

Don't let sex traffickers off the hook

Poor conviction rate responsible for the persistence in sex crimes

POLICE have reportedly arrested three men in connection with the trafficking of young women to Dubai and forcing them into prostitution. The news was disclosed by the Criminal Investigation Department of police on Monday, when it released details of the operation of an organised sex trafficking gang and those arrested, including one suspected to be the group's "kingpin". Some of the details that have emerged are disturbing. The traffickers would target girls aged mostly between 18 and 20 and exploit their vulnerability by promising them well-paid jobs in hotels. The victims were paid a month's salary up front, as "advance salary", and no fee was charged for their travel. Once they reached Dubai, they were first given jobs as receptionists or waitresses at one of the hotels owned by the group leader and later forced to work at dance clubs and subsequently as sex workers. They were beaten and tortured with electric shocks if they refused.

These details give us an insight into how transnational sex trafficking gangs work. They usually target poor young women from impoverished backgrounds who are desperate to make a living and use loopholes in the systems of both host countries and destination countries to continue their operations. The gang in question has allegedly been active for eight years and sent hundreds of women from Bangladesh. How could they elude detection for so long? Police often claim, as they also did after the recent bust, that the cross-border nature of these crimes makes them difficult to contain. But the truth is, a transnational criminal operation cannot thrive without a strong local base. Dismantling this base is vital. According to the latest United States Trafficking in Persons report, more than 4,000 trafficking cases were still awaiting investigation or prosecution at the end of last year in Bangladesh, and the conviction rate stood at just 1.7 percent in 2019. So no amount of rhetoric can absolve the failure and bureaucratic inadequacy of the criminal justice system and the local administration to bring the criminals to justice. The authorities, if they really mean to curb this crime, should also ramp up their efforts with the collaboration of destination countries and international organisations working on sex trafficking.

The most urgent task right now is to rescue the victims. We have had little progress in this regard and it is disconcerting that they continue to suffer thanks to lack of initiatives to bring them home safely. An important way to ensure this doesn't happen is to raise awareness among these impressionable young women, so that they don't fall prey to the promises of local "brokers" and agencies employed to lure them. Without raising awareness and strengthening local crime detection and prevention systems, as well as making our foreign missions and embassies sufficiently responsive, we cannot fight this crime with any success.

WHO chief's blunt and dire warning

Which way are we heading?

WHO Director General Tedros Ghebreyesus has some very bad news for us, cautioning the world that the coronavirus pandemic may get even worse if countries around the globe, and that includes most countries, fail to adhere to strict healthcare precautions. And he has statistics to back his ominous forecast. As of July 14 afternoon, there have been 13,259,473 confirmed cases of Covid-19, and 576,028 deaths.

We wonder where we are going in this regard. Admittedly, in Bangladesh the death rate has plateaued, but the number of infected cases has increased manifold as more and more people are getting tested. And we are nowhere near attaining the optimum number of tests. And when the WHO chief refers to adhering to proper precautions it may be a good idea for our planners to look at the global statistics. The two most affected countries are the US and Brazil. Of the 230,000 cases, 80 percent were from these two countries. And they have set the worst example of fighting the pandemic by disregarding the advice of health experts and failing to enforce safety measures. And that shows in the numbers. Of 230,000 new cases on Sunday, 80 percent were from 10 nations, and 50 percent from just two countries.

It is time to take a stock in Bangladesh for several reasons. Firstly, we ought to determine whether the loopholes we had to start with have been adequately plugged. Secondly, whether our current modality of work is effective or not, and thirdly, to determine the remedial measures that we should adopt to combat the pandemic. These include adopting examples of best practices of combating the virus in other countries and replicating successful containment strategies in certain areas within the country and taking timely, prudent steps, especially during the upcoming Eid.

But amidst this very sensitive situation, we are dismayed to see the line ministry and its most important department, the Ministry of Health and DGHS, at loggerheads, with no one taking responsibility of the horrendous scandal of fake Covid-19 tests by hospitals that has risked lives and pulled back our efforts to fight the pandemic. That everything is not well with either is clear, but instead of pulling up their socks, we see them going at each other. That is not only unexpected but also undesirable, and will frustrate the ongoing fight against Covid-19.

We feel that the Prime Minister's direct intervention is needed here, since there is a need to clean up the mess that both the ministry and DGHS are in and ensure that our fight against the virus is in efficient and good hands, which currently it is not.



TASMAH T RAHMAN

THIS year, the World Youth Skills Day takes place at a challenging time, when the need for skills is higher than ever. The UN has declared this year's theme to be "Skills for a Resilient Youth"—a very timely

topic amidst the lockdown of Technical Vocational Education and Training (TVET) institutions, worldwide. As Bangladesh went into lockdown on March 26, all classes were cancelled, residential training was postponed and students were asked to go back home. We are now four months into the crisis and while the markets have opened in limited capacity, movements are becoming normal, and people are requested to maintain safety; education institutions remain closed until September 2020, as per the government directive.

