FREEDOM COMMUNITIES

Community Based Rehabilitation Programmes with Survivors of Human Trafficking

An Exploratory Analyses

SANJOG

Preface

There is a beautiful saying that has often evoked me:

> " *If you want to hear birds singing, don't build cages. Plant trees.* "

In my work with survivors of trafficking, I take the creative liberty of adapting this idea into saying: **If you want survivors to be empowered, don't build more shelter homes. Strengthen community-based rehabilitation and integration.**

In our work at Sanjog, we align with the definition of community as a group of people who share a common physical environment, resources, and services, as well as risks and threats. It is also a collective body that has boundaries (often geographic), internal and external feedbacks, and "a shared fate." Community as a term really highlights a collective set of relationships and beliefs among a group of people that exists over an extended period of time. The complexity of that is hard to capture and influence in any medium and this research is an effort towards exploring that through the experiences of survivors and human rights organisations.

Community based rehabilitation (CBR) is a term coined by the World Health Organization in 1978, for a project to enhance the quality of life for people with disabilities and their families. Today, the approach has found its uses in the rehabilitation of many vulnerable groups, including the segment we will discuss in this research – survivors of human trafficking. The original CBR model has been modified and improvised by social workers and public service "If you want to hear delivery organizations and has also changed with the differing ways in which the model's stakeholders – survivors themselves - respond to it.

Yet, the fundamental governing principles that define CBR remain constant – survivors' basic needs are met, their participation in socio-cultural and economic life is facilitated, and so their access to public services and equal opportunity are unhampered. CBR aims to reincorporate survivors into the mainstream of social life, break down imposed barriers (medical, social, cultural, economic) and by helping communities enhance their power and capacities of aiding survivor reintegration.

At Sanjog we have steadfastly believed that there is a need to identify and recognize CBR-centric models as optimal service delivery systems for complete and effective reintegration of survivors into their communities. And hence this exploratory research to study the prevalence, strengths and challenges

of such community models across India.

This research also has been an example of a team and community of people sharing the passion to understand the significance of rehabilitation in one's own community of choice rather than in custodial shelter homes. Sanjog's research idea, design and implementation were strengthened by the shared commitment to CBR of many organisations who excitedly participated in this study and our teams are growing strongly. This connectedness and resilience are invaluable. Especially when the CBR models are still not institutionalised, owned up and strengthened by the State. Sanjog through this research would like to acknowledge and visibilise the glaring deficiencies of existing custodial care models for survivor rehabilitation and put forward the CBR alternative at multiple forums. Almost all participating organisations in this research have highlighted that non standardisation of rehabilitation policy across India, especially those that define and enforce CBR, lead to discrimination and neglect and therefore recommend legal and policy reform to build certain uniformity, accountability of duty bearers and role clarity. This will also lead to systems strengthening in being able to bridge the gap between survivors and the state system.

With our allies in this research, we would like to also campaign tirelessly with governments and bureaucrats to acknowledge that rehabilitation can be achieved only when a survivor feels safe in her community of choice, is physically and mentally healthy, has ease of access to public services she needs, is given opportunities, and at least to a degree is an advocate for her own human rights and the rights of others who have experienced similar struggles. That's what CBR advocates (survivors themselves) and activist organisations will keep rooting for. Since CBR finally IS about working with survivors in their own homes, each with their own story, history, feelings, hopes and dreams!

Sanjog thanks all the organisations and the survivors who made this research possible and meaningful. We are grateful to have worked with you on this research together, as co-travellers and co-creators of freedom in communities....

In solidarity and with hope,

Uma Chatterjee
Founder-Director
SANJOG India

Acknowledgement

ABBREVIATIONS

BL	Bonded Labor
CBO	Community Based Organizations
CBR	Community Based Rehabilitation
DLSA	District Legal Services Authority
DWCD	Department of Women and Child Development
ILO	International Labour Organization
MWCD	Ministry of Women and Child Development
NLSA	National Legal Services Authority
NGO	Non Governmental Organizations
WHO	World Health Organization

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Executive Summary

Sanjog India has been supporting the reframing of rehabilitation services for survivors of human trafficking by working with community-based organizations (CBO) in various parts of India. The aim of Sanjog India (the NGO) is to create an impetus in the government and non-governmental institutions to plan and implement reintegration services with a focus on long term rehabilitation in the community as opposed to institution-based care. The reason for this sustained effort is the situation of trafficking survivors post reintegration, that is often, if not always, extremely precarious and uncertain due to inherent stigma, lack of access to rehabilitation services in the community and threat of harm from various stakeholders including traffickers. In this scenario the NGO has been trying to gather evidence of community-based rehabilitation models that are being implemented with survivors of sex and labour trafficking in different set-ups across the country. This research is a cumulative result of such initiatives by the NGO.

This study aims to identify and learn about the effective CBR models in practice. It explores the best practices, challenges and gaps in implementing community-based rehabilitation services for survivors of human trafficking. The objectives of the study are as follows:

1 *What are some of the community based rehabilitation programmes that are available to survivors of sex and labour trafficking?*

2 *What are similarities and differences in the ways CBR programmes are implemented with different groups of survivors (human trafficking and sexual violence)?*

3 *What are the gaps in implementation of CBR and how can those gaps be covered?*

4 *What can be recommended in terms of a model of CBR that can be implemented, tested and scaled up for survivors of human trafficking in India?*

Key informants from NGOs and funding agencies were asked to describe their programmes in detail, including information on the target population, objectives of the programme, implementation process, achievements, challenges, funding and partnerships. Government officials were interviewed to understand their role in the programme. Survivors of sex and labour trafficking were interviewed using Focus Group Discussions to understand what they thought were needs of survivors during reintegration period and their experience of participation, change and challenges in the CBR programme. The unit of analysis was the CBR programme and the study was conducted using a case study design where data from desk research and key informant interviews with different stakeholders were triangulated to present each programme as a case study.

A total of 8 CBR programmes for sex and labour trafficking survivors and 5 CBR programmes for women survivors of sexual and domestic violence were studied in this research. The qualitative data analysis was based on 32 interviews and 8 focus group discussion reports.

Based on data from all primary sources and secondary literature review the study concluded the following:

❶ **The role of government was absent, passive or creating barriers in the process of attainment of rehabilitation rights for survivors of human trafficking after rescue.**

The primary data of this study corroborated evidences from previous studies that survivors of trafficking were unable to attain welfare rights due to lack of tracking and identifying mechanisms, lack of standard operating protocols and presence of stigmatizing attitudes towards

survivors of trafficking. Areas that required considerable handholding by CBR personnel included livelihood, health especially mental health and legal interventions, indicating that implementation of policies regarding these areas were most problematic.

❷ Collectivization of survivors helped in advocacy for rights to meet rehabilitation needs:

This involved bringing disparate individual survivors together, building their capacities, developing a group identity, facilitating discussions on issues and enabling peer support. The outcome of this tool of intervention was a group that helped garner support, developed and implemented advocacy and awareness programmes and in larger groups of women in the community played the role of an SHG.

❸ Threats from traffickers or offenders was present in the context of both sex and labour trafficking survivors as well as women survivors of sexual or domestic violence:

All the participants in this study reported the presence of danger from the offenders that included the recruiting agent, the trafficker and the abuser in the community. Weak legal action and lack of proactive steps by law enforcement allowed the offenders a degree of impunity and social tolerance. The lack of policy framework clearly stating the role of law enforcement and local leadership however created glaring gaps in the CBR programme actions against the threats from traffickers.

❹ Considerable networking was needed to activate government role taking, align different NGOs working in the same area and creating convergence:

Systemic level issues were present in the government as well as non-governmental frameworks. The government departments needed to work in convergence to address the rehabilitation needs of survivors in the community, but due to lack of a policy and standard operating protocols, there was considerable role confusion.

The next level of systemic nonalignment or need for

alignment was referred to by the representative of funding organisations. The funding organisations felt NGO networks provided the required impetus to policy formulation but differences among NGOs and lack of a common professional ethic, such as divergent attitudes towards operationalising rights perspective, resulted in weakening the collective action.

❺ Post reintegration issues of assimilation in the family was problematic:

The family of a survivor held a very significant position in the entire community-based rehabilitation ecosystem. The repatriation policy offers no concrete alternative to family reunification for the survivors of trafficking. In this scenario the CBR programmes studied here, were struggling to find a way of resolving the issue of assimilation into the family because the programmes were unable to identify the needs of the family or because intervention strategies for family integration were less developed and had no policy frameworks. This also indicates that there is a need to consider repatriation or reintegration of the survivor into a new community without burdening the survivor or the family into forcible reconciliation. There is a need for policy guidelines for such non family reintegration options that are practical and feasible. Open institutions and community living arrangements are required.

❻ All programmes were funded by private donors with no government policy taking any responsibility towards rehabilitation of survivors of HT:

Finally, the study showed that there was absolutely no government funding for enabling survivors of human trafficking during reintegration. The entire focus of policy directives was on rescuing the trafficked person and was very weak on rehabilitation of the trafficked person. The efforts by NGOs can never replace government led initiatives with the governments massive budgets and human resources, but the NGO led CBR programmes can lead the way towards a government policy, law and scheme that will at least in theory offer survivors of human trafficking clear rights to fight for and hold duty bearers

accountable.

Based on the analysis of current practices, their achievements and challenges, certain gaps were identified. The recommendations that follow are meant to help design CBR programmes that can effectively address those gaps:

A model for designing CBR programmes would need four main domains – identification of survivors as well as people who are living in trafficked conditions,

Recommendations mapping of rehabilitation needs, schemes, laws, duty bearers, gaps, threats and protective mechanisms in the community, tools for intervention that could include but not be restricted to collectivization, linkages, *1* social audits and advocacy and resource development and finally analysis of rehabilitation status. This model has been recommended for use by governmental or non-governmental entities wishing to begin CBR programmes with survivors of human trafficking and along with the WHO guidelines adaptations can offer a workable starting point that is based on evidence.

Stigma reduction strategies aimed at individual, peer, family, institutional and community levels need to be developed. These strategies include behaviour modification therapy for survivors, support group formation, interventions to improve family relationships and economic *2* empowerment of family, education, decentralizing care process and defining responsibilities of the state, contact strategies to increase interaction between survivors and community and skill building in community to respond to reintegration needs of survivors of trafficking.

CBR programme planning and evaluation needs to follow a matrix with five main components – health, education, livelihood, legal and social and empowerment. Each component has a goal that can be achieved by planning *3* various elements of the intervention. All CBR programmes do not need to work on all the components and partnerships can be developed

to address needs under certain components. The matrix will make the process of planning more effective, identify duplication and help in resource mobilization.

Comprehensive law and nodal agencies required to ensure government is able to ensure survivors of human trafficking are not left out of rights attainment opportunities in the community. *4* Lack of a comprehensive law results into unsystematic service delivery and requires reliance on NGO interventions which is not sustainable. Having a law that addresses all aspects of human trafficking and creates a statutory nodal agency that can replicate what NGO led CBR programmes are doing is most necessary.

Introduction and Methodology

Once a trafficked person is rescued, they are either placed in a safe custody of the state in an institution or they are sent back to their families. Rescued children from sex trafficking situations are almost always placed in institutional care, while rescued children and adults from labour trafficking situations are almost always sent back home. There are institutional-care set-ups for adult women rescued from sex trafficking situations as well. There is a total of 148 child care institutions (CCIs) under Ujjawala scheme for rehabilitation of women and children rescued from sex trafficking and 518 shelters under

Background

Swadhar Greh scheme for women in difficult circumstances as of July 2018 according to US TIP report, 2019[1]. The CCIs and homes for women were developed to ensure a safe space for the trafficked survivors, a space where they can recover and eventually leave having been rehabilitated. For labour trafficking survivors, the protocol is to obtain a release certificate, present it to the administrative officer and obtain a small sum of compensation (INR 20,000 in most cases). Both sex and labour trafficking survivors are entitled to receive compensation once their cases are proved in the court of law. The government does not have any protocols or policies especially for trafficked persons once they are reintegrated in the community. Trafficked survivors in the community are expected to avail welfare schemes just like any other eligible person in the community. Thus, currently it will not be unfair to say that the only systematic rehabilitation of trafficked survivors is restricted to institutionalisation.

A study conducted in 2014[2] with survivors of sex trafficking who had been reintegrated to their families and several other studies

[1]*Department of State (2019), Trafficking in Persons Report, June. https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf*

[2]*Sanjog (2014), Bringing it all Back Home: A Research on the Reintegration of Survivors of Trafficking in their Families and Communities*

before it by Non-Governmental Organisations (NGOs) have consistently reported that once survivors returned back to their families, they did not receive or benefit from any further rehabilitation or reintegration services. A study in 2010[3], showed that survivors of sex trafficking were often worse off post reintegration than in their pre-trafficking condition, with the added burdens of shame and stigma, along with poverty and deprivation. The 2014 study indicated that due to absence of any rehabilitation policy, survivors of sex trafficking were not receiving any services post reintegration that they needed to be truly rehabilitated (services such as skills training, livelihood, access to physical and mental health treatment, support in family integration). The systemic analysis showed that lack of convergence and coordination between departments in the district resulted into no role taking by government duty bearers towards rehabilitation of survivors in the community. For example, the study showed that none of the duty bearers had any information on the reintegrated survivors because none had been given the charge to do so explicitly.

The survivors of labour trafficking on the other hand are entirely dependent on obtaining a release certificate issued by the District Magistrate stating that the person was in bonded labour. Often such certificates were not issued if the statements were taken on site, in presence of employers who would pay outstanding wages to the bonded labour in exchange of not being recognized as bonded labour[4]. The trafficked person in anticipation of getting the wages sometimes were influenced to agree to this coercive manoeuvre forgoing their right to compensation under the Central Sector Scheme for Rehabilitation of Bonded Labourers, 2016[5]. Apart from this scheme, the National Child Labour Project is meant to ensure children rescued from labour trafficking receive bridge education, vocational training, nutrition, stipend and health care before they are mainstreamed into formal education system. However, the NCLP functioned poorly because of lack of trained staff, convergence with other departments, lack of stipend paid on time and overall poor utilization of resources according to the Planning Commission[6]. According to another survey[7] the project was a total failure and not implemented properly according to people but according to government data it was a great success. The researchers stated that fake reports were made by government officials to show that the project was reaching its objectives.

Finally, the quality of rehabilitation in CCIs have been questioned and critiqued for being insufficient and resulting into abuses. Research findings[8] have shown that CCIs fail to provide even the basic services and amenities mandated under law due to lack of finances and the caregivers and staff had poor knowledge and skills on child protection policy. Lack of mechanisms to express grievance, concerns and views by children have also been reported. Organizations caring for children may have good intentions yet may lack the resources to implement rights-based strategies. They may be adequately meeting the child's material needs for food and shelter but, in the name of 'protection', violate their rights to freedom of movement or to access their family and community. Once

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[3]Sanjog (2010), Where Have all the Flowers Gone: Research on Sex Trafficking in India

[4]BachpanBachaoAndolan (2015), Status of Rehabilitation of Rescued Bonded Labourers – Analysis of Data with BachpanBachaoAandolan, 2010 -14

[5]Ministry of Labour and Employment (May 18, 2016), Central Sector Scheme for Rehabiliation of Bonded Labourer

[6]http://planningcommission.nic.in/reports/sereport/ser/ser_nclp1709.pdf

[7]Surian, B.J. and Vezhavendan, D. (2018), An Empirical Study on the Status of Child Labour before and after the Implementation of National Child Labour Project Schemes in India. Journal of Pure and Applied Mathematics, (17), 247-267

[8]Ministry of Women and Child Development (2018). Report of the Committee for Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and Protection) Act 2015 and Other Homes, Vol 1 (Main Report).

https://wcd.nic.in/sites/default/files/CIF%20Report%201_0.pdf

reintegrated there are no services that help survivors 'fit in' with their families and communities. After rescue, sex trafficking survivors feel out of place and need to constantly be prepared to deal with shaming and stigma[9].

Therefore currently what exists is a system where a certain percentage of trafficked survivors, mostly children and women rescued from commercial sexual exploitation, are institutionalized for rehabilitation, while a large percentage of children and adults, mostly rescued from labour trafficking situations that may or may not have included sexual exploitation, are reintegrated in the community with no provisions of care and rehabilitation to specifically address their needs in the community. Once in the community trafficked survivors, especially those rescued from sex trafficking are subjected to routine shaming and stigma[10] and limited and no access to welfare services essential for rehabilitation ends up exacerbating the trauma resulting into re-trafficking, severe mental health issues and further escalation of vulnerabilities in the survivors as evidenced by researches conducted by Sanjog over the years.

The issue therefore is to identify ways of community-based rehabilitation to address needs of the survivors in a holistic manner facilitating integration in the community of origin or community of choice. Defining terms such as rehabilitation and reintegration and having a policy and standard operating protocols for community-based rehabilitation are urgently needed to have any long-term impact on the lives of trafficked persons and survivors to prevent re-trafficking and other risky outcomes.

What is community based rehabilitation (CBR)?

Community based rehabilitation is a practice that emerged in the 1978 as part of WHO's response to care for people with disabilities. Community Based Rehabilitation (CBR) as a concept and an ideology, promotes a de-centralized approach to rehabilitation service-delivery, whereby it is assumed that community members are willing and able to mobilize local resources and to provide appropriate services to disabled people[11]. The aim of community-based rehabilitation is equalization of opportunities and social integration. In the CBR context, community means: (a) a group of people with common interests who interact with each other on a regular basis; and/or (b) a geographical, social or government administrative unit[12].

In the context of trafficking survivors, CBR is implemented through the combined efforts of survivors themselves, their families, communities, and the relevant governmental and non-governmental health, education, vocational, social and other service providers in the community. This approach to CBR is multi-sectoral and includes all governmental and non-governmental services that provide assistance to communities.

CBR relies on partnerships with different stakeholders responsible for each component, for example the government health department and NGOs working in the health sector need to take responsibility for the health component. The basic concept inherent in the multi-sectoral approach to CBR is the decentralization of responsibility and resources to community-level organizations.

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[9]Machado da Silva, I & Sathiyaseelan, A (2019), Emotional needs of women post-rescue from sex trafficking in India, Cogent Psychology, 6 (1)

[10]Sanjog (2015), Stigma Watch: A Study on Experiences of Stigma in Survivors of Sex Trafficking

[11]https://www.cehjournal.org/article/community-based-rehabilitation-an-introduction/

[12]United Nations (1998). Understanding Community Based Rehabilitation. Economic and Social Commission for Asia and the Pacific.
https://www.dinf.ne.jp/doc/english/intl/z15/z15011un/z1501101.html

In the context of trafficked persons, ILO states that community-based care is as close as possible to a real-life family living situation where a community is involved in the process of recovery. Community based care might still be in a shelter but one that allows access to the outside community through formal and informal networks. Foster and extended families are examples of community-based care[13]. CBR with victims of trafficking is a systematized approach within general community development whereby trafficked victims and their affected families are enabled to live a fulfilling life within their community of choice.

Community based rehabilitation in the context of India

The scope for community-based rehabilitation with survivors of trafficking presents itself at the time of reintegration post rescue. Reintegration of trafficking survivors is often a difficult, complex and long-term process and it requires individual planning and yet it involves not only the survivor but also the environment and culture within which their integration is taking place (ILO, 2006). As discussed in the beginning, reintegration is almost immediate for survivors of labour trafficking and is delayed by a period of institutionalization for survivors of sex trafficking. For survivors of sex trafficking, a family tracing and home investigation process is carried out to ensure their safety in return. In this perfunctory investigation what is checked primarily is whether family is available and willing to accept the person if she/he returns. What is not done is (a) checking vulnerability of the survivor to violence by traffickers due to proximity and influence (b) vulnerability to family

violence, community violence and (c) availability and accessibility of rehabilitation services post return - including health, housing, welfare, financial services and livelihoods.

Reintegration strategies in India are not uniform and not all survivors of trafficking are able to attain their welfare rights due to various factors. Where available such services include support and care targeting needs for economic empowerment, health, social empowerment and legal assistance provided by NGOs in partnership with government (Wilson et al., 2015)[14]. Wilson's secondary data based research indicates that reintegration services for survivors of trafficking in India needs presence of an NGO that can identify, link and follow up to ensure that the survivor accesses welfare services. Since the presence and capacities of NGOs vary across the country and since there is no state policy governing reintegration or community based rehabilitation of trafficking survivors, it is safe to assume that all survivors of human trafficking do not receive the same set of services, it varies and depends on number of factors including the NGO's capacities and the attitude of individual duty bearers and also the community where the reintegration is taking place. The shortcomings of the current reintegration services is that it does not adequately address individual needs[15] and context specific challenges inherent in the survivor's community as they are primarily focused on institutional care provision for survivors of sex trafficking survivors because it is guided by laws and schemes[16].

The reintegration process where the survivor returns back to the community can be ineffective in preventing re-trafficking of continued trauma, vulnerability to violence in the family and

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[13]ILO (2006), Child friendly standards and guidelines for the recovery and integration of trafficked children, Bangkok https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_75_en.pdf

[14]Wilson, B, Critelli, F.M. and Rittner, B. (2015). Transnational responses to commercial sexual exploitation: A comprehensive review of interventions. Women's Studies International Forum 48, 71–80

[15]Pandey, S., Tewari H.R. and Bhowmic P.K. (2013). Antecedents and reintegration of sex trafficked victims in India: A conceptual framework. International Journal of Criminal Justice Sciences, 8 (1), 47-62

[16]Immoral Trafficking Prevention Act, 1982, Ujjawala Scheme, JJ Act legally place the responsibility on the State to provide shelter and protect survivors of sex trafficking

community, stigma and degradation of health due to lack of standardised procedures and lack of effective follow up once the survivors are returned to their communities.

Comparing strengths and weaknesses of institutional care and community care for survivors of trafficking

An in-depth assessment of shelter versus community-based services for survivors of trafficking was conducted in Cambodia[17] to identify strengths and weaknesses of each model with data from government officials, international NGO officials, NGO working in the community and survivors of trafficking living in the shelter and in the community. The findings indicated that:

1. Institutional care model provided a safe place for girls/women and for minors especially in cases where the family was complicit in the exploitation. Also, it was more convenient to provide range of services in a shelter home as it made accessibility easier. Long term rehabilitation services like counselling and vocational training for example were easier to provide in shelter homes.

2. Community based services supported successful integration into the community and most often survivors wanted to be with their families or in the community and lead an independent life. It was also in alignment with the de-institutionalisation movement that espouses that institutional care should be the last option as it is an unnatural living condition and in extreme cases can violate human rights.

3. There were inherent challenges in both the models. Staying longer in shelter homemade

reintegration and connection to family more challenging and shelters were unable to give the level of individual care that a family could provide. Instances of abuses occurring in the shelters also caused re-victimization. However, victims were vulnerable to re-trafficking in the community if they did not have successful income generation and other supports addressing threat from perpetrators and services facilitating successful re-integration.

4. Survivors of labour trafficking did not want to stay in a shelter home and wanted to return to the community quickly but the supports or services that were present in the shelter were absent in the community and this disparity increased vulnerability to re-trafficking.

5. The study recommends that goal of interventions for persons who have experienced trafficking is to return them safely to either their home community or another community of their choosing; however, an obligation exists to protect the person and equip the person with skills and resources necessary to prevent re-exploitation.

6. The study concluded that no two survivors of trafficking are same and thus a continuum of care options should be available for survivors of labour and sex trafficking. While reintegration into community is most desirable, for some who need shelter-based care, the services should be provided in a way that is least restrictive and most family like. As more and stronger community options for care become available the need for shelter should decrease.

Not much has been documented on community-based rehabilitation programmes for survivors of trafficking. Writing about a public health approach to child protection with respect to trafficking,

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[17]*Assessment of shelter versus community services for survivors of trafficking in persons in Cambodia, Winrock International, 2012*

[18]*Todres, J. (2012). Assessing Public Health Strategies for Advancing Child Protection: Human Trafficking as a Case Study, 21 Journal of Law & Policy*

Todres (2012)[18] states that such a programme needs to have four broad objectives. One, it must have evidence-based research for development of trafficking law and policy and for its subsequent evaluation. Two, it needs to borrow models of prevention from public health experiences, such as a four-level ecological framework that targets individual, relationships, community and societal norms. Three, it needs to change attitude and behaviours similar to the ones used in case of youth smoking, seat belt use, nutrition, HIV/AIDS, etc. Finally, it should be able to identify key stakeholders, engage target populations and strengthen coordination among essential partners and local communities. Tordes concludes his paper extolling prevention of the crime and developing better understanding of what are the needs of survivors.

What would a community based rehabilitation programme for survivors of trafficking look like?

An example of how the entire community can be involved in addressing issues of CSEC and prostitution is presented by Williamson and Baker (2008)[19] in their article describing a yearlong project in a city in Ohio. The objectives of this year long volunteer led project were to educate the community and to develop strategies to increase coordination to address issues of CSEC and prostitution in the city affected by it. The project began by assessing what could be done to assist women in prostitution and came up with an empirical understanding of what needed

Community intervention for rehabilitation of women in prostitution: A case study

to be done, which were as follows:

1. Women and children suffered violence and had poor mental health and emotional trauma, while running high risk of HIV and STD and drug dependence.

2. Justice in courts was rare and with no compensation the survivors who returned to the community were financially unstable, dependent on others, stigmatized and less likely to seek health care and other services.

3. Families of such survivors were vulnerable as well and couldn't provide the necessary care and support needed by the survivors.

Having identified these needs that are common to the context of human trafficking as well, the project decided to create a roundtable of community members including people from social service, health care systems, criminal justice system along with concerned citizens, church groups and survivors of prostitution. The yearlong intervention had the following actions:

1. Awareness generation to create community 'buy in' using media – newspapers, radio and television where stories about CSEC in the community were released emphasizing the tragedy and invisibility.

2. A list of people who would need to be part of the roundtable were then actively invited to join the roundtable, this included social service, criminal justice and health care systems as well as concerns citizens, church groups and survivors of prostitution.

3. The members of the roundtable had to commit to education which included one session every month for 12 months covering facts, inspiring interest in the issue of CSEC and covering all aspects related to CSEC. A range of experts including officials from FBI, to survivors of prostitution and family members led these sessions. The topics included those suggested by the members of the roundtable

[19]Williamson, C. and Baker, L.M. (2008). Helping victims of prostitution and trafficking: it takes a community. Groupwork, volume 18(3), pg. 10 – 29

as well.

4 Small groups were created from the roundtable to meet the objectives previously set within specific contexts. The small groups working on issues specific to children and adolescent, mental health, housing and drug treatment, church, criminal justice, health care, jobs/training/education and prevention aspects.

5 The intervention also included monitoring and evaluation in terms of how the knowledge and attitude of the members of the roundtable had changed pre and post the 12-month project.

The outcome of the project at the end of 12 months of intensive community engagement brought together previously disparate groups in the city to work together on specific issues identified by survivors to address CSEC and prostitution such as:

1 The group developed screening tools to be used in health care setups to identify victims and ensure they received a continuum of care and services to which the larger network was committed to provide.

2 Staff of social service and health care agencies got trained on issues of CESC and on working together with police in identifying victims.

3 24-hour crisis line for victims, residential treatment programme for trafficked youth, transition and housing programmes got established and a special task force was created in the FBI and the city developed a john school budget.

This case study of a yearlong community-based intervention indicated that well designed and community led programmes could be developed to address the complex issue of trafficking. This example also showed that the practice of assisting each client to work to create interpersonal change in her life would continue to produce few results in the community without creating change within the larger social environment with which she interacted. The model of practice implemented by the authors to address trafficking and prostitution has been implemented before to

address domestic violence over 30 years ago. Using the fundamental feminist principle of the 'person is political', advocates were able to shift the personal experiences of individual women to systematic responses from community advocates and the criminal justice and social service systems (Hanisch, 1969).

