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Addressing commercial sexual exploitation of women and children through prevention and reintegration approaches: Lessons from Bangladesh and India

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Executive summary

The *Global Estimates of Modern Slavery* report of 2021 states that a total of 6.3 million people were in situations of forced commercial sexual exploitation (CSE) on any given day worldwide. Asia and the Pacific region (which includes South Asia) was host to more than half of the global total of forced labour, including those in CSE. Bangladesh is one of the three main countries of origin for trafficked persons in South Asia. India has been identified as a source, destination, and transit location for trafficking of forced labour, including CSE. Though governments in both countries have made several commitments to prevent and combat trafficking and CSE of women and children, critical gaps in their implementation remain along with inadequate measures for victim care.

The Global Fund to End Modern Slavery (GFEMS) in partnership with the Norwegian Agency for Development Cooperation (Norad) supported a pilot testing of three prevention and reintegration projects to address CSE of women and children in Bangladesh and India. Specifically, they supported Justice and Care (J&C) to test a rehabilitation and reintegration project that focused on Bangladeshi survivors of CSE or commercial sexual exploitation of children (CSEC) who were repatriated from India. They supported Seefar to experiment with a livelihood initiative (LIFT) aimed at supporting female victims of CSE in Kolkata and Mumbai. They funded Seefar and the My Choices Foundation (MCF) to test a prevention project to reduce the prevalence of child trafficking (CT) and CSEC among adolescent children aged 12–18 in selected districts of West Bengal.

The J&C project, implemented during July 2020–December 2021, primarily comprised repatriation services, an aftercare programme to provide holistic individualised aftercare to CSE/CSEC survivors, capacity strengthening of stakeholders involved in repatriation and aftercare programmes, and cross-sectoral and multi-national engagement. The LIFT project, implemented during April 2020–July 2022, comprised adaptive counselling (AC), confidence in action (CAT) training, and skills-development training (SDT). The Seefar/MCF project, implemented during February 2020–February 2022, consisted of group discussions with children, parents, and community leaders, one-to-one counselling, media engagement, and consultations delivered through an existing helpline.

The Population Council in partnership with GFEMS and Norad undertook a qualitative study to assess and compare the acceptability of these projects. Drawing on the available framework of acceptability, we defined acceptability as the extent to which intervention participants, project staff, and external stakeholders considered the intervention strategies appropriate based on their experiential, cognitive, and emotional responses to the intervention strategies. Our study focused on examining intervention coherence (understanding of the interventions), affective attitude (attitude towards the interventions), self-efficacy (confidence in participating in the interventions and delivering the interventions), and perceived effectiveness of the interventions.

The study used qualitative methods. We conducted in-depth interviews (IDIs) with adult female survivors who had participated in the J&C project (N=49) and in the LIFT project (N=43). We conducted focus group discussions (FGDs) with parents and community leaders from randomly selected nine Seefar/MCF intervention villages (N=9). Finally, we conducted interviews with project staff and key informants external to the projects (N=28 for the three projects together).

Key findings

Commonalities and differences across the intervention projects

A common thread that connected the intervention projects was that all the three projects were intended to reduce the prevalence of CSE and/or CSEC through prevention mechanisms. However, there were subtle differences across the three projects in temporal aspects of prevention, that is, before CSE/CSEC occurs (primary prevention) or after it has occurred (secondary prevention). The

Seefar/MCF project focused on primary prevention, that is, to prevent CSEC before it occurs, while the LIFT project focused on both primary and secondary prevention. The J&C project focused largely on secondary prevention, that is, preventing re-trafficking of women who were repatriated from India, although the project contained a number of activities with the potential to promote primary prevention of trafficking for CSE.

All the three projects engaged CSE survivors and/or at-risk communities. However, the type of CSE survivors or at-risk communities engaged varied across the three projects. The J&C project engaged child and adult female CSE survivors repatriated from India. The LIFT project engaged adult women ever engaged in commercial sex (1st generation survivors), adult women whose immediate or distant family member is a survivor of CSE (2nd generation survivors), and adult women who reside in a Red Light Area, and as confirmed by a civil society organisation (CSO) partner, have family members who have directly experienced CSE, but who do not self-report as CSE survivors (CSE-vulnerable survivors). The Seefar/MCF project engaged children, parents, and communities from at-risk villages. Compared with the LIFT intervention participants, the J&C intervention participants were older and less educated and had a larger proportion who were married or widowed. Participants in the J&C project reported a longer engagement than did participants in the LIFT project with their respective interventions.

There were differences in the range of stakeholders (including CSE survivors and community members) engaged. The J&C project not only engaged adult and child victims of trafficking, but also engaged their families, stakeholders involved in anti-trafficking, repatriation, and aftercare programmes, border communities, and the systems more generally. The Seefar/MCF project had engaged male and female children, mothers and fathers, influential adults in the community, and the media in the programme activities. In comparison, the LIFT project engaged female adult survivors only and did not include any strategies to influence the environment of these survivors. We note that although the LIFT study participants did not mention activities conducted to sensitise parents and guardians, participants suggested that such activities could have been included in the programme. Seefar's evaluation report mentions that family consultations had been conducted prior to enrolling intervention participants (Seefar, 2022), but the articulation of such a need perhaps indicates that the family consultations might have been inadequate in this regard.

Each project adhered to trauma-informed/victim-centric concepts, although somewhat differently in each project. Adherence to principles of a trauma-informed approach, such as safety, trustworthiness, peer support, collaboration and mutuality, and empowerment, voice and choice, were notable in the narratives of the study participants across all the three projects, particularly in the J&C project and the LIFT project. Both J&C and LIFT study participants often talked about the welcoming attitude of project staff and friendly environment in which the project activities were conducted. They recalled how the project staff strove to ensure their physical and emotional safety and were highly appreciative of the staff's empathy, patience, and positive gestures. All the three projects placed emphasis on trustworthiness. The J&C and LIFT study participants reported that they got time and space to express their desires and opinions and that the project staff listened to them with care and ensured confidentiality and privacy. Eighty-six percent of IDI participants in the J&C study and 95 percent of them in the LIFT study, for example, reported that they received psychosocial counselling support; of these, 81 percent in the J&C study and 59 percent in the LIFT study reported that their mental health condition was such that they had needed the support and that the counsellors had responded to their needs. Even those participants in the J&C study and the LIFT study who reported that they were emotionally secure appreciated the counselling support that they received. The J&C and LIFT project staff who participated in the study mentioned that they were trained to engage intervention participants sensitively, obtain informed consent, and maintain privacy and confidentiality of intervention participants. Key informants in the Seefar/MCF study commented that the field team were well trained on how to approach community members. Approaches used in all the three projects were designed to facilitate peer support, mutual self-help, and collaboration. The J&C project, for example, has engaged 'champion survivors' for providing mentoring support to intervention participants, for which they are financially

compensated. In the LIFT project, AC and CAT training sessions were conducted in group settings, where there were opportunities for individual interactions with counsellors for those who needed confidential discussions. Similarly, the Seefar/MCF study participants spoke about committees that were formed in intervention villages with multiple stakeholders for the benefit of the community. They mentioned that the project activities facilitated community trust and social cohesion. All the three projects put emphasis on empowerment of intervention participants and giving them voice and choice. The intervention participants' sense of agency was noticeable in their narratives, particularly among those in the J&C study and the LIFT study.

The three projects had some strategies in common, which included psychosocial counselling, life-skills training, livelihoods training and support, and awareness campaigns. However, there were differences in the delivery of these strategies. Agents, settings, methods, and duration of psychosocial counselling sessions, for example, differed across the projects. Both the J&C and the Seefar/MCF projects used professional counsellors and lay counsellors (that is, staff or volunteers who do not have formal training in counselling—in the J&C project, these were peer mentors; in the Seefar/MCF project, these were field facilitators), while LIFT engaged only professional counsellors to provide psychosocial support to survivors/at-risk individuals. While all the three projects supported personalised counselling to survivors/ at-risk individuals, LIFT used group counselling as well, that is, AC sessions conducted in group settings. The period over which counselling support was given was longer and entailed multiple sessions in the J&C project, while the counselling sessions were conducted typically over a month's time in the LIFT project, perhaps because of differences in the intervention participants in these two projects.

Understanding of the interventions (intervention coherence)

Findings show that the intervention participants, project staff engaged in delivering the intervention, and external stakeholders understood the project's objectives and activities. They were also aware of the various stakeholders engaged in the projects. Moreover, intervention participants' understanding of the projects concurred with those of the project staff for all the three projects.

IDI participants in the J&C study and LIFT study and FGD participants in the Seefar/MCF study, for example, recalled project-specific support and activities accurately. Their narratives of project experiences reflected the goals and objectives of the projects. The J&C study participants' description of their experiences resonated with the project's objectives of smoothening the repatriation processes, building emotional resilience of CSE survivors, improving their economic well-being, and securing their future. Similarly, almost all the LIFT study participants recalled the main components of the intervention—AC, CAT, and skills training, with many recalling terms such as AC and CAT. The Seefar/MCF study participants recalled that the project engaged children and parents, with sessions for children and parents, classes in karate for children, and complaint boxes for grievances. They also recollected that the sessions focused on CT/CSEC. The narratives of the project staff and external stakeholders also indicated a clear understanding of the respective projects. The project staff and other key informants in the J&C study described the project as an integrated project for repatriation, rehabilitation, and reintegration. Project staff and other key informants in the LIFT study recognised the integral components of the project and reported that the ultimate aim was to help survivors access alternative livelihoods. Project staff and other key informants in the Seefar/MCF study mentioned that the project engaged children, their parents/family members, and the community at large. They understood that the key message conveyed was about securing the safety of the children, particularly by preventing CT and CSEC, addressing various facets of children's vulnerabilities, such as child marriage, child labour, school discontinuation, and sexual abuses, and making the village safe for children.

Attitudes about the interventions (affective attitude)

Most of the IDI participants in the J&C and LIFT study reported that they enjoyed participating in the intervention activities and appreciated the support received through the projects. **An overwhelming majority of the J & C study participants noted that they enjoyed interacting with care workers (84%).** They reported that the interactions with care workers helped them gain resilience, understand what is good for them and what is not, manage their emotions, learn how to talk to others, and so on. **Fifty-three percent of the participants in the LIFT study reported that they enjoyed AC and CAT the most, and 33 percent of them mentioned that they enjoyed the computer training the most.** The study participants who enjoyed AC and CAT elaborated that they enjoyed these sessions because they learned how to deal with anger, how to talk to other people, how to behave with and present themselves to others, how to set future goals and how to achieve those goals, how to handle problems in life, and so on. The study participants who enjoyed the skills-development sessions, on the other hand, mentioned that these sessions helped them learn new things that would be useful for securing a job. **The FGD participants in the Seefar/MCF study reported that children enjoyed the project activities, particularly, the comic books, skits, video shows, and group discussions.** They noted further that parents and community members too liked the programme activities, particularly those that cautioned them about CT and CSEC, raised awareness on the benefit of education and consequences of child marriage, sensitised them about the online risk of CT and CSEC, and emphasised the importance of providing an enabling environment for children in their home.

The IDI participants in the J&C study and the FGD participants in the Seefar/LIFT study named no activity/support that they disliked, rather, they stated that they enjoyed everything. However, **26 percent of IDI participants in the LIFT study identified at least one activity that they did not enjoy in the project.** Examples of activities that they did not like included attending online classes, attending basic English language sessions, doing homework, learning website development, and attending AC and CAT sessions.

Ability of intervention participants to participate in intervention activities (self-efficacy)

Findings show that intervention participants in all the three projects participated actively in the project activities or accessed the support that the projects extended for the most part. Seventy-one percent of participants in the J&C study, for example, reported regular interactions with their care worker, although the initiative typically came from the care workers ('she called me regularly', 'she called me very frequently', 'they called me daily'). Similarly, 32 percent of IDI participants in the LIFT study reported individual consultations with the counsellors once a week or more often, 34 percent did so once in two weeks, and 10 percent did so once a month. Similarly, 91 percent of IDI participants in the LIFT study reported participating in sessions and activities that helped to improve their self-esteem and self-confidence and to set future goals and aspirations (that is, attended CAT sessions). Of the IDI participants in the LIFT study who reported having attended SDT sessions, 86 percent of participants reported that they felt confident about using the skills acquired, although it was not clear from the narrative whether they felt confident about using computers or doing online reselling. Participants in most of the FGDs in the Seefar/MCF study reported that children in their villages participated actively and listened carefully to the discussions (6 out of 9 FGDs). They reported that children shared the project comic books with peers who had not attended the activities as also lessons learned in the sessions with other family members.

Furthermore, **none of the study participants in the J&C study reported any challenges in participating in the intervention activities or accessing support.** In the LIFT study, **67 percent of the study participants reported that they did not face any barriers in attending the sessions,** although 21 percent of participants reported barriers such as their low level of education, long distance to the centre where sessions were conducted, lack of in-depth computer training, difficulties with online classes during the COVID-19 lockdown, and challenges faced in carrying out online sales using the Meesho app (an online sales platform). In the Seefar/MCF study, **participants in three**

FGDs reported that children did not participate actively in the intervention because the topic of child trafficking and CSEC was not familiar to them, and because the intervention activities were not regular.

Ability of intervention implementers to deliver intervention activities (self-efficacy)

The J&C staff reported that providing services that responded to the needs of survivors was the most feasible activity. However, they commented that delivering aftercare services to survivors at their residence and pursuing prosecution of traffickers was difficult, because they faced threats or feared threats from traffickers who may be residing in the same villages as the survivors. They also spoke about challenges in providing livelihoods support to some survivors, because they lacked time to attend training sessions and because some of them did not have the place or a convenient environment for pursuing livelihoods options. Providing in-person counselling to survivors who resided in distant locations was another barrier that implementers noted.

Seefar staff who were engaged in delivering the intervention reported that AC and CAT were more feasible to deliver than SDT. One of the LIFT project staff commented that training in online business was easier to deliver to first-generation than second-generation survivors, while data-entry training was easier to deliver to second-generation survivors. Also, SDT worked better with survivors who had basic literacy and digital literacy than survivors without those skills.