Since the lockdown, there have been many innovations around online classes. However, as we move towards tackling this crisis, in the "new normal", TVET students in Bangladesh will face challenges in accessing digital devices and connectivity given that they mostly come from disadvantaged backgrounds. While we aim towards moving for a "blended learning" approach—which is, simply put, a "blend" of both online and face-to-face classes—it is of utmost importance that we move fast, keeping in mind the following points.

Online classes: not an option for hands-on-training

In order to immediately address the crisis, the Bangladesh government started teaching through television for technical and madrasa students on April 19, so that students can make up for some of the losses due to closure of the educational institutions. However, according to the rapid survey done by Campaign for Popular Education (CAMPE), educational activities of more than 3.5 crore primary and secondary level students are being hampered. Assessments through these platforms remain a challenge.

Urban schools and universities have opted for taking online classes via Google Meet, Zoom and even Facebook live, and various online platforms continue to offer free online classes like 10 minute school, Shikbok Batayon, Repto etc. However, hands-on training—which is about 80 percent for technical courses like electrical house wiring, plumbing, refrigeration and air condition repairing, motorcycle mechanic and tailoring, among others—remain closed.

During lockdown, about 732 students (11 percent women and girls) were reached for a quick survey in BRAC's Skills Development Institute and 54 percent showed an interest in online training. However, amongst the existing students, 37 percent said that they would prefer to wait and receive hands-on training when the Covid-19 crisis was over for

courses like Electrical Installation and Maintenance (EIM) and graphics design. Students feared that if they were taught the whole course online, they would not have a chance to do the practical tutorials.

Towards a blended approach: Ensuring connectivity and safety
For Bangladesh, the future of TVET may be through a blended approach. Theoretical training, soft skills modules and Covid-19 response courses can be taught online. A major task here will be to have online content for all TVET courses along with appropriate training of trainers.

According to BTRC, the number of mobile internet users rose by 9 percent year-on-year to 9.5 crore in March

or financial assistance to buy the correct device. This may not be sustainable in the long run, thus, a financial mechanism can be established where parents may get a loan to buy devices for their children with low or no interest rates. This could be done through local microfinance institutions. Special data packages can also be offered to students.

When the classes reopen, classrooms and hands-on-training spaces will have to maintain social distance following appropriate guidelines. There needs to be hand-washing facilities and students need to receive protective gear. It is evident that people are not following the rules as much as they should, and it is even more rare in rural communities. Thus, steps have to be taken to remind the students

as they remain outside government support packages. Many disadvantaged youth who drop out of general education end up working in the informal economy. The Covid-19 crisis may push more students out of school, who would also opt for TVET education for an immediate job to support families. The new normal has also pushed formal economy employees like RMG workers out of jobs, and re-skilling them with new and agile methods is necessary.

As such, it is clear that the future looks uncertain—so does job markets, current skills and scope of work. Instead of being frustrated, the key is to focus on harnessing a mindset of being resilient and agile in learning. Our parents worked in one job all their lives, while we have



PHOTO: COLLECTED

this year. This is confirmed by BRAC's survey of 732 learners, which showed that almost 79 percent have access to devices in Dhaka. However, this number is far less when we look at the rural training approaches through informal apprenticeship. A survey done on 9,000 rural learners shows that only 13.25 percent of learners have access to devices and the number is as low as 5 percent for women and girls.

Ensuring quality TVET education only through online means, given the population, can be a long term goal for Bangladesh. Initially, urban and semi urban students can come under the blended approach while rural youth would still receive training through face to face classes.

The issue of connectivity remains a challenge. Students would have to be given a basic laptop, iPad or a device,

to follow these protocols. Visual aids like large posters in classes may be helpful to remind both teachers and students. In case any student feels ill, he/she should be given leave and also be referred to community clinics. Parents would have to sensitised and be onboard for this approach to work for students.

A resilient mindset: for "new normal" employment

Employment opportunities are also shrinking in certain sectors but growing in others. Sectors like healthcare will definitely need hundreds and thousands of technicians, nurses and caregivers. Various digital skills, coding skills and ICT enabled services for small and macro enterprises have a large potential, along with urban needs like home delivery and logistics support. Re-building micro and small enterprises, especially in the informal economy, needs to be looked

worked in five, but our children may have to work in 15 jobs. One may end up doing multiple jobs to maintain family expenses. An RMG employee may work in a factory during the day and be a community healthcare technician in the evening for a community clinic. Here, soft skills training such as how to "cope" with multiple jobs, maintain work life balance, good communications and negotiation skills will be needed.

One important point to consider is that we often think that parents are the best career advisors but in today's digital world, we might let the youth decide what they want to do while we help them to develop a "resilient mind", because their world will be very different from ours. The Covid-19 crisis, if nothing else, has shown us that.

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Regent and JKG scams: Is this the face of a new normal in healthcare?