This case study also raised the pertinent question of whether rescue should be the starting point of reintegration or CBR? Trafficked people move through different stages of violence from the preliminary 'breaking in phase' which is hardcore slavery, to different levels of indentured servitude and eventually gains more power to negotiate mobility and claim over income. For example, based on anecdotal evidences and personal communications it is known that - survivors of forced marriages in Haryana have refused rescue once they have 'settled into their marriages' and had children. Adolescent girls trafficked from Jharkhand to Delhi for indentured labour as domestic workers may not have been rescued for years and eventually integrated with the family or managed to escape and find a different employer, and may not find 'rescue' useful. Young boys from Bihar, once trafficked to Rajasthan for bangle factories have grown up while in indentured labour until they 'moved up the ladder' to traffic other boys from Bihar into the bangle-making factories. Sex workers, trafficked into prostitution, over the years gain different levels of autonomy may find rescue and reintegration to their parents or siblings unfeasible, especially if they have had children. Thus, ideally CBR with trafficked persons, needs to include identification, prevention and referral for an effective and comprehensive continuum of care not beginning only after rescue of the person.

The literature review of CBR practices therefore revealed that:

1 Attempts by researchers to evaluate effectiveness of CBR versus institutional care programmes have shown relative strengths and weaknesses of each model. This means that neither is replaceable. There are times when institutional care is necessary and there are times when services for rehabilitation are

needed in the community. Ideally rehabilitation needs to occur in the community, however when services are not available in the community and pre-existing and newer sources of violence are not addressed it can exacerbate the vulnerabilities.

2 The stakeholders in a CBR are multiple and include the state or government duty bearers, NGO service providers as well as neighbours, relatives and people with a geographical proximity who interact, engage and share common spaces. It can also include people who may not have a personal relationship or identification with the target group of rehabilitation services but wish to contribute. Therefore, the definition of community in CBR is amorphous.

3 While in some constructs, particularly for trafficked victims, CBR is seen as the final phase of rehabilitation in a linear flowchart - from rescue, to institutional care (short term or long term) and then reintegration (wherein CBR approach is applied). In some other constructs, CBR is applied to a situation where the trafficked person is not rescued because the person may have been rescued at some point and may still be under some degree of indentured labour but also has some freedom to access services for rehabilitation.

4 Earlier researches which have tried to build an understanding on CBR or reintegration services for survivors of trafficking have relied on responses of practitioners who have described it as a set of activities and services as practiced and offered by their organisations running shelters and facilitating rescue and repatriations. Those are not based on primary data from survivors to validate espoused practices and match it with practices in action. Neither have there been primary researches to look at CBR models that are not dependent on rescue,

nor have the researches looked at practices of organisations who focus on reintegration and frame the model from their practices.

This research is a step in that direction that tries to respond to the following questions:

1 *What are some of the community-based rehabilitation programmes that are available to survivors of sex and labour trafficking[20]?*

2 *What are similarities and differences in the ways CBR programmes are implemented with different groups of survivors (human trafficking and sexual violence)?*

3 *What are the gaps in implementation of CBR and how can those gaps be covered?*

4 *What can be recommended in terms of a model of CBR that can be implemented, tested and scaled up for survivors of human trafficking in India?*

A case study methodology was used to understand existing CBR programmes with survivors of sex and labour trafficking in India. Additionally, community-based programmes with women survivors of violence were also included in the case study to gain additional inputs on the nature of community-based interventions assuming that such interventions would have something important to offer in building a model of CBR.

Study design

Primary data were collected from: Representatives of NGOs (leadership and community project staff), government officials who were part of the NGO CBR programmes, representatives from donor organisations and survivors of sex and labour trafficking who were part of the NGO CBR programmes.

[20]*After the literature review that revealed that CBR with trafficked persons may not be well developed yet, it was decided that CBRs with survivors of domestic and sexual violence would also be included because it was assumed that such CBRs would be older and have some key lessons that could be applied to the context of trafficked persons.*

The unit of analysis for this study was the CBR programme and datafor each CBR programme were collected from five different cohorts – NGOs working with sex trafficking survivors, NGOs working with labour trafficking survivors, NGOs working with women survivors of violence, Survivors of sex and labour trafficking and Funders of CBRs with sex and labour trafficking.

Data collection and research process[21]

Only such CBR programmes were selected that had the following things in common:

1. Programmes that provided reintegration services to survivors of sex or labour trafficking survivors or women survivors of violence.

2. Programmes that were based out of the community, using community resources and involving participation of survivors in programme implementation.

The CBR programmes that were included in the study were identified through mapping NGOs from national networks of NGOs, such as the IWG,a group consisting of 22 organizations working on issues of human trafficking from 12 states of India andother such networks of NGOs. Emails inviting NGOs to participate in the study were sent to all relevant NGOs and those agreeing to participate were later followed up with the preliminary enquiry.

First phase of data collection – the preliminary enquiry:

A total of 22 organizations participated in the preliminary telephonic interviews (see table 1 for distribution of sample). The preliminary data were collected to ensure the programmes implemented by the NGOs matched the objectives of the research and then they were contacted again to conduct key informant interviews and focus group discussions. The questions in this phase focused on the following key areas:

1. Who were the target population, where were they located and how were they identified?

2. What were the objectives of the CBR and how were they achieved and what were the challenges?

3. What was the role of the community stakeholders in the CBR?

4. How was the CBR funded?

Sex Trafficking	Labour Trafficking	Women victims of violence	Funding Agencies
N = 7	N = 5	N = 5	N = 5

Table 1: Telephonic interview sample (NGO and Funding Agencies)

After analyzing the first phase data, interview schedules and focus group guidelines were prepared to develop in-depth understanding of the CBR programmes and also to cross validate data from community level workers and survivors.

Second phase of data collection – going in depth:

In the second phase interviews were conducted in person by visiting the NGOs that participated in the first phase of the study and talking to the respondents directly. Four NGOs working with survivors of sex trafficking and four working with labour trafficking survivors participated in this phase of the study.

[21]Questionnaires and FGD guidelines used to collect data are present in the Appendix.

	CBRs with sex trafficking survivors	CBRs with labour trafficking survivors	Total
Participating NGOs	4	4	8
NGO personnel (project coordinators, aftercare managers and leadership facilitator)	6 (interviewed)	7 (interviewed)	13
Survivors (adolescents and adult males and females)	32 (4 focus group discussions)	67 (4 focus group discussions)	99
Government officials participating in the CBR	1 CDPO, 1 BDO, 3 officers in charge of disaster management, minority affairs and Kanyashree Prakalpa (interviewed)	1 CWC, 1 Panchayat member, 1 police officer (interviewed)	8

Table 2 Second phase respondent profile

The final analysis was based on data from a total of 32 interviews (including NGO officials from human trafficking and women's empowerment groups and representatives of funding organisations and government officials) and 8 focus group discussion reports.

Secondary data collected through desk review

The purpose of the desk review was to understand what exists in terms of reintegration programmes forsurvivors of sex and labour trafficking, also to understand what was the provision for community-based rehabilitation in the existing laws and government schemes and to gather additional information on the NGOs and funding organisations that participated in this research.

Sex Trafficking	Labour Trafficking	Women victims of violence
West Bengal and Andhra Pradesh	Bihar, Jharkhand, Tamil Nadu, Chhattisgarh	Gujarat, Karnataka, Telangana, Uttar Pradesh

1 Number of CBR programmes studied was small making the findings specific to the context. Given the time limitations, the study had to be completed with NGOs that agreed to participate in the field based key informant interviews and facilitate the FGDs with survivors participating in their CBR programmes. Some NGOs dropped out in the second phase (NF, JSand MM) while organization PX was not contacted further as their model did not match the study objectives.

Limitations

2 All data were self-reported and there was no means of independent verification. This can be resolved by collecting data using participant observation method, though that would require much more time and resources.

3 Though there was a guideline, the FGDs were conducted in different ways. For example, the FGD conducted with survivors participating in the programme by HELP was translated by

Table 3: Locations of the CBR programmes studied

the CBR personnel. The data collector felt the translation had impacted the richness of data. FGD with boys aged 13 to 17 years in Hindi speaking community had to be conducted using visuals and the data collector felt children may not have opened up due to the language barrier and because the data collector was a woman.

Ethical considerations

1 No discussion of the trafficking experience was included in the FGD guidelines. All questions were related to the CBR programme and services.

2 Full names or any other particular except age was not recorded for survivors.

3 Names of CBR personnel and NGO leadership were collected but all data has been aggregated and no comments are attributed to a name to maintain confidentiality of the respondent's identity.

4 All participants were informed about the research objectives and their rights of confidentiality and voluntary participation at the beginning of data collection. All participants had the right not to respond to questions if they did not wish to, or stop the interview at any stage.

Role of the Government in Rehabilitation of Survivors in the Community

Community based rehabilitation (CBR) requires mechanisms present in the community to ensure survivors attain all rights and services required for rehabilitation. These mechanisms are created by laws and policies for which the stakeholder is the government. Role of government in CBR may become passive if it is not defined and if the existing mechanisms are not utilized in appropriate manner. The government can be the implementer of CBR and definitely needs to be one of the significant stakeholders in its application. Government action needs to be aimed at prevention, protection, rehabilitation and repatriation. Assuming that rehabilitation needs of survivors of trafficking consist of five broad categories – health needs (including mental health), education needs, livelihood needs, legal needs and social empowerment needs, a review of relevant laws and schemes was conducted to identify government's role in CBR of survivors of trafficking. This review would answer three questions:

1 *What are the existing legal provisions that are relevant to CBR of trafficked persons?*

2 *What are the obligations of the state per those legal provisions?*

3 *How well can survivors of trafficking access those services in the community?*

To begin with, the basic needs of survivors of trafficking are granted as rights under various Articles of the Constitution of India. For example, Article 21 in the Constitution of India, refers to "right to life and personal liberty", and has been expanded through various judgments by the Supreme Court to include right to live with human dignity. Living with human dignity according to the judgment consists of nutrition, clothing and shelter, right to education, privacy, livelihood, speedy trial, free legal aid, health and medical care, freedom from exploitation, claim compensation and freedom from police atrocities.[22] [23]

Furthermore, Articles 38 "State to secure a social order for promotion of welfare of the people"; 39(a) "Citizens shall have the right to an adequate means of livelihood."; 39(b) "Ownership and control of material resources of the community shall be distributed to as to sub-serve the common good"; 39A "equal justice and free legal aid" and 41 "right to work, to education and to public assistance in certain cases" together ensure that all citizens of India have the right to health, livelihood, education, shelter and legal aid. Various laws and schemes have been developed to operationalise these basic rights, especially for the most vulnerable in the society. Some of these laws are specific for survivors of trafficking, though most of it is for all vulnerable people of which survivors are a part.

The following section answers the first two questions – what are the legal provisions and what are government's obligations towards trafficked persons.

Provide free and quality health care – The National Health Policy of India, 2017 aims to reach everyone in a comprehensive and integrated way to achieve universal health coverage that is accessible to all. The policy also aims to address the societal determinants of health through developmental action in all sectors which is both preventive and promotive. Through Ayushman Bharat scheme the survivors of trafficking and their families can be entitled to health coverage to reduce the burden of health treatment apart from free medical treatment that is mandated under trafficking laws. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a fully Government funded health insurance scheme providing coverage to poor families by providing financial protection for selected secondary and tertiary care hospitalization. It provides cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India. This cashless access to health care services is meant for people who fall in one of the criteria that includes among others, legally released bonded labour, SC/ST households, landless households deriving major income from manual casual labour and women headed households.

Responsibilities of the government with respect to community based rehabilitation of survivors of trafficking

The government is also expected to have structures in place for outreach work for promotion of health among children, adolescents and women. Kishori Shakti Yojna (KSY)/Sabla Scheme is for out of school adolescent girls in the age group of 11 to 18 years to use the Anganwadi Centres to improve their nutritional and health status and also to provide them home-based and vocational skills. These centres also provide guidance on accessing public services offers adolescent reproductive and sexual health counselling and aims at mainstreaming of out of school children. Also, the Rashtriya Kishor Swasthya Karyakram (RKSK) is an outreach programme aimed at adolescents to promote health by community-

[22]Jain, R. (2015). Article 21 of the Constitution of India – Right to life and Personal Liberty. Online article retrieved from https://www.lawctopus.com/academike/article-21-of-the-constitution-of-india-right-to-life-and-personal-liberty/
[23]Sahu, G.K. (2017). An overview of article 21 of the Indian constitution. International journal of law, 3(3), 98-100.

based interventions like, outreach by counsellors, facility-basedcounselling, social and behaviour change communication and strengthening adolescent friendly health clinics across all levels of care.

Ensure free access to school education – Universalization of education is one of the key objectives India's education policy. The Ministry of Human Resource Development is currently formulating the National Education Policy to follow up the policy framed in 1992. The Right of Children to Free and Compulsory Education Act, 2009 confers right to education for children in the age of 6 to 14 years of age. It has provision for residential school at upper primary level for girls predominantly from SC, ST, OBC and minority communities (Kasturba Gandhi Balika Vidyalaya). There is also an innovation fund for equity to develop interventions to address the problem of exclusion of girls and marginalized communities from education such as street children, child labours, migrant children, rag pickers, etc. As per the Right to Education Act, the Block Education Officers handle works at block level, village level work is monitored by village education committee and at school level by school management committee.

The Department of School Education and Literacy, under the Ministry of Human Resource Development, implements the Samagra Shiksha Schemes which is an overarching programme for school education extending from pre-nursery to Class 12. Its goal is improving school effectiveness measured in terms of equal opportunities for schooling and equitable learning outcomes. It subsumes the three schemes of Sarva Shiksha Abhiyan, Rashtriya Madhyamik Shiksha Abhiyan and Teacher Education. The main objectives are to bridge social and gender gaps in school education to ensure equity and inclusion at all levels of school education. It also aims to support States in implementation of Right of Children to Free and Compulsory Education (RTE) Act, 2009 and strengthen the nodal agencies

for teacher training. The focus on inclusion is addressed by increasing monetary allocations for free uniforms and textbooks under the RTE Act. And also, by increasing allocation for children with special needs. Focus on girl education is represented by up-gradation of Kasturba Gandhi Balika Vidyalayas from Class 6-8 to Class 6-12. Also, girls are to receive self-defence training from upper primary to senior secondary stage. This scheme also focuses on skill development by introducing vocational skills at upper primary level and by making it more practical and industry oriented.

According to National Child Labour Project and Ujjawla schemes the government is responsible for ensuring survivors of labour and sex trafficking are able to access provisions under the RTE Act, 2009 and its schemes.

Ensure free legal representation and compensation - The government is responsible for providing free legal aid to survivors of trafficking. It is also responsible for providing compensation to all victims of trafficking. Such responsibilities are delineated in the following legal instruments.

Code of Criminal Procedure 1973, Act, Section 357 (A, B, C) – Under these sections a survivor of crime is entitled to victim compensation and free medical treatment from the state government in addition to payment of fine to the victim under sections of Indian Penal Code. Additionally, the trial court judge can recommend for additional compensation after trial, if compensation is not adequate for rehabilitation. The District Legal Service Authority or State Legal Service Authority is to decide quantum of compensation under the scheme, in case no trial takes place because offender was not traced or identified, the SLSA or DLSA can award compensation if an application is made to that order and SLSA or DLSA may order free of cost immediate first aid or medical benefits for the victim.[24] The Officer in charge of police station or Magistrate of the area

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[24]*Calcutta High Court passed an order stating that a victim can claim rehabilitation during the pendency of the trial, prior to its commencement or upon conclusion of a trial as per the existing laws.*
https://www.business-standard.com/article/pti-stories/compensate-human-trafficking-victim-hc-to-state-legal-body-118070300235_1.html

concerned needs to issue certificate to victim to be considered for free medical aid or first aid or any other interim relief.

National Legal Services Authority (Victims of Trafficking and Commercial Sexual Exploitation) Scheme, 2015, offers legal assistance to the victims of trafficking and sexual exploitation at the time of rescue and thereafter during trial. The goal of the scheme is to ensure the protection of the victim's dignity and attainment of economic and social entitlements. With respect to rehabilitation the scheme states that the SLSA/DLSA must follow up with the victims to ensure access to government schemes to provide alternate livelihood. The DLSA has to ensure that panel of lawyers and Para legal Volunteers (PLV) help the victims to get their FIR registered and are present during remand proceedings to oppose bail etc. The panel of lawyers needs to obtain court orders for protection of witnesses and to counsel the victims before deposition and be present during trial including recording of statement. The panel of lawyers and PLVS are also to help victim to apply to the DLSAs for release of compensation under the Victims Compensation Scheme and also for application to access other welfare schemes meant for rehabilitation of such victims.

Under the Compensation Scheme for Women Victims/Survivors of Sexual Assault/other crimes, 2018[25], SALSA is to provide compensation to the women victim or her dependents who have suffered loss or injury as a result of an offence and who require rehabilitation. While determining the compensation under this scheme the compensation received by her in the other schemes with regard to section 357B of CrPC shall be taken into account. The application for interim/final compensation can be filed by victim, her dependents or the SHO of the area before concerned SLSA/DLSA with a copy of the FIR.

Address needs of children and adults impacted by labour exploitation – The Ministry of Labour and Employment takes the responsibility of ending child labour through the Child Labour (Prohibition and Regulation) Act, 1986. This Act prohibits employment of children below 14 years of age in all occupations. The 2016 amendment added the term adolescent in the Act to identify children between 14 to 18 years of age, prohibiting their employment in hazardous occupations. The Child Labour (Prohibition & Regulation) Amendment Rules, 2017, cover provision for prevention, rescue and rehabilitation. There is provision for Child and Adolescent Labour Rehabilitation Fund to be constituted in every district in which the fine collected from the employer of children in that district is to be credited. The government is also to credit Rs. 15,000 per child or adolescent in that fund to be paid to the rescued child labour. The National Child Labour Project Scheme, 1988, is a central sector scheme for rehabilitation of child labour. Under this scheme a child labour is entitled to – free education under Sarva Shiksha Abhiyan. Rehabilitation of children aged 9 to 14 years are eligible to attend NCLP schools offering skill/ vocational training, non-formal/bridge education, midday meal, stipend of Rs.400 per month on the basis of 60% attendance per month and health care facilities through a doctor appointed by a group of 20 special schools/rehabilitation centres under this scheme.

Through the Bonded Labour System (Abolition) Act, 1976, the Ministry of Labour and Employment takes the responsibility of ending bonded labour with a view of preventing the economic and physical exploitation of the weaker sections of the society. The District Magistrate ensures that the provisions of this Act are properly carried out by securing and protecting the economic interests of the freed labourers. Through the Central Sector Scheme for Rehabilitation of Bonded Labour, 2016, the government assumes responsibility of providing financial assistance for rehabilitation of a rescued bonded labourer. An adult male beneficiary is to be paid Rs. 1 lakh, special category beneficiaries such as children including orphans and women are to be paid Rs. 2 lakhs and cases of bonded or forced labour involving

extreme cases of deprivation or marginalization such as of trans-genders, sexual exploitation of women and children, trafficking, differently abled people are to be paid Rs. 3 lakhs. The decision of granting the compensation is to be taken by the District Magistrate and the scheme is funded by central government. Immediate assistance of Rs. 20,000 may be provided to the rescued bonded labour irrespective of the status of conviction proceedings. The release of full compensation is linked with conviction of the accused.

Address needs of children and women affected by sex trafficking - The Ministry of Women and Child Development aims to end human trafficking and provide necessary rehabilitation to survivors. Through Immoral Trafficking (Prevention) Act, 1956, the government aims to stop commercial sexual exploitation of women and children and punish any person who gains from it, such as brothel owners, pimps and traffickers and criminalizes purchase of sexual services from a trafficked person. The UJJAWALA scheme, 2007[26] is a comprehensive scheme for prevention of trafficking and rescue, rehabilitation and re-integration of victims of trafficking for commercial sexual exploitation. One of its objectives is to provide institutional rehabilitation services both immediate and long-term, to the victims, consisting of basic amenities for food, shelter, clothing, medical treatment including counselling, legal aid and guidance and vocation training. The scheme also facilitates reintegration of victims into family and community including covering cost of travel to place of origin. Under re-integration it has provision for setting up half-way home within the community where a group of victims ready for reintegration can live and work. This is for phasing out victims to live independent lives and is for those who are gainfully employed and can live semi-independent lives.

Address needs of women and children affected by sexual exploitation - The Ministry of Women and Child Development takes the responsibility of ending sexual exploitation of women and children. The Protection of Children from Sexual Offences Act (POCSO), 2012, aims to protect children from sexual assault, sexual harassment and pornography and provide for establishment of Special Courts for trials of such offences. The Special Courts (Chapter VIII, section 33) may order direct payment of compensation to the child for any physical or mental trauma caused or for immediate rehabilitation of the child.

The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, has provisions for identifying and addressing sexual harassment of women in workplace. In this Act workplace includes organized as well as unorganized sectors. The Protection of Women from Domestic Violence, Act, 2005, is aimed at providing more effective protection of rights of women who are victims of violence of any kind occurring within the family. Under both these Acts the victims are entitled to compensation and monetary relief. The victims of sexual exploitation are entitled to medical treatment, counselling, psychiatric treatment, shelter and free legal aid. The Magistrate and Protection Officers are the main government duty bearers including police officers, medical service providers and lawyers with DLSA.

One Stop Centre Scheme under MWCD, is being implemented to support women affected by violence in public and private spaces. Through this scheme the government takes the onus of facilitating access to an integrated range of services including medical, legal and psychological support and integrating them with the women's helpline (181). This covers immediate, emergency and non-emergency access to range of services in one place. Such centres are also to provide temporary shelter facility for 5 days. Apart from this the Mahila Shakti Kendra scheme aims to address women's issues at the village level to improve access of rural women to services of health, education, addressing violence, employment, savings, etc. by setting up district level centres for women that will provide convergence

[26]https://wcd.nic.in/sites/default/files/Ujjawala%20New%20Scheme.pdf

of services under the State Resource Centres for Women's coordination. Additionally, Mahila Police Volunteers (MPV) is a public-private interface in order to fight crime against women and make police service more accessible. The MPV's main aim is to create linkage between women in distress and police and to create awareness on schemes available for women and to coordinate with other stakeholders.

Ensure children (including survivors of trafficking) are protected and have opportunities for development in the community – The Ministry of Women and Child Development has several laws and schemes aiming to ensure children are protected from exploitation, violence and discrimination and have opportunities for development and access to services in the community.

Under the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), the government takes responsibility to address the needs of children through care, protection, development, treatment, social reintegration in ways that are in the best interest of the children. Trafficked children are considered children in need of care and protection under this Act (Chapter II, section 2) who need to be rehabilitated preferably through family-based care (Chapter VII, sections 39 to 55) and placed in an institution for rehabilitation only when family-based care is not possible.

The JJ Act, 2015 is implemented through rules and the Integrated Child Protection Scheme[27] (ICPS) which aims to 'strengthen child protection at family and community level, create and promote preventive measures to protect children from situations of vulnerability, risk and abuse'. ICPS is a comprehensive scheme for institutional and non-institutional care. The community-based care component of the scheme includes sponsorship, foster care and after care programmes. Community level action for child protection is through Village and Block level Child Protection Committees, Integrated Child Development Scheme, NGOs

and local bodies. The District Child Protection Unit (DCPU) needs to identify and map needs of families at risk and children in need of care and protection to help them access all welfare services. The DCPU also forms linkages with ICDS functionaries, Specialized Adoption Agencies, NGOs working on child protection issues and local government such as Panchayati Raj Institutions and Urban Local Bodies.

The scheme provides for family based non institutional care services and for aftercare programme under each DCPU for children being reintegrated. The 'care and rehabilitation' service under this scheme visualizes implementation of rehabilitation as a collaborative effort between NGOs and government duty bearers and functionaries. The village level body in each district is supposed to be assisted by Mahila Samakhya members, Anganwadi workers, school teachers, woman member of the panchayat. This village level sub-centre is supposed to conduct outreach programmes for children in need and have local volunteers follow up rescued children who have returned to the village. Following are the provisions that are relevant for community-based rehabilitation of child survivors of trafficking:

» Open shelters are a provision for trafficked and runaway children among other vulnerable children without a family in an urban area. The aim of these shelters is to provide education, develop skills, enhance life-skills and reintegrate such children into families, alternative care and community.

» The Sponsorship programme under this scheme aims to provide sponsorship support to a family to enable a child to continue to remain in the family and continue education. Identification of vulnerable families is to be done by DCPU with help from VLCPC. A child being reintegrated with the family after institutionalization is also eligible for sponsorship fund on the bases of Individual Care Plan. The CWC/JJB needs to recommend suitable cases to DCPU to

avail the sponsorship support. Eligibility for sponsorship support includes institutionalized children who can be restored to families and children living in families under extreme deprivation (parameters include types of residential facility, social deprivation and occupation) and whose family income is less than Rs. 36000 in metro cities, Rs. 30000 in other cities and Rs. 24000 in rural areas. Each eligible child would receive Rs. 2000 per month through bank transfer. The bank account will be opened by DCPO in the name of the child. Regular school attendance is mandatory under this programme and families shall have access to counselling support.

» To prevent institutionalization the scheme also offers the foster care programme under which a child who is not legally free for adoption but whose parents are unable to care for them receives temporary care from an extended or unrelated family member. The support for foster care is through the Sponsorship and Foster Care Fund available with the DCPU. The Specialized Adoption Agency or the Child Care Institutions need to identify vulnerable families and children and prepare individual care plans and submit it to the CWC The CWC can issue appropriate order to DCPU to release funds and the SAA/CCI shall supervise and monitor the progress of the child and repot to CWC and DCPU. The DCPU needs to recruit families from the community willing to take on the responsibility of foster care. The DCPU also needs to prepare the family and child for the arrangement and later follow up to deal with any problems they may have.

» • The After-Care programme mandated under JJ Act 2015 is implemented by voluntary organizations running such programmes identified by the DCPU and lasts for 3 years after the 18-year-old with no family support leaves the CCIs. It provides community group housing, stipend during vocational training and peer counselling. An organization

arranging this shall receive Rs. 2000 per child per month for running the programme.

Ensure development of skills and access to livelihood opportunities - The National Rural Livelihood Mission, under the Ministry of Rural Development aims to improve livelihood options through improved access to financial services. The government is responsible for supporting Self Help Groups for a period of 8 to 10 years. It is supposed to promote financial literacy among the poor and provide capital to the SHGs. Apart from that NRLM also has a Revolving Fund and Community Investment Fund as community resources. The Ministry of Housing and Urban Affairs is responsible for implementation of the National Urban Livelihoods Mission. Under this mission the government is responsible for capacity and skill building of the urban poor to enable them to access gainful self-employment, skilled wage employment opportunities and access to credit facilities. This scheme also has provision for providing shelter for urban homeless people. Economic rehabilitation of survivors and their families can be done by ensuring they access these schemes.

D**een Dayal Upadhyay Gram Kaushal Yojana (DDU-GKY)** placement linked skill development programme for rural youth.

Modular Employable Skills (MES) under Skill Development Initiative (SDI) – scheme for school dropouts and existing workers to be trained for employable skills. Priority to victims of child labour above 14 years of age.

Other schemes for livelihood[28] for rural youth, urban poor and school dropouts

Pradhan Mantri Kaushal Vikas Yojana (PMKVY) – skill development, financial support, certificate on successful completion.

Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) – provides at least 100 days of wage employment in a financial year to adult members of every household for unskilled manual work. 33% of the beneficiaries are mandated to be women and employment is to be provided within 5 kms of the applicant's residence and if work is not provided within 15 days of applying, the applicants are entitled to an unemployment allowance.