Project staff and external key informants who participated in the Seefar/MCF study reported that it was feasible to implement most of the intervention activities. They commented that parents wholeheartedly used to send their children to participate in the project activities and that mothers too participated actively in group discussions, although ensuring the participation of fathers was challenging. They also reported that influential adults in the community were supportive of the project activities.

Intervention participants' perceptions about quality of the intervention strategies

Our study did not assess the quality of each project or its components using any standardised, validated quality measures. However, findings drawn from perceptions of intervention participants suggest that the quality of the projects was considered good for the most part.

The medical support received by the intervention participants in the J&C study, for example, appeared to be of high quality, because the healthcare providers behaved well—22 out of 26 participants who received medical support rated it as good. Similarly, the quality of counselling sessions was rated well, because the intervention participants felt no tension after attending the session, they felt as if they were talking to their own parents during their interactions with care workers, they felt light, and they were able to overcome depression (39 out of 42 participants who received psychosocial counselling rated it as good). Moreover, the counsellor ensured confidentiality, respected the participants, and demonstrated good communication skills. Similarly, the quality of counselling sessions, CAT sessions, and the SDT sessions in the LIFT project seemed to be good, because the counsellors and trainers behaved well with the participants and demonstrated high levels of patience, dedication, and counselling and training skills (37 out of 41 participants who recalled counselling sessions rated the quality of sessions as good; 30 out of 39 participants who recalled attending CAT sessions rated the quality of sessions as good; and 36 out of 40 participants who recalled attending the SDT sessions rated the quality of sessions as good). Furthermore, these sessions appeared to have improved participants' job-readiness skills and self-confidence, helped them overcome their inhibitions about interacting with others and apprehensions about finding a job or earning money, and helped them to set future goals. Noticeably, only a few participants found the quality of ACT, CAT, and SDT sessions mediocre. Finally, the quality of the Seefar/MCF project also appeared to be good, because the intervention strategies made the community members aware of many issues such as child marriage, CT, and CSEC. Participants in six out of nine FGDs in Seefar/MCF study reported that the quality of the

project was good. It is to be noted, however, that the intervention activities might have been delivered in settings where CT and CSEC were not considered to be widely prevalent, that the project might not have engaged all key stakeholders, and that it might not have extended its activities beyond that of raising awareness to include concrete actions to prevent or reduce CT and CSEC. Thus, the quality of the project was questioned at least in some intervention villages.

Perceptions about useful intervention activities

Participants in the J&C study found the psychosocial counselling sessions most useful (49%), because these sessions helped them gain confidence, become resilient, overcome their confusion and fears, make right choices, and escape re-trafficking. Participants reported that they found livelihood support useful (37% reported financial/ material assistance for starting livelihood activities and 22% reported vocational training as useful), because it helped them to earn more or to solve their financial problems. They also mentioned emergency support, as it was particularly useful during the outbreak of COVID-19 (31% of participants). **None of the participants in the J&C study listed any support/activity not useful.**

Forty-two percent of participants in the LIFT study reported that they found computer training most useful, because they learned something new or because it was required in their current job or for future jobs. **Some 33 percent of participants reported that they found the AC and CAT sessions most useful** because these sessions helped them to improve their confidence and identify their strengths and weaknesses. When probed about activities that they did not find useful, most participants reported that they found everything useful. However, a few participants reported that sessions about online re-selling were not useful, because people bought things directly from the Meesho app, and sessions on website designing also were not useful, because it was difficult to learn.

Participants in eight out of the nine FGDs felt that the intervention activities in general were useful and relevant in their context. **Of particular relevance were activities to raise awareness about child marriage and education,** because these sessions increased awareness among people in the village about the consequences of child marriage and benefits of education. Further, these activities helped to reduce child marriages or made people cautious about conducting child marriages. Participants in one of the FGDs reported that the programme was not useful nor effective, because the project activities did not engage most people in their village and that they already knew about issues discussed in the sessions from other sources.

Self-reports of changes in awareness and practices

Findings, although based on study participants' self-assessments, show improvement in the mental health situation of intervention participants in the J&C project and LIFT project. Eighty-seven percent of study participants in the J&C study reported improved emotional well-being after exposure to the programme. Similarly, all participants who replied to the question on their emotional status in the LIFT study reported a positive frame of mind, following their participation in the LIFT programme. Moreover, 44 percent of LIFT study participants reported an improvement in their self-esteem and self-efficacy.

Findings show notable improvement in study participants' engagement in income-generation activities following their engagement with the J&C project. While 29 percent of IDI participants in the J&C study reported having engaged in income-generation activities prior to joining the programme, 57 percent reported so after their exposure to the project. **In the LIFT study, the change in engagement in income-generation activities was minimal.** While 30 percent of IDI participants reported engagement in income-generation activities prior to joining the project, 35 percent reported so after their participation in the project. **However, several participants reported educational and career aspirations.** When probed about future plans, **33 percent of the study participants reported that they wanted to complete their academic studies or examinations first and look for a job thereafter, and seven percent reported that they wanted to go for further studies**

or training. Another 30 percent of study participants reported that they had started looking for a job and nine percent reported that they planned to look for a job.

Several women in the J&C study had positive experiences when they returned to their families and communities. In response to questions about how they were treated by family, friends, and community members and any stigma they may have faced, **47 percent of study participants reported that family and others had behaved well with them when they returned home, 37 percent alluded to stigma faced previously but not currently, and 16 percent reported that they continued to face stigma.**

Participants in most of the FGDs (6 out of 9 FGDs) in the Seefar/MCF study reported that **they had observed an increase in awareness of CT, CSEC, and child marriage among people in their villages.** They also commented that children and families had become more conscious of the consequences of risk-taking practices and had started practising protective actions. However, participants in all the FGDs in the Seefar/MCF study reported that CT or CSEC had not taken place in their villages even before the implementation of the intervention, and that they had seen reports of CT/CSEC in the media. Therefore, **the FGD participants reported no change in CT or CSEC. At the same time, participants in most of the FGDs (6 out of 9) reported that child marriage had reduced in their villages,** although not necessarily because of the implementation of the project.

In brief, the three projects implemented by J&C, Seefar, and the MCF were intended to reduce the prevalence of CSE and/or CSEC through prevention mechanisms. Adherence to trauma-informed and victim-centric concepts were common to all the three projects. Their adherence to safety, trustworthiness, peer support, collaboration and mutuality, and empowerment, voice and choice were notable in the narratives of the study participants in all the three projects, but particularly so in the J&C project and the LIFT project. The intervention participants and project staff engaged in delivering the intervention understood the project's objectives and activities accurately. They were also aware of the various stakeholders engaged in the projects. Most of the intervention participants actively took part in the programmes and enjoyed doing so. They were appreciative of the various kinds of support, which they had accessed for the most part. Most of them did not report any challenges in participating in the intervention activities or accessing the support. They mostly rated the quality of the project as good. These findings indicate that the intervention activities were acceptable to CSE survivors and at-risk communities. Findings from interviews of project staff show that although they faced some challenges, they were able to deliver the intervention activities as planned. Critical components of the projects, for example, psychosocial counselling and livelihoods support, were considered useful by many intervention participants. Furthermore, the study shows an improvement in emotional well-being, although this was based on participants' self-reports, and greater engagement in income-generation activities in the J&C project, and improvement in emotional well-being and an increased focus on educational/livelihood aspirations in the LIFT project. Several women had positive experiences upon their return to their families and communities and several others, although they had faced stigma initially, found improvements in family and community members' behaviour towards them in the J&C project. Despite these positive narratives about the projects, there were implementation gaps and challenges.

Recommendations for programme implementers

Important lessons can be drawn from the implementation experiences of these projects for improving the delivery of CSE prevention and victim-reintegration programmes conducted by government departments and non-governmental (NGO) partners.

Although the importance of engaging with survivors and implementing trauma-informed approaches is increasingly recognised, projects that incorporate such an approach are few and far between in both Bangladesh and India. These projects have demonstrated the feasibility, acceptability, and perceived effectiveness of trauma-informed/victim-centred projects. Findings

highlight the importance of establishing procedures for creating a friendly environment in which project activities can be conducted as also measures for ensuring survivors' physical and emotional safety, Findings highlight that giving time and space to survivors to express their desires and opinions, valuing their views, and ensuring confidentiality and privacy are critical. Flexibility in adapting intervention strategies, modules, and sessions to the needs of survivors is also important. Findings also call for careful selection of intervention delivery agents and efforts for orienting them to engage survivors sensitively, to show empathy, patience, and positive gestures, to obtain informed consent, to maintain privacy and confidentiality of survivors, and to acknowledge that it may take time to secure survivors' trust.

While both the J&C and the LIFT projects contributed to improving emotional well-being of intervention participants, their contributions for enabling alternative livelihoods for intervention participants were mixed. Although livelihoods training and support were appreciated by intervention participants in both the J&C and the LIFT projects, the perspectives of intervention participants and key informants highlight the need for offering an array of livelihood options that intervention participants can choose from, based on their aptitude, immediate needs, support systems, and environment. Findings also call for an assessment of participants' aptitude, competence, and willingness to use the skills learned and the potential of skills-training courses to help participants earn a decent income (for example, Meesho turned out to have limited potential). Also required are supportive systems that participants need for using the newly acquired skills to earn an income.

Although the J&C project contributed to enabling the reintegration of several survivors with their families and communities, there were a notable number of survivors who were yet to be fully reintegrated or who continued to experience stigma and discrimination, perhaps because efforts to sensitise the communities were not sufficient. A number of survivors had suggested that community members need to be sensitised to the issues of victims. It is also important to recognise that reintegration is never a smooth and simple journey for survivors as they have huge hurdles to overcome in terms of trauma, stigma, mental and emotional health, economic challenges, among others.

Recommendations for governments

In both Bangladesh and India, as in several other countries, efforts to ensure long-term reintegration and recovery of victims of CSE/CSEC and to prevent their re-victimisation remain limited. The J&C project in Bangladesh and the LIFT project in India have demonstrated the feasibility of providing victim-centred, trauma-informed, and culturally competent care and support to victims of CSE/CSEC. Our study has shown that survivors/beneficiaries had enjoyed participating in the intervention activities and had found several of the strategies timely and useful to improve their situation. Although the projects were not exactly comparable, there were common elements that were found to be acceptable and also perceived to be effective by survivors, namely, psychosocial counselling, livelihoods training, and support. It is important to explore the feasibility of replicating or integrating these strategies in partnership with concerned government departments (Ministry of Home Affairs and Ministry of Social Welfare in both Bangladesh and India, Ministry of Women and Child Development in India, Border Guards Bangladesh) so that provision of victim care can be strengthened and expanded and a larger number of survivors can benefit from these approaches.

Recommendations for monitoring, evaluation, and learning practitioners

The study was designed to capture the perspectives of intervention participants, project staff, and other stakeholders about intervention strategies, acceptability of the strategies, quality of delivery, and effectiveness of the interventions. It was not designed to evaluate the reach or effects of the intervention projects. Independent evaluations, using rigorous designs and standardised tools and

indicators, are needed to assess the impact of these projects in transforming the lives of intervention participants in the long run.

Several of the study participants in the J&C project had been recipients of the intervention for several years, therefore it is important to assess the minimum threshold of support that is required to stabilise the survivors and put them on the path to alternative livelihoods.

Assessing the quality of each project or its multiple components with standardised, validated measures of quality was beyond the scope of our research. This is an important area for future evaluations to consider.

It is important to understand how financial and human resources have been spent, and whether they have been used effectively to meet the objectives of prevention and reintegration programmes like those included in this report. Future studies may consider measuring value for money for such programmes.

Chapter 1: Introduction

1.1 Background and objectives

According to the *Global Estimates of Modern Slavery* report of 2021, a total of 6.3 million people were in situations of forced commercial sexual exploitation (CSE) on any given day worldwide (International Labour Organization [ILO], Walk Free, and International Organization for Migration [IOM], 2022). This included 4.9 million girls and women and 1.7 million children, who accounted for 78 percent and 27 percent, respectively, of persons in CSE. Moreover, there exists a close link between CSE and trafficking. The *Global Report on Trafficking in Persons 2020* notes that 50 percent of identified victims of trafficking in persons in 2018 were trafficked for sexual exploitation and that most of the identified victims of trafficking for sexual exploitation were females (UNODC, 2020). Asia and the Pacific region (which includes South Asia) was host to more than half of the global total of forced labour, including those in CSE in 2021 (ILO, Walk Free, and IOM, 2022).

Although policy and programme initiatives to prevent CSE of children and women and other forms of forced labour and to protect those subjected to it have increased significantly globally, several gaps exist. A review of policies and programmes to prevent forced labour globally by ILO, for example, indicates that while most countries had undertaken measures to raise awareness, their communication content had a narrow focus—most were focused on human trafficking for forced labour, while forms of forced labour that do not involve trafficking received less attention (ILO, 2018). These initiatives were not sufficiently comprehensive or sustained to fill knowledge gaps, erase misconceptions, or combat misinformation. Only few awareness-raising initiatives to date have generated evidence of their impact on knowledge, attitudes, and practices relating to forced labour. The review also notes that there were substantial implementation gaps relating to the provision of protection measures. While most countries provided basic immediate assistance to survivors, far fewer provided services designed to ensure long-term reintegration and recovery and to prevent their re-victimisation through such measures as vocational training or financial assistance. There are also concerns about the coverage of protection measures even when protection services technically exist—only a small fraction of those subjected to forced labour were identified and referred to comprehensive protection services. There is clearly a need to increase investments in prevention and protective measures that are victim-centred and trauma-informed. Transnational referral mechanisms are also needed to ensure comprehensive cross-border assistance and/or transfer of identified persons and to ensure continuum of care across various locations. There is also a need for expanded awareness-raising on the risks of CSEC, including its growing online variations, among children and their caregivers (ILO, Walk Free, and IOM, 2022).

