

## New safari park amidst already shrinking forests

*Prioritise nature preservation, not new construction*

WE, along with environmentalists and forest inhabitants, are concerned about the government's plan to build the country's third safari park in the hilly, 5,141-acre Lathitila forest of Moulvibazar, Sylhet. Building this park will disrupt or even endanger the habitats of the existing wildlife and add to the shrinking of forest cover that has been happening over the last few decades. Though authorities claim that "environmental issues will be addressed and no one will be evicted", the history of not properly maintaining safari parks in our country and the government's seeming lack of concern for nature conservation in any regard makes this claim hard to believe.

According to the Forest Department's Forest Sector Master Plan natural hill forests were found to be occupying only 79,160 hectares of land in 2015, down from 128,630 hectares in 1990. Experts, such as the former chief conservator of forest, opine that the government's current focus should be "on preserving whatever forestland we have" instead of building structures and making them into tourist spots.

Safari parks can be established without further harming the biodiversity of a forest if they are maintained properly. In a DS report on this issue, Dr Mohammed Abu Sayed Arfin Khan, associate professor of forestry and environmental science at Shahjalal University of Science and Technology, has been quoted saying that the key objective in this case seems to be bringing in exotic wildlife (belonging to foreign habitats) and promoting tourism, both of which will destroy the forest's biodiversity and environment. He thinks safari parks in Bangladesh fail because authorities focus more on constructing the park rather than managing the park sustainably.

While the study to find out the "environmental, physical and economic suitability for establishment of the safari park on the proposed site" is still being conducted by BETS Consulting Services Limited, both locals and experts are not keen on the idea of the safari park being built. The general secretary of Bangladesh Paribesh Andolon (Bapa) in Sylhet, for instance, has told DS that Lathitila is not the ideal place for building the park as it is in a remote area and its nature requires conservation. He instead suggests areas such as the Barshijora Eco Park in Moulvibazar town, which is much more accessible. But he also believes that even then, nature conservation must still be the government's priority.

It should be no secret to the government that the country's forests are at great risk of being lost to unsustainable development. We would urge the concerned authorities to preserve whatever we have left of our natural forests, especially in the face of such rapid and mindless forest loss. It is a given that tourists will not treat the environment of the forest with as much care as do its inhabitants, unless the authorities ensure ecotourism.

## Prisoners can hold Zoom meetings?

*Hospital stay for prisoners must not be abused by the influential*

WE all know how corrupt individuals beat the system with influence and of course, money. But the news of a convicted prisoner accused of a huge scam that deceived thousands of people, happily participating in Zoom meetings as part of his conducting his business, just takes the cake. A leaked video clip of an alleged recent meeting of Destiny Group Managing Director while imprisoned, in which he declares that it was the fifth meeting of the group, has gone viral on social media, especially since the meeting was conducted from a "prison cell" in Bangladesh Sheikh Mujib Medical University (BSMMU)! According to news reports the MD has been "in jail" since 2012, arrested in cases filed over embezzling and laundering Tk 4,200 crore.

Even more shocking is that before this he had stayed in a cabin in BIRDEM General Hospital for around a year according to a DS correspondent who saw him moving around his cell area, eating home-made meals, meeting family members and business associates. So how do certain prisoners get VIP treatment even after they have committed such serious crimes?

Jail officials have said that prisoners are not supposed to have access to any mobile phone or other devices or Internet facilities. So how did this prisoner have access to such facilities despite having prison guards guarding his room in shifts round the clock? Were they blindfolded when they checked on him, if they did at all? What about the hospital authorities? Is it logical or ethical to have a cabin occupied by a prisoner for a whole year or for a prisoner to be enjoying such privileges while thousands of people cannot even get a hospital bed, especially in this pandemic, due to the acute shortage?

The Inspector General of Prisons has said a three-member inquiry committee has been formed and they must report their findings within seven working days. But really, will they be able to explain how such blatant violation of rules governing prisoners and shameful abuse of precious hospital facilities are taking place? If it is diabetes and urology problems that have allowed the Destiny MD such indulgence of the state, will the same concessions be made to regular prisoners with medical conditions who are neither influential nor rich?

There is little doubt that individuals within the system have been paid off in exchange for such privileges. We would like to see whether this probe committee would unravel the nexus that has allowed such violations of the law to occur and take action against those who are part of it. This incident should prompt the state to take serious steps to find out how many prisoners are abusing the system by staying at hospitals, not because they are really sick, but to avoid the hardships of prison that the rest of the prisoners are compelled to face as part of their punishment.