Thus, the laws and schemes in India are framed to make services available in the community so as to discourage institutionalization of survivors of trafficking. Existing laws and policies in India are framed to offer welfare opportunities to the weakest sections in the society in a way that the family as a unit can be maintained. Institutional care is the last resort according to the provisions of care for children under JJ Act, 2015, NCLP and ICPS. Even for women victims of violence, there are ample services and schemes available for rehabilitation to occur in the community as per the laws protecting women from domestic violence and sexual harassment at workplace. However, despite this carefully formulated structure of laws and policies to provide welfare services impacting health, education, livelihood, legal and social needs of labour and sex trafficking survivors' studies have shown that survivors of trafficking are unable to access those services.

The above review indicated that in terms of obligations the legal framework delineating the government's responsibilities towards survivors of HT are present. However, this was not being implemented because to be able to manage and drive CBR programmes with survivors of trafficking the government will need clear planning and protocols, setting up administration structures, provision of resources, decentralization, training personnel, linkages and convergence and finally

monitoring and evaluation[29].

There are examples of how the government has driven CBRs for people with disability in the literature. The Ministry of Health in Bhutan and Myanmar[30] for instance, has implemented CBR programmes for people with disability through their primary health care delivery system. In Sri Lanka (*see footnote 9*), the Ministry of Social Services and Social Welfare has implemented a national CBR programme. In Uganda, the government has formulated supportive policies to improve representation by people with disabilities at every level of Government enabling them to develop their own solutions within the framework of the existing system. Compared to NGO led CBR programmes, the government programmes have shown wider coverage though the scope is limited to health needs. These examples have shown that having a nodal ministry at the government level to coordinate all CBR activities is important for national coverage of CBR and to promote multisectoral collaboration. Public – private partnership models collaborating government and NGO resources help in promoting comprehensive CBR programmes as often CBR programmes start with support from external donors and eventually are funded by the government.

What is the role played by the government in a CBR with trafficked persons?

In summary the literature review shows that:

❶ Lack of government role taking in rehabilitation of survivors of human trafficking creates a cycle of vulnerability. In case of labour trafficking survivors, the vicious cycle of servitude restarts after being reintegrated without access to the welfare services. The consequence of such failure to access welfare services is falling

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[29]*Mpagi, J.S. (nd.) Government's Role in CBR.*
https://asksource.info/cbr-book/cbr06.pdf
[30]*CBR WHO Model*

back into the debt bondage cycle of the contractors and traffickers in order to sustain self and family. Survivors of sex trafficking, have to deal with not just lack of livelihood but forced marriages, constant stigma and shaming and threats and intimidation from the traffickers in the community.

2 There are no mechanisms through which the government can track and identify survivors who have been reintegrated to ensure they are able to access the services. In fact, a study of reintegrated sex trafficking survivors showed that the members of the panchayat and police officials were most stigmatizing in their attitude and behaviour towards the survivorswhen they were approached by the survivors for rehabilitation support.

3 In case of labour trafficking survivors, the analysis shows that one of the main reasons pushing a person into bonded labour is loans taken due to illnesses or accidents, in other words health conditions. These worsen during bonded labour conditions and lack of any services aimed at helping the rescued person restore their physical health continues the cycle of vulnerability[31].

4 Finally due to lack of any standard protocols or any policy on rehabilitation of human trafficking survivors the entire onus of creating linkages between a survivor and their entitlements fall on NGOs. The government does not even have a formal mechanism of private-public partnership to reach out to trafficked survivors and often NGOs may have to spend considerable time in developing a working alliance with government duty bearers to create linkages between survivors and the welfare services.

To sum it up, the situation with respect to government's role in reintegration of survivors of trafficking is only present in theory, while in practice the possibility of a reintegrated survivor attaining their rights for rehabilitation depends upon a number of variables and therefore never guaranteed. This is the context in which a number of NGOs have been implementing CBRs in different locations and with separate groups of survivors.

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[31]Burns, D, Oosterhoff, P, Mohan Raj, A and Nanda, R.B. (2015), *Patterns and dynamics of slavery and bondage labour in Bihar and Uttar Pradesh: Findings from life story analysis. Institute of Development Studies.*

CBR Programmes with Survivors of Sex Trafficking

This chapter will describe each of the community-based rehabilitation programme being implemented with survivors of sex trafficking. Responses from NGO staff, survivors and government officials have been collated to present the flow of each programme. This is based on primary interview and focus group discussion data and therefore based on perceptions of people who participated in the research, which means it is subjective and can vary when compared to programme evaluation reports.

Background

PAT, a network of 8 community-based organizations has been working with survivors of sex trafficking returning to North 24 Parganas in West Bengal. The network began forming in 2013 and was well developed by 2015. PAT has been actively involved

Case Study 1

in prevention, protection and rehabilitation work with survivors of sex trafficking in villages across the district. The network has also been coordinating legal actions against traffickers. The aim of their interventions is to ensure trafficking survivors can access their entitlements without stigma or threat from the family, community and duty bearers.

The Setting

West Bengal reported highest number of trafficking cases in 2016 according to National Crime Records Bureau data. North 24 Parganas, sharing its border with Bangladesh is a source and transit point for trafficking. PAT has its presence in 100 villages spread across 18 blocks of the district. The group of CBOs has

worked with 230 survivors of sex trafficking in the age range of 16 to 30 years, facilitating reintegration services.

Implementation

The objectives of PAT's CBR programme titled Shakti is to ensure survivors of trafficking access their entitlements without stigma and threat. The programme aims to achieve this by adopting multisectoral interventions aimed at building capacities of CBR personnel or social workers, collectivizing survivors of trafficking and developing their skills and creating convergence in service delivery and case management.

The Shakti programme is implemented through case management approach, with case workers working on individual care plans and supervised by senior case workers. The programme manager, project coordinator, MIS staff and PAT management members are in charge of monitoring and evaluation of the programme.

Tools for intervention

Identification of survivors	Social workers receive information from police to conduct home investigation report for returning survivors.
Need assessment	Social workers visit survivors in their homes and facilitate need identification by using a standardized tool to map various needs.
Linkages	Social worker accompanies survivor to solve problems identified in different domains. Such as going to the hospital with the survivor, facilitating legal procedures required for obtaining victim compensation, taking survivor to psychiatrist/ psychologist for treatment of mental health related problems.
Collectivization	Twice weekly, survivors gather in a place to undergo a leadership training aimed at improving

Collectivization	communication, interaction with duty bearers, knowledge of rights and entitlements, etc. It also develops a group identity.
Community integration	The survivors from the collective participate in village level committees, organize awareness programmes in schools, become members of SHGs, advocate for their rights locally and in national forums. Community integration outcomes include livelihood generation and economic empowerment.
Stigma mitigation	Social workers address stigma by engaging with the stigma-giver. For example, if the stigma is from family the social worker talks to them to find a solution. When the stigma is from duty-bearer they increase their assistance to the survivor when she interacts with the duty bearer.
Continuation	The aim is to develop the survivor's collective to take on the responsibilities of identifying and supporting new reintegration cases apart from advocating for rights and prevention of trafficking.
Funding	Currently the programme is being funded by Sanjog India and the funds are mostly used for training of survivors collective and travel of survivors to access services or participate in groups.

Summary

The goal of the CBR by PAT is to strengthen survivors of trafficking in a way that they are able to access services and entitlements in the community without any stigma or threat. This is being achieved by assessing needs of survivors and linking them to existing schemes on one hand

and developing a survivor's collective that is able advocate for the rights of all survivors in the community.

Background

Case Study 2

Over the last 10 years the IM, Kolkata, has focused on rescue, prosecution and protection approaches with survivors of sex trafficking. The NGO's interventions are well established in terms of collecting intelligence and collaborating with the police for rescuing and collection of evidence for prosecution of traffickers. The IM has also been offering services within child care institutions for mental health and legal aid. Their strategy diversified over the last two years as they began focusing on strengthening the criminal justice system to improve conviction of traffickers. And eventually in 2019 the organization began piloting a community-based rehabilitation programme to a) continue case management of survivors getting reintegrated from CCIs and b) to strengthen the system of duty bearers and government departments relevant for attainment of entitlements by survivors.

Setting

The CBR programme is being piloted in South 24 Parganas which has been identified as a transit and source area for trafficking in West Bengal. Two sub-divisions – Diamond Harbour and Canning have emerged as hubs of trafficking, following the return of several rescued girls. This district also had the highest number of missing children in West Bengal[32]. The IM has since 2006 rescued more than 380 survivors from sex trafficking by partnering with police agencies in Kolkata and across the state. More than 69 survivors are receiving aftercare services through its programmes.

Implementation

The programme is implemented by using a case management approach where individual cases are followed up right from rescue and institutionalization to community reintegration. The IM has different departments responsible for a holistic intervention. CBR is through the Aftercare department with 5 CBR personnel. This department works in coordination with other departments such as Partnership (building convergence with other community-based NGOs and raising community awareness), Training (training all stakeholders working with survivors on trauma informed care practices) and Legal (supporting survivors in criminal procedures against traffickers and following up with police and courts). Reintegration is not restricted to reunification with family but the IM also offers the survivors a choice of living in a hostel to pursue education, skill training and employment. This choice is especially offered to those survivors whose families do not seem prepared to accept them back according to the IM's analysis.

Tools for intervention

Identification of cases and need assessment	Before the aftercare or CBR begins the children are rescued from brothels and the process following rescue are followed. This includes – presentation before CWC, placement in CCI, tracing family and home investigation and preparing individual care plan and counselling. Need assessment is conducted with survivors in CCI and the case is closed only when the aftercare team finds that appropriate scores are attained for each domain (6 domains in total). Complete rehabilitation takes around 4 years.

[32]*In 2012, 2836 children went missing, out of which 2191 were girls. While 1007 missing children were traced back. According to RTI filed by Sabir Ahamed quoted in an article in The Hindu by Singh, S.S. (2018). https://www.thehindu.com/news/national/life-after-rescue/article24596244.ece*

Identifying partner NGOs and capacity building	Community based organizations operating in village level are identified and trained on trauma informed care and other case management protocols to continue rehabilitation of survivor in the community.
Building capacity of community	District level anti trafficking clubs and committees that consist of adolescents and people from the community are formed. Example, Adolescent clubs, Anti Human Trafficking Clubs, VLCPC. Each of these committees are activated and mobilized to respond to needs of survivors, report missing cases and raise awareness in the community. The social workers also counsel families so that they are informed and better equipped to interact with survivors.
Systems reform	Training and enhancing capacities of stakeholders such as police, prosecutors, doctors, NGOs, government officials, child protection committees and religious leaders. Police, lawyers, public prosecutors, NGOs and Doctors are trained on trauma informed care.
Service linkages	The community-based organizations link survivors with services identified during need assessment – education, shelter (in cases where family reintegration is not possible), health, livelihood and legal services.
Financial support	Survivors are supported financially as well by the organization by paying for hostel/paying guest accommodations, buying school uniforms and books, paying for trainings and supplementing income loss.

Funding	The IM funds the CBR programmes implemented by partner CBOs through individual donors, foundations and institutional grants.
Continuity	The plan is to strengthen a survivor's collective to be able to advocate for own rights and support new survivors returning back. However, at present the CBR depends on case work and survivors have dependency on social worker for attainment of entitlements.

Summary of the project/programme

TThe goal of the aftercare programme is to ensure that the survivor is able to live without any exploitation, is able to sustain herself and is socially accepted. The IM has been able to achieve its objectives through a multi-sectorial approach involving police, criminal justice system and community-based groups. It has managed to build capacities inside CCIs and in community-based organizations to ensure trauma informed care for survivors. The CBR programme is at a pilot stage and in future aims to develop a strong survivor's collective to make the programme sustainable.

Background

The WM, formerly known as Justice and Care has been working with survivors of trafficking, primarily in rescue of victims of slavery, bringing criminal networks to justice and sparking a systemic change. The NGO focuses on community intervention with at risk communities to prevent trafficking, and it works with police and state to investigate trafficking networks, with justice system for prosecution of traffickers and securing compensation for survivors, ensures aftercare support for survivors to re-establish their lives and finally provides decision makers with knowledge and recommendations to bring about systemic changes. The goal of

Case Study 3

the programme is to "break the cycle of crime and save lives". Its main motto is care, protection, restoration, rehabilitation and reintegration (CPRRR).

Setting

The CBR programme by the WM is operational in South 24 Parganas with survivors of sex trafficking since 2012. It has a community space in Canning block that is used for training and meeting of survivors. The focus is on the child in the CCI but it shifts to include the child's family and community in the long-term care plans. The aim in total is to ensure the survivor lives safely without threats, is accepted by her family and is able to access various entitlements.

Implementation

The NGO follows an end to end approach in service delivery beginning from the time the victim is rescued till reintegration. The aftercare dimension social workers perform individual case management focusing on the survivors, while the social workers under prevention dimension together with advocacy, network and training dimensions conduct activities with community focus that includes working with the survivor's

family.

Community mobilization	Prevention team of the NGO conducts community mobilization activities to identify and report missing children and strengthen child protection committees at village and block levels. There is awareness building and training with police, anganwadis, judges, magistrates, government officials, AHTUs and DCPUs.
Identification and mapping needs	Survivors are referred to the NGO by police or sending state agencies or by families of missing children. Post rescue the needs are mapped while the survivors are living in CCIs. Short term care plans are drawn out for addressing needs while in CCI and long-term care plans are developed to continue rehabilitation in the community. Once survivor returns back, a quarterly risk assessment is done of the family.
Service linkages in the community	Post reintegration individual cases are managed by the Aftercare social worker and community-based organizations. The NGO works with partners in the community for developing long term support plans.
Survivor led platforms in the community	Survivors receive skills training in a space within the community in order to generate contextually relevant livelihood options. Such centres are called Asmi Kendras where survivors congregate and receive training and placement. Annual programme for survivors and their families are hosted, called Seasons of Change. Survivors also interact directly with duty bearers and conduct awareness trainings in schools and community clubs.
Legal Case Work	Legal department of the WM directly follows up on cases with investigating officers and public prosecutors and works on preparing bail rejection applications and establishing child friendly court system. Threat from traffickers and middlemen are brought to the attention of local police station.
System strengthening	The NGO trains other stakeholders including CBO staff, police, anganwadi workers, judges, magistrates and DCPUs. The NGO also mentors a survivor's leadership group called the Champions group.
Funding	Funded by donor organisations. 30% of the annual budget is required for reintegration activities including case management and direct support to survivors.
Continuity	Plan for sustainability is through network of partner organisations and the survivor's group that is being presently mentored.

Background

The organization called HELP founded in 1994 works on issues of trafficking in persons in Andhra Pradesh and Telangana. Its main areas of work include rescue and rehabilitation of victims especially children, who are trafficked for sexual exploitation in Andhra Pradesh. The NGO had a shelter home for rehabilitation of rescued victims of trafficking but with time it noticed that exploitation of children continued in the community after reintegration. So, in order to improve reintegration and prevent trafficking entirely HELP closed down its shelter home and began directly working with communities of sex workers. The NGO has been working in the red-light area by managing a drop-incentre for children of sex workers. The main aim of their interventions is to prevent second generation sex work. Apart from that, organization HELP supports the police in rescue of children trafficked for sexual exploitation. In order to combat the issue of trafficking especially for CSE, HELP implements various programmes focusing on prevention, rescue, reintegration and rehabilitation of victims. The CBR programme began in 2014-15 and is still developing.

Case Study 4

Setting

The coastal regions of Andhra Pradesh is a source and transit for trafficking girls to other states in India for the purpose of commercial sexual exploitation (CSE), cheap labour and marriage. Cases of boys and girls being trafficked for begging and forced labour have also been reported from these parts of the state. According to the NGO's website there are 25,000 sex workers in coastal Andhra Pradesh alone. The CBR programme is implemented in 4 districts (Prakasam, Guntur, Krishna and West Godavari) covering 20 red light areas.

Implementation

Social workers do case management with individual survivors while project coordinators conduct training, programme planning, convergence building and work with survivors' leadership groups. Organization HELP also manages a network of 25

NGOs working against trafficking by supporting them on various programmes.

Rescue and mapping needs	Police, CCI or NGOs from the network refer cases of survivors who are to be reintegrated into organization HELP. Needs of survivors who are reintegrated in their communities are mapped.
Collectivization and capacity building	A group of 20 survivor leaders have been trained and their capacities on leadership, communication and advocacy for rights have been built. The collective is called Vimukhti and it consists of women exiting sex work.
Linkages with services	Social workers or survivor leaders develop linkages with welfare schemes and services by advocating for rights of survivors. Government duty bearers are approached by survivor leaders directly. They are also linked to SHGs for livelihood generation.
Legal case work	Social workers follow up on FIRs and identify gaps therein, they counsel the survivor to participate in court proceedings, ensure witness protection. The social workers also follow up on application for compensation and relief money and ultimately for conviction of traffickers.
Funding	International donors, the funding is mostly used in training and capacity building of the survivor leaders.
Continuity	It is possible for survivor leaders to continue with the programme implementation. Networking with other CBOs and involving influential people from the community and religious leaders is expected to help sustain the programme.

Summary

The CBR programme by organization HELP is an example of a well-entrenched local NGO that was previously working through institutional care set-up shifting its focus on community-based care programme and withdrawing from institution-based care completely. The CBR is in its initial phases and the objective of the NGO is to create a strong survivors' collective that can lead its own rights attainment. The NGO also invests in developing networks of other CBOs to converge efforts on reintegration services.

Common trends

1 It seems that in all CBR programmes the target group is adolescent girls rescued from forced prostitution and the interventions are planned using an individual case management approach that is based on needs identified by the rescued girl.

Commonalities, distinctiveness and inferences

2 In mostly all the cases, the target population have been rescued, placed in a shelter home (CCI) for varying periods of time and then reintegrated and all the CBR programmes have been involved in conducting home investigation studies. This means that the community level CBR personnel are located in geographical proximity of the survivor's home.

3 All the approaches speak about the rehabilitation goal of CBR being increased resilience in survivors to deal with challenges and leverage on opportunities, to defend and protect themselves from abuse, violence and exploitation in families, communities or workplaces.

4 The role of government in all the CBRs described to us by the NGO and survivors is that of a service provider, not a participant in the CBR. In all cases creating linkages with government duty bearers, training government officials and advocating for rights of survivors are

common programme inputs. Despite this all CBR interventions have had to address pushbacks from government duty bearers, which were often expressed as a lack of knowledge, stigmatizing behaviour towards the survivor, very slow response to survivor's appeals citing lack of convergence or department strategy and direct refusal to perform their duty.

5 All CBRs aim to develop survivor's collectives and train and enable survivors to attain their rights of rehabilitation. These trainings mostly develop leadership and communication skills in survivors, while creating a group identity for collective bargaining and creating awareness in the community.

6 All CBRs mentioned focusing efforts on legal intervention to attain victim compensation rights for survivors and to improve the response of the criminal justice system towards survivor's needs.

7 Issues that remain a common challenge for the CBRs include stigma from the family, lack of livelihood opportunities and lack of mental health services in the community and presence of threat from traffickers in the community.

8 Finally all the CBRs are funded by international and national donors and none are part of any government project or private-public partnership.

Distinctive features

1 Organization HELP works with both child and adult survivors of forced prostitution and also with sex workers wishing to exit prostitution in the red-light area. This CBR is different from the other programmes as unlike the other CBRs that approach it from an individual survivor reintegrating in the community, HELP's model approaches it from the other end, that collectivizing a group of individuals wishing to exit one social identity (that of a sex worker) and create a new identity (survivor leaders).

2 The IM's CBR considers the option of survivors not returning to the family, and moving from the CCI to a hostel. The approach is to enable survivors to find and create a new social

identity for themselves, and a new community comprising of new relationships.

3 The CBR programmes by the WM and the IM have an explicit community mobilization approach that involves other stakeholders from the community in collectively participating in responding to the issue of missing children and prevention of trafficking. The programmes aim to develop community resources (VLCPC, Adolescent Clubs, Anti Human Trafficking Clubs and concerned people from the community).

4 PAT's CBR programme, Shakti's work with survivors begins with repatriation and family reunification and the organisations and CBR personnel are located in the same district and blocks as the survivors. In the case of the IM and the WM, the organisations work with CBOs in the community as collaborators.

Inferences

1 One of the significant engagements of the CBRs with sex trafficking survivors are identifying reintegrated survivors and linking them with government departments and duty bearers, helping in the application and documentation process to ensure they receive what they are entitled to. The main areas requiring considerable hand-holding are - legal, livelihood and health. Our review of government's roles and responsibilities relevant to rehabilitation of reintegrated survivors showed that there were clear laws and policies regarding health, livelihood and legal rights of survivors. In the laws and policies, it is the duty of the DLSA, the health department, police department and district administration to ensure the right holder attains what is due to them. The primary data on the CBRs however indicated that none of the duty bearers from these departments worked as collaborators in the programmes, they were at the best passive service providers who often stigmatized the survivors and required sustained efforts by the CBR personnel to dispense their duties towards the survivors. The CDPO who participated in this study summed up the situation saying there were no protocols or strategies to inform

a new incumbent on their responsibilities or roles towards survivors. A lot of time went in understanding what needs to be done and how and the final outcome depended not on accountability of the duty bearer but the personal attitude and willingness to support a survivor's rehabilitation.

This does not mean that no government duty bearer gets involved in the CBR or no partnerships exist whatsoever. For example, in North 24 Parganas, the BDO and officers in charge interviewed talked collaborating with the PAT and the IM talked about working closely with the police in rescue and investigations. However, these were exceptions and not the norm, while according to JJ Act, 2015 and ICPS the DCPU needs to partner with NGOs to implement aftercare services for children who were reintegrated post institutionalization. In fact, there is provision for sponsorship to enable the family to support the reintegrated child, also there are provisions for group homes, open shelters and foster care in case the family of the child is not fit for reintegration (especially when they are complicit in trafficking). However, no such provisions were talked about and the government duty bearers were not found to be playing an explicit role in the programmes.

2 Next, we observed that current responses to rehabilitation of trafficked persons follows a linear process beginning with rescue, followed by institutional care in CCI, followed by reintegration and then aftercare or reintegration services using an individual case management approach. In the Ohio state case study discussed in chapter 1, we noticed that CBRs with trafficked persons can be planned for people who have not yet been rescued. In fact, CBRs that are not just reintegration focused would impact several people who are currently in trafficked situations. Red light area interventions, according to secondary data analysis by Wilson, et al, 2015) and according to data from HELP the community interventions for sex workers focus on preventing second generation prostitution by providing children of sex workers with education and care. The other community intervention aimed at women

in sex industry is prevention of HIV/AIDS and substance abuse. We don't know about their access to other welfare rights including health, legal, skill development and other services yet. The mapping exercise to identify the CBRs could not identify any organization that was implementing CBR with sex workers and in all probability no community-based rehabilitation was taking place with sex workers who may have been trafficked.

CBR programmes with survivors of labour trafficking

Background:

Case Study 1

The RE has been working with survivors of bonded labour and Dalit communities from Erode district of Tamil Nadu since its formation in 2001. Their main office is in Erode and their interventions with Dalit children, marginalized communities and women's federation is present in five districts of Tamil Nadu. Their aim is to "create a society where every person has the right to life of quality and human dignity". They focus on children's education, gender-based violence, inter-state migration, bonded labour and human trafficking and dignity work for sanitary workers.

Setting

The RE's interventions are aimed at survivors of bonded labour and human trafficking survivors is in the context of forced labour situations in textile and garment industries in Coimbatore, Tirupur, Erode, Karur and Dindugal districts of Western Tamil Nadu. The camp coolie scheme employed by the textile mills give rise to bonded labour situations where workers' freedom is curtailed and there is abuse and exploitation especially of female workers. Due to financial difficulties girl children do not continue with their education and are forced to work in such exploitative conditions. In some cases, the entire family is trafficked to work in certain industries such as poultry farms and fields. This is the context in which the REis implementing its CBR programme.

Implementation

The goal of the programme is to bring decent employment without any discrimination and exploitation. They want to do this by changing the mindset of the community so that they are aware of Bonded Labour and are able to change the way they work. It also aims to work on stigma towards survivors in the community.

When survivors return to the community, they need a home, employment, skills for employment, stigma reduction, education and medical treatment (from FGD with survivors). The CBR focuses on education of children, vocational skill development, micro entrepreneurship development, mental health services, life skills training and linkages with all government welfare schemes to get what is their entitlement (interview with project staff).

The programme is implemented as follows:

1 **Identification and rescue of bonded labour from textile, poultry and brick kilns** - This is done by intelligence gathering for which internal complain committees have been established inside factories. This committee conducts meetings to identify areas where laws protecting the interests of workers are contravened. When a case of bonded labour or labour trafficking is identified they conduct rescue. This is done in coordination with Regional Divisional Officer (RDO) from Revenue Department and police. Apart from this, community outreach workers also do door to door visits to connect with vulnerable girls and families in the village. For example, in the FGD one participant shared that she got to know about the programme from the community worker but the family was initially not allowing her to join it. However, with the community worker's intervention she could join and is now getting training.

2 **Need assessment -** This is conducted by trained counsellors and social workers. The team has five members trained in counselling and life-skill training by the National Institute of Mental Health and Neurosciences, Bangalore. The team also has 3 professional social workers. This group manages individual cases.

3 **Linkages with schemes and activation of schemes -** The model also helps survivors access all social welfare schemes that can help in addressing their needs for skill development, education, employment. Sometimes survivors are sent to shelter homes but the organization continues managing the case even when they are living in institutional care. The village

committee is activated to prevent recruitment of people below 18 years of age.

4 **Empowerment and livelihood for women -** For adult Dalit women the organization has developed a collectivization of women in the form of a federation at the district level. Women survivors are enrolled into the Federation. This federation takes decisions independently and also interacts directly with government offices to avail schemes and entitlements. It works as a SHG, and is present across 43 villages. The CBR programme facilitates and conducts regular meetings and trains the members on leadership skills and response against child labour. The women from the federation keep a watch in their respective villages to prevent child labour.

5 **Psycho-social rehabilitation -** The aim of the CBR is not restricted to addressing education and employment but includes psycho-social support to help survivors recover from the trauma of trafficking. The CBR has a professionally trained counsellor and a team of mental health workers addressing such needs.

6 **Legal intervention** – apart from linking with DLSA, the CBR programme also has a lawyer and a method of assisting survivors through telephone. The assistance is in the form of making police complaints in case of threat and stigma. Legal interventions at state and district levels are also done by filing PILs to bring compliance with prevention of sexual harassment laws.

7 **Continuation -** Survivors feel motivated to continue participating in the programme because they want to help others move out of bondage and exploitative labour conditions. The meetings are held regularly to understand problems of survivors and their families and community level interventions are planned by the survivors and the programme implementers.

8 **Funding -** The programme is funded by donors, one of them is the IM. Most funds are required for scholarships, micro enterprise development, skill training and counselling training.

Summary

The RE'scommunity-based rehabilitation programme is currently focused on civil rights and attainment of entitlements on one hand and strengthening the women of the community to be able to advocate for own rights and take decisions on the other hand. The goal of RE'sintervention is to improve the quality of employment of the Dalit groups and to make the society as equitable as possible. The programme uses a multisectoral approach including mental health and legal services.

Background

CD is an NGO based in Bihar, founded in 1993. It began working with marginalized communities in rural setups to ensure equal opportunities for men and women. In recent times it focused on removal of social injustices, especially slavery and trafficking.CD's foray into community-based rehabilitation is through initial experience of managing shelter home for children. Having experienced resource crunch and administrative difficulties of running a shelter home and observing a complete lack of long-term impact on survivors, the NGO decided to focus on making rehabilitation services available in the community. The CBR programme has been operational since last five years.

Case Study 2

Setting

CD's programmes on "empowering the powerless" covers six districts of Bihar – Patna, Muzaffarpur, Sitamarhi, Sheohar, Gaya and Rohtas. With respect to CBR with trafficked survivors,CD works with rescued child bonded labour or labour trafficking victims and communities that are vulnerable to trafficking mainly in Gaya and Rohtas district. According to the NGO's data bangle making units in Rajasthan uses child labour from Gaya. CD also collaborates with NGOs in destination city of Jaipur in Rajasthan to obtain release certificates for rescued children and legal intervention. Rohtas district has high incidence of child labour and bonded labour in stone quarries.