Bangladesh is one of the three main countries of origin for trafficked persons in South Asia; the other two countries are Nepal and Sri Lanka. It is estimated that 50,000 women and girls are trafficked each year from Bangladesh across the porous border with India (Justice and Care, n.d.). Quoting estimates by experts, the 2022 *Trafficking in Persons* report notes that 30,000 girls are sexually exploited in Bangladesh and that 20,000 children are both growing up in and exploited for commercial sex in Bangladeshi brothels (United States Department of State [USDOS], 2022). Fluidity of border routes between India and Bangladesh makes trafficking easy; 30 out of 64 districts of Bangladesh share a border with India, which creates numerous safe havens for trafficking (Biswas, 2015). India has been identified as a source, destination, and transit location for trafficking of forced labour, including CSE. Available evidence suggests that there are between 70,000 and 3,000,000 females in the commercial sex industry, and of these, 30–40 percent comprise minor girls trafficked for CSE (Santhya et al., 2014). A study of 344 active public establishments in the sex trade in Mumbai found that 15 percent of these establishments engaged minors in sex work, where 5.5 percent of sex workers were minors (International Justice Mission, 2017). Another study estimated that there were approximately 29,000 sex workers in Maharashtra in early 2020, and 27 percent of these sex workers were children (IST Research, University of California, Los Angeles, and GFEMS, 2020).

Though governments in both Bangladesh and India have made several commitments towards preventing and combating trafficking, there are critical gaps in their implementation. Both countries are categorised as Tier 2¹ with regard to meeting the minimum standards stipulated in the Trafficking Victims Protection Act (TVPA) (2000) for elimination of human trafficking (USDOS, 2022). The 2022 *Trafficking in Persons* (TIP) report notes that although the Government of Bangladesh has made significant efforts to eliminate trafficking, victim care remained insufficient (USDOS, 2022). The report has called upon the Bangladesh government to adopt the following protocols: establish formal victim identification procedures and screening processes to prevent penalisation of potential victims and improve case registration; disseminate and implement standard guidelines for provision of adequate victim-care referral to protective services; build the capacity of service providers; expand services for trafficking victims; and enhance training of officials for identification of trafficking cases and for victim referrals to services. The TIP report observes that the Indian government has maintained overall victim identification and protection efforts. However, it notes that efforts to audit government-run or government-funded shelters remained inadequate, and shortcomings in protection services for victims remained unaddressed. The report has called upon the Indian government to increase efforts to identify and refer trafficking victims, disseminate standard operating procedures and train officials on their use, and harmonise central and state government mandates for and implementation of protection and compensation programmes for trafficking victims.

Against this backdrop, the Global Fund to End Modern Slavery (GFEMS) in partnership with the Norwegian Agency for Development Cooperation (Norad) supported a pilot testing of three prevention and reintegration projects to address CSE of women and children in Bangladesh and India. Specifically, they supported Justice and Care (J&C) to test a rehabilitation and reintegration project that focused on Bangladeshi survivors of CSE/CSEC who were repatriated from India. They supported Seefar to experiment with a livelihood initiative aimed at supporting female victims of CSE in Kolkata and Mumbai. They funded Seefar and the My Choices Foundation (MCF) to test a prevention project to reduce the prevalence of CT and CSEC among adolescent children aged 12–18 in selected districts of West Bengal.

The Population Council in partnership with GFEMS and Norad undertook a qualitative study to assess and compare the acceptability of the CSE prevention and reintegration projects implemented in Bangladesh and India. Drawing on the definition and framework of acceptability by Sekhon et al. (2017), we defined acceptability as the extent to which intervention participants, project staff, and external stakeholders considered the intervention strategies appropriate based on their experiential, cognitive, and emotional responses to the intervention strategies. Our study focused on examining intervention coherence (understanding of the interventions), affective attitude (attitude towards the interventions), self-efficacy (confidence in participating in the interventions), and perceived effectiveness of the interventions. Specifically, the study examined:

- The commonalities and differences in the goals, intervention participants, and approaches and strategies used in the intervention projects;
- Intervention participants' and implementers' understanding of, attitude towards, and confidence in participating in the interventions;
- The perceived quality of intervention strategies; and
- Intervention participants' perceptions about useful intervention strategies and self-reports of change following their engagement in the projects (emotional well-being, income-generation activities, reintegration with their families and communities, awareness about the risks of CT/CSEC, and mitigation of children's vulnerabilities).

This report describes findings from this study. Following a description of the intervention projects, the study design, its limitations, and a profile of study participants, this report presents the commonalities and differences in project goals, intervention participants, and approaches and

¹ Countries whose governments do not fully meet the TVPA's minimum standards but are making significant efforts to bring themselves into compliance with those standards.

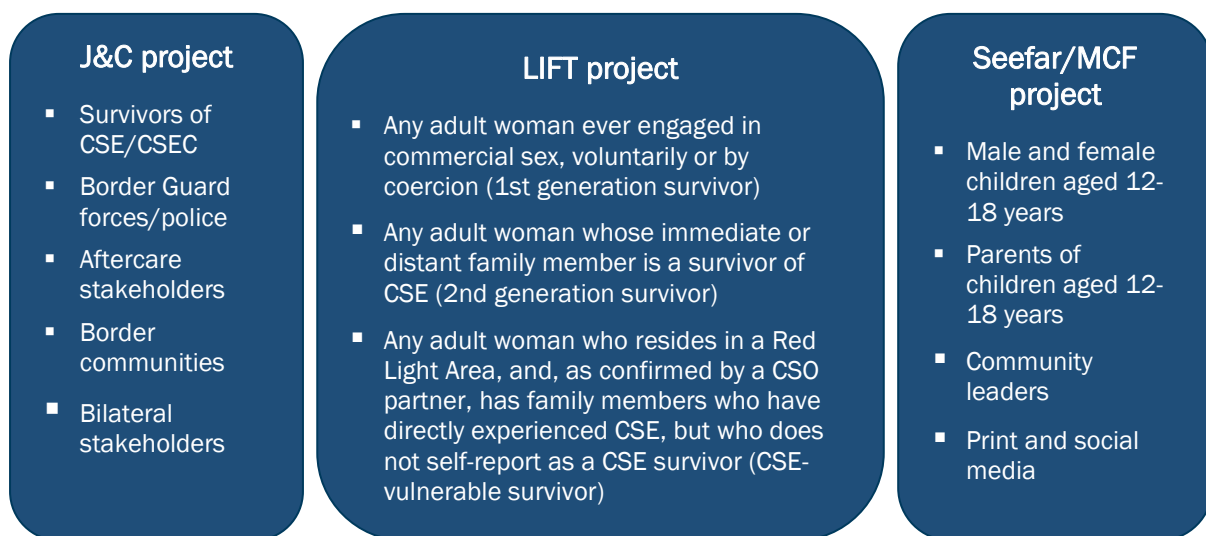
strategies used across the three projects. It then discusses how intervention participants and project staff understood the intervention (intervention coherence), how intervention participants felt about the intervention strategies (affective attitude), and how confident intervention participants and project staff felt about participating in the intervention activities (self-efficacy). The report then sheds light on intervention participants' perceptions about the quality of the intervention strategies. This is followed by a presentation of findings on the intervention participants' perceptions about useful intervention strategies, self-reports of changes in emotional well-being, income-generation activities, reintegration with their families and communities, and awareness about the risks of CT/CSEC and mitigation of children's vulnerabilities. The report then concludes with recommendations for programme implementers, governments, and measurement, evaluation, and learning practitioners.

1.2 Prevention and reintegration projects

Drawing on project documents from J&C, Seefar, and MCF, we provide a brief description of the three projects below.

The project 'Integrated Approach to Combat Human Trafficking—Rehabilitation and Reintegration of CSE/CSEC Victims through Systemic Change in Bangladesh' implemented by J&C aimed to support the repatriation of female adult and child victims of CSE/CSEC from India to Bangladesh and their recovery and reintegration. Using a systemic change approach, it also sought to build the capacity of key stakeholders involved in the repatriation process and aftercare programmes. J&C implemented the project during July 2020–December 2021.² The project engaged survivors of CSE/CSEC and other stakeholders (Figure 1).

Figure 1: Participants engaged in the J&C project, LIFT project, and Seefar/MCF project



Sources: J & C Programme Narrative Report: NORAD FY 2021, Q4 GFEMS (1 Oct 2021–31 Dec 2021); SEEFAR Final Evaluation: Livelihood initiative for transformation; Final Report: Empowering Children, Families and Communities to End Commercial Sexual Exploitation of Children–West Bengal, India.

The J&C intervention activities primarily comprised: (1) repatriation services, (2) aftercare programmes, (3) capacity strengthening of stakeholders involved in repatriation and aftercare programmes, and (4) cross-sectoral and multi-national engagement. The critical component of the project was the aftercare programme designed to provide holistic, individualised aftercare to CSE/CSEC survivors. The project staff co-created an individual care plan with the survivor (and her family, if she was a child survivor), based on an assessment of the survivor's well-being in domains such as recovery, safety and risk, personal skills, goals, and aspirations. They facilitated the

² It was an existing project that was later supported by GFEMS.

implementation of the care plan and reviewed and updated the plan as required through regular phone and in-person follow-ups with survivors and by delivering relevant services directly or through referral services. The project team provided aftercare until the survivors felt that they no longer needed support (see Table 1 for more details about the intervention activities as well as planned and achieved reach).

Table 1: Intervention activities planned and achieved, J&C project

Intervention activities	Participants/follow-up sessions	
	Planned	Achieved
A. Repatriation of Bangladeshi victims of trafficking	40 victims	166 victims
<ul style="list-style-type: none"> • Home Identification Report • Obtaining repatriation orders from the Bangladesh Ministry of Home Affairs • Obtaining travel permits from the Bangladesh mission in India • Liaising with the survivors, their family, and shelter homes in India to organise logistics • Accompanied safe travel from the border • Reception and immediate care • Risk and needs assessment • Reunification with family and/or onward care 		
B. Intensive care with aftercare services	100 survivors	146 survivors
<ul style="list-style-type: none"> • Intensive and consistent follow-ups with survivors 	430 physical follow-ups & 700 phone follow-ups	1,496 physical follow-ups & 5,437 phone follow-ups
<ul style="list-style-type: none"> • Medical care 	Not available	56 survivors
<ul style="list-style-type: none"> • Psychosocial counselling in person and over phone 	30 survivors	74 survivors
<ul style="list-style-type: none"> • Peer mentoring by five champion survivors 	38 survivors	116 survivors
<ul style="list-style-type: none"> • Life-skills training in group sessions (formal) and through one-to-one interactions with care workers (informal) 	85 survivors	167 survivors (73 formal)
<ul style="list-style-type: none"> • Education Support (child survivors) 	Not available	19 child survivors
<ul style="list-style-type: none"> • Vocational training and job placements 	14 survivors	14 survivors
<ul style="list-style-type: none"> • Financial and/or material support for income generation activities 	39 survivors	49 survivors
<ul style="list-style-type: none"> • Welfare entitlements, savings schemes, and other financial tools 	Not available	21 survivors got benefit of home repairs after Amphan cyclone; Survivors and their family got grocery support during the COVID-19 pandemic
C. Capacity strengthening		
<ul style="list-style-type: none"> • Aftercare stakeholder training to public and private aftercare service providers and for local government officials for victim-centric and trauma-informed practices 	645 participants	411 participants
<ul style="list-style-type: none"> • Border Guard and police personnel training 	250 Border Guard personnel and no police personnel	497 Border Guard personnel and 382 police personnel

Intervention activities	Participants/follow-up sessions	
	Planned	Achieved
D. Cross-sectoral and multi-national engagement		
• Bilateral convergence meeting on cross-border repatriations	71 attendees from Bangladesh & India	
• Unified bilateral standard operating procedures for repatriation	Approved by Bangladesh government and approval from India government awaited	
E. Other activities		
• Awareness campaigns in border communities		
• Supporting the setting up of mobile courts to prosecute brokers and traffickers		
• Activating counter-trafficking committees in bordering union councils	--	--
• Pioneering the protocol for repatriated victims testifying via video conference		
• Shelter support		

Source: J & C Programme Narrative Report: NORAD FY 2021, Q4 GFEMS (1 Oct 2021–31 Dec 2021).

Seefar implemented the project 'Livelihoods Initiative for Transformation' (LIFT) in Mumbai and Kolkata during April 2020–July 2022. The project aimed to improve psychological resilience and access to alternative livelihoods³ among female survivors of CSE to reduce its prevalence. The main objectives of the project were to stabilise CSE survivors by addressing the underlying symptoms of trauma, increase their psychological resilience to access education and livelihood opportunities, reduce the likelihood of re-trafficking, and provide training, support and infrastructure to access alternative livelihoods. The participants were adult women who were survivors of CSE (Figure 1).

Table 2: Intervention activities planned and achieved, LIFT project

Intervention activities	Participants	
	Planned	Achieved
	Overall 200 participants	Overall 259 participants
A. Adaptive counselling		
• Group counselling	200 participants	218 participants
• Additional one-to-one counselling	Not available	105 participants
B. Confidence in Action Training		
	159 participants	207 participants
C. Skills-development training		
	159 participants	195 participants
D. Post-programme support		
	Not available	143 participants

Source: SEEFAR Final Evaluation: Livelihood initiative for transformation

The LIFT project comprised: (1) adaptive counselling (AC), (2) confidence in action (CAT) training, and (3) skills-development training (SDT). The project trainers conducted AC sessions that used concepts from cognitive processing therapy, acceptance and commitment therapy, and cognitive behavioural therapy. The counselling sessions were conducted in group settings over the course of 3–4 weeks and used participatory approaches. The sessions sought to enable survivors to understand and identify their social and emotional needs and experience improved psychological resilience and enhanced values-consistent behaviour. The trainers provided additional one-to-one counselling to those survivors who needed it. The project trainers delivered CAT in group settings over a period of 3–4 weeks. This is a soft-skills training that sought to enable survivors to identify their personal strengths and weaknesses, learn to anticipate and face challenges, understand the role of confidence and assertiveness in prompting action and overcoming obstacles, think more proactively about their future, and plan their actions. SDT prepared survivors to pursue careers

³ Alternative livelihoods are defined as livelihoods that are not related to sex work in the LIFT project.

and alternative livelihoods that correspond with their interests and literacy levels, including computer literacy and those based on existing market demand. It comprised sessions on online reselling platforms, namely, Meesho, data entry, website design, and job readiness, and was delivered over a period of seven weeks. The project team also provided further support to facilitate survivors' access to alternative livelihoods through a post-graduation (that is, after graduating from the LIFT programme) support-tracking process, through which a customised plan consisting of SMART goals was created for each survivor against a 12-week timeline (see Table 2 for more details about the intervention activities as well as planned and achieved reach).