TASLIMA YASMIN

IT is indeed a relief to know that section 155(4) of the Evidence Act that allows character evidence in rape cases will perhaps finally be removed. Rights activists had been protesting against the presence of such a degrading provision for several years now as admissibility of character evidence is viewed as one of the key reasons for low reporting of rape cases as well as for the extremely low rate of conviction in rape prosecutions. It is important as such, to acknowledge first, that such a reform would surely be a landmark step towards changing the discriminatory legal approach towards complainants of rape and sexual offences. However, needless to say, we need to address the root cause of the problem, i.e. the culture of degrading a complainant and questioning her integrity when her allegation is one of rape or sexual assault. This essentially leads to the necessary question—would removing section 155 (4) of the Evidence Act alone be sufficient? The answer would probably be "No", although I do believe such removal will not only be on principle, a positive step towards progressive reform, but may also positively impact the overall approach of the justice actors in treating a complainant of rape.

Hence it is important to address the issue more comprehensively and bring reforms both in law and in practice to ensure that the patriarchal standard of "morality" that defines a "good character" of a woman does not come in the way of her receiving justice. Thus, in addition to section 155(4), provisions that deal with cross-examination of witnesses generally, need to be scrutinised as well. Section 146 of the Evidence Act for instance, allows questions to be asked to witnesses during cross-examination, which tend to "shake his credit, by injuring his character". This section clearly keeps open the scope for asking degrading questions regarding past sexual behaviours of the complainants of rape. This is the precise reason that the Indian Evidence Act had added a proviso to its section 146(3) stating that "in a prosecution for rape or attempt to commit rape, it shall not be permissible to put questions in the cross-examination of the prosecutrix as to her general immoral character".

Hence, positive legal provisions protecting the complainants of rape and sexual offences from facing degrading questions should also be incorporated so far as it is consistent with the ends of justice. Such "rape shield" provisions are inserted in the laws of a number of other countries. In UK, the Youth Justice and Criminal Evidence Act 1999 provides protection for complainants in sex offence cases by restricting the ability of the defence to introduce evidence or questions relating to the complainant's

complainant had suffered. Although the Nari o Shishu Nirjaton Daman Ain 2000 makes provisions for "trial in camera" in rape cases, in practice such trials seldom take place in the tribunals. More so, although the law says that such private trials can take place either on application of the parties or when the concerned tribunal considers it necessary, no further rules are provided to elaborate on how such trials can take place, and what should be the duties of the presiding officer of the tribunal in terms of ensuring

complainants of sexual offences. For instance, in the 2018 judgment that banned the two finger test for rape survivors, one of the several directions that the High Court Division had issued was that the "Nari-o Shishu Nirjaton Tribunal shall ensure that no lawyer shall ask any degrading question to rape victim which is not necessary to ascertain any information of rape." Such directives, however, often remain unenforced and unknown to the key stakeholders. It is also crucial that the Supreme



sexual history. In 2013, the Indian Evidence Act further added section 53A, stating that in order to prove consent in a rape prosecution, the victim's character or previous sexual experience will not be relevant. Then again, before adding a similar rape shield provision in our law, we need to thoroughly understand how such provisions are formulated and implemented in other countries.

It is also important to ensure that the court environment remains conducive for the rape complainant considering the sensitivity of the allegations and the lasting effect of the trauma that the

that a rape complainant is always aware of such options.

In addition to incorporating positive changes in the laws, the justice system must also be sensitised towards the plight of the victims of sexual offences. Without realising such sensitivity of the justice actors, it is difficult to ensure that complainants of rape are treated with dignity during trial. Sensitising the judiciary thus needs to be given special attention at the policy level. On few occasions our apex court itself had given directions as to the treatment of

Court proactively take initiatives in issuing specific directions to the lower courts addressing the approach to be taken when dealing with complainants of rape and other sexual offences. With concerted efforts from all relevant stakeholders, we also need to identify the strategies that may support and enable justice actors in all tiers, to avoid gender stereotyping when they are dealing with cases of sexual offences.