Implementation

The NGO operates through social workers and village level volunteers. There are coordinators at block level and district level who report to state level coordinator and the executive director. The goal of the CBR is empowerment of the community through awareness and livelihood and attainment of welfare rights. It also wants to reduce risky migration. The implementation occurs as follows:

1 Identification through mapping – Vulnerability mapping to identify families and children who may have been victims of bonded labour and trafficking or who may be vulnerable to trafficking. This exercise also helps to identify missing children who are then rescued. Needs of family or child or both are assessed to plan rehabilitation.

2 Linkages with services – each family or child is linked with respective government department or functionary to receive services and attainment of entitlements. For example, children are linked with CWC to receive provisions under ICPS for education and sponsorship. Mukhiya or the head of village panchayat is part of the Child Protection Committee and ensures vulnerable families receive livelihood schemes while raising awareness on child labour and trafficking. Health needs of adolescents and women are addressed by linking with ICDS functionary ASHA. Linkages with DLSA and SLSA for legal aid and compensation. The programme is aiming to minimize institutionalization of children by using foster care and sponsorship provisions of ICPS by collaboration with the government departments.

3 Community mobilization – Community based groups that include families of survivors and survivors are formed for vigilance, maintaining a migration register (for identifying children migrating out of the village) and creating a mechanism that mobilizes action whenever needed. Two groups of adolescent children have been formed, called the Vijayta group and it meets once a month to discuss problems

and plan actions. The community groups are trained for leadership development and communication. The Vijayata group for instance could successfully thwart attempts of traffickers from kidnappinga family to stop them from appearing in court by informing the police.

4 **Legal intervention** – apart from linkages with DLSA and SLSA the programme also develops linkages with destination NGOs (such as Jaipur) to procure release certificates for child labour rescued from factories outside Bihar. These release certificates are necessary as they increase the chances of getting compensation and entitlement. The social workers help survivors in arranging all documents needed to strengthen the application for victims' compensation. The social workers also follow up with concerned departments such as police, labour and DLSA for attainment of various rights such as FIR registration under all relevant laws, witness protection, victim compensation, etc.

5 **Continuity** – The programme's future plans include developing a survivor's collective that will carry on the work of linking vulnerable and affected people with respective services and schemes.

6 **Funding** - CD's CBR is supported by funding from FF a charity organization aimed at ending modern slavery based out of United States of America. Most funds are required for livelihood support. The programme directly finances small enterprises by giving seed money, it also in collaboration with other organization arranging skills training to generate employment for children above 14 years of age.

Summary

CD's CBR aims to empower the people to ensure they are economically independent and able to attain their rights. This CBR activates existing government schemes and functionaries to ensure survivors of trafficking are identified and their entitlements are attained. Community based groups of survivors and vulnerable people are also formed as part of this CBR to take on the role of the NGO in future to be able to identify cases and plan action to prevent trafficking or support rehabilitation of survivors of trafficking themselves.

Background

SF was formed in 1995 and registered in 2001 to work with the most marginalized and vulnerable communities in Jharkhand. It is operational in 7 districts covering more than 400 villages and is often recognized as a 'Technical Resource Group'. Its interventions cover child rights and protection, women empowerment and gender justice, livelihood promotion and sustainable agriculture, women, adolescent and child health and capacity building and advocacy.

SF is leading a network called 'Jharkhand Anti-Trafficking Network' (JATN) of 14 grass root level organizations spread across 13 districts of Jharkhand which aims for safe migration and social acceptance of the survivors in the community. The community-based rehabilitation programme of SF is with child survivors of labour trafficking rescued from domestic servitude, brick kilns and coal mines. They do not have a shelter home but do work within state run CCIs and also manage a short-term shelter for children in crisis situations. The community-based approach allows the NGO a wider scope for intervention by including the child's family in the programme as well.

Case Study 3

Setting

The CBR with survivors of trafficking by SF is being implemented in Gumla district which is a tribal based society. Children from this community are trafficked by people from within the community for domestic labour and labour in brick kiln. According to the NGO the community views non-payment of wages and physical violence as forms of exploitation and places less significance on sexual abuse. SF begins working with some cases during institutional care period. Such cases are referred to them by labour department, police or

CWC or sometimes they identify cases through outreach work in the community.

Implementation

The CBR is implemented by a team of fieldworkers, programme coordinators and programme manager. Re-trafficking is an issue as traffickers are from within the community, therefore the CBR programme strongly focuses on preventing this by entrenching the child in the education system. This CBR programme is implemented as follows:

1 Identification and needs assessment - Children are identified by two sources – one from referral by police, labour department or CWC and two by fieldworkers of the NGO. Once the child is identified the case workers begin need assessment, this is done with children who are in institutional care or in the community.

2 Linking with services – The social workers address each of the needs identified in the assessment. For example, if the survivor wants to initiate legal action, the case worker helps in registering an FIR and finds lawyers to take on the case. If the survivor wants to be reintegrated the case workers talk to the family to prepare them for the survivor's psycho-social needs. They link them with ICPS schemes for foster care and sponsorship programmes and also with enrolment in school through Sarva Shiksha Abhiyan.

3 Collectivization – Survivors groups have been formed and they meet once a month to discuss issues and plan actions. This group also reaches out to new survivors and supports families of other survivors in the community. The capacities of this group are built by training on communication and advocacy. The programme has also formed 5 migrant forums of migrant women workers who are supported for safer migration.

4 Following up in the community – After reintegration either immediately or post institutional care, the social workers conduct follow-ups through community level groups such as SHG, VLCPC, Anganwadi and institutions like PRI and school and family. Through this follow up activity the social workers are able to identify stigma and work on it by talking to the source of stigma.

5 Continuity – Currently the survivor groups are formed and are meeting regularly to identify needs and plan action. However, the social worker's support and assistance is required for attaining entitlements. This is because system strengthening is yet to be achieved fully. Duty bearers are still resistant and hence continuity of the programme without the NGO is not possible for the time-being.

6 Funding - The CBR programme does not have a dedicated funding. Funds are organized from other programmes on child rights and child protection within the NGO. Most funds are required for human resources, travel of survivors, stipends and infrastructure for meetings and trainings.

Summary

SF works with tribal community to help child survivors of domestic servitude attain their rights of rehabilitation and social acceptance. In order to achieve this goal, the CBR implemented by the NGO by identifies needs of the survivors and links them with services. At the same time a survivors' collective has been formed to ensure they are able to advocate for their rights themselves. The CBR is recognized by the government as a service provider for rehabilitation of survivors who are reintegrated. Currently the social workers play a dominant role in the programme to support survivors of trafficking and help them attain health and education rights.

Background

In the 1980s the founder of JJ began working with forest dwellers on their rights and village level group of women was formed to protect women from domestic violence. The strength of the collective was recognized and it became the most important tool in their interventions going forward. JJ's work with bonded laborers began with a survey of 40,000 people in 4 blocks in which

they found that the laborers did not get any wage but just grains. The NGO called for a meeting of all the surveyed laborers and formed a plan to address their issues along with the 30,000 people who attended the meeting. Eventually through their collective action force JJ brought about changes in the way laborers were treated in farms, especially women. Their work with bonded laborers in brick kilns began in 2006.

Case Study 4

Setting

JJ's works across 5 districts – Raigarh, Bilaspur, Mahasamund, Jangirchapa and Balanda Bazar covering about 200 villages with large majorities of migrant brick laborers in Chhattisgarh. Bonded labour in brick kiln usually involves the whole family as the wages are paid as per piece rate as more hands equals more bricks equals more money. However, the labourer may have to pay for his own travel to and from kilns and also prepare a dwelling for himself and his family and there is no sick leave or compensation for worksite injury.

Implementation

The model of implementation is not a typical CBR that has been observed so far, rather the goal is to form collectives, a self-dependent labour union of bonded laborers across block, district and ideally the state. This is achieved in four stages – the first is organization of bonded laborers at grass-root level. Field workers of the NGO at this stage ensure a consistent and well-attended meeting. The second and third stages are rights education and action in which the group that is already attending regular meetings is educated on various relevant laws and schemes and how to use them in real-life situations in the brick kilns and with government duty bearers. The fourth and find stage is of self-dependence where the staff of the NGO are no longer required as the villages can themselves organize their own meetings and form a self-depended union. The various steps of implementation are as follows:

❶ **Survey of villages** - The first step is to survey the villages and begin outreach work with families in the villages to garner their support and bring them together for the first stage meetings.

❷ **Conduct meetings** - Once the survey is completed and outreach activities done the first level meetings are called for. Survivors and vulnerable people needing support usually join the meetings.

❸ **Collectivization** - Regular meetings are conducted and the group is collectivized. Laborers are registered and the members of the collective undergo stage two and three trainings on rights and laws.

❹ **Attaining entitlements** - With greater awareness on rights there is better attainment of rights by the villagers. Children are enrolled in schools, migration become safer, the migrant workers are able to seek support in case of distress. Rescues are conducted and release certificates are obtained to be able to avail compensation. Women's collective is playing a role in livelihood generation and in Panchayat.

❺ **Self-dependence/sustainability** –As the collective moves to stage four it becomes self-dependent and does not require field-workers or an NGO intervention to activate the processes and form linkages with duty bearers. The survivors and families from the village who are part of the collective are able to identify issues and plan course of action such. It is a fully sustainable model in that sense.

❻ **Funding** – over the last one year the programme has been operating without any external funding. Most amount of money is required for awareness generation through outreach work and material for awareness generation.

Summary

JJ's model of community intervention is very different from traditional CBR with survivors. Its aim is to collectivize people and motivate and skill them to attain their rights themselves. They achieve this by bringing people from vulnerable villages together, creating unity and developing awareness of rights and ways of mitigating issues of labour exploitation. The collectives

are connected with duty bearers so that they can advocate for their own rights. Bonded laborers when identified are rescued and the collective takes on the responsibility of their rehabilitation primarily through wage settlement and compensation.

Common trends observed

❶ The common goal of all CBR programmes with survivors of labour trafficking is to develop the community for socio-economic empowerment that prevents unsafe migration and enables the vulnerable

Commonalities, distinctiveness and inferences

to attain all welfare rights. All the CBR programmes are part of the NGO's wider focus areas and thus the CBR interventions fit into the NGOs overall goals of community development. Looking at the webpage of each NGO showed that the CBR programme were therefore a part of several activities these NGOs did in the community.

❷ Collectivization of survivors is a common approach in all the CBRs aiming labour trafficking survivors. The collective may not be in the same developmental stage across the programmes studied, however the objective of the collective is same – advocacy and rights attainment. Since the target population is large, the programmes tend to utilize the power of people in leveraging government response.

❸ The interventions commonly focus on health, education, compensation, wage recovery, and land rights and are able to ensure that these are attained by the survivors. A common trend among these interventions is strategic advocacy with concerned government duty bearers and utilization of government schemes for attainment of welfare rights. Across the programmes, CBR personnel reported that because of the constant interventions, DLSA, PRI, RDO, DCPU and police were more cooperative than before.

❹ A common barrier recognized by all was lack of role taking by government duty-bearers and lack of livelihood options. Often government officials were not willing to provide assistance to the survivor and were steeped in prejudice towards the migrant labourers. For example, District Collectors were unwilling to issue release certificates and sometime unwilling to release compensation even when release certificates were present. Police officials were unwilling to apply Section 370 of the IPC (human trafficking) while registering cases. Schemes couldn't be utilized properly because duty bearers did not wish to assist trafficking survivors.

❺ Common threats present in the community that the programmes needed to address were – traffickers and agents who were part of the community and families that stigmatized the survivor. Families often stigmatized children and young girls when they returned back for having left their employment.

Distinctive features

❶ The RE's CBR programme alone has a clear strategy to address mental health needs of labour trafficking survivors, an aspect that remains largely unaddressed. The programme includes service providers who are trained to address mental health issues. This is especially useful for the target population of young girls who are in bonded labour situations that may involve sexual exploitation and later stigma from the family.

❷ The RE and JJ work with the entire community impacted by bonded labour or vulnerable to bonded labour. Their interventions focus on more than just the issue of labour trafficking, but include goals of making societal changes for historically marginalized groups such as the Dalits, women and brick kiln workers. Therefore, they use collectivized groups of survivors very actively in pursuing the goal of rights attainment. The focus group discussion composition for these two programmes therefore included not just individuals but families rescued from bonded labour. Also, both

these strategies have resulted into survivors becoming implementers of the programme at some stage of the programme.

3 CD reported being assisted by PRI, DCPU and DLSA in their CBR programme, which indicated a very distinctive approach of effective collaboration with government stakeholders. For example, the programme utilizes ICPS provisions of sponsorship and foster care and supporting the family in aftercare of rescued child labour. Moreover, it has also been able to establish inter-state collaboration with destination state NGOs that has improved the programme's legal interventions.

4 The CBR programme implemented by SF is the only one that works in the tribal community and begins intervention for children living in CCIs. This programme explicitly targets education of children in the tribal communities and utilizes ICPS provisions to protect children from being re-trafficked by traffickers who are part of the community.

5 JJ's approach is unique in the way it mobilizes the entire community of bonded labour across villages and creates a social movement like scenario where the CBR interventionists are needed only till a certain level of maturity in the collective is reached. In this respect it impacts vulnerable to bonded labour individuals as well and does not begin only after rescue of a trafficked survivor.

6 JJ's and SF's CBR programmes do not have any dedicated donor or funding source. They are implemented through funds drawn from other internal projects, whereas RE and CD's CBR programmes are funded by international funding organizations.

Inferences

1 With a deeper community approach used by CBR programmes working with labour trafficking survivors, the impact of the intervention is experienced by not just the survivor but the family. Often an entire family may have been trafficked for labour. In this respect the labour trafficking CBR programmes often have community goals – education of children, women's rights, Dalit rights and labour rights and thus though the case work might involve an individual case the impact of the intervention covers more than just the single survivor. This is also true because the NGOs implementing CBR programmes with labour trafficking survivors are well entrenched in the community and the CBR programmes are one of the several interventions being led by the NGOs.

2 To some extent government schemes are better utilized by these CBR programmes and DCPU and ICPS functionality that was missing in CBR programmes with sex trafficking survivors are more visible in the labour trafficking context. It is possible because children trafficked and rescued from forced labour situation are younger and are more likely to be repatriated in a large group to the same source area after rescue. So, they are not usually institutionalized and they are a large group and still minors when repatriated. It is probably therefore that the DCPU is more likely to take responsibility of reintegration services.

3 Except for Bihar no other locations mentioned a state policy for rehabilitation of labour trafficking survivors, though there is a standard protocol impinging on rescue of bonded labour which probably improves chances of obtaining victim compensation and other rights ascribed under the rehabilitation scheme for bonded labour. Further the demographics of the survivor has a bearing on the level of participation of the survivor in the CBR programme – when it is adult men, women or families of bonded labour the participation seems to be far greater and involves issues of social identity as compared to situations of child labour survivors where there is leaning towards protection of the survivor. We observed that programmes were probably more comfortable working with younger children who could be enrolled into schools as compared to older adolescents, almost adults and who would require a more participatory approach.

Lessons Learnt from Funders of CBR Programmes

A total of five funding organizations participated in this study to help us understand their objectives, achievements and challenges with respect to funding projects on CBR of survivors of human trafficking. As a whole the funding organizations have several years of experience of working with survivors of trafficking in India and other parts of the world and their plans and strategies reflect the experience gained from working with different populations in complex contexts.

OF OF was established in 1983 originated through resources from the founding family's business and now comprises of philanthropic organizations based in various countries around the world. In India one of its grants supports NGOs working with survivors of labour trafficking in **Jharkhand and West Bengal** with the aim of supporting safe migration and prevention of trafficking.

Their programmes impact children, women and men working in the unorganized sectors and balances prevention mechanisms with reintegration services. They intend to make programmes more survivor-centric and participatory in approach and involve the families of survivors as well. Their grants support programmes working on:

❶ *Right to safe migration* –these programmes strengthen local governance and create awareness in the community to ensure women have the choice of informed decision making and also to stop the community from stigmatizing a woman who decides to migrate. The goal is to enable the community to create

their own solutions instead of creating it for them. In Jharkhand the funding organization has managed to shift the focus of the NGOs towards human rights perspective, recognizing the right of individuals to migrate instead of taking an anti-migration approach. Gaps in polices and societal determinants of unsafe migration are being focused on rather than a protectionist attitude.

② *Legal aid* – Supporting NGOs working on expediting the judicial process, ensuring adequacy of the judicial process and supporting the victim throughout to ensure they are not intimidated by the traffickers. The goal is to activate the NLSA scheme for survivors of trafficking. Survivors are trained to directly approach NLSA to attain their right to free legal aid and victim compensation. The programmes on legal aid in West Bengal, have managed to draw some support from the family in helping the survivor withstand threats from traffickers present in the villages. Anecdotal evidence with the funding organization showed that successful prosecution of traffickers is acting as a deterrent to the crime.

The FF was founded in 2013 by two other organizations working on modern slavery and was created to lead the global movement to end modern slavery. Their labour interventions have impacted more than *The FF* thousand villages in northern and southern India to stop abuses, protect workers and change structural conditions to keep families out of bonded labour.

The organization is funded by anchor investors, council of advocates, government funders from UK and US and other supporters. In India It funds NGOs that are working in the community, at the block or district level. The FF supports various NGOs in **Jaipur, Bihar, Eastern UP and Tamil Nadu** in the following domains:

① *Bonded labour and child labour* – Support NGOs rescuing children working in bangle and handicrafts making units in Jaipur. In Eastern UP, they fund NGOs that help bonded labour

negotiate and bargain with their employers and sometimes rescue them. In Tamil Nadu they fund NGOs working with young women experiencing exploitative labour situations and help them exit such conditions through collective support rather than rescue. They also fund some projects in Varanasi and Bihar working with sex trafficking survivors and orchestra dancing groups, aiming to prevent communities from using exploitative services and with district authorities to stop such practices.

② *'Freedom Groups'* –. The NGOs working with trafficked survivors use the funds in developing human resources to reduce bonded or child labour by developing 'freedom groups' of people from the community. The field staffs of the NGOs facilitate monthly meetings of such freedom groups to identify issues and finding solutions. The aim is to develop survivor's collectives to bring statutory changes.

③ *Reintegration services* – Support NGOs working with children rescued from Jaipur returning to Bihar, bonded labour from Eastern UP and young women exiting spinning mills in Tamil Nadu. They support community-based rehabilitation programmes to bring about lasting impact and systemic difference. Their aim is to reduce re-trafficking by ensuring children are enrolled into schools or vocational training, the family receives housing benefits and have access to job cards and livelihood schemes and medical treatment. The projects also focus on legal case work and coordinate with DLSA and police to ensure functioning of the criminal justice system. Their NGO partners in Jaipur and Bihar have managed a successful child labour conviction in Jaipur by coordinating their efforts towards rescuing, supporting after reintegration, helping in legal case work, protecting from trafficker's attempt to kidnapping the child and family and getting children to safely provide testimony for the conviction. In Bihar the NGOs have managed to ensure that all the children are on the state government's tracking system along with all the documents and bank account details.

④ *Strengthen the system required for community-based rehabilitation* – This is done by supporting coalition of NGOs or NGO networks. The FF helps the IWG and also a separate group of 40 NGOs in Tamil Nadu. Support is in terms of funding and practical guidance (such as training on case work, mental health). They have 10 programme advisors who work directly with small clusters. They fund training programmes for public prosecutors and judges in Jaipur on how to deal with child trafficking cases and mobilize police in Bihar to help address threat of traffickers in the villages. The HL in Bihar which is supported by the FF was instrumental in getting the state government to start the child labour tracking system. In Jaipur the child labour free initiative has received strong government buy in with multiple funder support. The collectivization of NGOs is helping in improving government's response systems.

The organization has begun retracting their support to CCIs in Bihar and Jaipur because they felt it did not have a higher outreach. The FF felt that though it was important to improve quality of shelter homes, CSR and government funds were available for that purpose.

SC

The organization called SC was founded in 1919 and has been a pioneer in child rights. It works in 19 states of India having started its operations in the country in 2008 and has reached more than a million children by 2018. SC supports partner NGOs through funds and capacity building. 90% of its operations are through such NGOs and 5% are direct interventions by staff.

With respect to human trafficking, SC works with survivors of trafficking and vulnerable children in **North and South 24 Parganas in West Bengal**. Their work focuses on children with low to medium risks that can be managed by involving community groups such as the VLCPC. Severe cases that need intervention by CWC, police and DLSA are referred to appropriate government duty bearers. They fund programmes

with the following objectives:

① *Access to welfare schemes* – The goal is to bring out families and children from extreme vulnerabilities by linking them to various social security schemes. The field staffs from NGOs supported by SC popularise these schemes among the vulnerable that includes survivors of sex and labour trafficking. Many children in the villages of North and South 24 Parganas have been mainstreamed through education and the cases with low and medium risk levels have been resolved within the community.

② *Skill building for survivors and at-risk children* – Support programmes for building skills in children rescued from human trafficking. SC has training centres in which they provide vocational training to not just rescued children, but at-risk children and then link them with market opportunities to help them set up small businesses.

③ *Strengthening the child protection system in the community and scaling it up* – This is done by bridging the gap between district, block and village level child protection committees. The goal is to improve response to children in distress by strengthening the VLCPC.SC supports the training and development of the child protection cadre to employ case management approach and support the VLCPC's functioning and to refer cases to appropriate duty bearers. On the job competency training is also provided to five staff from DCPU along with revising job descriptions of child protection officers and developing occupational standards. The community cadre has been successful in restructuring all VLCPCs and using case management approach has resulted in addressing the needs of extremely vulnerable families.

The goal is to lead an evidence-based advocacy with government to adopt this model to improve functioning of DCPUs in whole and thereby address needs of vulnerable children in the community.

The KP was launched in 2002 in Japan to create a world without human trafficking. The funding organization draws its resources from individual donors (60%) and rest is from government of Japan. The organization began working in Cambodia in 2004 and with experience and insights gained in Cambodia it began funding various types of interventions addressing issues of human trafficking in India 2012.

KP believes that systemic changes in the criminal justice and rehabilitation systems will increase deterrence to the crime of human trafficking *KP* and that this change is possible when survivors are able to fight their own battles as a collective. The organization funds projects in West Bengal, Maharashtra and New Delhi in India. It has supported projects to improve standards of care in CCIs in the past but are presently only supporting projects based in the community. The main objectives for funding projects in India are as follows:

① *Rights-based reintegration services and rehabilitation* – They support approaches in which survivors participate in planning own rehabilitation in the community. As a funding organization, KP aims to get survivors to understand their needs and plan their rehabilitation process to make it sustainable. They support NGOs to work with survivors in the planning and then supporting them to claim and attain their rights from government duty bearers. NGOs supported by KP have started adopting the rights-based approach as against the welfare approach in which NGOs do things for survivors. This has been possible through direct participation of survivors in the projects. Survivors have been able to give an insider's perspective to rights-based approach in the projects and it has the potential to proliferate to other sectors in the ecosystem.

② *Develop survivor's leadership skills*– The Survivors' Leadership Programme was launched in 2018 as a two-year project to mobilize survivors of child sexual exploitation in West Bengal and Andhra Pradesh. This aims to develop capacities of survivors to take on leading role in policy formulation, political advocacy, engagement with law enforcement and negotiation with bureaucratic system. A collectivization of survivors is expected through this programme.

③ *Access to justice* – this is being achieved by strengthening the criminal justice system impacting human trafficking. Since 2013the access to justice programme has operated as a consortium of NGOs funded by KP that collaborate to strengthen inter-state coordination on case management, advocate for the enactment of a comprehensive anti-human trafficking law and increase access to victim's compensation schemes. Through this programme, survivors are helped to file cases and follow up, rectify processes of law enforcement agencies and conduct research to identify gaps in policies and ultimately ensure traffickers are convicted and survivors receive their legal rights to free and fair trial and compensation.

The EF was set up in 2008 as a CSR of the Edelweiss Group and has since then been supporting small and mid-sized NGOs across India.It also engages in capacity building and linking NGOs to other funding sources, both public and private. The organization aims to bring about sustainable long-term change by working with the system to enable the system to ensure freedom and empowerment.

The work supported by the organization has impacted people living in Karnataka, Uttar Pradesh, Rajasthan, Andhra Pradesh, Telangana, Maharashtra, Gujarat and West Bengal. The three main areas of intervention *EF* are livelihood, education and women empowerment. The NGOs supported by EFwork with women and children that include survivors of sexual and domestic violence and survivors of sex trafficking. The main objectives of funding programmes for survivors are as follows:

① *Access to justice* – support NGOs that work with survivors of rape and domestic violence

and survivors of trafficking in the litigation process and in improving the response of the Panchayat and the police. They support approaches that address gender norm building in the society that maintain gender-based violence. It is their observation that success in legal cases where the perpetrator is penalized produces a tangible outcome and in the process the survivor's agency gets a boost and if they win, they feel vindicated.

❷ *Access to state services and livelihood generation* – support approaches that improve a survivor's access to whatever welfare benefits they are entitled to by identifying gaps in distribution system and responding to it. Access to livelihood is created in a long-term manner. They supported programmes that spent considerable time building the survivor's agency and empowering her with documents. In the second year they began creating interests and sustaining interests and then concentrating on skill development and developing a market driven model for generating income. The cooperative model of saving as a group helped most for livelihood.

❸ *Empowering women in the community* – They support programmes that build women's capacities for financial independence which includes livelihood or income generation but also incorporates decision making skills to control their finances. In Hyderabad, the programme they support has been able to engage with the survivors of 'Sheikh Marriages'[33] by using simple and culturally appropriate ways to empower the women and survivors in the community.

❹ *Grass-root leadership and Collectivization* – support programmes that develop survivor leaders by building their capacities for

directly advocating for rights. This becomes like a federation and the leaders become the voice of the community. The goal is to advocate for rights and access welfare rights. The programmes supported by them empower women to understand the gaps and identify ways of resolving it. The NGOs train the women but the actual advocacy is entirely done by the federation members. The collectives also functioned as source of savings and economic empowerment by forming a cooperative.

Observations and inferences

❶ n terms of geographical areas covered by the programmes, 4 out of 5 funding organizations supported programmes in West Bengal, 2 out of 5 supported programmes in Rajasthan, UP and Maharashtra and one each supported programmes located in New Delhi, Jharkhand, Bihar, Andhra Pradesh, Telangana, Karnataka, Tamil Nadu and Gujarat. Therefore, the funders' data were based on approaches from across the country giving a national level perspective on community-based practices with survivors of human trafficking.

❷ All funding organizations supported legal interventions to strengthen the criminal justice system, such as by improving the response of NLSA and DLSA, training judges, police officers and Panchayat, helping the survivor in the legal process and creating a network of NGOs to improve inter-state coordination in legal procedures. However according to the FF, traffickers enjoyed impunity and were able to threaten families from withdrawing cases and lack of conviction curtailed the survivor's access to the victim's compensation. This indicated that survivor's

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[33]*These are contract marriages, where Sheikhs from Gulf countries pay between Rs. 3 lakh to Rs. 20 lakhs to agents in Hyderabad to identify and arrange marriages with minor girls. The agents usually lure underage girls from economically vulnerable families and get them married to the Sheikhs. The victims are sexually exploited by the Sheikh and later pass on to others (https://timesofindia.indiatimes.com/city/hyderabad/sheikh-marriage-trafficking-ring-busted-in-hyderabad-20-held/articleshow/60766841.cms)*

access to criminal justice system required considerable hand holding, pointing towards probable inefficiency of the NLSA, SLSA and DLSA mechanisms because per the law, survivors are entitled to free legal aid and assistance in compensation by these organisations. Also, this data shows that the threat of traffickers remained a serious challenge to the survivor's reintegration and rehabilitation and thereby indicating lack of effective law enforcement in the community, nexus between traffickers and police and lack of proactive steps by PRIs.