Seefar and MCF implemented the project 'Empowering Children, Families and Communities to End Commercial Sexual Exploitation of Children' in Bankura, Birbhum, and Bardhaman districts of West Bengal, India, during February 2020–February 2022. The project sought to reduce the prevalence of CT and CSEC among children aged 12–18 in targeted communities in West Bengal. The project engaged children, parents, and other stakeholders (Figure 1).

The project activities included: (1) behaviour-change communication campaigns, (2) one-to-one counselling, (3) media engagement, and (4) helpline. The campaigns aimed to support children, families, and communities to recognise the risks of CT and CSEC and to resist approaches of traffickers. The campaign conveyed information related to warning signs of CT and CSEC and risks associated with children, particularly girls, who move away from home at early ages for employment or marriage. The project team created messaging manuals, community-engagement flipcharts, training manuals, and comic books on these topics. Children who participated in the campaign events were asked to share comic books with other children. The field team conducted one-to-one counselling sessions for children, families, and community members who were identified as being at risk of experiencing or enabling CT or CSEC. A one-day media workshop was conducted to increase the capacity and motivation of journalists to cover trafficking issues. Campaigns through radio, print, and social media were also conducted to increase knowledge and understanding of CT and CSEC in the wider community. The MCF also set up a helpline to provide one-to-one consultation to individuals identified as at risk of becoming a victim to or enabling CT or CSEC (see Table 3 for more details about the intervention activities as well as planned and achieved reach).

Table 3: Intervention activities planned and achieved, Seefar/MCF project

Intervention activities	Participants/sessions	
	Planned	Achieved
A. Activities with children in targeted communities		
• Outreach sessions	92 sessions, 1,732 children	107 sessions, 1,917 children
• One-to-one counselling	600 sessions	621 sessions
B. Activities with parents in targeted communities		
• Outreach sessions	102 sessions, 1,440 parents	120 sessions, 1,401 parents
• One-to-one counselling	225 sessions	277 sessions
C. Activities with community leaders in targeted communities		
• Outreach sessions	49 sessions, 184 community leaders	50 sessions, 205 community leaders
• One-to-one counselling	103 sessions	107 sessions
D. Surokhito Gram Karyakram helpline		
• One-to-one consultations to individuals identified as being at potential risk of becoming victim to or enabling CT or CSEC	Not available	3,055 calls by helpline counsellor to potential victims

Intervention activities	Participants/sessions	
	Planned	Achieved
E. Media engagement		
<ul style="list-style-type: none"> • Social media post through Facebook and YouTube • One-day workshop for 29 journalists • Local media coverage 	--	--
F. Capacity building of community-based organisation		

Source: MCF, GFEMS, & Seefar. 2022. (Unpublished). Final Report: Empowering Children, Families and Communities to End Commercial Sexual Exploitation of Children - West Bengal, India.

1.3 Methodology

The study used qualitative methods, namely, in-depth interviews (IDIs), focus group discussions (FGDs), and key informant interviews (KIIs) (see Table 4 for details about the purpose of the interviews and group discussions, content of the study instruments, participants, and study locations). We obtained the list of adult females who had participated in the intervention activities of J&C. They shared a list of 68 intervention participants, and we randomly selected 49 intervention participants from their list for the in-depth interviews. Similarly, we obtained the list of adult females who had completed their participation in LIFT project activities at least three months prior to the in-depth interviews. Seefar shared a list of 51 of their intervention participants who belonged to the first and second cohorts of intervention participants, and we approached all of them for the in-depth interviews. We obtained the list of intervention villages from MCF and randomly selected nine villages out of 24 villages⁴ for conducting focus group discussions with parents and community leaders. The research team made door-to-door visits to invite parents and community leaders to participate in the focus group discussions and included those who were available during their field visit and were willing to participate in the study.

Table 4: Data collection methods used and the category of study participants

	J & C study	LIFT study	Seefar/MCF study
	In-depth interviews (N=49)	In-depth interviews (N=43)	Focus group discussions (N=9)
Purpose	Gather study participants' perceptions about acceptability, quality, and effectiveness of the intervention activities	Gather study participants' perceptions about acceptability, quality, and effectiveness of the intervention activities	Gather study participants' perceptions about acceptability, quality, and effectiveness of the intervention activities
Key content of the study instrument	Repatriation experiences, support received from the project, activities/support that they liked and did not like, perceptions about the quality of support received, and changes experienced	Experiences with the project, activities that they liked and did not like, perceptions about the quality of the intervention activities, and changes experienced	Perceptions about the project: acceptability, relevance, quality, and effectiveness
Participants	<ul style="list-style-type: none"> ▪ Adult females ▪ Trafficked to India ▪ Participated in the J&C project 	<ul style="list-style-type: none"> ▪ Adult females ▪ 1st or 2nd generation survivors of CSE 	<ul style="list-style-type: none"> ▪ Fathers/mothers/influential adults from intervention villages

⁴The intervention was implemented in 24 villages with different combinations of intervention activities: (1) six villages received community-based outreach events with children and parents; (2) six villages received community-based outreach events with children, parents, and community leaders; (3) six villages received community-based outreach events with children, parents, and community leaders and one-to-one counselling sessions for children; and (4) six villages received community-based outreach events with children, parents, and community leaders, and one-to-one counselling sessions for children, parents, and community leaders. We selected nine villages from the last two categories of villages to ensure that the study participants were likely to be aware of all the intervention activities.

	J & C study	LIFT study	Seefar/MCF study
		<ul style="list-style-type: none"> Completed participation in the LIFT project activities at least 3 months prior to the interview 	
Study locations	Bagerhat, Khulna, Satkhira, Jashore, Magura, Narail, Dhaka, Narayanganj, Bangladesh	Kolkata and Mumbai	Bankura, Birbhum, and Bardhaman districts, West Bengal
	Key informant interviews (N=10)	Key informant interviews (N=10)	Key informant interviews (N=8)
Purpose	Gather study participants' perceptions about feasibility, acceptability, quality, effectiveness, and replicability of the intervention activities	Gather study participants' perceptions about feasibility, acceptability, quality, effectiveness, and replicability of the intervention activities	Gather study participants' perceptions about feasibility, acceptability, quality, effectiveness, and replicability of the intervention activities
Key content of the study instrument⁵	Rehabilitation and reintegration services, perceptions about J&C project—feasibility, acceptability, quality, effectiveness, and replicability of the intervention activities	Rehabilitation and reintegration services, perceptions about LIFT project—feasibility, acceptability, quality, effectiveness, and replicability of the intervention activities	Perceptions about Seefar/MCF project—feasibility, acceptability, quality, effectiveness, and replicability of the intervention activities
Participants	<ul style="list-style-type: none"> J & C staff Government officers Law enforcement agency Legal-service providers 	<ul style="list-style-type: none"> Seefar staff Representatives of partner Community-based organisations (CBOs) Representatives of non-partner CBOs 	<ul style="list-style-type: none"> MCF staff Representatives of partner CBOs Government officials & representatives of local self-government bodies
Study locations	Dhaka	Kolkata and Mumbai	Bankura, Birbhum, and Bardhaman districts, West Bengal

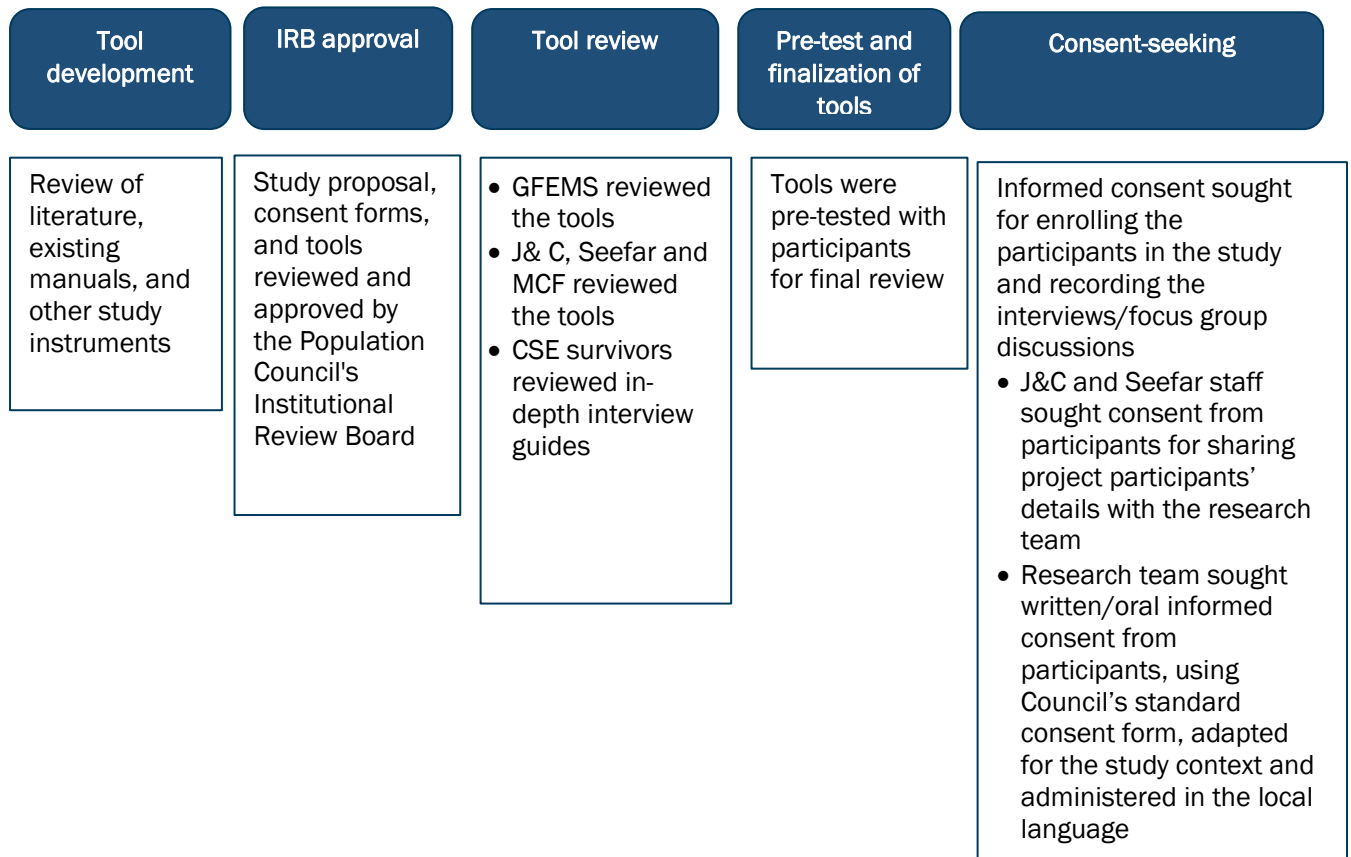
We asked J&C, Seefar, and MCF to suggest members of their staff and CBO partner representatives engaged in delivering the interventions for the purpose of conducting interviews with them as key informants. They were then invited to participate in the KIIs. We identified key informants external to the lead intervention agencies and their implementing partners through Population Council's own networks. These key informants represented government officials and CBO/NGO representatives who were engaged in CSE prevention and provision of repatriation and reintegration services to trafficking victims. We selected them purposively, based on their expertise, availability, and willingness to participate in the study.

Figure 2 presents the processes followed in developing study instruments and ensuring ethical procedures in data collection. Study tools were reviewed by colleagues from GFEMS, J&C, Seefar, and MCF as well as by survivors of CSE in Bangladesh and India, and their suggestions were incorporated into the tools. The tools were finalised after pre-testing. Research investigators trained and supervised by the Population Council staff conducted the interviews and focus group discussions in the local language. Research investigators were made aware of trauma-informed interviewing techniques to ensure that respondents were not re-traumatised at any point during the interview. They were asked to acknowledge the emotions being shown by the participants,

⁵ Contents were tailored according to the roles of the staff of J&C, Seefar, MCF as well as CBO partner staff and external key informants.

show concern and empathy, and remind them that they do not have to talk about anything they find difficult unless they feel comfortable doing so. Data collection took place during October–November 2021 in Bangladesh and March–April 2022 in India.

Figure 2: Processes followed in data collection



We engaged survivors to review the in-depth interview guide to ensure that their voices, experiences, and perspectives informed our research. We sought the help of J&C in Bangladesh and Sanlaap in India to connect us with two survivors each who could review the tool, and we shared the guide in the local language for their review. They had given suggestions to shorten the guide and minimise questions that may cause survivors to relive their stories of exploitation. We had correspondingly reduced the content of the interview and minimised questions on their experiences of trafficking and CSE. The survivors who reviewed the tool were paid 500 takas/rupees (\$6) as a token of appreciation. J&C and Seefar staff took the consent of project participants for sharing their details with the research team for the in-depth interviews. In Bangladesh, J&C staff set the time and place of the interview as per the convenience of potential participants and informed interviewers. In India, Seefar shared the phone numbers of potential participants, and our research team called them to fix the time for the interview. Before starting the interview, the research investigators took informed written/oral consent, depending on the preference of the respondent, in the local language. Study participants were reminded that they need not answer any question that made them uncomfortable. In Bangladesh, research investigators were equipped with the contact details of emergency services and the J&C psychosocial counsellor for referring respondents, if need be. In India, we engaged a counsellor should a need for counselling of survivors arise during or after the completion of the interview. The counsellor was introduced as part of the research team, and she listened to the conversation between the researcher investigator and the study participant. We note that the intervention from the counsellor was not required in any of the interviews. In Bangladesh, we interviewed study participants in person at the NGO office or other locations that were convenient for them and

offered privacy for the interview. In India, we used a combination of in-person interviews at the CBO office and telephone interviews. The venue for the interview in case of face-to-face interviews was chosen in consultation with the participants and implementation partners in such a way that it ensured privacy and safety not only for the respondents but also for the research staff. The research staff were also trained to identify signs of threats to their and respondents' security, such as someone shadowing them or trying to overhear their conversations with the respondents, and they were asked to stop the interview in such situations. We provided a token compensation of about \$4 to study participants for taking part in the in-depth interviews.

