availability and local drinking water supplies. Farmers would use precision tools to cut waste, and their knowledge of crops and wells should shape the pilot. Precision irrigation could reduce waste, while evidence-based withdrawal limits, crop choices, and finding alternatives for surface water would respond to conditions in each zone.

The government should judge precision agriculture not simply by yields or sensors installed, but by whether farming remains productive without exhausting groundwater. Aquifer-level accounting would turn existing groundwater data into decisions about where to use more efficiently, where to replenish, and where to restrain pumping.

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