3 All the funding organizations were supporting community-based reintegration services that aimed to identify needs, map service providers and develop linkages between the survivor and service providers. However, livelihood generation, mental health services and victim's compensation remained areas of under-performance according to several representatives of funding organizations. The EF presented a different perspective and talked about successful livelihood interventions saying that such interventions needed to be examined within the larger framework of the country's economy and gender norms. When trying to generate livelihood for a historically marginalized gender, some without any resources and education, it was important to be prepared for long-term investment in which the first few years would go into developing skills, identifying interests, empowering, finding appropriate markets, setting up the supply chain and setting up a collectivization to generate savings and credit. All this needed to be taken into account while designing, implementing and measuring the success of livelihood programmes.

4 The other common interventions supported by funding organizations included systems strengthening or improving the functioning of both NGOs and government duty bearers by training and network building. However, all respondents spoke about systems level failures impacting the efficiency of the approaches being implemented. One example of systemic failure was lack of cooperation and role taking by government duty bearers, noted by all respondents. This severely impacted criminal justice (traffickers from the community enjoying impunity) and attainment of rights (Panchayat, BDO not dispensing their duties). Another form of systemic failure was noted to be the lack of cooperation and convergence within NGOs and presence of several different alignments that weakened advocacy. Therefore, the data indicated that at government level, there was apathy and unwillingness perhaps stemming from stigmatizing attitudes in the duty bearers, however lack of convergence among NGOs was probably due to different alignments could also be weakening the advocacy. Both the systemic failures point towards the gap in policy for rehabilitation of survivors of human trafficking because of which there are no standard operating protocols that can guide both private and public responses towards survivors.

5 Despite efforts to develop survivor's leadership, survivor's collectives and increase survivor's participation in their rehabilitation, a common observation by SC, the OF and the KP was that NGOs were yet to commit fully to practicing rights-based approaches in their interventions. For example, SC felt that child participation in the programmes at times seemed 'mechanical'. The EF felt that sometimes the rights-based approach and empowerment did not really translate to changed gender norms for example when a woman was empowered enough to navigate the systemic stakeholders but chose to keep her daughter at home not letting her study. The data indicated that collectivization could add impetus to action and advocacy but something more was needed to bring about changes in the norms impacting society as well as the individual.

6 Finally, the OF and SC both felt that gathering evidence to prove the efficacy of field approaches was very difficult because of which, the field-based approaches could not be scaled up because Government buy in without evidence was difficult to create. This indicated that currently all community-based rehabilitation for survivors of human trafficking were funded by private organizations and

though several approaches were being implemented by different NGOs across the country, there was lack of evidence building and collective advocacy by the NGOs to create pressure on the Government to develop a policy for rehabilitation of survivors of human trafficking.

Lessons from CBR with Women Survivors of Violence

The survivors of rape and domestic violence represent a cohort that share certain broad ecological characteristics with survivors of sex trafficking. In both the cases the perpetrator is from the community, often closely related to the survivor. In both the cases, the families may not be 'fit' for the survivors and in both the cases hypothetically rehabilitation would involve crisis management and addressing the need to develop a sense of security and trust. Then why is there a rehabilitation scheme for survivors of sex trafficking that is focused on providing rehabilitation services to the survivor inside an institution (Ujjawala Scheme) assuming that institutional care is necessary and enough for rehabilitation of a sex trafficking survivor and why then is there no such corollary scheme available for survivors of sexual and domestic violence? And in the absence of such a mechanism for institution-based rehabilitation, how does the rehabilitation of survivors of sexual and domestic violence then occur? How do NGOs working with this cohort of women in the community implement their programmes and what do they do? These are the questions that required a study of CBR programmes with women survivors of sexual and domestic violence.

The lifetime physical and/or sexual intimate partner violence rate in India is 28.8%[34], 27.3%[35] of girls in India are married before they are 18 years of age and India is ranked 127 out of 189 countries in the

[34]Proportion of ever-married women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime. Source: International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), India, 2015-16: India. Mumbai: IIPS.

[35]Percentage of women aged 20 to 24 years who were first married or in union before age 18. Source: UNICEF SDG Target 5.3.1 global database 2018, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys.

gender inequality index in 2017, which is 2 points lower than 125 in 2016[36] placing it in medium human development country category with Iraq, Bhutan and others. This shows that approximately 3 out of 10 women/girl are at risk of violence in the Indian society. Violence against women is a broad category of crime that includes domestic abuse, rape and other forms of sexual abuse, trafficking, physical abuse, etc. and is the cohort with whom the following five NGOs worked with.

NGO	Location	CBR maturity	Respondent
AN	4 districts in Gujarat	Since 1995	Founding Member and Programme Officer (n = 2)
KM	Kutch district in Gujarat	Since 1989	Legal team leader (n = 1)
IFC	Karnataka	13 months	Deputy director (n = 1)
SH	Hyderabad Old City area, Telangana	Since 2002	Founder (n = 1)
AA	Azamgarh and Varanasi, Uttar Pradesh	20 years	Coordinator, Socio Legal Intervention (n = 1)

Table 4: Overview of women's organizations interviewed

1 AN, Gujarat

Summary of the programme:

ANANDI's Process
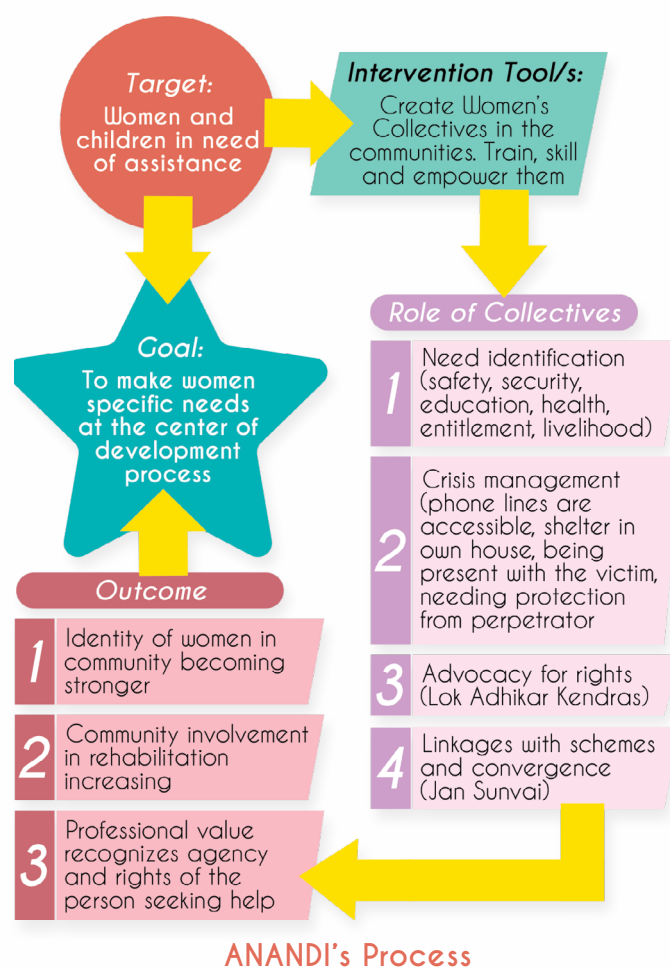
AN, formed in 1995, works with vulnerable women and children (Adivasi, Dalit, Muslim, De-notified Tribes) in rural communities in east and west Gujarat. The issues in these areas include trafficking, sexual abuse, child marriage, domestic violence and sexual violence. The main objective of the CBR programme by AN is

Brief snapshots of CBR adopted by the organizations

to ensure women access everything that they are entitled to by restoring control of resources to the women. The strategy is to collectivize women in the community, by bringing them together and training them on skills and their rights. The collectives plan action and implement them to support women in distress and in improving women's situation in the community.

In situations where the collective is unable to resolve, the survivor or the collective approaches AN for assistance. Programme officers in the NGO specialize as paralegals and coordinate with DLSA in attaining entitlements and prosecution of perpetrator. Counsellors from the NGO support women in the collective. The NGO therefore plays the role of offering technical support on need basis apart from being instrumental in creating the collective, training the members and facilitating monthly meetings.

This entire programme of rehabilitation of women in distress is funded by various sources including funds from a police initiative, international donors such as EF and philanthropic individuals. Linkages are made with police, local administration, Panchayat, NRLM, health and judiciary departments so that the collective can directly approach them for attainment of entitlements.

The main tools of intervention of this model are -

1 *Formation of women's collectives* – the community and duty bearers treat the collective as an important stakeholder in rehabilitation of women in distress and refer cases to them or seek their advice.

2 *Establishment of Lok Adhikar Kendras at block level* – this is a twice weekly helpdesk operating out of the Tehsildar's office (BDO) compound that helps women attain their entitlements such as ration card, land rights, caste certificate, compensation or any other issue that the Panchayat couldn't resolve.

3 *Jan Sunvai* – is a public hearing process in which pending cases are discussed with duty bearers and community members 2 to 3 times in a year. This creates a bridge between people and duty bearers and is attended by state duty bearers including officials from public distribution system, police, health, etc.

4 *24 hours helpline* – any member of the collective can be accessed by any woman in distress at any time.

5 *Crisis intervention* – immediate care and relief is provided by the collective members and the community members. In some cases, the community takes over the responsibility of care while the collective and AN start the legal procedures.

According to the respondents two main challenges test the implementation of the programme. One is need for multilevel approach that adapts to the dynamic nature of women and their issues. Every case requires individualized intervention depending on the survivor's wishes and circumstances. This requires constant creative problem solving and amalgamating the learning from past experiences. The second problem is the blurring of lines between personal and political that arises because the collective and NGO employees are from the community which is part of the larger society in which certain oppressions and prejudices exist. Sometimes the member of the collective may not be able to use the same prudence while dealing with a personal situation. Here the collective/NGO takes a rights-based approach that has in the past been against the individual member creating tensions within the collective/NGO.

2 *KM,* Gujarat

Summary of the programme:

The organization called KM was formed 30 years ago in the late '80s and works in different types of communities on issues of violence that remain common across communities such asdowry deaths, domestic violence due to alcoholism and sexual violence. Historically this NGO has created SHGs to foster women's empowerment. Women victims of violence are supported and their rehabilitation is facilitated through various community-based systems created in this programme. In cases of sexual violence, the survivor and the family are

KMVS's Process

Target: Women and their communities

Intervention Tool/s:
1. Women's Collectives
2. SHGs
3. Safety Centres
4. Hello Sakhi Helpline in Police Station

Goal: Women's Empowerment driven by women themselves

Functions
1. Community awareness and protection mechanism
2. Livelihood generation
3. Counseling, legal aid and mediation in violence cases
4. Immediate response mechanism

Outcome
1. Improvement in justice structure (more rights based)
2. Convergence improving immediate response mechanism in crisis
3. Community responding positively to women in crisis and reporting increasing

supported to register cases and withstand stigma, threat and pressure from the perpetrators. When the threat is from the family and the community, the organization removes the woman in distress from there and engages with the perpetrators to mitigate the problem. They rescue women in distress and plan and facilitate rehabilitation through various tools created via this programme. The CBR is supported by international donors.

Tools of intervention:

❶ *Safety Centres* – these are spaces created at block level to provide counselling, legal aid and mediation support to women in distress. The counsellors present in these centres are full-time staff of the NGO. They have panel of lawyers who help on need basis. There is a team of 400 paralegals who work at village level for outreach. Individual case management includes legal aid for registering FIR and case work, compensation, livelihood support, medical treatment, mental health

support, compliance with laws, continuation of education and other welfare rights.

❷ *Telephone helpline, 'Hello Sakhi' started in 2010* – is a telephone helpline managed by the NGO employees but located within a women's police station through partnership with police. Cases received through this source are referred to the counsellors in the safety centre. Data of each case handled by the safety centre directly or through Hello Sakhi are shared with the police. On an average 1000 cases are handled through this helpline.

❸ *Community based networking* – the NGO has been instrumental in developing hundreds of SHGs with thousands of members in ablock. These community level groups also identify cases and refer them to the safety centres. There is strong networking with community-based organisations that also identify cases requiring intervention. The SHGs are also instrumental in livelihood support for victims.

❹ *Convergence within the system* – There is convergence in the response mechanism in such a way that the Hello Sakhi and Safety Centres are connected with Government's One Stop Crisis Centres and shelter homes. Police, CWC, Child Protection Officer, Protection Officer, DLSA and psychiatrist from the government mental hospital are also part of this convergencenetwork to address varied needs of survivors. Collaborations with the system are institutionalized through signed documentation to withstand being disrupted when officials change.

According to the respondent, the programme faced challenges in forging convergence with the system for example in the beginning of Hello Sakhi there was resistance from the police but with time, relationships improved. The strategy of institutionalizing their collaboration through orders and documentation helped in protecting their convergence. Stigma and threat from the community especially in sexual violence cases is also a challenge. Legal cases are still disrupted by pressure tactics and out of court payments. However, the community-based mechanism has

been successful in encouraging better reporting of violence by women and improved response mechanism.

3 *IFC,* Mysore

Summary of the programme:

Target
Women affected by gender based violence

Intervention Tools

1 Community cadre (collective of women)

2 Para counselors (Anganwadi workers and influential woman from community

3 Our Discourse - monthly community meeting facilitated by telephone serial on gender issues

4 Empowerment education for adolescent boys and girls in schools

5 Men's support group

6 Gender scorecard for each village

Goal
Build a community system that is resilient enough to encounter gender based violence

Outcome

1 Have created a cadre of para counselors equipped to deal with crisis

2 Influenced one Panchayat to revise social justice justice committee

IT for Change's Process

The organization IFC is working with women in two blocks of rural Mysore. Their main objectives are to provide crisis support and counsellingto women facing gender-based violence and to create community resistance to such violence. The theory of change is to build a community system that is resilient enough to encounter gender-based violence. The CBR developed out of the NGO's work with women in the community in which they used a post literacy model to initiate women's discussion on rights in village level governance meetings. However, they realized that only working in public participation was not enough until there was something done for violence within the private sphere. The strategy was to work with women in the community because cases of domestic violence required a long-term process. They observed that victims did not want to leave their home and go to the shelter home fearing stigma and not everyone wanted a legal recourse. Similarly, in case of child marriage they observed that rescuing children ended up placing them in shelter homes while the factors in the community perpetuating such crimes remained unresolved. Hence, they began a community-based rehabilitation programme across villages using information centric approach developing empowerment through information. The programme was funded by international donors and has been operational for over a year. The tools of implementation employed by the programme are as follows.

Tools of intervention:

1 *Cadre of women community workers* – a group of young women, mostly from Dalit and OBC community were trained in ICT skills to help the rest of the community file e-government applications, track cases in Panchayat and block offices. This group was called Sakhis, who were essentially fieldworkers getting a monthly stipend. They mapped debt, domestic violence, decision making power in the household of women in their areas of operation and maintained a gender scorecard for the community. The Sakhis also linked the women in distress with existing government mechanisms such as the DLSA or women's helpline and the block office.

2 *Para-counsellor group* – in each of the villages in which this programme was implemented, Anganwadi workers and women who were active in the community from 6 to 7 clusters, were recruited in voluntary capacity and trained as para-counsellors for a year. This was done to create a peer support model in which women in distress found support in the community and also to target the stigma perpetuated by women towards women. The Anganwadi workers' participation helped as they anyways were the point of first contact for women needing help at the gender help desk.

③ *Media resources led community discourse* – using the information-oriented approach the programme created short telephone serials on issues that affected women. At the end of each episode the listener was left with a cliff-hanger question resolving the issue, that they could reply to using an interactive voice response system. These issues were then discussed in the meetings held once a month in the Anganwadi centres that became a way of challenging local gender norms.

④ *Mobilizing support for women facing violence* – this was done through empowerment education sessions for adolescent boys and girls in the school, through interventions with Panchayat and local men and mobilizing help from government departments such as PNRD, Education and DWCD.

According to the respondent it was very difficult to mobilize men but the programme considered them as an important stakeholder for bringing about sustained change in the community. The intervention required multilevel strategising which was challenging. Also, there was a need to create community based safe houses that offered temporary shelter to women in crisis as they refused to go into a shelter home out of fear of stigma.

4 *SH,* Hyderabad

Summary of the programme:

SH is an NGO set in Hyderabad old city that has been working with women survivors of Sheikh Marriage (see footnote…), domestic violence, abandonment or divorce and sexual abuse, since 2002. The approach is to support the women in their own community so that the environment becomes enabling for them. The programme is funded by the AP and the EF. The fieldworkers who implement the programme are from the community. Though the NGO had a shelter home in the beginning they later decided to close it down realising that long term shelter created dependency and delayed recovery in the survivor. Thus, the community-based rehabilitation

Target: Women/girl victims of violence

Intervention Tool/s:
1. Survivors trained to be field workers
2. Care centre in community

Goal: Enabling environment for women

Functions
1 Counselling, support
2 Outreach and follow-up
3 Awareness generation
4 Community mapping
5 Skills training
6 Cultural events
7 Rescue

Outcome: Survivors of violence manage the program entirely
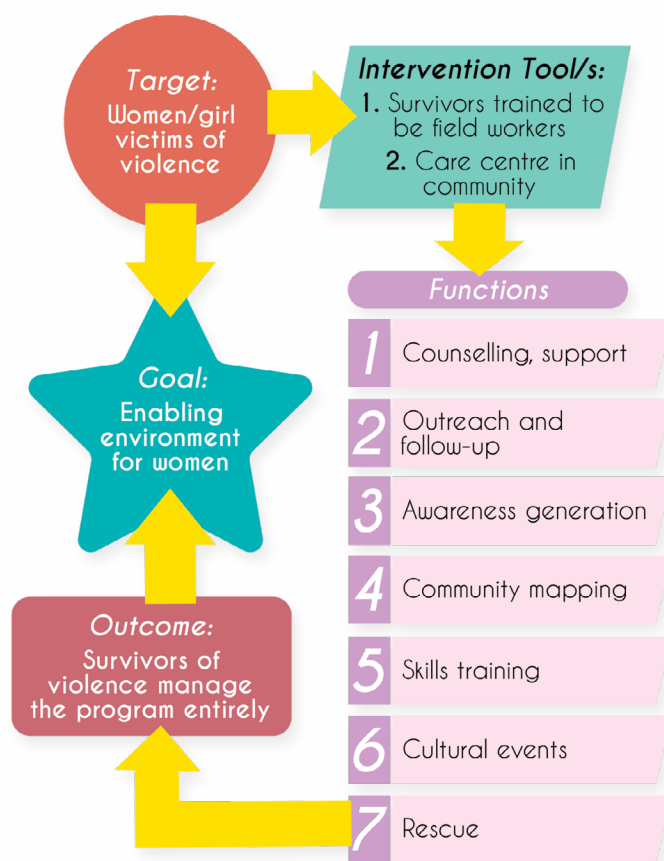
Shaheen's Process

programme was designed and implemented using the following strategies or tools.

Tools of intervention:

① *Survivors become fieldworkers* – the programme offered opportunity to survivors to not just partake in rehabilitation but also in becoming employed in the programme as fieldworkers and creating a peer support model.

② *Outreach* – the social workers and fieldworkers did door to door outreach to identify women in distress and also conducted rescue of survivors when such information came up through the outreach. Outreach was also done through cultural programmes arranged in the community where the survivors performed songs penned and composed by them. The outreach was also used for public awareness programme on behalf of government departments.

③ *Community centre* – the programme had a centre offering a safe space for all women

who wished to talk and share and receive skills training. The centres offered income generation skills training such as tailoring, mehndi, bangle making, etc. There were 3 such centres spread over 20 urban slum areas. The centres were open to all women and not just victims, to avoid creating a distance between victims and the community. This open-ended approach to rehabilitation was a salient feature of organization SH's CBR.
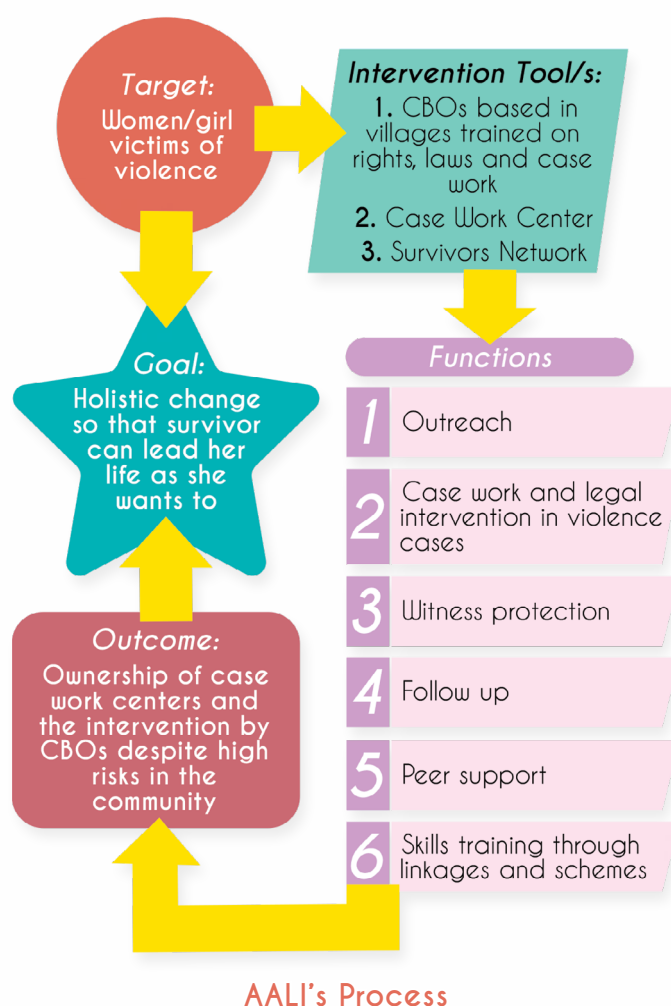
4 *Networking with duty bearers* – the field workers mapped the safe and unsafe areas in the community and shared it with the police to help improve their response mechanism. DLSA was approached for legal support in cases of fake marriages to Sheikhs from the Gulf countries and to ensure the cases were tried under POCSO. There was close networking with DWCD, as the NGO was part of the child protection committee and other government appointed committees for protection of women.

According to the respondent though the programme has been largely successful in providing women a source of income through skills training, counselling and empowering them within their own community, it has been unable to see much success in legal reparation in the form of victims' compensation. According to the respondent the survivors were unable to cope with the overwhelming court proceedings also threat from perpetrators and stigma created situations in which families hastily arrange marriages of their daughters instead of supporting them in their court cases.

5 *AA, Uttar Pradesh,* Jharkhand and Uttarakhand

Summary of the programme:

The AA worked with women in the community to build leadership and support victims of sexual and domestic violence and any form of violence against women. The NGO began in the '90s as a resource organization but need for evidence and data driven advocacy motivated them to directly intervene in the community. Their community

Target: Women/girl victims of violence

Intervention Tool/s:
1. CBOs based in villages trained on rights, laws and case work
2. Case Work Center
3. Survivors Network

Goal: Holistic change so that survivor can lead her life as she wants to

Outcome: Ownership of case work centers and the intervention by CBOs despite high risks in the community

Functions
1 Outreach
2 Case work and legal intervention in violence cases
3 Witness protection
4 Follow up
5 Peer support
6 Skills training through linkages and schemes

AALI's Process

work began in 2008 and was operational in Uttar Pradesh, Jharkhand and Uttarakhand. The community-based rehabilitation programme was implemented across villages through community-based organizations (CBO) trained by the AA.

Tools of intervention:

1 *Building CBO case workers* – The AA mobilized CBOs mainly women-based CBOs to be able to intervene in cases and support the women in distress. Such CBOs were selected on the basis of their interest in rights and legal case work with women. The CBO staffs were trained on law and basic legal processes as paralegals. Such CBOs already had pre-established outreach in the community and were recognized for their work on SHGs and on different government programmes. The CBR programme was entirely owned by the CBOs despite threat from offenders against legal case work in the community.

2 *Community centres* – The CBOs offered a

safe space where women in distress, could come and express themselves and seek help and receive knowledge on their rights.

❸ *Linkages with schemes* – Survivors needing to relocate due to threat and stigma in the community were linked with Swadhar Greh schemes.

❹ *Direct legal intervention* – The AA supported the CBOs to constantly file complaints and follow up after FIR was registered. The objective was to prioritize case work from legal point of view which, included filing for victims' compensation and compliance with all medico-legal procedures such as in the case of sexual violence. Survivors could also directly approach the AA in their offices in Lucknow, Ranchi or Azamgarh for support.

❺ *Strengthening government systems* – The AA in association with MWCD mentored One Stop Crisis Centres in Uttar Pradesh called Asha Jyoti Kendra. As part of mentoring they trained the centre workers on intake process, the law and crisis intervention. It also conducted programmes with police to understand the challenges faced by the police in intervening in cases of violence against women and shared court judgments illustrating effective use of various sections of the law to increase chances of conviction of the accused.

❻ *Survivor's network* – the programme developed a network of survivors for peer support, following up of cases in the community, developing leadership skills and vocational skills for economic empowerment. There were 45 survivors in the network in UP and 20 survivors in Jharkhand network. The networks members were being trained to take over the entire CBR implementation with the AA taking on a supporting role.

According to the respondent one of the main challenges faced by the programme was threat by perpetrators because they were part of the oppressive and violent community and could easily access the CBOs and the survivors. The other challenge was need for strategic planning that required laws to be used creatively to address

unique needs of each case, which challenged the capacities of the CBOs and finally the lack of financial resources was proving to be a barrier in developing a survivor's network.

Commonalities

❶ Collectivization of survivors was a common approach in all the programmes. The objective of collectivization was to advocate for own rights but the unique feature of the collectives or survivor groups in these programmes was that some of them were fieldworkers doing outreach and follow up work as part of the programme. The boundary between a programme and a beneficiary was most diffused in the programmes for women survivors of violence when compared to survivors of sex and labour trafficking. This indicated that perhaps the agency building and ability to overcome stigma could be achieved better in this context.

❷ Physical accessibility of the programme was a common approach used by the CBRs with women victims of violence. Physical accessibility was in the form of 24 hours telephone helpline (AN and the KM) and safety centres in the community (organization SH, the AA and organization IFC). The programmes therefore did not just depend on outreach but could be reached in to by all women in the community. This indicated that the CBR programmes for women survivors of violence went beyond the target group and created a platform for all women in the community to seek help, offer peer support, develop skills and collectively advocate for rights.

❸ All the programmes invested trained staff for legal intervention who worked as paralegals and assisted the survivors link with DLSA and following up with the case work. Thus, legal intervention domain of the programmes went beyond just linking the survivor with a service provider but had deeper involvement of the NGO staff in assisting the survivor in the legal

procedures required by the criminal justice system. All programmes (except organization IFC), had paralegal staff that was well versed in the laws and application of laws, to be able to ensure compliance during the case work. However, the KM and organization SH reported that lack of conviction was common despite the legal interventions because the families were unable to continue with the court proceedings. The families withdrew from court cases to avoid the stigma and because of the threat of the offenders present in the community. In cases where the community was able to withstand the threat of the offenders, the court cases could continue till the end. This indicated and further strengthened the theory that a lot depended on proving the crime and convicting the offenders. The lot, included not just victim's compensation but also witness protection and vindication of the survivor's loss. This also indicated that legal awareness generation was essential in vulnerable communities, because it was an inalienable power against the offenders who enjoyed a certain degree of social tolerance and permission. Also, it indicated that programmes needed to strengthen the family of the survivor as part of their criminal justice system goal.