All interviews were recorded with the consent of the study participants and transcribed. We developed a coding scheme based on the topics covered in the interview guide. We coded the transcripts using this coding scheme. The coded blocks of text, related to specific themes, were analysed to capture typical patterns and exceptions. The study protocol was approved by the Population Council's Institutional Review Board.

None of the participants whom we invited to participate in the study declined to participate, except for one J&C participant and eight LIFT participants who were not reachable.

1.4 Study limitations

Findings presented in this report should be interpreted with some limitations in mind.

First, the study was not designed to evaluate the reach or effects of the intervention projects implemented by J&C, Seefar, and MCF. Rather, it was designed to capture the perspectives of intervention participants, project staff, and other stakeholders about intervention strategies, acceptability of the strategies, quality of delivery, and effectiveness of the interventions. We note that the research team did not conduct participant observation of the intervention activities, extensive review of project-related documents, or analysis of project-related monitoring data. Second, while there are commonalities in the three projects, they have different objectives, intervention participants, and approaches, hence comparisons across the three projects are not appropriate. Third, study participants were those who were engaged with the interventions, either as those who delivered or as those who received the interventions, for the most part, hence response biases cannot be ruled out. Moreover, the list of intervention participants that we received from J&C and Seefar need not be representative of all intervention participants because we had received a partial list of intervention participants—68 participants from the J&C project and 51 participants from the first and second cohorts of LIFT. participants. Fourth, we did not gather any data directly from children for the Seefar/MCF prevention project.

Fifth, we used qualitative methods with open-ended questions for data collection. The study participants spontaneously named, for example, the activities/support that they liked and those they did not, activities that they felt most feasible and least feasible to participate/deliver, and the activities/support that they found useful and those they did not in response to open-ended questions. Hence, study participants' perspectives about the acceptability, feasibility, and usefulness were not uniformly available for all intervention components in our interviews and group discussions. Moreover, given the differences in the intervention approaches and strategies in the three projects and differences in the data collection methods (IDI in the J&C study and the LIFT study and FGDs in the Seefar/MCF study), there were differences in the framing of questions for each project. Sixth, we note that assessing the quality of each project or its multiple components, using standardised, validated measures of quality was beyond the scope of our research. Rather, we asked study participants to rate the quality of selected activities/support as 'good', 'average', or 'bad', and we acknowledge that this rating is subjective and can vary across study participants. Above all, the data collection happened against the background of the COVID-19 outbreak and subsequent disruptions, and hence, it was not possible to conduct very detailed interviews with the study participants. Moreover, we had shortened the length of interviews in response to

suggestions from the survivors. As such, we could not collect nuanced insights from the participants at times.

1.5 Profile of the study participants

Table 5 presents a brief profile of the study participants in in-depth interviews and focus group discussions. Findings show that the background characteristics of in-depth interview participants in the J&C study and the LIFT study differed substantially, perhaps because of differences inherent in the programme design as shown in Figure 1 and Tables 1 and 2. J&C study participants were comparatively older than LIFT study participants— 45 percent of J&C study participants were aged above 25 compared with 16 percent of LIFT participants. They were also less educated—two percent of J&C study participants had completed more than 10 years of education compared with 67 percent of LIFT study participants. Most J&C study participants were currently married (61%) or divorced (24%), while most LIFT study participants were unmarried (81%). A larger percentage of LIFT study participants were students than were J&C study participants (16% vs 4%). All the J&C study participants were trafficked for CSE, while most of the LIFT participants had not personally experienced CSE (84%), although their family members had experienced CSE. The J&C study participants reported longer participation in the intervention activities than did the LIFT study participants in the respective interventions. Sixty-nine percent of J&C study participants reported that they had been enrolled in the project for more than a year, and 22 percent of participants reported association with the project for more than five years. In comparison, the majority of LIFT study participants reported three months' engagement (72%).

Table 5: Background characteristics of participants of in-depth interviews and focus group discussions, Bangladesh and India

Characteristics	J&C study	LIFT study	Seefar/MCF study (Mothers)	Seefar/MCF study (Fathers)	Seefar/MCF study (Community leaders)
Age					
15–20	18	26	--	--	2
21–25	9	10	--	--	3
26–30	17	3	9	2	2
31 and above	5	4	11	18	13
Education					
No education	6	3	4	2	--
1–8 grade	33	2	8	6	3
9–10 grade	9	8	6	4	5
11–12 grade	1	18	2	6	4
Above 12th grade	--	11	--	2	8
Marital status			NA	NA	NA
Unmarried	7	35	--	--	--
Married	30	8	--	--	--
Divorced	12	--	--	--	--
Occupation					
Student	2	7	--	--	--
Peer counsellor/social work	3	2	1	1	4
Petty business	11	4	--	2	--
Garment factory worker	3	--	--	--	--
Home-based tailoring work	6	3	--	--	--
Animal husbandry	4	--	--	--	--
Data entry	--	4	--	--	--
Online sales	--	3	--	--	--
Teacher	--	1	1	1	4

Characteristics	J&C study	LIFT study	Seefar/MCF study (Mothers)	Seefar/MCF study (Fathers)	Seefar/MCF study (Community leaders)
Local self-government body member	--	--	1	1	3
Agricultural work	--	--	--	14	3
Frontline health workers	--	--	1	--	5
Others	1	2	2	1	--
Not working	19	21	14	--	1
Personal experience of CSE			NA	NA	NA
Yes	49	7	--	--	--
No	--	36	--	--	--
Duration of association with the project			NA	NA	NA
3 months	2	31	--	--	--
4-6 months	--	10	--	--	--
7-11 months	4	--	--	--	--
1-2 years	11	--	--	--	--
3-4 years	12	--	--	--	--
5+ years	11	--	--	--	--
Don't remember	7	2	--	--	--
Number of study participants	49	43	20	20	20

NA: Not asked.

Most of the Seefar/MCF study participants (mothers/fathers/community members) were aged above 30 and above. While mothers had no education or only primary education (8th grade or lower), most of the fathers had completed secondary education and above. While most of the mothers were not working, most of the fathers worked as farmers, and the community leaders were engaged in a variety of occupations.

Most of the project staff and external key informants were graduates or above (Table 6). In the J&C study, four study participants in the KIIs were project staff, and the others were key informants external to the project. In the LIFT study, all KII participants except two were staff from Seefar or partner organisations, and in the Seefar/MCF study, five of the KII participants were staff from MCF or partner organisations.

Table 6: Background characteristics of project staff and external key informants, Bangladesh and India

Characteristics	J&C study	LIFT study	Seefar/MCF study
Education			
10-12 class	2	--	2
Graduate and above	8	10	6
Sex			
Male	5	2	5
Female	5	8	3
Organisation			
Representatives, lead, or partner organisations	4	8	5
Others (government officials, representatives of NGOs, local self-government bodies)	6	2	3
Number of study participants	10	10	8

Chapter 2: Commonalities and differences in the intervention projects

This chapter discusses the commonalities and differences in the three intervention projects in terms of project goals, intervention participants, and approaches and strategies used. Findings presented in this chapter drew on a review of selected project documents and the qualitative study that we conducted.

2.1 Commonalities and differences in project goals

A common thread that connected the intervention projects was that all the three projects were intended to reduce the prevalence of CSE and/or CSEC through prevention mechanisms. However, there were subtle differences across the three projects in their temporal aspects, that is, before CSE/CSEC occurs (primary prevention) or after it has occurred (secondary prevention). The Seefar/MCF project focused on primary prevention, that is, to prevent CSEC before it occurs by supporting children, families, and communities to recognise the risks of CT and CSEC and resist approaches of traffickers. The LIFT project focused on both primary and secondary prevention. It sought to prevent CSE among women who had not personally experienced CSE but whose family members had experienced CSE by improving psychological resilience and access to alternative livelihoods. Using the same strategies, the project sought to prevent re-trafficking of women into CSE. The J&C project focused largely on secondary prevention, that is, preventing re-trafficking of women who were repatriated from India. At the same time, the project contained a number of activities with the potential to promote primary prevention of trafficking for CSE such as awareness campaigns in border communities, supporting the setting up of mobile courts to prosecute brokers and traffickers, and activating counter-trafficking committees in bordering union councils.

2.2 Commonalities and differences in the intervention participants

All the three projects engaged CSE survivors and/or at-risk communities, as seen in Figure 1. However, the type of CSE survivors or at-risk communities engaged varied across the three projects—children, families, and communities from at-risk villages in the Seefar/MCF project; adult women who were first- and second-generation survivors of CSE in the LIFT project; and child and adult female CSE survivors repatriated from India in the J&C project. Moreover, as reported in Chapter 1, the intervention participants in the J&C and Seefar reintegration projects differed in terms of socio-economic characteristics and the duration of engagement with the project.

There were differences in the range of stakeholders (including CSE survivors and community members) engaged as well. While the J&C project and the Seefar/MCF project engaged multiple stakeholders, the LIFT project's focus was on female adult CSE survivors only. The J&C project not only engaged adult and child victims of trafficking, but also their families, stakeholders involved in repatriation, anti-trafficking services, and aftercare programmes, border communities, and the systems more generally. The Seefar/MCF project had engaged male and female children, mothers and fathers, influential adults in the community, and the media in the programme activities. We note, nevertheless, that there were suggestions from the study participants to engage other stakeholders in both the projects. Although 41 percent of IDI participants in the J&C study reported that J&C staff had sensitised and convinced their family members to behave compassionately with them and thus smoothen their reintegration with their families, only 10 percent of participants spoke about similar efforts with neighbours and community members. Consequently, some participants felt that it was necessary also to sensitise and convince neighbours and community members to behave empathetically towards them and not stigmatise them. Even those who felt that sensitising neighbours and community members was not required, as neighbours and community members were not aware of their CSE experience, they suggested that there should be awareness programmes for community members to inform them about the risk of trafficking for CSE and the need for compassionate behaviour with victims. Similarly, in the Seefar/MCF study,

some study participants mentioned that the project should have engaged people in authority and many more parents and community members from a larger number of villages, particularly villages that are distantly located, and more frequently than what was done in the project.

Maybe, they can convince the community people not to misbehave with me. [J&C study, IDI participant]

They convinced family members but not the community people. We can do a lot of things like conducting meetings to stop child marriage, keep watch on borders to stop women trafficking. [J&C study, IDI participant]

We were not able to engage those in authority. [Seefar/MCF study, CBO partner representative]

Awareness should have been spread far and wide, the project activities should have reached far-off places. They have focused on a few main villages. They have to go to smaller villages. There might be a woman who has attended the awareness programme, but it will not be possible for her to replicate the programme in her village. [Seefar/MCF study, local self-government body representative]

They have to do meetings very often and they should include all of us, but they did only one time, that is not enough for all. [Seefar/MCF study, FGD participant, community leader]

In comparison, the LIFT project engaged female adult survivors only and did not include any strategies to influence the environment of these survivors. Indeed, some of the LIFT project staff and in-depth interview participants suggested that the LIFT project should have included interactions with legal service providers to impart legal literacy to intervention participants as also mechanisms of support from local communities to assimilate them in the community. They also suggested identifying and helping CSE survivors who were looking for alternative livelihoods along with training for the same. There were suggestions to sensitise gatekeepers of young intervention participants about the intervention activities and influence their attitudes about young women's pursuit of their livelihood aspirations. We note that although the LIFT study participants did not mention activities conducted to sensitise parents and guardians, participants suggested that such activities could have been included in the programme. Seefar's evaluation report mentions that family consultations had been conducted prior to enrolling intervention participants (Seefar, 2022), but the articulation of such a need perhaps indicates that the family consultations might have been inadequate in this regard.

These women have a lot of legal questions. They are constantly harassed by the police in the courts. They do not know the laws properly and what they are charged with in their chargesheet. You need to include some of the legal entities that are working in this area because they need legal literacy more than digital literacy. [LIFT study, Seefar project staff]

We have to find local people who could help us monitor the activities and assimilate these girls. [LIFT study, CBO partner staff]

We can have women from the community who can be community ambassadors and can help us figure out victims who are looking for alternative jobs, young girls looking for education. [LIFT study, Seefar project staff]

It would be helpful if they can engage the guardians/parents of their young intervention participants, be it mothers or fathers and help them gain an understanding of the intervention activities and change their attitudes about girls working. Girls who want to go out and earn can then do something. If Sanlaap can do such activities for the guardians, it will be nice. [LIFT study, IDI participant 2nd generation survivor]

2.3 Commonalities and differences in the approaches and strategies used

There were some commonalities and differences in the approaches and strategies used in the three projects. Each project adhered to trauma-informed/victim-centric concepts, although somewhat differently because of differences inherent in the intervention design. Adherence to principles of a trauma-informed approach such as safety, trustworthiness, peer support, collaboration and mutuality, and empowerment, voice and choice were notable in the narratives of the study participants across all the three projects, particularly in the J&C project and the LIFT project.

Both the J&C and the LIFT study participants often talked about the welcoming attitudes of project staff and the friendly environment in which the project activities were conducted. They noted that the project staff strove to ensure their physical and emotional safety, and they greatly appreciated the staff's empathy, patience, and positive gestures.