Taslima Yasmin is Associate Professor, Department of Law, University of Dhaka. Email: taslima47@yahoo.com

# Psychosocial support during Covid-19

*Can CHWs be a low-cost alternative*

NAZIA ISLAM

ACCORDING to the World Health Organization (WHO), worldwide, nearly 1 billion people are suffering from some form of mental disorder and in every 40 seconds, one person is committing suicide. The situation is worsening gradually. Not only does this affect people's personal life, but it also eventually affects the global economy too. Just depression and anxiety, two of the more prominent mental health conditions, costs the world USD 1 trillion each year. According to the Bangladesh Mental Health Survey 2018-2019, the prevalence of any type of mental disorder among adults (age 18-60+ years) is 16.8

health needs of the people have not been addressed adequately. The possible reasons for lagging in delivering mental health needs are that neither the policy nor the strategic plan has been implemented, lack of mental health related human resources, limited share in the health budget, and the absence of mental healthcare system up to the grass-root level. Moreover, stigma and discrimination related to mental health conditions refrain patients and their families from seeking such services.

With the increasing demand for mental health services and a huge gap in their availability, the Covid-19 pandemic might be the last straw that broke the camel's back. On the one side, mental

insomnia, and anxiety; or worsening pre-existing mental health conditions. Emerging research findings are claiming that the Covid-19 itself can lead to certain complications like delirium, agitation, and stroke, and on the contrary, people who have pre-existing mental health conditions have a higher risk of experiencing more severe outcomes. So, the need for mental health services at a mass scale is needed now more than ever.

In LMICs (low-to-middle-income countries) like Bangladesh where the health budget is less than 1 percent of its GDP and mental health is at the bottom of the priority list, the shift is very crucial yet challenging. Here, a low cost and scalable at mass with limited resource intervention would be necessary. A recently published research suggested that involving CHWs (community health workers) during the pandemic and beyond for delivering mental health services in the community could be a great strategy for LMICs. This study was led by Sabuj Kanti Mistry, a researcher

solution for a country like Bangladesh. The idea is not totally new as non-medical health workers have a history of providing support to the family members, assisting in the outreach activities, and ensuring adherence. A randomised control trial carried out in Nepal assessed the effectiveness of non-medical health worker-led psychosocial counselling in a rural setting and the intervention was found to be remarkably effective. Economic evaluations provided evidence that these kinds of interventions are not only cost-effective but also cost-saving. The paper also pointed out that CHW based psychosocial counselling can be a cost-effective alternative, especially in the pandemic situation. However, adequate training should be ensured for the CHWs so that they become well equipped before providing psychosocial support.

WHO has already felt the need and took a special initiative for mental health where they will scaling up interventions and services across "community-based settings" along with advancing mental



percent and children (age 7-17 years) is 13.6 percent. The percentage is higher among females than males (17.0 vs. 16.7) and urban adults than rural adults (18.7 percent vs. 16.2 percent). Interestingly, it is the opposite among children where the percentage is higher among boys than girls (14.6 vs. 12.7) and rural children than urban children (13.8 percent vs. 13.0 percent).

Despite having a new policy and strategic plan in place, evidence from Bangladesh shows that the mental

health service is going through a major disruption due to the pandemic. On the other, the pandemic has increased the demand for mental health services. Firstly, people are experiencing social isolation, frustration, boredom, fear of infection, financial loss, loss of near and dear ones, inadequate supplies, inadequate as well as confusing information, and stigma. It's triggering negative psychological effects like stress, confusion, and anger; or aggravating existing situations like increased levels of alcohol and drug use,

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from Bangladesh and his colleagues from Nepal and Australia, and has suggested some potential strategies to engage CHWs, such as provide psychosocial support either face-to-face or over the telephone to address anxiety, depression, and suicide, connect people with nearby mental health resources, fostering societal support, capacitating people in stress management skills, empowering self-efficacy of people, imparting health literacy, providing a listening ear and reflective empathy.

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health policy, advocacy, and human rights. "Guidance on community mental health services" has already been prepared to promote person-centred and rights-based approaches. National Mental Health Policy, Bangladesh, 2019 also emphasised on the community-based approach for mental healthcare.

If mental health issues are left unaddressed, Bangladesh may not be able to achieve some of the SDGs. Therefore, it is crucial to invest in prevention methods today. In a vastly resource-poor setting where there is a high demand for mental healthcare like Bangladesh, experimenting with an alternative option for delivering effective treatments to psychological problems by community health workers is highly recommended.

Nazia Islam is a Policy Analyst for Brac Advocacy for Social Change Programme. Email: nazia.ph40@gmail.com