4. All programmes focused on networking with government departments especially district administration, law enforcement, criminal justice and women and child development. The NGOs were recognized by the government departments and were accorded coordination roles. The success or impact of the CBR programmes depended on attainment of rights by the women and closer convergence between the programmes and government functionaries was a determining factor in this regard. This did not mean they were co-opted in ignoring systemic failures or gaps, but it meant that they were heard when they advocated for changes. This also did not mean that mobilizing government departments was very easy, in fact successful public-private partnerships, such as the KM's Hello Sakhi helpline in collaboration with the police

department, overcame strong resistance from the police department in the initial phase. However, drawing inference from AN's and the KM's approaches, CBR programmes would need assertive advocacy for rights to garner government support and to hold officials accountable (Jan Sunvai) for their duties. This absence of government role taking without advocacy was common across all programmes studied in this research. Despite laws and polices meant for the welfare rights of vulnerable sections in the society, the government duty bearers are not just absent but resistant to dispensing their duties until the right holders are able to fight for their rights. This only happens where NGO programmes are being implemented and that too requires constant networking and pressurizing and circumventing all obstacles created between the right holder and their rights.

1. The AN's programme included two very unique approaches of establishing a helpdesk within the BDO office compound and helping all in the community with their applications to the district administration and of conducting a communal meeting that followed up

Distinctiveness

on pending cases with duty bearers. The programmes use the word 'lok' meaning people and 'Jan' meaning public to create a sense of ownership by the community. The helpdesk called the Lok Adhikar Kendra (People's Rights Bureau) and the community hearing called Jan Sunvai (Public Hearing) used the language of rights assertion by the community. The impact of these assertive rights applications was the importance the women's collective members enjoyed in the community.

2. The successful public-private partnership approach that resulted in the KM's Hello Sakhi helpline was a unique example of utilizing public resources in the best possible ways. While all programmes have mentioned networking with the government departments, the KM's programme was able to actualize the

networking into a sustainable outcome that is owned by the police and only supported by CBR personnel.

③ IFC through their format of using serials to stimulate discussions around women's issues in the community were implementing a unique way of using information as a tool for empowerment. Also, theirs was the only programme that explicitly identified men as important stakeholders in a community-based programme for women survivors of violence. Since the programme is very new, the impact of these interventions is yet to be observed.

④ Organization SH's unique approach was the programme's ability to reach out to all the women in the community through survivors and offering a space for all women in the community to seek support and skills training. This was very distinctive from other approaches that involved survivor led advocacy because here the advocacy was not just targeted at a government department but at the cultural ethos of the community that permitted a criminal practice of Sheikh marriages to be prevalent. The route of advocacy was by the community towards the community.

⑤ The AA's programme was primarily focused on legal intervention and was very different in the way it was being implemented because the NGO did not directly intervene with the survivors or their communities but instead created capacities and skills in community-based organizations and through them the programme was being implemented. This ensured that the legal focus of their programme became part of the CBO's other focus areas. For example, a lot of CBOs that were part of the AA's programme implementation worked on health rights of women and adolescents. This was a unique way of making legal rights part of all welfare programmes in a community.

This brings us to the questions pertinent to identifying an alternative to institutional care model for sex trafficking survivors. That is how were programmes with survivors of sexual and domestic violence dealing with the threat of the offenders in the community and how were the programmes resolving the issue of protecting the survivor living in a family that could be part of the crime?

There were three ways in which the programmes addressed these issues –

Addressing the issues of 'threat from offenders in the community' and 'living in the unfit family'

① *Mediation in case of domestic violence* – in cases of family violence it seemed that the survivors preferred mediation and the programmes offered the service of mediating between the survivor and the abuser. As observed by the representative of IFC, women preferred to mitigate the issue in a way that she did not have to be placed in a shelter home. Going to a shelter home carried with it a lot of stigma that overrode the need for distancing from a violent partner or abuser in the family.

② *Providing temporary shelter arranged in the community* – one way of addressing imminent danger in the family was to remove the woman to safety. A temporary shelter was arranged by AN's collective members in one of their houses, or according to the AA and the KM as a last option, placed in a shelter home. However, it was clear that placing the woman in a shelter home was the option only when there was no possibility of arranging an alternative shelter in the community and the woman had to be removed urgently.

③ *Supporting the family and mobilizing community support* – threat from offenders and stigma was very often an issue in rape cases. However, according to the KM, in such situations, the approach was to provide 24 hours support to the survivor and her family and to mobilize the community. Sharing their case study, the representative said that in such cases apart from intensive support and care required by the survivor, the family of the

survivor also needed a lot of counselling and support to cope with the stigma and withstand the threat from the offenders. However, families often buckled under pressure of the offender and withdrew court cases as noted by the representative of organization SH.

The two issues of threat from offender and unfit family environment were important challenges that needed to be addressed by the CBR programmes with women survivors of sexual and domestic violence. However, the option of institutional care was the last resort because of the stigma attached to such institutions and the conditions of shelter homes for women .So, the question is what was the problem with the shelter homes created to offer alternative living arrangements for women in distress? Studies conducted by AN, the AA, organization J,and SWATI reported by a national network towards improving and expanding shelter services for women[37] indicated the following:

Why do women resist taking the option of living in a shelter home?

1. Entering a shelter home for women was not a voluntary choice, but required a police order or court order stating that the woman was found in a public space or was a destitute. Leaving the shelter home was also not voluntary but required another order from the same police officer or district administration official. Therefore, possibility of entering and leaving per own volition was absent, akin to a closed institution.

2. The quality of care and rehabilitation in the shelter homes was found to be deficient and often damaging. While there was hardly any legal aid provided, there was an abundance of 'counselling' adopting moralistic positions trying to redeem the woman who needed to live in the shelter home. Some women were secluded and stigmatized within the shelter home for breaking so called sexual norms (eloping with partners, rescued from sex trafficking).

3. There was no autonomy or agency within the shelter homes and women would need to follow the rules that were often discriminatory. Some of these institutions ended up playing the role of custodial care that treated the residents as offenders. Some shelter homes took upon themselves to 'rid the women of deviant behaviour' defined by those managing the shelter homes and emphasising prayer (depending on the majority religion), not allowing tea, coffee and tobacco consumption and discriminating against marginalized women. In a way the shelter homes were mirroring the attitudes that harmed the women in the community.

There are no community-based rehabilitation policies available for women survivors of violence and the institutional care schemes are a failure. Thus, the CBR programmes implemented by the NGOs and funded by private donor organizations are the only existing mechanisms offering rehabilitation services for such survivors in the community. Unlike the sex trafficking survivors who are almost forcibly placed in institutional care, the adult survivors of domestic and sexual violence can circumvent institutional care. However, as the data reveals there is a need for quality and rights based institutional care for women who are forced to continue living in unfit families and oppressive communities due to lack of empowering alternatives.

[37]Lam-IyntiChittaraNeralu (2017), Time for Overhauls: Report on National Consultation on Services in and around State-run and Funded Shelter Homes for Girls, Women and other Vulnerable Populations.

CBR Programme Guidelines for Survivors of Human Trafficking

The World Health Organization's publication on 'Community based rehabilitation: CBR guidelines'[38] has been used to understand existing CBR programmes with sex and labour trafficking survivors to further the development of a model of CBR programme for survivors of human trafficking. The WHO offers a framework for promoting CBR as a strategy that can be used to implement rights of people living with disability. The situation of people with disability and survivors of trafficking is similar at a level at which their access to rights are obstructed due to various reasons including stigma. However, they differ in three main ways, which are:

A. *Identity and Citizenship:* the survivors of trafficking suffer loss of identity and citizenship in the process of trafficking and this confuses the state and the trafficked person and the community of settlement.

B. *State witness for prosecution:* trafficked survivors are witnesses for prosecution and therefore, treated as property to be controlled for access in the trial, and hence the motivation for institutionalization overrides the need to focus on reintegration

[38]*World Health Organization (2010). Towards Community-based Inclusive Development:*

CBR Guidelines Introductory Booklet. Malta.

services.

C. *Non-recognition of rehabilitation being policies of disability always fall under subjects of health –* whereas for survivors of trafficking, the issue is primarily seen as a criminal justice issue relegating the issue of rehabilitation as a welfare subject and not one of health.

Since there are no standard protocols or government recommendations for rehabilitation of survivors of trafficking in the community, adapting the WHO guideline is a plausible starting point for developing a model. This chapter begins with the adapted guideline for a CBR programme with survivors of human trafficking and then compares it with the existing CBR programme case studies presented in the previous chapters. The aim of this exercise is to develop a model that draws from the theory and practice and offers a praxis on CBR for survivors of human trafficking.

Community based rehabilitation for survivors of human trafficking aims at creating mechanisms by which a person who may be in need of rehabilitation, has access to support services and entitlements while living in a community setting, without having

Principles of CBR

to be institutionalized. The principles of CBR for human trafficking survivors can be drawn from the internationally recognized principles set under the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons (see box 1). The legislation speaks of recovery and rehabilitation of survivors, and the State's obligation to provide medical and legal services, housing, safety, confidentiality and protection, but in no way speaks of suspension of rights to freedom, mobility, expression, choice or assimilation.

Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, Article 6[39]

Assistance to and protection of victims of trafficking in persons

1 In appropriate cases and to the extent possible under its domestic law, each State Party shall protect the privacy and identity of victims of trafficking in persons, including, inter alia, by making legal proceedings relating to such trafficking confidential.

2 Each State Party shall ensure that its domestic legal or administrative system contains measures that provide to victims of trafficking in persons, in appropriate cases:

(a) Information on relevant court and administrative proceedings;

(b) Assistance to enable their views and concerns to be presented and considered at appropriate stages of criminal proceedings against offenders, in a manner not prejudicial to the rights of the defense.

3 Each State Party shall consider implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons, including, in appropriate cases, in cooperation with non-governmental organizations, other relevant organizations and other elements of civil society, and, in particular, the provision of:

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[39]*https://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolTraffickingInPersons.aspx*

(a) Appropriate housing;

(b) Counselling and information, in particular as regards their legal rights, in a language that the victims of trafficking in persons can understand;

(c) Medical, psychological and material assistance; and

(d) Employment, educational and training opportunities.

4 Each State Party shall take into account, in applying the provisions of this article, the age, gender and special needs of victims of trafficking in persons, in particular the special needs of children, including appropriate housing, education and care.

5 Each State Party shall endeavour to provide for the physical safety of victims of trafficking in persons while they are within its territory.

6 Each State Party shall ensure that its domestic legal system contains measures that offer victims of trafficking in persons the possibility of obtaining compensation for damage suffered.

A CBR programme with survivors of HT therefore needs to consider the four main principles drawn from the UN Protocol (see figure 1). The data from the FGDs with survivors revealed ways in which these principles get violated and inherent challenges in the current reintegration practices that amplifies the need to design and evaluate CBR programmes with survivors of HT within the ambit of these principles.

1 Social acceptance is challenged due to stigma

"Police usually comes in uniform for all those
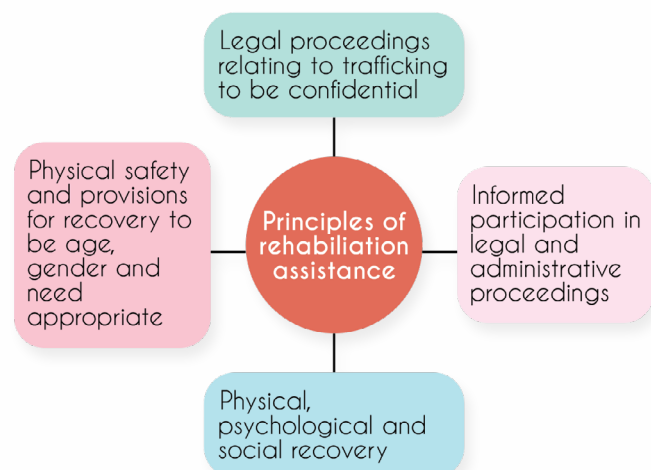
Figure 1: Principles of Rehabilitation Assistance for Survivors of Human Trafficking

inquiries… during verification… the society comes to know that the girl is coming back from shelter home… they begin stigmatizing…" (Sex trafficking survivors)

"Primary support comes from the family and the family members also faces stigma from the community…" (sex trafficking survivors)

"Family members don't say anything bad on their own, but when others call us Dilli-return, then they also start saying those things." (female labour trafficking survivors)

"…family would doubt the victim and ask if she had done something wrong for being brought out of the farm." (female labour trafficking survivors)

"The family would beat her and not accept her for coming out of the mill. Being rescued was harder than being inside. There was a lot of stigma attached with the rescue by the family in fear of the community…" (female labour trafficking survivors)

Stigma is omnipresent in all types of communities, especially for female survivors of HT. Families and neighbours are the first source of stigma in the community. The data collected in this study showed that the ambivalence experienced by the family with regards to the survivor remained largely unaddressed in the current CBR programmes. The fall out of stigma is lack of assimilation in the society causing isolation and mental health

difficulties. Access to services and legal rights are also impacted due to stigma.

2 Legal proceedings are mired due to lack of information with the survivor and reluctance to participate

"The group members were quite reluctant to talk about the legal needs a survivor had, 2 of the members presently had a case but they were not much informed about it." (sex trafficking survivors)

"Five of us have registered FIRs, but we don't know the status of those cases…" (labour trafficking survivors)

FGD data indicated that survivors had very little information on the legal proceedings concerning their cases against their traffickers. The compensation rights of survivors of HT depend entirely on conviction of the traffickers yet the survivors who participated in this research had vague information on their cases.

"One member had a case which she lost in session court and did not apply further." (sex trafficking survivor)

The members were vocal about the court room scenario where survivors and traffickers shared the same space and how difficult it was for them to talk in such a situation." (sex trafficking survivors)

"Members shared that it's difficult to continue with the case after coming back home because police come in uniforms to serve the summons and talks and threatens the survivors in front of the community. The stigma only increases…" (sex trafficking survivors)

The FGD data also indicated that survivors did not wish to participate in the legal proceedings due to stigma in the community, lack of protection from police and lack of privacy during legal proceedings. Threats from traffickers and pressure tactics including out of court settlements were common and had institutional support (reported by sex and labour trafficking cohorts as well as women survivors of violence cohort).

3 Psychological recovery remains unattained for most survivors

"Everything around changes, there are lot of questions in the eyes of the people, it's difficult to look around… The group members shared that they were unable to deal with the stress and anxiety provoked by the stigma." (sex trafficking survivors)

*One of the group members talked about her attempt to suicide history but she did not receive any mental health care support in the recovery…" (sex trafficking survivor)

"As soon as she was rescued from a garment industry her family wanted her to get married and she got married. She has a 4-year-old child and the husband died within 6 months. So, she was left on her own…" (labour trafficking survivor)

Programmes need to respond to the unique mental health needs of survivors during reintegration. These include unresolved trauma of trafficking as well as impact of stigma experienced in the community from family, neighbours and duty bearers. Blind-spots are present in CBR programmes because such needs are not identified or when identified they remain unresolved due to the systemic lack of capacities to respond to mental health needs. There simply aren't enough mental health professionals that can cater to the needs of survivors in state hospitals and private service providers are far too expensive. Moreover, the stigma attached to mental health related issues causes deterrence to seeking help for stress and trauma related symptoms.

Thus, any CBR programme with survivors of HT needs to consider the nuances underlying social, psychological and legal service provision gaps. Programmes need to be designed to include inputs to address social acceptance and psychological recovery with an aim of increasing survivor's informed participation in the legal and

administrative proceedings.

A CBR programme is a practical strategy for the attainment of the rights of survivors of human trafficking and to support community based inclusive development. The salient features of any CBR are:

❶ A multisectoral, bottom-up strategy which ensures there is a difference at the community level by moving towards involvement of community in development.

Basic guidelines for planning a CBR programme

❷ Create a link between survivors and development initiatives, by governmental and non-governmental service providers, so that survivors become empowered, contributing to an inclusive society.

Management cycle of CBR programmes:

Figure 2: Management cycle[40]

A universal sequence of stages that help guide the development of CBR programmes is collectively referred to as the management cycle and consists of four stages of development (see figure 2). This management cycle can help design effective programmes and provides a blueprint for adapting it according to contextual demands.

Stage 1: Situational Analysis

A situational analysis helps plan the programme by understanding the context in which survivors and their families or survivors in their chosen community (such those who chose not to return to their families) live to determine the most practical course of action and includes the following:

Collecting facts and figures on number of survivors, living condition, economy, health, education, existing polices, legislations, cultural practices, religious groups, climate and geography.
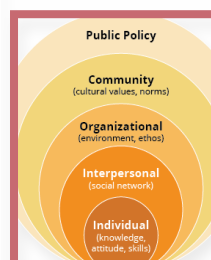
Stakeholder analysis to identify key stakeholders that can be individual, groups and organizations that might benefit from, contribute to or influence a CBR programme.

Problem analysis to identify the main problems, root causes and effects. Needs to be done with each stakeholder group to build shared sense of understanding, purpose and action.

Objectives analysis to determine the possible solutions to the problems analysed. The causes of the problems can be turned into objective statements.

Mapping resources such as human resources, material resources (building, financial and social systems, equipment) and structural resources (organization, groups and political structures).

[40]WHO CBR guidelines

Stage 2: Planning and design

The planning needs to involve stakeholders especially survivors and their families. The planning needs to begin after prioritizing the needs that the CBR can practically address. The key questions that the plan needs to answer are:

1. *What does the programme want to achieve?*	GOALS AND PURPOSE
2. *How will the programme achieve this?*	OUTCOMES AND ACTIVITIES
3. *How will we know when the programme has achieved this?*	INDICATORS
4. *How can we confirm that the programme has achieved this?*	MEANS OF VERIFICATION
5. *What are the potential problems that may be experienced along the way?*	RISKS

The design of the programme needs to also include a clear **monitoring and evaluation plan** based on the indicators and sources of verification identified. Also, all resources that are needed have to be identified and there needs to be a plan on how to obtain them if they are not already present. These would include types of personnel, types of facilities and amount of money required. The **budget planning** needs to reflect the costs related to resources.

Stage 3: Implementation and monitoring

This stage ensures that all necessary activities are carried out as scheduled and are producing the required outcomes.

Implementation needs to be accompanied by **continuous monitoring** to provide information

to managers so that they can make decisions to meet the goal and purpose of the programme. Monitoring involves regular collection and analysis of information throughout the implementation stage. Strong monitoring systems ensure easier evaluations of the programme. A typical monitoring system would involve setting indicators (already

Detailed work plans — What tasks? When to complete? Who is responsible?

Mobilize and manage resources — Financial resources (fund raising and managing) Human resources (recruitment, training, support and supervision)

Carry out planned activities — Awareness generation, netoworking, service provision, adovocay, capacity building
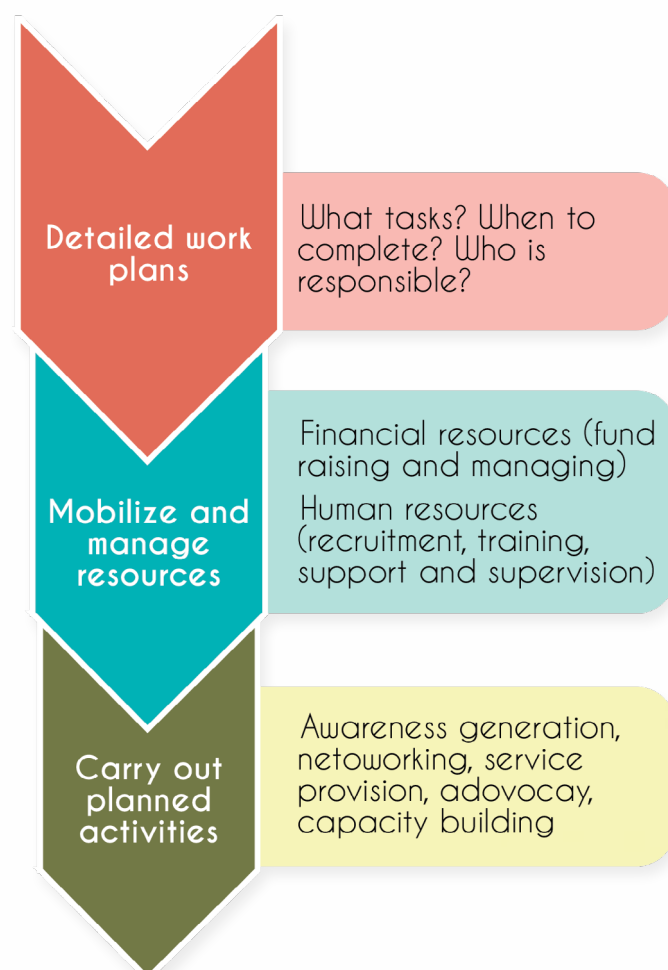
Steps involved in implementation

completed during Stage 2), deciding how to collect information, collecting and recording the information, analysing information, reporting and sharing the analysis and information and managing information.

Stage 4: Evaluation

The purpose of evaluation or assessment is to help in decision making to continue, change or stop a programme and can also provide evidence that the CBR is a good strategy for rehabilitation of survivors of trafficking. It is not done continuously but takes place at specific points in the project

cycle. It is also not possible for one evaluation to assess all aspects of the programme; hence it is important to first determine what is the focus or purpose of the evaluation. Once that is done the evaluation can cover the following components:

Relevance	Does the programme meet the needs of the survivors, their families and their community?
Efficiency	Have the resources (human, financial and material) been used in the best way?
Impact	Has the wider goal been achieved? In what ways has the programme changed the lives of survivors and their families? What effect has the programme had on the attitudes and behaviour of the community towards survivors?
Sustainability	Will the programme be able to continue when external support is scaled down or withdrawn?

Table 5: Components of an evaluation

Information collected during evaluation can be compared with the data collected during Stage 1 situational analysis to map the impact of the programme. The information collected needs to be analysed and findings need to be shared as recommendations. The result of the evaluation needs to influence decision making.

A total of 8 CBR programmes (*see table 6*), four each with survivors of sex trafficking and survivors of labour trafficking respectively have already been analysed and discussed in previous chapters. In this section

CBR with survivors of human trafficking							
Sex trafficking				Labour trafficking			
PAT	IM	WM	HELP	RE	CD	SF	JJ

Table 6

that management cycle discussed above will be used as a template to compare the strategies employed by each of the programme to:

A. *Understand what and how are programmes being implemented*

B. *Identify gaps in implementation that can be addressed while recommending a model for CBR with survivors of human trafficking*

Stage 1: Situational Analysis – collecting facts and figures, mapping stakeholders, problem and objectives analysis and resource mapping

	Sex trafficking	Labour trafficking
Facts and figures	Data on survivors is collected when the NGO conducts a home verification to ascertain the possibility of reintegrating the survivor with her family after being rescued.	A survey of affected villages is conducted to identify families who may have become bonded labour and survivors are rescued (JJ, RE and CD). SF collects data after children are rescued and are being reintegrated in the community.

Mapping stakeholders	Stakeholders includes family and CBR personnel along with officials from district administration, health, education, panchayat, women and child development, police departments and DLSA, ICPS and ICDS functionaries.	Stakeholders includes family and CBR personnel along with officials from district administration, revenue department, labour department, health, education, panchayat and police department and functionaries under DLSA, ICDS and ICPS.
Problem analysis	CBR personnel do need assessment with the survivor.	CBR personnel along with survivor conducts problem analysis, when collectives are well-established, they do problem analysis for the entire group and plan strategies.
Objectives analysis	Done by CBR personnel.	CBR personnel led objectives analysis, also done by Collectives that are well-established.
Resource mapping	Includes funding for the programme, CBR personnel, available schemes to link survivors with.	Except JJ's programme all the others are funded with dedicated CBR personnel. JJ's programme is not funded and is existing on its own. Available schemes are utilized for addressing needs of survivors.

	Sex trafficking	*Labour trafficking*
Goals and purpose	Attainment of welfare rights, empowerment, justice and inclusion.	Attainment of welfare rights, empowerment, justice and inclusion.
Outcomes and activities	Identification through referrals or rescue, individual case management, linking with services, skill development of survivors and stakeholders. Survivors are more confident in advocating for own rights, physical health and education rights. 2 out of 4 have developed survivor's collective. 2 out of 4 have achieved bail rejections, convictions and all 4 have been successful in getting compensations for some survivors.	Identification through survey of villages, rescue and referrals, collectivization, linking with services, skill development, 1 out of 4 have trained mental health service providers offering direct services, individual case management is done by 3 out of 4 programmes. Better attainment of education, land and health rights. All 4 have developed survivor's collectives. Community mobilization for safe migration and reporting cases has been achieved. The programmes are recognized by government.

Indicators	Progress in each domain identified during need assessment is considered as indicator of rehabilitation. For example, the IM has a scoring pattern to track the changes. HELP has a target of percentage increase in conviction rate apart from domain changes.	Attainment of rights especially compensation, wage recovery and land rights are a strong indicator, complete self-sufficiency in terms of livelihood is another.
Means of verification	No data on this. It appears that CBR personnel verify the outcome through scheduled data collection.	No data on this. The CBR personnel conduct monitoring activities.
Risks	Stigma by community and duty bearers, lack of mental health services and livelihood generation, lack of convergence among stakeholders and lack of community participation leading to dependency on CBR personnel.	Stigma by community and duty bearers, lack of mental health services. Government service providers are not very cooperative, police are resistant to use stricter laws. 1 out of 4 felt that creating community ownership is a challenge.

Stage 3: Implementation and monitoring

Two broad types of work plans emerged that described the way the CBR programmes arranged their implementation activities and determined the roles and responsibility of stakeholders. These work plans are theoretical models, which mean that in practice the CBRs did not have the same work plan but generally followed the same pattern.

For example, PAT was the group of CBOs in the villages and not the NGO and the IM did case management directly with survivors in CCIs and it was later handed over to CBOs when the survivors reintegrated. Thus, individual differences notwithstanding these were two common patterns of implementation that emerged from the data. Each CBR programme was a mix of these two work plans, with one type dominating over the other.

Work plan type 1 (PAT, IM, WM, CD, SF)

NGO
- Objective planning
- Coordination
- Advocacy
- Fund raising
- Evaluation
- Training

CBOs in the Villages
- Case Management
- Outreash
- Networking with duty bearers
- Fund raising
- Awareness generator
- Monitoring

Volunteers/ Collectives
- Problem analysis
- Identification
- Peer support
- Follow up

In Work plan type 1, there is usually a technical resource NGO that identifies Community Based Organizations in the villages and strengthens their capacities. The case management and other activities pertaining to case management are carried out by the CBOs while the NGO provides training, raises funds and sets the objectives of the CBR and conducts evaluation of the programme. The collectives and volunteers in the community are formed out of case management with survivors who receive training from the NGO to be able

to directly communicate with duty bearers. The collectives are expected to do problem analysis with the NGO and the CBOs by identifying issues and discussing them to find a solution. The collectives in this work-plan are an outcome of the activities such as training and advocacy and not an implementation tool. This means that collectives are not used for implementation of the programme objectives in this model.

This work plan is more common in programmes with survivors of sex trafficking.

Work plan type 2 (JJ, RE, HELP)

In the second type of work plan, mostly observed in CBR programmes with survivors of labour trafficking the NGO performs the role of creating collectives of survivors and their families. In such collectives the survivors are trained and expected to carry out implementation of the programme activities such as awareness generation, linkages with service providers, identification of new cases and own the CBR programme completely. The NGO also helps in the formation or activation of village level or community-based committees bringing community members especially from vulnerable groups, duty bearers and survivors together for a shared objective such as safe migration or internal complaints committee set within textile mills. Limited individual case management occurs

and collectives (also known as federations) are part of the implementation mechanism of the programme and not an outcome.

Common among the two work plans is training and skill development of CBR personnel and members of survivor's collective. All are financed by private donors and are not part of a public-private partnership. Most finances are required for conducting training and skill development of survivors.

The distinguishing features of the programmes were as follows –

» The IM had a component of building skills of systemic stakeholders

» The RE had CBR personnel trained to provide mental health care

» JJ implemented the programme primarily through collectives that they helped form

» The WM activated and strengthened village level committees that were part of ICPS to improve reporting of missing children

» CD had succeeded in making the head of village part of the CBR programme implementation and were conducting surveys of villages in coordination with DCPU using provisions under ICPS

» PAT had managed to develop a strong survivor's collective despite sex trafficking survivors being dispersed and victims of stigma

» HELP had approached the intervention by building collectives instead of focusing on individual survivors

» SF worked in a tribal community.