I liked the counselling service the most because they explained everything with care. After talking to them and hearing what they say, I felt unburdened and that made me feel well. They can explain everything wonderfully. [J&C study, IDI participant]

They used to talk to us, helped us, they listened to our problems, we feel very relaxed after talking to them. [J&C study, IDI participant]

The first time when I went there, I was a little anxious, my self-confidence was low. Over a period of time, I could communicate with the Ma'ams, and I kept going regularly; I could share my inner thoughts with them. [LIFT study, IDI participant, 2nd generation survivor]

All the three projects placed emphasis on trustworthiness. The J&C and LIFT study participants reported that they got time and space to express their desires and opinions. They said that the project staff listened to them with care and ensured confidentiality and privacy. In the J&C study, 86 percent of IDI participants reported that they had received psychosocial counselling support as did 95 percent in the LIFT study. Of these, 81 percent in the J&C study and 59 percent in the LIFT study reported that their mental health condition was such that they had needed the support and the counsellors had responded to their needs. They felt happy to share their feelings and concerns with the counsellors, although two participants in the J&C study suggested that it would have been better if the counsellor had provided counselling support more regularly than what was provided in the project. Even those participants in the J&C study and the LIFT study who reported that they were emotionally secure appreciated the counselling support they received. The J&C and LIFT project staff who participated in the study mentioned that they were trained in techniques to engage intervention participants sensitively, obtain informed consent for the interview, and maintain privacy and confidentiality of intervention participants. Key informants in the Seefar/MCF study also commented that the field team were well trained on how to approach community members.

I very much needed as I returned from India jail to Bangladesh. They started within two days of my return. [J&C study, IDI participant]

It would have been better if they organised it regularly. [J&C study, IDI participant]

I really liked the counselling from J&C. They told me how to get over our past and start life afresh. They never showed any sign of annoyance even when I repeatedly bothered them with something. They were always smiling and listened to everything I said with attention and care. They used to provide us counselling every day for half an hour, sometimes for 10 minutes and sometimes 20 minutes as required. [J&C study, IDI participant]

The counselling model has been developed in such a way that it helps the participants to open up, share, talk about their past, accept what they are. These participants love to talk. There are lot of tools before we conduct adaptive counselling which will help us to understand their level of trauma and what to ask and what not to ask, after all. We do take their consent first and we tell them what we are going to do with them, so at any moment and at any process if they feel uncomfortable, they can stop us and leave the project. There is development of rapport between the counsellor and the participants, and they are free to express themselves. This goes on for 15–20 days. In AC, we discuss about self-acceptance, self-esteem, and trauma. There are also multiple activities that convey messages in a light manner, and there are spaces where the participants' experience-sharing takes place. [LIFT study, Seefar project staff]

I think they trained the staff very well. They were well trained about how they should approach the villagers. [Seefar/MCF study, government official]

When we started, we found it very difficult to gather them. Girls did not initially trust us, because we were strangers and boys used to run away from us. They did not understand why we are doing and what we are doing. Later on, they would wait for us, they would ask why the field facilitator did not come and when the field facilitator would come. There was shift in the interest. [Seefar/MCF study, CBO partner representative]

Approaches used in all the three projects were designed to facilitate peer support, mutual self-help, and collaboration. The J&C project, for example, has engaged 'champion survivors' for providing mentoring support to intervention participants, for which they are financially compensated (see Table 1). In the LIFT project, AC and CAT training sessions were conducted in group settings, with opportunities for individual interactions with the counsellors for those who needed confidential discussions. The LIFT study participants narrated that they enjoyed these sessions, because they could share their problems uninhibitedly with others in the group. Similarly, the Seefar/MCF study participants spoke about committees that were formed in intervention villages with multiple stakeholders for the benefit of the community. They mentioned that the project activities contributed to building community trust and social cohesion.

Investigator: Which programme did you enjoy the most?

Respondent: Mann ki baat [events during which participants could share their feelings and thoughts].

Investigator: Why?

Respondent: Everyone was sharing their heart out and they were making the ones who were crying laugh also. Because everyone was sharing their sorrow and happiness, and everyone was together. [LIFT study, IDI participant]

It was emotional for most of us in the beginning because no one wanted to tell a sad story. But we were reminded to talk. So, there were a lot of us who spoke emotionally at first but by the end of it, we felt good. There were a lot of emotions, and we could let it out, be it sadness, grief or laughter. [LIFT study, IDI participant]

They [project team] have made committees. In these committees, there were Ashas and ICDS workers [frontline health workers], panchayat members [local self-government body representatives] and teenage girls aged 12–14 years. They have made these groups. [Seefar/MCF study, FGD participant, community leader]

The project has been able to achieve unity at the village and encourage bonding between community leaders. [Seefar/MCF study, CBO partner representative]

All the three projects put emphasis on empowering intervention participants and giving them voice and choice. The intervention participants' sense of agency was noticeable in the narratives of study participants, particularly in the J&C study and the LIFT study.

I talk with you today, that is because of them. [J&C study, IDI participant]

I was given that choice that I could discuss as much as I wanted to, if I did not want to discuss something, that was also okay. There are older wounds that I did not want to rehash, but there are other things that I shared as much as I wanted to. I could call them; I could talk to them. [LIFT study, IDI participant]

I could not speak to people properly and I did not have courage within me. I used to feel scared if I go somewhere. After I did the classes with SEEFAR, I could talk to people, even help them. [LIFT study, IDI participant]

I learnt much more than I had expected from this programme. I had expected that we would be taught computers, but we were also taught how to talk to people and how to give interviews and to speak out our mind without keeping everything to ourselves or being scared and not to demean anyone or insult anyone. I have learnt a lot and have gotten my confidence back which I had lost and I used to give up. Now I try not to and do the things even if I don't succeed. [LIFT study, IDI participant, 2nd generation survivor]

One good thing that happened is that girls want to stand on their own, to do something according to their own abilities. They are wanting to study, some of them want to go for some training. The propensity to get married, tendencies to run away has reduced. [Seefar/MCF study, FGD participant, community leader]

All the three projects were multi-component interventions. There were a few common strategies across the three projects (Table 7). These common strategies included psychosocial counselling, life-skills training, livelihoods training and support, and awareness campaigns. At the same time, there were differences in the delivery of these strategies as described below.

Table 7: Common strategies across the three projects

Intervention Activities	J&C project	LIFT project	Seefar/MCF project
Psychosocial counselling	✓	✓	✓
Life-skills training	✓	✓	✗
Vocational-skills training and placement support	✓	✓	✗
Awareness campaigns	✓	✗	✓
Financial/material assistance for income generation	✓	✗	✗
Repatriation	✓	✗	✗
Medical care	✓	✗	✗
Peer mentoring	✓	✗	✗
Education support	✓	✗	✗
Emergency support	✓	✗	✗
Stakeholder training	✓	✗	✗
Media engagement	✗	✗	✓
Cross-sectoral and multi-national engagement	✓	✗	✗

Agents, settings, methods, and duration of psychosocial counselling sessions differed across the projects (Table 8). Both the J&C and Seefar/MCF projects used professional counsellors and lay counsellors (that is, staff or volunteers who do not have a formal training in counselling— in the

J&C project, these were peer mentors, and in the Seefar/MCF project, these were field facilitators), while LIFT engaged only professional counsellors to provide psychosocial support to survivors/at-risk individuals. While all the three projects supported personalised counselling to survivors/ at-risk individuals, LIFT used group counselling as well, that is, AC sessions conducted in group settings. The period over which counselling support was given was longer and entailed multiple sessions in the J&C project, while the counselling sessions were conducted typically over a month's time in the LIFT project, perhaps because of differences in the intervention participants in these two projects. As noted in Chapter 1, all the intervention participants in the J&C project were women who were trafficked for CSE in India and repatriated and hence had more traumatic experiences than participants in the LIFT project who were largely second-generation CSE survivors with no personal experience of CSE.

I used to get fear and I got accustomed with it. I needed support and J&C gave me this support at the right time. They counselled many times, often once a week and they conducted it sometimes over phone. It was according to my need. [J&C study, IDI participant]

It was done for all of us together, but if someone had a problem, they would separately go to Ma'am (counsellor). All of us knew if someone had a problem, and the teacher would explain to them well. [LIFT study, IDI participant]

Table 8: Commonalities and differences in the strategies used for providing psychosocial counselling

Psychosocial counselling	J&C project	LIFT project	Seefar/MCF project
Counsellor			
Professional counsellors	✓	✓	✓
Lay counsellors (peer mentors, field facilitators)	✓	✗	✓
Counselling			
Personalised/Individual	✓	✓	✓
Group	✗	✓	✗
Mode of counselling			
Face-to-face	✓	✓	✓
Over phone	✓	✓	✓
Settings			
Home	✓	✗	✗
NGO facility	✓	✓	✗

Both the J&C project and the LIFT project imparted life-skills training to intervention participants. In the J&C project, life-skills training was designed to be given to newly repatriated survivors in a group format. However, while some intervention participants attended group sessions, others received life-skills training from care workers informally as needed, because of disruptions from and protocols for the COVID-19 outbreak. Among the J&C study participants, 61 percent recalled having received life-skills training. In the LIFT project, life-skills training (that is, CAT) was structured and delivered to all intervention participants in group settings over 3–4 weeks. Ninety-one percent of the IDI participants in the LIFT study recalled participating in sessions and activities that helped to improve their self-esteem and self-confidence and to set future goals and aspirations (that is, attended CAT sessions).

There were differences in the provision of livelihoods support and training to intervention participants in the J&C and LIFT projects (Table 9). Some 53 percent of J&C study participants reported that they or their family members had received financial/material support for starting income-generation activities. No such assistance was built into the LIFT project. In fact, one of the LIFT project staff reported that some of the first-generation CSE survivors might not have enjoyed

SDT sessions and one of the reasons was that the training did not resolve their immediate need for money or an alternative job.

They gave me 5,000 takas to buy a goat to start my own business. They also gave 16,000 takas to buy a spray paint machine gun for painting work so that my husband could earn some money. They provided 10,000 takas to my mother to start a business and my mother started to sell bangles. [J&C study, IDI participant]

They gave me money twice for my father's need so that he could open his business. My father is running his shop with their money. [J&C study, IDI participant]

They need immediate monetary compensation and a job, which we were not able to give them right now. So, a lot of people got discouraged. Even if they try Meesho, they will have to wait for a while for the money. [LIFT study, Seefar project staff]

Similarly, the J&C project provided vocational training, while the LIFT project provided SDT, which was an integral component of the LIFT project. Thus, 47 percent of J&C study participants reported having received vocational training, and 92 percent of the LIFT study participants reported having participated in SDT sessions. While the J&C study participants reported having received skills training in traditional livelihood activities such as tailoring, animal husbandry, painting, among others, all the LIFT study participants reported having received training in non-traditional skills such as computer training and training in online businesses. These differences in livelihoods support were because the strategies varied. Livelihoods support in the J&C project was designed as per the individual care plan that the intervention participants had co-created with the project staff and that was based on their needs and aspirations and hence, some intervention participants received vocational training while others received financial assistance to set up income-generation activities. In the LIFT project, there was an intentional focus on non-traditional livelihood options, namely, Meesho/ online re-selling, data entry and MS Office basics, and website development through WordPress. The intervention participants received a combination of these, based on their literacy levels and performance during remedial computer training sessions. Although placement support was limited in both projects, somewhat more LIFT study participants reported having received job placement offers than J&C study participants (19% vs 2%).

Table 9: Commonalities and differences in the strategies used for providing livelihoods training and support in the J&C project and the LIFT project

Livelihoods training and support	J&C project	LIFT project
Financial support	✓	✗
Vocational-skills training based on		
Survivor's needs	✓	✓
Aspirations	✓	✓
Skills and environment	✓	✓
Market demands	✗	✓
Type of skills		
Traditional skills	✓	✗
Non-traditional skills	✗	✓

The duration of engagement with the intervention activities that the study participants reported was shorter in the LIFT project and the Seefar/MCF project than in the J&C project. The J&C project extended support to the intervention participants until they had reached a point of stability in their physical health, mental well-being, economic empowerment, and safety and social connections, and this took an average of 6–12 months. The J&C project sought to bring changes both for individual intervention participants/their families and in the system, while the LIFT project and

Seefar/MCF project worked towards bringing changes in individual intervention participants or at-risk communities in small geographies.

Finally, there were intervention activities that were unique to a particular project (Table 7). Medical support, education support, and welfare support, for example, were included among intervention activities only in the J&C project. They also incorporated activities to strengthen the capacity of stakeholders in repatriation and aftercare programmes as well as activities to strengthen systemic responses to cross-border CSE trafficking of women and children. Media engagement, including print and social media, was reported in the Seefar/MCF project only.

Chapter 3: Intervention participants' and implementers' understanding of, attitude towards, and confidence in participating in the interventions

This chapter discusses the intervention participants' and implementers' understanding of the interventions (intervention coherence), how the intervention participants felt about the intervention strategies (affective attitude), and how confident they felt about participating in the intervention activities (self-efficacy). Findings presented in this chapter come from the qualitative study that we conducted. We compared the perspectives of intervention participants and implementers as appropriate.

3.1 Understanding of the interventions among intervention participants and implementers (intervention coherence)

Findings show that the intervention participants, project staff engaged in delivering the intervention, and external stakeholders understood the project's objectives and activities. They were also aware of the various stakeholders engaged in the projects. Moreover, narratives of intervention participants concurred with narratives of the project staff for all the three projects.

The IDI participants in the J&C study and LIFT study and the FGD participants in the Seefar/LIFT study, for example, recalled project-specific support and activities accurately. Their narratives of project experiences reflected the goals and objectives of the projects. The J&C study participants' description of their experiences resonated with the project's objectives of smoothening the repatriation processes, building emotional resilience of CSE survivors, improving their economic well-being, and securing their future. Similarly, almost all LIFT study participants recalled the main components of the intervention—AC, CAT, and skills training, with participants' recalling terms such as AC and CAT. The Seefar/LIFT study participants recalled that the project engaged children and parents, with sessions for children and parents, classes in karate for children, and complaint boxes for grievances. They also recollected that the sessions focused on CT/CSEC.