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INSTALLED on the boundary wall of the Directorate General of Health Services (DGHS) located at the ever-busy Gulshan-Mohakhali Link road, the illuminating electric signboard reads "Healthcare

will leap several steps forward in the Mujib Year". Sadly, the very good initiative of the government has turned out to be nothing but mere propaganda by the health bosses. Much ado about nothing and a big fuss over a trifle—corruption and nepotism have taken over healthcare.

Thanks to the pandemic, we now know just how unprepared our health sector is in dealing with it. Over these years, we thought it was a crisis of lack of adequate funding to serve the people. But that is not the case; rather, we have been made a victim of a nexus of corruption. For some in this sector, Covid-19 has emerged as an opportunity to make quick money.

A few months back, when Covid-19 had just made its entry into Bangladesh, doctors started complaining about the poor quality of personal protective equipment. The health bosses then silenced these complaints by issuing several directives. It did not end there, as we now know the names of JKG Health Care and Regent Hospital that were providing fake Covid-19 test reports at a high price. Regent went further by charging a high price for Covid-19 treatment, which the hospital should have done free of cost and be reimbursed from the government later. Instead, it did both.

The law enforcing agencies deserve a big thanks for unearthing the worst-ever health scandal in the history of Bangladesh. But how did all this happen? In both cases, the masterminds were

able to establish strong connections with government high-ups. The usual blame game is on, but can these officials deny their responsibility? They cannot, and there must be an independent and impartial enquiry into this scandal.

Interestingly, both scandals have similar patterns involving almost the same individuals. The culprits of JKG Health Care and Regent Hospital first established close contact with the influentials. They even made some friends within the media

Government Titumir College premises into a personal entertainment place that led to an altercation between the college employees and JKG volunteers.

Sadly, JKG with the help of a section of media was able to portray this incident as an attack on JKG. This was just the tip of the iceberg that led to the unravelling of the biggest ever scam in the name of providing free Covid-19 testing. Surprisingly, some lawmakers even certified JKG Healthcare as a renowned

never have been able to carry out their operations. While these organisations got blanket approvals, we see a picture of how indigenous Covid-19 testing solution face bureaucratic bottlenecks. Any indigenous invention may have some initial flaws, but that does not necessarily mean it cannot be improved. Instead of quick cooperation from the health and drug bosses of the country, Gonoshasthya Kendra's rapid testing kit faced unfathomable blocks. Had the authorities concerned taken the kit seriously, it could have been improved further and the government could have extended Covid-19 testing to a much larger scale. On the other hand, mushrooming organisations have been able to do healthcare-related business during Covid-19.

Nowadays, we often hear the term "new normal", which refers to the coping strategy in the post-Covid-19 era. Will this be the new normal healthcare in the post-Covid-19 era in Bangladesh? Hopefully not. But these two scandals are not isolated incidents; scams like these have long been feeding on the healthcare system. The DGHS seems to have finally woken up a bit as it cancelled Covid-19 testing approvals awarded to five different hospitals on various grounds. But neither the health ministry nor the DGHS can avoid their share of responsibilities in the blunder, and engaging in a blame game is futile. Those who are responsible for this must be brought to justice.

While government hospitals have performed admirably with limited resources, they have stuck out as "isolated islands" of care in an era when care perhaps should be better distributed. The government may consider a complete overhaul of the healthcare sector and ensure that the people, the disadvantaged and the vulnerable in particular, have access to an efficient healthcare system.

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This influence perhaps helped him to get Covid-19 treatment approval, although the hospital had no valid license. News reports have revealed a track record of fraud by the Regent Hospital boss for years. So how did he manage to cover up all these unscrupulous activities for years? What was the source of his power?

who very sadly, forgot their journalistic ethics and enabled them, knowingly or unknowingly, in building the cheating syndicate. When all was set, they started preying on the common people.

Was it very difficult to find out the truth? Apart from organising healthcare expo, JKG had no prior experience on public health, let alone managing such a large level of public healthcare operations. Its alleged chairman is a cardiac surgeon who transformed herself very quickly into a public health expert and trained several hundred fake volunteers. Like the Regent boss, the JKG chairman had a very strong social media presence portraying her connection with government high-ups. This organisation opened its YouTube channel on January 6 and updated its domain jkghealthcare.com on April 8, 2020. They allegedly turned the

organisation. Even without having any healthcare-related experience, JKG managed to get the approval for collecting Covid-19 samples—thanks to the connections the owners had.

When it comes to the Regent Hospital scandal, we see the same pattern. The Regent boss also seems to have made good connections with political, administrative and media professionals. This influence perhaps helped him to get Covid-19 treatment approval, although the hospital had no valid license. News reports have revealed a track record of fraud by the Regent Hospital boss for years. So how did he manage to cover up all these unscrupulous activities for years? What was the source of his power?

It is evident that without having the support of influential quarters, JKG Health Care and Regent Hospital would