Stage 4: Evaluation

The FGDs with survivors who are part of the CBR programmes enquired into what they felt were the changes as a result of the programme. The CBR personnel and directors were also asked the same question. The impact component in evaluation matrix below is an amalgamation of the findings from these three sources. The question

on sustainability was also asked and presented below. Relevance and efficiency components had no direct questions but inferences are presented on the basis of data.
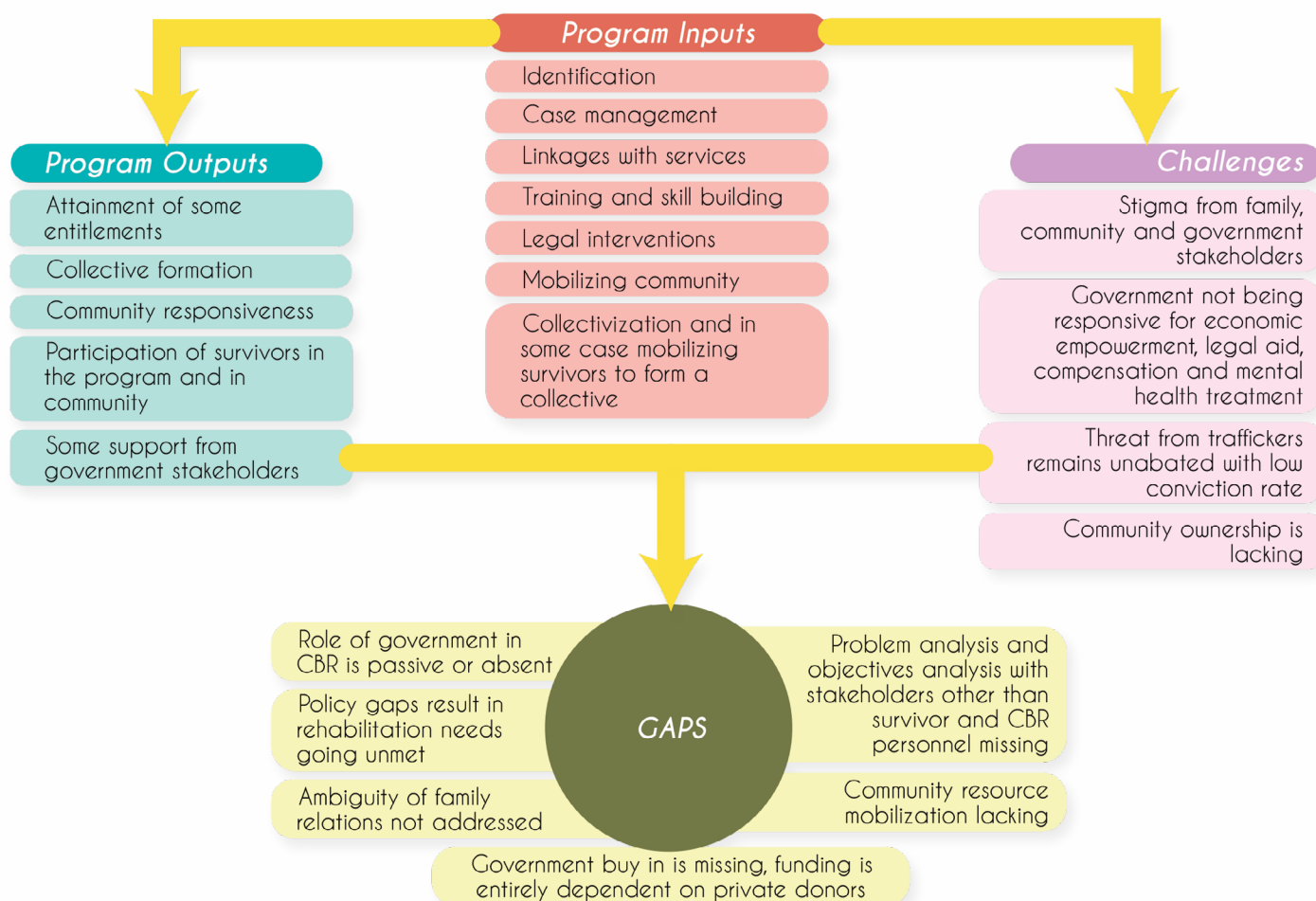
	Sex trafficking	Labour trafficking
Relevance	Relevant to sex trafficking survivor rescued, institutionalized and now reintegrated or being reintegrated. Indirectly relevant to family and community's need for protection of children and women is present.	Relevant to labour trafficking survivors – children, women and men, rescued and living in the community. Also relevant to vulnerable sections of the community.
Efficiency	No data	No data
Impact	Attainment of rights (health, education, skill development, legal). Collectivization has begun, survivors are able to advocate for own rights, better community integration. Some support from local administration in implementation of the programme. Conviction, bail rejections and compensations.	Attainment of rights (health, education, land and legal). Strong collectives with direct access to government stakeholders and community integration. Improved participation of government officials in the programme. Compensation and wage settlements.
Sustainability	Stigma, lack of participation of government duty bearers and lack initiative to create community ownership means the programmes are dependent on direct intervention by the NGOs and CBOs. Sustainability is not yet possible though plan is to make it sustainable by strengthening the Survivor's Collectives.	Stigma perpetuated by government stakeholders, uncooperative duty bearers and inconsistent community ownership of the programme objectives is offset by strong collectivization. The CBR is jointly owned by survivors, families and CBR personnel, thus making it more sustainable compared to the CBRs with survivors of sex trafficking. However, lack of institutionalized public-private partnership model means the programmes would need constant funding and NGO interventions.

The gaps that challenge the CBR programmes studied in this research are as follows:

❶ *Role of government in CBR is passive to the best and absent to the worst* – While some government duty bearers and departments are participating in the NGO led CBR programmes, overall, the response of government towards CBR with survivors of human trafficking in India is very tepid and unsystematic. According to the officials interviewed the government does not have a plan for systematic rehabilitation of survivors of human trafficking. NGOs are trying to activate and strengthen the core government systems such as health, education, child protection, criminal justice and economic empowerment. However, there are several factors impeding smooth functioning

Gap analysis

Program Inputs
- Identification
- Case management
- Linkages with services
- Training and skill building
- Legal interventions
- Mobilizing community
- Collectivization and in some case mobilizing survivors to form a collective

Program Outputs
- Attainment of some entitlements
- Collective formation
- Community responsiveness
- Participation of survivors in the program and in community
- Some support from government stakeholders

Challenges
- Stigma from family, community and government stakeholders
- Government not being responsive for economic empowerment, legal aid, compensation and mental health treatment
- Threat from traffickers remains unabated with low conviction rate
- Community ownership is lacking

GAPS
- Role of government in CBR is passive or absent
- Policy gaps result in rehabilitation needs going unmet
- Ambiguity of family relations not addressed
- Problem analysis and objectives analysis with stakeholders other than survivor and CBR personnel missing
- Community resource mobilization lacking
- Government buy in is missing, funding is entirely dependent on private donors

of such systems. In the absence of any nodal agency or government stakeholder with specific responsibility towards rehabilitation of survivors, the duty bearers' attitude and discretion plays a bigger role in determining a survivor's chances of receiving rehabilitation services. Looking at the data it appears that stigma, lack of convergence between linked government departments, lack of interest in acting according to the defined role and corruption are factors that determine the level of government's participation in the CBR process.

Linking the survivors with available schemes is a universal programme input, however implementation of the available schemes optimally depends on the volition of the duty-bearer. Therefore, without a strategy to engage with the service provider the resources remain sub-optimally utilized. The CBRs with women survivors of violence shows that community resources need to be utilized fully for success of a programme. For example, AN's use of the block development officer's office compound or IFC's utilization of ICDS provided Anganwadi space and infrastructure or the KM's utilization of police infrastructure to run a helpline for women are examples that indicate that to optimally utilize that what is available to the community there needs to be formalization of such partnerships. The engagement with community resources cannot be sporadic and case dependent but there needs to be a strategy to draw from community resources in a standardized manner. The government has to play a more active role in resource allocation, and for that it requires a policy for rehabilitation.

In some cases, such as legal aid, there are clear government responsibilities assigned through laws and policies, yet survivors are unable to access these services and when accessed NGOs need to carefully intervene to create interstate coordination for investigation of the crime and ensure that legal process are followed adequately. Low rate of compensations awarded and convictions are indications of the failure of the legal aid schemes for example. This is true in

the case of economic empowerment as well where there are schemes but survivors across the board are unable to access them. Finally, strategies to deal with threat from traffickers require active participation by law enforcement and judiciary whereas currently the approach is entirely dependent on the family's and community's ability to protect and withstand the pressures from the offenders who remain at large in the community.

❷ *Policy gaps* – Throughout the analysis in this study we observed that there were glaring policy gaps caused by either the policy being absent or because it was not implemented. For example, in case of aftercare of children reintegrated in the community, though ICPS and JJ Act have strong policy frameworks entrusting DCPU in conducting outreach and supporting the child's reintegration needs in the community, in practice this is unavailable for the children rescued from labour and sex trafficking to a large extent. Also though there is a Central Scheme for Rehabilitation of Bonded labour and the Victims Compensation Scheme and the NLSA Scheme, in practice the possibility of attaining rights to criminal justice, victims compensation and special provisions for health and livelihood depend entirely on skill of the NGO/CBO handling the case, attitude of the district official (Revenue Officer and District Magistrate), investigation of the crime and protection of survivor from threats and several other factors such as family's support during the court proceedings, safe living alternatives in cases where the family is part of the issue.

Policy gaps remains in addressing mental health needs of survivors with very little resources available for people in the community. Overall community mental health is a neglected area with less than 2% of the annual health budget being allocated for mental health[41]. The Ayushman Bharat and Health and Wellness Centres in theory are policies that have the potential to override the issues of integrating mental health with primary/general health care services. However, under Ayushman Bharat mental health care has been identified as additional skills offirst-line workers (FLWs), which could be read as desired skills and not necessary skills. Next the Health Monitoring Information System does not mandatorily include mental health related indicators which leaves mental health out of the domain of monitoring and evaluation, hampering service delivery.

❸ *Funding is entirely based on private donors and government buy in is missing* – All the programmes reviewed depend on funding from private donors and funding organizations. Government funding and self-generated income (by selling products, microfinance, etc) are not present yet. The lack of government funding for the CBR programmes indicates a need for national policy to provide budgetary support. The existing government schemes and policies are meant for all the vulnerable population in the society and are therefore community resources that need to be better utilized for survivors of trafficking. Stigma and lack of protocols that can standardize service delivery by duty bearers are factors resulting into uneven access to developmental initiatives. The CBR personnel's stake in the existence of the programme is imperative. This is because collaboration or linkages with government schemes and departments are not formalized. For example,the KM has a formal partnership with police department to operate a helpline for women in distress using police infrastructure. This means that the helpline will continue without funding from the NGO, the community resource – police infrastructure – is being formally and optimally utilized for a programme input, making it sustainable. Formal

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[41]Mahajan PB, Rajendran PK, Sunderamurthy B, Keshavan S, Bazroy J. Analyzing Indian mental health systems: Reflecting, learning, and working towards a better future. J Curr Res Sci Med 2019;5:4-12

public-private partnerships need to be a strategic input in CBR programmes to ensure funding is not dependent on private donors alone. Sustainability by collectivization of survivors is a strong component in the existing CBR programmes but without forging formal partnerships with government departments, there will always remain a greater dependence on NGO and donors. The government stakeholders need to play an active role in implementation of CBR programmes to make it truly sustainable.

The utter lack of government's role in CBR programmes with survivors of Human Trafficking results into a) ad-hoc, disparate models which are completely dependent on that NGOs capital (intellectual and financial), and results in lack of role clarity for duty bearers and offices; (b) non accountability of duty bearers and therefore, pulls the NGO into service delivery. For example - the scope for access to health, food security, financial or livelihood services is scattered across several policies with no clarity on the accountable office or duty bearer who is to facilitate the access and enable removal of barriers. This then results in NGOs taking on that role without the policy backing making duty bearers accountable when social workers link the survivor to the office to enable access to particular services. (c) lack of policies prevent minimum standards resulting in a small group of survivors who are supported by NGOs and therefore get one kind of assistance and a much larger number of survivors who have no access to such services being deprived. Such deprivation goes unnoticed where they don't have the individual resilience, they are not organised as a group to build social and political capital to challenge the neglect and discrimination. Thus, the need to collectivize and develop leadership skills in survivors to fight for rights attainment.

❹ *Ambiguity of family relations not addressed* – stigma also determines the nature of family's response to the survivor in case of sex trafficking survivors. It is also present in labour trafficking cases where the survivor is

a girl/woman and has been employed alone (domestic labour and working in textile mills as against working in a brick kiln or farm with other family members). Survivors have mentioned that family is a source of stigma often because the community stigmatizes the family and because of the social norms around female sexuality (FGD). CBR personnel have noted that family is a source of stigma and also recipient of stigma. The personnel have noted legal procedures is resisted by the family as they are afraid of being blamed for the crime

However, the programme inputs with respect to family have been very basic in the programmes studied. The family has been treated as an artifact in the survivor's life which may not be intentional. At best the families have been linked with welfare schemes (the WM, HELP, CD) and at the minimum the family is counselled to stop stigmatizing the survivor (PAT, the IM, RE). JJ'S model is very different and works with the entire community of laborers without getting involved in the relations within the family. This lack of engagement with family could be reflective of the NGO's ambivalence or blind spot regarding the struggle of the family. They might be blaming the family at some level and creating an attitudinal barrier from understanding its challenges. Lack of understanding is fostered by distancing the family or treating the family as 'other' in the dyadic relationship between survivor and social worker. This needs to be changed in the present forms of intervention to make the programmes truly community based. In cases where the family is responsible for stigmatizing the survivor or in impeding the survivor's recovery, the current models are ill-prepared to offer any form of reintegration strategy that does not involve returning back to the family or that offers a space to step into when family reintegration fails. This remains a big lacuna and threatens to undo all the efforts by the NGOs.

❺ *Problem and objectives analysis is limited to survivor and social worker* – the dyadic relationship between survivor and social worker was apparent in the FGDs with all

survivors of sex trafficking and young survivors of labour trafficking without their families (CD and SF). This points to two factors – one is an organizational tendency to infantilise the survivor and taking on a role of protector helping the survivor through the perils of mainstreaming. In this case the social worker creates, often unknowingly, a barrier between the survivor and her community/family. The programmes with women survivors of violence have diffused barriers by opening their activities for the entire community, giving preference to the survivor of course. This is not the case for CBRs with human trafficking survivors. The second factor is strategic failure to build ownership of the programme in every level of stakeholders mapped. The mapping of stakeholders is present but engagement with stakeholders apart from survivor is very need based and not participatory. Sporadic evidence of stakeholder participation in the programme have indicated positive outcomes – for example the WM's engagement with the community to improve missing children reportage, the RE's community involvement is making migration safer, SF and CD have experienced success in mobilizing community groups to prevent trafficking, HELP has worked with sex worker community to reduce second generation prostitution and JJ has created strong advocacy led by members of the community. CD and the IM have managed to involve government stakeholders in their programme implementation to some extent as well. However, lack of government's role taking in the entire process creates challenges in eliciting participation in the process. It is expected that participation of the stakeholders in problem and objectives analysis will improve the ownership of the programme by the community if there are strategies in place to do so and also reduce stigmatizing behaviour and attitude. Three out of four funding organizations indicated that implementing rights-based approach to CBR is challenging and that participation of survivors in the process gets impacted when rights-based approach is not fully followed.

This chapter presented three main things – a guideline based on WHO guidelines for implementing a CBR programme that has the usual elements of a project management including situational analysis, planning and design, implementation and evaluation. This template was used to analyse the CBR programmes with survivors of sex and labour trafficking studied in this research and gaps in the implementation of the programmes were identified. The gaps identified showed that the government was failing in its responsibilities towards survivors of trafficking due to which service deliver and rights attainment was ad hoc and depended largely on NGO interventions and their capacities. Policy implementation was hampered due to stigma towards survivors, lack of standard operating protocols and lack of a rehabilitation policy for survivors of HT. The CBR programmes operated primarily at the level of the survivor and survivor – social worker dyadic relationship impacted most decision making. In the current circumstances, where almost all reintegration occurred within the family, the lack of family integration and family support mechanisms were a gap in present programmes.

Summary and Recommendations

The present study was conducted to understand the nature of existing CBR programmes with survivors of sex and labour trafficking in India to fill the gap in knowledge of what is being done. A total of 8 programmes were studied, four each with survivors of sex and labour trafficking. Around 5 CBRs with women survivors of violence were also studied to understand their structure and functioning and five funding organizations were also included to understand their strategies and experiences in funding community-based rehabilitation programmes for survivors of HT. A review of laws and schemes relevant for community-based rehabilitation was also conducted to understand rights of survivors. Survivors both children and adults, CBO and NGO representatives, government officials and representatives of funding organisations participated in this study that clarified a lot on what programmes were being implemented and how. The programmes that were studied were located across @@ states in India and in our knowledge have been able to give a broad overview of what exists. Analysis of the data showed several interesting and often overlapping trends. The WHO guideline for CBR of disabled people was used to study the gaps in the current programmes and a model of CBR programme was prepared.

Summary and Conclusions:

1 **Role of government was absent, passive or creating barriers in the process of attainment of rehabilitation rights for survivors of human trafficking**

The review of government schemes and laws relevant to rehabilitation needs of survivors of HT indicated that though in theory survivors were eligible to several welfare rights covering major rehabilitation needs in practice they were unable to attain much of these rights. The primary data of this study corroborated evidences from previous studies that survivors of trafficking were unable to attain welfare rights due to lack of tracking and identifying mechanisms, lack of standard operating protocols and presence of stigmatizing attitudes towards

survivors of trafficking.

Areas that required considerable handholding by CBR personnel included livelihood, health especially mental health and legal interventions, indicating that implementation of policies regarding these areas were most problematic. In case of sex trafficking survivors, the CBR programmes invested considerable resources to activate DLSA in order to attain the survivor's right to victim's compensation. In case of labour trafficking survivors, considerable effort was used in ensuring release certificates were issued upon rescue and then in continuous follow ups with the district administration to obtain the compensation. Uncooperative police and Panchayat created severe barriers in the process of legal case work. Stigmatizing attitudes of health officials, Panchayat officials and police were mentioned.

2 Collectivization of survivors helped in advocacy for rights to meet rehabilitation needs:

One strategy that was commonly upheld in its capacity to change the way survivors were treated was collectivization. This involved bringing disparate individual survivors together, building their capacities, developing a group identity, facilitating discussions on issues and enabling peer support. The outcome of this tool of intervention was a group that helped garner support, developed and implemented advocacy and awareness programmes and in larger groups of women in the community played the role of an SHG. NGO officials working with sex and labour trafficking survivors and those working with women survivors of sexual and domestic violence, reported the stronger impact collectives had when they approached duty bearers for rights attainment. Thus, the data suggested that collectives were useful and a necessary tool of intervention for implementation of a CBR programme with survivors of human trafficking and members from the collective were eventually capable of taking the CBR programme forward with diminishing participation by NGOs.

3 Threats from traffickers or offenders was present in the context of both sex and labour trafficking survivors as well as women survivors of sexual or domestic violence:

All the participants in this study reported the presence of danger from the offenders that included the recruiting agent, the trafficker and the abuser in the community. Weak legal action and lack of proactive steps by law enforcement allowed the offenders a degree of impunity and social tolerance. As a result, the survivor/s were in constant danger of being pressurized to withdraw police complaints and turn hostile during court cases. The danger of re-trafficking also remained unabated with the lack of measures to control the crime and the criminal. While policy frameworks recognized this threat only in the case of survivors of sex trafficking, the policies therefore advising on institutionalizing the survivors to protect them from traffickers, the policies for labour trafficking were less concerned about the threat of traffickers in the community and almost offered no protection from traffickers while repatriating the survivors of labour trafficking in their communities.

Three types of actions in the community were identified that dealt with threat from offenders in the community. One was driven by child and women protection policies that involved formation of protection groups in the community such as the VLCPC and adolescent clubs against trafficking and the Anti Human Trafficking Units. The other was driven by CBR interventions that helped in collectivizing the survivors, hence building peer support against such threats and creating networks of survivors who could help each other in case of danger. Finally, the women's groups used a strategy of family intervention through which they tried to mitigate family violence and support the family to withstand threats from the offenders. The lack of policy framework clearly stating the role of law enforcement and local leadership however created glaring gaps in the actions against the threats from traffickers.

4 **Considerable networking was needed to activate government role taking, align different NGOs working in the same area and creating convergence:**

Systemic level issues were present in the government as well as non-governmental frameworks. The government departments needed to work in convergence to address the rehabilitation needs of survivors in the community, but due to lack of a policy and standard operating protocols, there was considerable role confusion. This role confusion could only be overcome by constant networking by NGOs to develop a strong and healthy working alliance with government duty bearers and create convergence. The outcome of this networking depended largely on the individual government official and thus the whole process had to be repeated whenever a new incumbent arrived. This entire process was mired by lack of clear policy directives and thus access to services depended on a survivor's association with an NGO, which in turn had strong networking with the government system.

The next level of systemic nonalignment or need for alignment was referred to by the representative of funding organisations. Akin to the survivors were getting greater power through collectivization, there has been a steady growth in developing alliances of NGOs to create stronger and aligned advocacy movements. The funding organisations felt these networks provided the required impetus to policy formulation but differences among NGOs and lack of a common professional ethic, such as divergent attitudes towards operationalizing rights perspective, resulted in weakening the collective action.

5 **Post-reintegration issues of assimilation in the family was problematic:**

The family of a survivor held a very significant position in the entire community-based rehabilitation ecosystem. The repatriation policy offers no concrete alternative to family reunification for the survivors of trafficking. The process of home verification in case of sex trafficking survivors, who

have been institutionalized, is only able to identify whether the family is willing and able to take the survivor back. The process of continuing the assessment of the family's ability to be the primary caregiver for the survivor is never conducted. There is therefore an assumption that family of the survivor will be able to offer the much needed support not just to the survivor but to the CBR programme objectives. However, the programmes with sex and labour trafficking survivors almost relegated the family to the background and did not have clear mechanisms of engaging with the family. The family in this context could be complacent to the trafficking and exploitation of the survivor, the family could also be dealing with stigma from the community and pressure from the traffickers and the family could be dealing with its own conflicting needs of adhering to the stigmatizing societal norms or taking a divergent view of ultimately finding a way of coping with the survivor's identity. With no alternatives to family reunification, the survivor would also need support in integrating back into the family and the community and in dealing with newer stigmatizing attitudes that some family members might take towards them. In this scenario the CBR programmes studied here, were struggling to find a way of resolving the issue of assimilation into the family. This could be because the programmes were unable to identify the needs of the family or because intervention strategies for family integration were less developed and had no policy frameworks. This also indicates that there is a need to consider repatriation or reintegration of the survivor into a new community and not necessarily burdening the survivor or the family into forcible reconciliation. There is a need for policy guidelines for such non family reintegration options that are practical and feasible. Open institutions and community living arrangements are required.

6 **All programmes were funded by private donors with no government policy taking any responsibility towards rehabilitation of survivors of HT:**

Finally, the study showed that there was absolutely no government funding for enabling survivors of

human trafficking in their reintegration period. Human trafficking is a crime and is recognized as a law and order issue, however the victim or the survivor of the crime is not accorded the necessary reparation needed to rehabilitate them from the physical, emotional, socio-economic and legal losses suffered by them. The entire focus of policy directives is on rescuing the trafficked person and is very weak on rehabilitation of the trafficked person. This exacerbates the vulnerability of the trafficker person and without the existing CBR programmes by some NGOs, funded entirely by private organisations, the lives of survivors would remain extremely precarious. Thus, the question is why is the road post-rescue so difficult for the survivor of trafficking? The answers are many but most visible are the lack of a comprehensive policy for rehabilitation of survivors of trafficking and lack of a comprehensive law against human trafficking. The efforts by NGOs can never replace government led initiatives with the government's massive budgets and human resources, but the NGO led CBR programmes can lead the way towards a government policy, law and scheme that will at least in theory offer survivors of human trafficking clear rights to fight for and hold duty bearers accountable.

Recommendations

The goal of CBR is equalization of opportunities and social integration. The objective of such programmes for survivors of human trafficking is to return them safely to either their home community or another community of their choosing while ensuring the person is able to attain all rights and equip the person and the community with necessary skills and capacities to prevent re-trafficking. Every trafficking survivor has unique needs and response to such needs during reintegration requires a continuum of care. Each person may not need all the services and some might need them for varying lengths of time. It is important to bear in mind that the survivor needs to choose their services and that such services or programmes need to be based on individual situation of the person, their family and their community. Based

on these findings the following recommendations can be made to design and implement a CBR programme for survivors of human trafficking that is able to address existing gaps -

1 A model of CBR with survivors of human trafficking

The following model or framework is based on the data and analysis of various CBR programmes from the perspectives of survivors, social workers and funders. This model can be used by government and non-government entities to plan a CBR programme with survivors of human trafficking and along with the WHO guidelines presented in the previous chapter offering operational guidelines, this model will enable interventionists to plan a comprehensive CBR programme to the best of our knowledge.
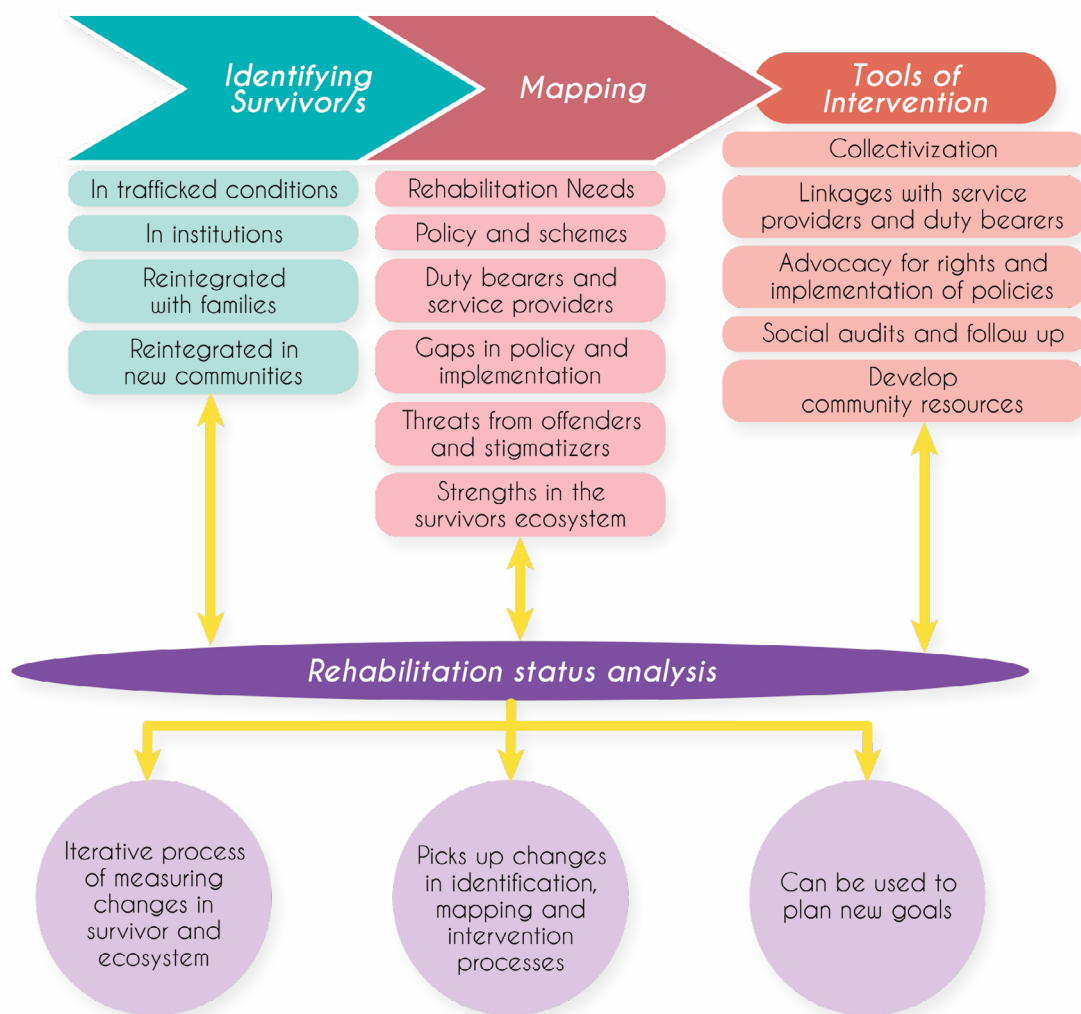
The model has four components:

1 **Identification:** this refers to identification of the survivor or trafficked person who needs rehabilitation services. Two broad categories of trafficked persons need to be considered here – those who are still in trafficked conditions (such as in brothels, brick kilns, stone quarries, farms) and those who have been rescued. Those who have been rescued need to be further categorized as those in institutional care setups, those reintegrated with their families and those reintegrated in community of their choice.