They always tried to provide happiness in our life so that our present and future can be secured, and we can lead a good life. [J&C study, IDI participant]

They helped me a lot, I returned home for their support. I could meet with my people. They provided us food, shelter, and so on. [J&C study, IDI participant]

I had basically gone to learn about computers, but I learnt many other things as well like the CAT programme that taught me confidence to believe in myself and how to deal with situations in life. [LIFT study, IDI participant, 2nd generation survivor]

R8: It [the project] was for parents and children aged 12–17.

R7: This was largely to raise awareness.

R3: Mostly meetings were done, books were given.

R7: They discussed what can happen to children, why are they happening, why such things [CT/CSEC] are increasing. They told us about what parents and children can do to prevent such things. They told us about how parents should interact with their children.

R8: There were three complaint boxes.

R5: Karate classes were done with children.

R4: Classes were done separately for children and parents. [Seefar/MCF study, FGD participants, fathers]

The narratives of the project staff and external stakeholders also indicated a clear understanding of the respective projects. Project staff and other key informants in the J&C study, for example,

described the project as an integrated project for repatriation, rehabilitation, and reintegration. Project staff and other key informants in the LIFT study recognised the integral components of the project and reported that the ultimate aim was to help survivors access alternative livelihoods. Project staff and other key informants in the Seefar/MCF study mentioned that the project engaged children, their parents/family members, and the community at large. They understood that the key message conveyed was about securing the safety of the children, particularly by preventing CT and CSEC, addressing various facets of children's vulnerabilities such as child marriage, child labour, school discontinuation, and sexual abuses, and making the village safe for children.

We are doing work in three parts—repatriation, reintegration, and prosecution. We mainly rescue victims, do their home identification, collect their repatriation order from the ministry. For their reintegration, we provide different supports like shelter, economic support, emergency health support, educational support, training support. We also work on their mental health issues and we give family counselling. [J&C study, J&C staff member]

They are working on traumatised victims. They are working on rescuing them from India. They are providing counselling support to the victims and family. They provide life-skills training. [J&C study, non-partner CBO representative]

There are three components to LIFT. First is the adaptive counselling and we have a set of counsellors to stabilise or reduce the trauma among the CSE survivors through different training sessions and one-to-one activity. All of those take around one month. We have CAT after that, which was facilitated by another set of counsellors. There are different modules in the CAT which help the participants acquire a lot of life skills and soft skills, like when you have to be proactive and when you have to be reactive, how to identify challenges and convert them into opportunities. There are different role-model stories which will inspire them in real life; there are activities, so this module again goes on for a month. After they get a little confident and reduce their trauma, there is openness with the trainer, a lot of sharing happens during this time. The last component and module of LIFT is computer literacy, which will help them integrate with the global freelance economy. We introduce the employment language, computer literacy, how to use a smart phone, and how to use a computer/laptop. There are also different modules in computer literacy. There are modules in data entry for participants who are doing very well. There will be participants who have the acumen for business, and for them, there is a module for online business. We interact with a lot of job providers, freelance trainers, and mentors and they provide assignments to these participants to work with them. So, our long-term goal is to integrate them with the global freelance economy [LIFT study, Seefar project staff]

The main message was about children's safety. We have to stop child marriage, sexual abuses of children, their school discontinuation, child labour. [Seefar/MCF study, government official]

3.2 Attitudes about the interventions among intervention participants (affective attitude)

In order to gather insights about intervention participants' attitudes about intervention strategies, we asked the IDI participants in the J&C study and the LIFT study what they liked and what they did not, and we asked the FGD participants in the Seefar/MCF study how children, parents, and community members responded to project activities. As noted in the study limitations, we used open-ended questions, and the study participants spontaneously named the activities/support that they liked and the ones they did not like. We note further that the study participants spoke rarely about activities/support that they did not like.

Most of the IDI participants in the J&C study and the LIFT study reported that they enjoyed participating in the intervention activities and appreciated the support received from the projects.

An overwhelming majority of the J & C study participants noted that they enjoyed interacting with care workers, liked their good behaviour with them, and enjoyed the counselling sessions (84%). They reported that the interactions with the care workers helped them gain resilience, understand what is good for them and what is not, manage their emotions, learn how to talk to others, and so on. Likewise, the majority of IDI participants in LIFT study reported that they enjoyed everything in the project (74%). Fifty-three percent of the participants reported that they enjoyed AC and CAT the most, and 33 percent of the study participants mentioned that they enjoyed the computer training the most. The study participants who enjoyed AC and CAT elaborated that they enjoyed these sessions because they learned how to deal with anger, how to talk to other people, how to behave with and present themselves to others, how to set future goals and how to achieve those goals, how to handle problems in life, and so on. The study participants who enjoyed the skills-development sessions, on the other hand, mentioned that these sessions helped them learn new things that would be useful for securing a job. A few study participants liked the training in online business platforms, such as Meesho, because they could do online business and earn (12%; 3 of the 6 first-generation survivors and 2 of the 37 second-generation survivors). A few participants talked about enjoying participatory tools used in the training programme, for example, games and assessments, during the CAT sessions (7%).

Their behaviour was very good and I liked that most. [J&C study, IDI participant]

There was an activity—CAT where you listen to things— I enjoyed it a lot...There was one more...on trauma and stigma, I liked it. Initially, it was boring, because it was full of new activities but after a while, I enjoyed it so much that now when they call me, I come without even wanting to know the reason. I liked the activities of observations and foresights. [LIFT study, IDI participant, 2nd generation survivor]

I will say counselling...what happens with counselling is that what we have in our hearts and what we think about ourselves came out very well which we generally do not experience in our normal lives. [LIFT study, IDI participant, 2nd generation survivor]

I enjoyed very much the Meesho training. From Meesho we can see different things, we can share those products, we can get knowledge from this, and my friends also can see what I upload. Then they also ask me about this Meesho app... I told them about the training also. [LIFT study, IDI participant, 1st generation survivor]

For me, the computer course helped because I do that work now. I prepare sheets and do data entry, so the course really helped me. I also use Meesho, so that helped as well. [LIFT study, IDI participant, 2nd generation survivor]

I liked everything but there was one thing that I liked. It is that we cannot exist in isolation. All of us are tied to each other. We are like interconnected webs. I remember playing a game of webs where if we left a thread, we'd be separated. We'd be excluded. I really liked that. [LIFT study, IDI participant, 2nd generation survivor]

The FGD participants in the Seefar/MCF study reported that children enjoyed the project activities, particularly, the comic books, skits, video shows, and group discussions. They noted further that parents and community members liked the programme activities, particularly those that cautioned them about CT and CSEC, raised awareness on the benefit of education and consequences of child marriage, sensitised them about the online risk of CT and CSEC, and emphasised the importance of providing an enabling environment for children in their home. They also said parents and community members appreciated the self-defence training for children.

R1: The best part is awareness-creation related to trafficking. We have fears in our minds, and we are cautious now.

R2: They have told us to lodge a police complaint if child marriages happen in our village.

R3: We love this project because they taught us not to marry our daughters until they turn 18 years.

R4: We are suffering now. Our parents gave our marriages when we did not complete 18 years; now we are suffering and face many problems. We don't want our daughters to face the same kind of problems. We try a lot to give a safe life to our daughters.

R5: I also have the same opinion.

R1: All the activities were good; they used to come only for us.

R2: they taught us for our children, so all the activities were very good. [Seefar/MCF study, FGD participants, mothers]

R5: Most liked was karate, because if children can protect themselves, it will be good.

R4: The karate classes were good, because people in the nearby areas would also know that this village is protected because the children know karate and kung fu.

R3: There was nothing that we did not like; there is some development that is happening in the villages and children are also learning; it is a good thing.

R1: Another thing that was taught to us was that parents should also live in peace and harmony. If there is disharmony between them, it would lead to disharmony in the child's mind. When children witness problems in the family, they will feel hurt. [Seefar/MCF study, FGD participants, community members]

R8: I had personally asked the boys how they felt about the karyakram (programme). They told me that they liked what they were learning. They told me that they sometimes make mistakes without knowing the consequences and that they are made aware of these things and that they are benefiting through the activities.

R2: They liked it. They told us that they liked it. [Seefar/MCF study, FGD participants, fathers]

When the IDI participants in the J&C study were probed about support/activities they did not like, they did not mention any, rather, they replied that they enjoyed everything. Likewise, the FGD participants in the Seefar/LIFT study reported that there was no activity that children, parents and community leaders did not enjoy. However, 26 percent of IDI participants in the LIFT study identified at least one activity that they did not enjoy in the project—attending online classes, attending basic English language sessions, doing homework, learning website development, or attending AC and CAT sessions. They reported that online classes during COVID was inconvenient for them, because of non-availability of their own computer and inconvenience related to attending classes from home. Two participants reported that they did not like the counselling and CAT sessions because participants became emotional during these sessions.

3.3 Ability of intervention participants to participate in intervention activities (self-efficacy)

We enquired about intervention participants' ability to participate in intervention activities somewhat differently because of differences in the intervention strategies in the three projects. We asked the IDI participants in the J&C study about their frequency of interactions with their care workers, engagement in income-generation activities upon receiving livelihoods support (financial/material assistance or vocational-skills training), and barriers in accessing the services that J&C had provided. We asked the IDI participants in the LIFT study about their participation in AC, CAT, and SDT sessions, frequency of individual consultation with the counsellor, confidence in applying the skills that they acquired from the SDT sessions, and barriers in participating in the activities. We asked the FGD participants in the Seefar/MCF study about how children, parents, and community leaders in their villages participated in the intervention activities.⁶

⁶ Research investigators had already enquired about the participation of parents and community members in the intervention activities. FGD participants did not discuss it at length and therefore, this is not reported.

Findings show that intervention participants in all the three projects participated actively in the programmes of the project or accessed support that the projects extended for the most part. Seventy-one percent of IDI participants in the J&C study, for example, reported regular interactions with their care worker, although the initiative typically came from the care workers ('she called me regularly', 'she called me very frequently', 'they called me daily'). At the same time, the study participants noted that the friendship, empathy, and support shown by the care workers gave them confidence to approach the care workers whenever they needed to. As reported earlier, 95 percent of IDI participants in the LIFT study received psychosocial counselling (that is, attended adaptive counselling sessions). Of these, 32 percent reported individual consultations with the counsellors once a week or more often, 34 percent once in two weeks, and 10 percent once a month.⁷ Similarly, as reported earlier, 91 percent reported participating in sessions and activities that helped to improve their self-esteem and self-confidence and to set future goals and aspirations (that is, attended CAT sessions).

I am attached to the J&C programme for four years now. Actually, it was not always about the material things that I received from them, rather the friendship that the case workers provided us, the way they sympathised with us and supported us, that was what mattered most. Even now, I talk to my case workers every 10–15 days. Talking to them gives me comfort and confidence. [J&C study, IDI participant]

Whenever I needed, I contacted them, and they helped me as much as possible. My case worker visited me once in every month and they communicated over phone once every week. [J&C study, IDI participant]

When I need something, I gave a missed call, and they call me back. [J&C study, IDI participant]

I used to call them once in two months. whenever I feel low or sad, I call them. [J&C study, IDI participant]

As reported in the section on commonalities and differences in the approaches and strategies used, 53 percent of IDI participants in the J&C study had received financial/material assistance and 47 percent had received vocational-skills training for pursuing income-generation activities. Of those who had received either of these, 50 percent of the participants reported that they were engaged in income-generation activities, while 26 percent reported that they were not.⁸ The latter reported that they could not pursue income-generation activities because of health issues, household responsibilities, parental objection, or lack of equipment (such as not having a sewing machine). Similarly, 92 percent of IDI participants in the LIFT study reported having received SDT, with 91 percent reporting computer training, 77 percent training in online re-selling (using Meesho app), and 23 percent in job-readiness training. Of these, 86 percent of participants reported that they felt confident about using the skills acquired, although it was not clear from the narrative whether they felt confident about using computers or doing online reselling. The remaining 14 percent of participants reported that they would need time to apply the skills because they needed more practice, or they would not use what they learned, like the Meesho app, because they did not anticipate much sales since people buy things directly from Meesho.

I didn't want to go back to my home. So, after my repatriation, I told J&C staff that I have studied up to class 8 and please arrange me a job. They provided me training on tailoring for three months every day from 8 am to 5pm except on Friday and provided me with work of quilt stitching from home. [J&C study, IDI participant]

⁷ Others did not recall the frequency of individual consultation with the counsellor.

⁸ Information is missing for the remaining participants, because either the participants did not respond or the research investigators did not probe.

After I joined the J&C programme, I told my case worker that I know parlour [beauty salon] work from the Indian shelter home and now I want to set up a parlour on my own. Then, my case worker helped me set up my parlour. They arranged 42,000 takas for my parlour establishment under the programme. [J&C study, IDI participant]

Moreover, when probed about challenges that study participants might have faced in participating in the intervention activities or accessing support, all the IDI participants in the J&C study reported that they faced no challenges because the project staff contacted them regularly and arranged transportation or escorted them whenever they had to travel to access the support services or participate in the intervention activities. The majority of the IDI participants in the LIFT study, similarly, reported that they did not face any barriers in attending the sessions (67%), although 21 percent of participants reported barriers such as their low level of education, long distance to the centre where sessions were conducted, lack of in-depth computer training, difficulties with online classes during COVID-19 lockdown, and challenges faced in carrying out online sales using the Meesho app.