Identification of those who are still in trafficked conditions will need to be done through NGOs/CBOs, health care workers, district administration, PRI in locations known to be destination points for trafficking.

Identification of those who are rescued will need to be done through CWC, DWCD, DCPU, police and District Administration and NGOs in areas known to be source of trafficking.

Identification will require strong inter-state networking with government and non-government stakeholders.

Knowing the milieu of trafficked persons will help in the next step in this model as the mapping will

Identifying Survivor/s

- In trafficked conditions
- In institutions
- Reintegrated with families
- Reintegrated in new communities

Mapping

- Rehabilitation Needs
- Policy and schemes
- Duty bearers and service providers
- Gaps in policy and implementation
- Threats from offenders and stigmatizers
- Strengths in the survivors ecosystem

Tools of Intervention

- Collectivization
- Linkages with service providers and duty bearers
- Advocacy for rights and implementation of policies
- Social audits and follow up
- Develop community resources

Rehabilitation status analysis

- Iterative process of measuring changes in survivor and ecosystem
- Picks up changes in identification, mapping and intervention processes
- Can be used to plan new goals

depend on the context of the trafficked person.

2 Mapping: This refers to a very important domain in the CBR model as it will determine the choice of tools of interventions. Mapping exercise will identify rehabilitation needs of the survivor/s, policies and schemes applying to the needs, duty bearers and service providers mapped to the polices and schemes, gaps in policies and schemes that will require advocacy or/and creation of an intervention, threats in the community from offenders and sources of stigma present in the survivor's environment and finally strengths, referring to resources in the community such as active AHTU, or clubs, VLCPC, peers, supportive family members, significant others and supportive local community leaders.

The mapping exercise is a dynamic factor that will need to be done to track changes in any one of the variables. For example, at the beginning of the programme sources of stigma may not be very well established, which may eventually increase or at the beginning a duty bearer may not be supportive and hence would be identified as a 'gap' but later this might change. Such changes will need to be continuously measured through this mapping exercise.

3 Tools of intervention: The tools will be determined by the mapping exercise. Common tools include – linkages with government service providers for attainment of rights, collectivization to develop identity and leadership skills, advocacy for policy improvement and rights attainment and to respond to gaps identified through mapping exercise, social audits and follow ups and development of community resources that can strengthen the community's resilience to trafficking

such as safe spaces for the vulnerable, helpdesks and helplines, mechanisms for redress and referrals.

Again, the tools of intervention are not fixed or limited to those mentioned here. These are common tools of interventions used by existing CBR programmes and whether a programme uses all or some of these tools or developed new tools will be determined by the mapping exercise.

4 **Rehabilitation status analysis:** This refers to not just the survivor but the ecosystem surrounding the survivor and will need to go back to the identification of the survivor. The status would change once the survivor moves from a trafficked situation to rescued situation or the other way round. Similarly, the status would change with each mapping exercise, for example, if a need of re-enrolment into education system required bridge course and linkages with the policy and this was done and the child was re-enrolled into the school. The status would change and newer needs enabling the continuation of education would be the focus. Similarly, if during mapping a stigma-giver was identified and through intervention the relationship between the survivor and stigma-giver changed, this would reflect in the rehabilitation status. The goal of rehabilitation status is not to identify an end point but to reflect changes occurring during the implementation of the CBR programme. Achieving a goal, may lead to identification of newer goals and different ways of achieving them. Such start and end points of the process would be known as the rehabilitation status. The progression of rehabilitation needs to be viewed as iterative and not linear. This means that it is futile to expect only one-way progression when there are so many variables impinging on a survivor, hence the CBR programme will need to be open to accepting steps that go backwards and forwards, till the goal is reached.

❷ *Addressing stigma in the community*

Though survivors wish to return to their families and communities of origin, often this is not in their best interests because of the stigma and threat in their villages. All the programmes have mentioned this as a challenge in implementation and rehabilitation of survivors. This is especially acute for female survivors of sex and labour trafficking. Based on a review of literature of stigma reduction strategies and interventions[42] following recommendations can be made towards programme design:

» Behaviour modification to target self-stigma – develop skills in survivors to deal with stigma using behaviour modification therapy that is trauma focused. This will require mental health professionals to assist survivors identify and confront their negative thoughts and to reframe the meaning of their identity in a more constructive manner.

» Support groups to develop social support – formation of self-help, support and advocacy groups, is already present in the programme interventions. These groups need to include support and information exchange with respect to stigmatizing societal attitudes.

» Establishing relationships between members of survivor's interpersonal environment – the family is an agent of stigma as well as a victim of stigma from the community. Interventions used with families and communities need to aim at coming to terms with trafficking and removing prejudices by education. Families will need support in communicating with the survivors and in developing coping strategies to deal with stigma experienced by them. The skill building exercises with survivors need to include a home care team that builds skills within the family. These have resulted in a more tolerant attitude in those affected by HIV/AIDS. Finally, CBR with leprosy patients and their families in India have shown that vocational
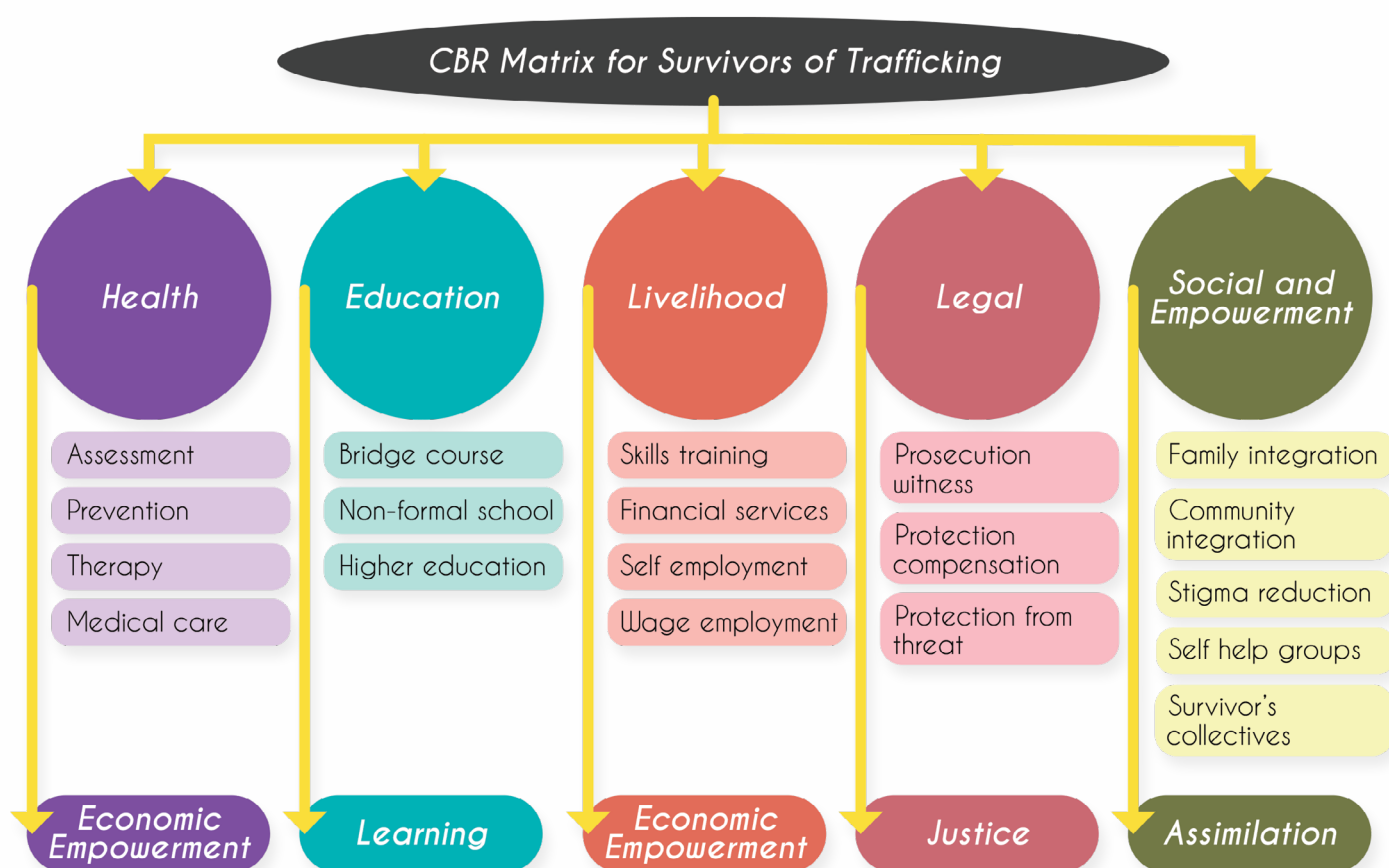
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[42]*Heijnders, M and van der Meij, S. (2006). The fight against stigma: an overview of stigma-reduction strategies and interventions. Psychology, Health & Medicine.*

and economic rehabilitation should target the whole family as reducing the economic burden could reduce stigma.

» Institutional level policy changes, training and defining responsibilities towards survivors of trafficking – the interventions at institutional level would be ideal when stigma reduction programmes become a structural part of care and rehabilitation programmes. Three strategies have been identified – one is training and education to remove misconceptions and understand the impact of trafficking and trauma on the lives of survivors. Second is to decentralize the care process – where power is shared between the service provider and the survivors and their social networks. Challenging the blind-spot in service providers when it comes to changing themselves the recommendation is to base the stigma reduction programme on the service provider's knowledge on how their practice could lead to fewer stigmas. Finally defining the responsibilities of the state towards survivors of trafficking and protection

from discrimination from others through policy development is most necessary.

» Community needs to be educated and be in contact with survivors of trafficking – educational or awareness building exercises are the most common mechanism to dispel myths and misconceptions that underlie prejudicial behaviour. However, studies are showing the impact of education is limited because many stereotypes are resilient to change as participants may actively ignore information that challenges their stigmas. The recommendation is to include education along with contact and skill building. Contact strategy refers to interactions between the community and the survivors in various settings. Survivors becoming part of village committees and interacting directly with service providers and duty bearers is an example. However, to develop positive attitude these contact strategies need to be aimed at generating empathy in the others and not focus on advocacy only. It is important to note that contact strategies can place the survivors in

CBR Matrix for Survivors of Trafficking

Health
- Assessment
- Prevention
- Therapy
- Medical care

Economic Empowerment

Education
- Bridge course
- Non-formal school
- Higher education

Learning

Livelihood
- Skills training
- Financial services
- Self employment
- Wage employment

Economic Empowerment

Legal
- Prosecution witness
- Protection compensation
- Protection from threat

Justice

Social and Empowerment
- Family integration
- Community integration
- Stigma reduction
- Self help groups
- Survivor's collectives

Assimilation

danger of being forced to disclose private information and hence it should only be initiated after the survivors are well trained in dealing with such situations.

❸ *Matrix planning, implementation and evaluation*

Currently several NGOs are involved in some form of community-based services with survivors of trafficking and the analysis shows that more or less all are encountering similar challenges. One way of designing programmes that are more effective would be to use the CBR matrix for programme planning and monitoring and evaluation. The CBR matrix (see figure $$) can be used as a template to design interventions under each service component. It is adapted from the WHO CBR matrix for people with disability. The matrix has five key components and each can be divided into key elements leading towards the final goal under each component.

The multi-sectorial focus of CBR can be achieved and various programmes can select options that best meet their local needs and resources. This matrix can help identify partnerships and avoid duplicating services and wasting resources. The matrix planning can also induce community ownership by ensuring participation of key stakeholders at all stages of programme planning and implementation. The community includes government institutions, community groups, peers, family and non-governmental organizations. The planning can include identifying available community resources under each component, duty bearers and gaps in services and capacities.

❹ *Comprehensive law and nodal government agency required to plan and execute reintegration services for survivors*

The NGO led CBR programmes are trying to bridge the gap between survivors and government institutions/duty bearers while also strengthening the government systems to adequately respond to the reintegration needs of survivors under different domains. In order to make these programmes sustainable and institutionalize the CBR process, the government needs to create nodal agencies that can be based on formal public-private

partnership model to replicate the current NGO led CBR programmes. Ultimately the reintegration services required by survivors of human trafficking are not outside the domain of rights bestowed under the laws and policies of the country. Hence the government's responsibilities towards rehabilitation of survivors of human trafficking require a comprehensive law that can bring it all together in one single statutory instrument. Having a comprehensive law to address human trafficking can offer the urgently needed impetus to make the government more responsive for the rights attainment of survivors. The comprehensive law is also required to bring together all survivors of human trafficking under a systematic legal framework instead of having a fragmented response mechanism.

Appendix

TOOLS FOR DATA COLLECTION

1. KEY INFORMANT INTERVIEW GUIDE FOR TELEPHONIC DATA COLLECTION

Interview schedule for preliminary identification of interventions

Instructions for the respondent

Dear **respondent** we are trying to learn about community based interventions and programmes for vulnerable people. In this regard we would like to ask you few questions to help us understand your work better. If you so wish, we shall keep your responses confidential by suppressing your name and the name of your organization. Your participation in this is also voluntary and you can refuse to answer any question at any point during the interview. The interview will take around 30 to 45 minutes.

Your name (if you waive confidentiality):
Your role:
Your organization's full name:
Location of your organization:
Number of years you have worked in this organization:
Date and time of this interview:
Your consent:

Questions:

1. Who are the beneficiaries of the interventions/programmes implemented by your organization? Where are they located? Does the organisation have a shelter home (registered under JJ Act) for children/women? *(Objective: identification of victim group that the organization works with – sex trafficking, labour trafficking or sexual violence.)*

2. Is the target an individual or a family? *(Objective: to understand the scope of the programme.)*

3. How is the beneficiary selected/identified? Can you describe the criteria/process? *(Objective: to understand the focus of intervention – promotion, prevention or targeted.)*

4. Which needs are targeted by your interventions?
   (Objective: To understand the scope and objectives of intervention/s such as victim compensation, health, education, legal assistance, shelter, skill building, livelihood, social development, empowerment through self help groups, peer support groups.)

5. Has there ever been a need for legal aid intervention due to risk of threats from the perpetrators (traffickers/abuser in the area of the survivors)?
   (Objective: To identify if prosecution is an element in the definition of rehabilitation of the organisation. To also gauge the nature of threat and risk present in the community towards the survivor/s.)

6. Can you describe the intervention programme, its goals and objectives and how it is implemented? For instance, what happens once the beneficiary is selected?
   (Objective: To understand how the interventions are operationalized.)

7. When did this intervention/programme begin? How long ago?
   (Objective: To know how old/new is the programme.)

8. Can you share the achievements of this programme? What has worked?
   (Objective: To understand the actual outcome of the programme.)

9. What did not work? What are the limitations of the programme?
   (Objective: To understand challenges.)

10. How does your organization interact with the beneficiary? Who from the organization directly interacts with the beneficiary? What is the case management mechanism?
    (Objective: To understand the implementation model and case management process.)

11. Do you work in partnership with other government departments and other NGOs? What do you partner on?
    (Objective: to understand partnership models and existing convergence mechanisms.)

12. Till when do you provide assistance to the beneficiary? How does the beneficiary ease out of the assistance programme? Is there a criteria?
    (Objective: To identify if there is a definition of rehabilitated beneficiary.)

13. Does your intervention include other community members? For example does the intervention require formation of community groups, or educate/generate awareness in the community, develop skills in the community of the beneficiary? How?
    (Objective: To estimate the extent of community involvement in the intervention model.)

14. How is the intervention funded?
    (Objective: Is it a sponsorship programme or funded by some other methods.)

15. In order to study the intervention better, we will need to speak with the beneficiaries and their families and community members and state service providers/duty bearers. Would the organization be able to create access to these stakeholders for us?

16. Do you have any questions for us?

Interviewer's Name:

Observations if any:

3. KEY INFORMANT INTERVIEW – FIELD BASED

1. Questionnaire for Programme Staff
(*Caseworkers, programme coordinators and programme managers – those directly implementing the programme*)

Identifying details

1. Name

2. Role

3. Number of years in this role

4. Name of the Programme

5. Location in which the Programme is implemented

Process Mapping Questionnaire

Role related questions:

1. Can you describe your present role and its expectation?

2. Can tell us about who are responsible for implementation of this Programme to help us understand what kind of human resources are needed to plan such a Programme?

3. What strategies are used for community involvement in the Programme?

Stakeholder	Role in the Programme
Survivor	
Family	
Peer/neighbors	
Community leaders	
Community service providers/volunteers	
Government officials (PRI, police, lawyers, teachers, doctors)	
Any other	

Programme Inputs (what does the Programme do) related questions:

4. In your understanding what is the ultimate goal of this Programme?

5. Can you list the needs that are addressed by this Programme?

6. We shall discuss each of the needs and how the Programme addresses it in detail. (Go through those that the person mentioned under question number 2)

- A common need is that of restoring physical health of the survivor who may have been undernourished, suffering from pains and injuries as a result of the exploitation. Can you tell us how this programme addresses it? What are your experiences while working with doctors, nurses and other health service providers? Is there any form of stigma present in accessing health services for the survivor? What is it? Does the programme impact such issues?

- A common need is that of education and skill building as a step towards employment. Can you tell us how this programme addresses the need for education and or skill development? How does the programme help the survivor reenroll in the school? How does the programme support a survivor who reenrolls in school (books, tuition, uniform, travel to and from school, food)? Is there any form of stigma in the school from teachers, administrators, other students, family of other students? Does the programme have a strategy to deal with such issues? How is it done?

- A common need is that of employment and livelihood. How does the programme address this need? Is the programme focused on individual or the family's livelihood needs? Is there a vocational training component? How is this sponsored? Does the programme create employment, for example by production of goods and services? Is there provision for loan or sponsorship to begin small business? How does the survivor receive such services? What is the procedure? Does the programme have convergence with state/national rural livelihood mission?

- A common need is that of empowerment which has various components. One is receiving entitlements from the state such as victim compensation, land rights, benefits under existing schemes for vulnerable groups. Does the programme support the survivor in this? How is it done? What is the response of various state departments (PRI, WCD, NRLM, Police, Justice)? Another component of empowerment is formation of groups and collectives to mobilize support and action. Does the programme include any community mobilization activities? Have there been formation of groups, collectives or forums under this/these programme? What are those groups? Who are the members? How does the group function? How is it sustainable?

- A common need is legal case work. This can include prosecution and protection since threat from traffickers, agents, recruiters, landlords and stigmatizing community members is often present after the survivor is reintegrated. How does the programme help in (a) litigation against trafficker, (b) claim victim compensation, (c) file appeals in court to stop bail of the accused, (d) fight against court orders impinging on survivors rights? What role does the police play in prosecution of the perpetrators (could be the agent, trafficker, stigmatizer, landlord)? How supportive is the police? Does the programme involve lawyers or paralegals and access District Legal Services Authority?

- A common need is that of counseling and psychological recovery. This can take place in a formal set up at a hospital or even among peer groups. Does the programme have any activity to address psychological needs? Does the programme involve formation of peer support groups? Is a mental health worker (counselor, psychologist, psychiatrist, social worker) available for the survivor in the community?

- A common need is that of creating support and acceptance in the community. There could be stigma and tolerance of crime due to prevailing social norms. Does the programme address such factors? How does the community support the survivor in protection against

threat and stigma? Is there any component that address the social tolerance of injustices against the vulnerable (gender, caste)?

Programme output and outcome related questions:

- Please help us understand how the Programme measures changes to evaluate present action and strategize future actions. Here we will be talking about the outputs of the Programme (direct result of the activities of the Programme, often countable for example number of people attending training, number of successful cases) and outcomes of the Programme (changes that occur as a result of the outputs, often changes in people, communities, laws, etc. For example, social isolation reduced, attitude of police improved).

Input	Output indicators	Outcome indicators
1. Health		
2. Education or skill development		
3. Livelihood		
4. Empowerment		
5. Prosecution and protection		
6. Psychological health		
Any other		

Probes for the interviewee:

- *Health* – hospital, medicines, doctors, nurses, crisis center, diagnostic center?

- *Education* – school dropout rates, out of school centers, teaching, tuition, high school, colleges?

- *Livelihood* – skill training centers, new businesses, production/manufacturing, financial support?

- *Empowerment* – access to duty bearers, compensation, rights, aid received, sponsorship, formation of collectives?

- *Prosecution and protection* – response of police, response of community based groups (village vigilance, PRI, CPU), reduction in stigma, greater participation in community?

- *Psychological health* – improved relationships, appearing to be better adjusted in the community, crisis centers, counseling centers, availability of psychologist?

Sustainability questions:

1. How does the programme ensure that beneficiaries continue participating in it?

2. How is the staff trained under the Programme?

3. What kind of training is available for the survivors and community members who are part of the Programme? Are there example of beneficiaries becoming staff in the Programme?

4. How is the Programme funded? Does it generate its own fund?

5. Under which overheads does the Programme require most financial resources? An overview of the main budget heads would be helpful.

6. Are there strategies in place to made the Programme sustainable without the NGO?

2. Interview Schedule for Duty Bearers

Duty-bearer's role:

Name of the district/block:

Number of years of experience in present role:

Who does the person report to?

Training received to perform current role?

Previous role and department:

Educational qualifications:

Gender:

Age:

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1. What are the schemes for vulnerable women and children in this region/under your department?

2. What is the role of your department with respect to survivors of trafficking? (Is it part of a network such as AHTU? When did the committee last meet and what was discussed?)

3. Does your department work in public-private partnership with other NGOs in this region? Are there any NGOs in such partnerships that also work with trafficked survivors? Ask for names and description of what the partnership achieves.

4. What is the mechanism for accessing services from this department? Data on number of trafficked survivors who received services from this department in the last 12 months.

5. What are the needs of a trafficking survivor after reintegration and how can the state help in fulfilling the needs (names of specific schemes and process of accessing the schemes)?

- Physical health and nutrition

- Education

- Skill development

- Livelihood

- Empowerment, entitlements

- Compensation

- Coping with stress, stigma and trauma

- Prosecution of perpetrators

- Social acceptance/support in assimilation

6. What can be done to ensure rehabilitation of trafficked survivors continues after they are reintegrated in the community?

7. What can your department do to help in community-based rehabilitation of trafficked survivors? What was the role of your department in this CBR programme (the one we are studying)?

8. What will your department require in terms of finances and human resources to perform a proactive role in CBR of trafficked survivors?

9. What are the skills and capacities needed in your role to respond to needs of trafficked survivors?

10. What was the annual spending on women and children's development by your department? (actual figure if possible with segregated sub-heads)

3. Focus group discussion guidelines

This tool is valid to be used for the following respondent groups:

1. The beneficiaries – the ones around whom the programme objectives have been created.

2. Community – this includes family members, neighbors, peers who either participated in the programme as a service receiver and/or as part of the Programme strategy.

Group size should not exceed 10 people and needs to be as homogenous as possible. Explain the purpose of the research, rights of participants (voluntary participation, confidential responses and data will be used only for research purpose and not shared with anyone beyond the research team).

- **Begin with a round of introduction and an ice breaking activity.**

Following are guidelines to begin the discussion. These are not interview questions so they can be adapted based on the situation and flow of discussion.

Following are guidelines to begin the discussion. These are not interview questions so they can be adapted based on the situation and flow of discussion.

1. Understanding the needs of a survivor in the community.

Try to understand what the respondents think are the needs of the survivors once they are back in the community (for trafficking survivors) or when they live in the community having survived sexual abuse (for women survivors of sexual abuse).

You can read out a scenario – "Reena is a 17 year old girl who was rescued from a flat in a city. After rescue she lived in a child care institution and is now being sent back to her home in the village, just like the one we are in today. Reena was trafficked for sexual exploitation when she was 15 years old. Her family lives in this village".

Now ask what would Reena's family need to help her. What would Reena need to settle in? What kind of services would she need?

Ensure the following needs are discussed, if the respondents miss them, you can bring it up in the discussion and probe. The list is as follows:

1. Physical health and nutrition

2. Education

3. Skill development

4. Livelihood

5. Empowerment, entitlements

6. Compensation

7. Coping with stress, stigma and trauma

8. Prosecution of perpetrators

9. Social acceptance/support in assimilation

2. Assessing relevance of the Programme in addressing needs.

The aim here would be to understand the fit between the Programme and the needs. This is in order to measure relevance, to answer the question 'is the Programme meeting the needs'?

Tell the group that you want to understand more about the ongoing Programme by discussing few important points as follows:

1. Could they describe how they got to know about the Programme? Did someone tell them about it or did they read about it?

2. How did they become part of the Programme? What was the process? Who did they contact, or how were they recruited for the Programme?

3. How long have each of them been part of the Programme? (record number of months/years for each participant by asking each to answer this question)

4. Which of the needs are met by the Programme (see previous list and draw out any unlisted needs from preceding discussion on needs). Can they tell you observable indicators that show that the needs are being met?

5. Can they share some of their personal achievements through the Programme (positive outcome of their being part of the Programme). What has the Programme helped them achieve? Here the discussion needs to go beyond needs listed above and capture any personal growth stories.

6. What else can the Programme do in the community? What needs are not being met yet and why?

3. Level of participation in the Programme.

Community based rehabilitation depends on participation of the community and the level of participation of the community can be treated as an indicator of how sustainable the Programme would be in absence of the NGO. In this section the aim is to understand the process of community ownership of the Programme.

The discussion needs to focus on their role in the Programme. Do they see themselves as passive recipient of services or do they see themselves playing a proactive role. Do they feel the Programme enables them to be proactive and autonomous and how?

1. How did this Programme begin? Who started it?

2. What role do you play in this Programme?

3. There must have been times where the Programme faced barriers and challenges. Can you tell us about such barriers and challenges (for example uncooperative local government officials (PRI, Police, Doctor, BDO, etc). Try to elicit some short case vignettes of barriers faced by the Programme.

4. Take each of the case vignettes/examples they shared and ask them how was it resolved. What was their role in resolving the barrier?

5. What role does the NGO play in the Programme?

6. Can the Programme sustain without the NGO? How? If they say it can't ask what will (capacities, resources) be needed to make it self-sustaining (linkages with schemes, friendlier government processes and officials, easy to understand procedures – what mechanisms will be needed in the community for making the Programme a truly community owned programme).

7. What motivates you to be part of the Programme?

4. Closing the discussion

Let the participants ask questions and clarify any doubts if any.

Thank the participants and end the discussion informing them that the data collected from them will be confidential and will be used for analysis to study the Programme as a whole.

SANJ5G

Shakti
A Campaign Programme on
Community Based Rehabilitation
for Survivors of Trafficking

EdelGive
Foundation
An Edelweiss Initiative