I had to visit a hospital twice, and they helped me then also, they came with me. [J&C study, IDI participant]

There was a scheduled time, but the Ma'am told us that we could approach her with any problem any time. [LIFT study, IDI participant, 2nd generation survivor]

There are a lot of women who are illiterate. People like us who are uneducated need a different kind of work. If we would have gotten a different kind of work, we would have done it. [LIFT study, IDI participant, 1st generation survivor]

I am not educated and so, I could not do a lot. The trainers really tried to explain things to us. There were a lot of things that I could remember, there were a lot of things that I could not remember. I would forget what they taught us in the next 2–3 days. [LIFT study, IDI participant, 1st generation survivor]

They did not teach us computers very deeply. I want to learn the computer, but they did not teach us in-depth. They used to teach us about computers through mobile phones. I want to learn it completely, but they taught us a little bit of it. And also, they taught us through the phone, we did not go to the office during the lockdown. It was difficult for me to understand all the things through phones. [LIFT study, IDI participant, 1st generation survivor]

Findings were inconsistent about children's participation in the Seefar/MCF project. Participants in most of the FGDs in the Seefar/MCF study reported that children in their villages participated actively and listened carefully to the discussions (6 out of 9 FGDs). They reported that children shared the comic books with peers who had not attended the activities as also lessons learned in the sessions with other family members. Participants in the remaining FGDs reported that children did not participate actively in the intervention, because the topic of CT and CSEC was not familiar to them, and the intervention activities were not regular.

R1: Children listened to them very carefully. And also they gave importance to them.

R2: They understood what should be done. What would be wrong for them.

R3: They tried to understand them.

R4: They all loved them and participated in every programme. They used to listen to their advice and kept them in their mind.

R5: They were more enthusiastic and interested to know all these things like what trafficking is, how it happens, etc.

R6: Whenever they used to come, our children participated every time.

R3: Every time they used to give tiffin, books to our children.

R4: Whatever they have learned from the programme, they used to tell us at home after attending the programme [Seefar/MCF study, FGD participants, mothers]

R1: There is no effectiveness, it was bogus.

R2: Even if the programme was not there, people are aware of these issues from television and other channels.

R1: How will it be effective if they come only once. They will forget everything.

R2: It was not regular that is why we don't remember it and also the children. [Seefar/MCF study, FGD participants, fathers]

This has not happened in our village area, even in the past also. So, these children have no reaction to the project because they are not aware of this fact, they never seen it in their surroundings. [Seefar/MCF study, FGD participants, community leaders]

3.4 Ability of implementers to deliver intervention strategies (self-efficacy)

We asked project staff who participated in the J&C study and the LIFT study about the activities that were most feasible and least feasible to implement and challenges they faced in delivering any activities. We asked project staff who participated in the Seefar/MCF study about challenges they faced in conducting the intervention activities. The J&C staff reported that providing services that responded to the needs of survivors was the most feasible activity. However, they commented that delivering aftercare services to survivors at their residence and pursuing prosecution of traffickers was difficult because they faced threats or feared threats from traffickers who may be residing in the same villages as the survivors. They also spoke about challenges in providing livelihoods support, because survivors lacked time to attend training sessions and because some of them did not have the place or a convenient environment for pursuing livelihoods options. Providing in-person counselling to survivors who resided in distant locations was another barrier that implementers noted.

We ask them what they want to do, and we provide them support accordingly, like, training on parlour work, tailoring work. There are no such difficulties at all. However, it was a little difficult to talk to them for a long time. [J&C study, J&C project staff]

We provide survivors with trainings on livelihood. We provide tailoring, cattle-rearing training and try to set up an enterprise for them. For survivors who don't have the time for training nor can do cattle farming because they don't have place or environment to do so, we try to connect them with other organisations. For example, there is Basha Enterprises in Jashore. So sometimes we connect our survivors with them from where they can earn 6,000–7,000 takas monthly from quilt embroidery. [J&C study, J&C project staff]

Prosecution work was more challenging because traffickers are powerful. But, we have our safety guidelines, and we are always connected with the police. Other challenge is that we need to visit victims' houses and their communities for giving aftercare. Most traffickers are from surrounding villages. I get threat calls sometimes from their family also. I love doing this work and I can overcome this also. [J&C study, J&C project staff]

I think income-generation support was not so easy to give to some victims. If we tell someone to do poultry business, it may not be feasible for them. Their houses were far away from the city and I faced difficulties in reaching out to them for providing counselling support, especially to the family. [J&C study, J&C project staff]

Seefar staff who were engaged in delivering the intervention reported that AC and CAT were more feasible to deliver than SDT. The flexibility to adapt the curriculum concurrently to the needs and aptitudes of the survivors helped them. According to some, in-person training was more feasible to implement than remote training. They noted that imparting training to a homogenous than to a

heterogeneous group of survivors was easier, although pairing older and younger cohorts of survivors, as in a buddy system, was thought to be good for facilitating learnings. They also observed that survivors enjoyed group sessions with participatory learning approaches. Feasibility of delivering the intervention components depended on the characteristics of survivors—one commented that training in online business was easier to deliver to first-generation than second-generation survivors, while data-entry training was easier to deliver to second-generation survivors. Similarly, they felt that SDT worked better with survivors with basic literacy and digital literacy than survivors without those skills.

The first two components—adaptive counselling and CAT training—were easier to deliver. [LIFT study, Seefar project staff]

We are doing cohort 6. We have changed the mode of delivery sometimes, like, there are a few things that are very tough to understand like proactive, perseverance, foresight in the CAT curriculum. We have simplified these things. So, right now, after doing these sessions with six cohorts, I don't think there is anything that we could not deliver. [LIFT study, Seefar project staff]

I think everything was feasible to deliver. Even when we had to move to remote, we did not face a lot of difficulty. But in-person training was easier. [LIFT study, Seefar project staff]

It would be reselling for the first generation and data entry for the second generation. [LIFT study, Seefar project staff]

In-person training is always easy and helpful because reactions of trainers and participants can be captured. It is difficult when this gets converted into a virtual mode. It is easy to deliver if you have audiences who are enthusiastic and have appetite for learning. It becomes a little difficult if you have a mixed group of survivors. [LIFT study, Seefar project staff]

Anything in group sessions is very feasible. They enjoy activities that have a lot of stories in it, lot of narratives in it. For skills-development activities, we will have to screen the participants to see whether they have some basic education, some basic literacy. Pairing first-generation and second-generation survivors, like, the buddy system, can motivate to learn. [LIFT study, Seefar project staff]

The skills-development training was quite difficult for participants without basic literacy and appetite for learning. [LIFT study, Seefar project staff]

Project staff and external key informants who participated in the Seefar/MCF study reported that it was feasible to implement most intervention activities. They commented that parents wholeheartedly used to send their children to participate in the project activities, and that mothers too participated actively in group discussions, although ensuring the participation of fathers was challenging. They also reported that influential adults in the community were supportive of the project activities. They supported the field team in conducting the activities, such as mobilising community members to participate in the group discussions, arranging the space for conducting the activities, arranging snacks for the participants, identifying the space for keeping the complaint box, and so on.

Parents also liked the programme very much; they used to send their children heartily. Otherwise, they would not be able to gather 30–35 children at a time— that means their parents send them. Parents also wanted that their children to know all these facts. [Seefar/MCF study, government official]

The level of participation was indeed very good, when we used to arrange for tea and snacks—it was never enough because there used to be so many people. There were so many mothers

for group discussions. The father's participation was a little tricky, because during the evening they would go off to play cards. One of the fathers had suggested that we could possibly go to the tea shop where we can find all the guardians together. Some went to the places where the fathers used to play cards. [Seefar/MCF study, CBO partner representative]

The community leader had helped to take us there. He would arrange the snacks for participants. [Seefar/MCF study, CBO partner representative]

They helped us in demarcating areas where we can sit and talk. They would mobilise and get people together. [Seefar/MCF study, MCF project staff]

They participated very actively in this programme, because we did not give any lecture, like never do this or never do that. We started asking them, we played skits with them, and then, we discussed. We tried to involve everyone. [Seefar/MCF study, MCF project staff]

When we started, we found it very difficult to gather them. Girls did not initially trust us, because we were strangers and boys used to run away from us. They did not understand why we are doing and what we are doing. Later on, they would wait for us, they would ask why the field facilitator did not come and when the field facilitator would come. There was shift in the interest. [Seefar/MCF study, CBO partner representative]

Chapter 4: Perceptions about quality of the intervention strategies

This chapter discusses the perceptions of the intervention participants about the quality of the intervention strategies in the three projects. As mentioned in the section on study limitations, we did not assess the quality of each project or its components using any standardised, validated quality measures, and hence, findings reflect only intervention participants' perceptions about quality, which we acknowledge is subjective. We asked IDI participants in the J&C study about their 'opinion on quality' of medical support and psychosocial support received, their perceptions about privacy and confidentiality maintained by aftercare workers, and the skills of healthcare providers and counsellors. According to the J&C report, medical support comprised referring survivors to health service providers, paying for treatment and medications, liaising with medical services on behalf of survivors, and encouraging treatment-seeking behaviours among survivors. Therefore, we note that the study participants' perceptions about the quality of medical support might largely be a reflection of the treatment they received in a health facility and not the support that they received directly from the J&C project staff. We asked IDI participants in the LIFT study to rate the quality of counselling support (AC), support for future goal setting (CAT), and skills-training sessions (SDT) as good, average, or bad.⁹ We asked FGD participants in the Seefar/MCF study to rate the quality of the programme in general as good, average, or bad.

Despite the limitations of our study, findings that can be drawn from the perceptions of intervention participants suggest that the quality of the projects for the most part was considered good, because the service providers behaved well with the intervention participants, listened to them, respected them, and maintained their privacy and confidentiality.

Some 53 percent of IDI participants in the J&C study reported that they received medical support from the project; they described the support in terms of receiving money for seeking treatment or care workers' escorting them to the health facility. Almost all of those who received medical support rated it as 'good', because the healthcare providers behaved well with them (22 out of 26 participants who reported having received medical support). One participant rated it as 'average' because it took a long time for the participant to get well.¹⁰

The quality was very good, Madam supported me a lot, and they started my treatment within a very short time. Doctors were very good, their behaviour was good, and they treated me like their own sister. [J&C study, IDI participant]

Similarly, among the IDI participants in the J&C study who reported having received psychosocial counselling, 93 percent rated the quality of counselling sessions as 'good' (39 out of 42 participants who received psychosocial counselling¹¹). These participants elaborated that they felt the quality was good because 'they felt no tension after attending the session', 'they felt as if they were talking to their own parents when they talked to the care worker', 'they felt light', 'they were able to overcome depression', 'counsellor ensured confidentiality', 'the counsellor showed lot of patience', and 'the counsellor knew how to talk and what to talk'. They reported that the J&C staff concealed their organisational identity and identified themselves as NGO workers for livelihood support, loan support, or sometimes as friends or distant relatives in front of others.

It was very good, When I used to talk with S Madam, I feel no tension that day. Their behaviour was good and they always try to make us laugh. [J&C study, IDI participant]

⁹ We asked them additionally to reflect on the quality of counselling sessions in terms of counsellors' recognising and responding to their needs, respecting their feelings, and showing empathy. They were asked their opinion on the quality of support for developing future plans in terms of the trainers' responding to the situation of respondents. Lastly they were asked to comment on the quality of skills-development sessions in terms of relevance of the training, feasibility of pursuing work in the areas in which they were trained, and the training skills of trainers. We note, however, that study participants did not always respond to these additional probes.

¹⁰ Three participants did not express their opinion about the quality of medical support.

¹¹ The remaining participants did not express their opinion about the quality of psychosocial support.

They used to talk with us, and they kept it secret also. I feel very good and relaxed after that, they always gave respect to us; there were different activities like, playing, skit, so we used to enjoy a lot. [J&C study, IDI participant]

It was very good, I felt that my own parents were talking with me. [J&C study, IDI participant]

I never faced any problem in taking services from J&C. They used to come to our house as a distant relative to our neighbours and other people. [J&C study, IDI participant]

Ninety percent of IDI participants in the LIFT study who reported having attended counselling sessions rated the quality of the sessions as 'good' or 'very good' (37 out of 41 participants who recalled counselling sessions).¹² The key aspects that were highly appreciated by the study participants were the quality of counsellors, their behaviour, and their level of patience and dedication. The counselling sessions gave them the space for sharing their concerns, feelings, and worries, equipped them on how to handle problems in real-life situations, and how to interact with others. One respondent, however, rated the quality of counselling as 'average' and reported that the content was more suitable for people who are depressed.

It was very good...they put so much effort. Their behaviour was so good, they never showed any irritation to us, we were very comfortable with them. [LIFT study, IDI participant, 2nd generation survivor]

It was very good. I could discuss all the tensions of my life that are there or not there with them. There are older wounds that I did not want to rehash, but there are other things that I shared as much as I wanted to. I could call them and talk to them for any issue that I had. [LIFT study, IDI participant, 2nd generation survivor]

It was very good. I think because the questions that Ma'am asked helped us understand what we would do in real-life situations. The situations could be true at any point in life. [LIFT study, IDI participant, 2nd generation survivor]

The quality of counselling sessions was very good. From these sessions, we understood how to talk to others, to what extent we need to talk to others, and we should not use any harsh words for others to make them feel bad, so basically, we tried to understand each other. [LIFT study, IDI participant, 2nd generation survivor]

In my opinion, it was so-so. For a lot of people suffering from depression, these sessions help. For many it does not. In my case, I would say it was alright. [LIFT study, IDI participant, 2nd generation survivor]

Seventy-seven percent of IDI participants in the LIFT study who reported having attended CAT sessions rated the quality of the sessions as 'good' or 'very good' (30 of 39 participants who recalled attending CAT sessions). They felt that these sessions improved their job-readiness skills and self-confidence, helped them overcome their inhibitions about interacting with others, and helped them set future goals. In addition, they stated that trainers explained topics in easy and simple terms, which also contributed to their favourable rating of CAT. Three participants rated the quality of the sessions as 'average', as they expected more from the sessions. One participant rated the sessions as 'not good', because she felt that she would not be able to practise what she learned during the sessions owing to external factors such as poverty.¹³

It was very good; people nowadays are generally not that helpful...if I appear for interview, I will not know the right way to talk, because I do not have experience. I went for this interview

¹² Four participants did not comment on the quality of counselling support.

¹³ Five participants did not comment on the quality of CAT sessions.

through another organisation. They asked me a few questions, I worked on casual for a week and then I joined the work. [LIFT study, IDI participant, 2nd generation survivor]

It was very good because Ma'am would always encourage us to go and give interviews and would tell us not to give up and that something or the other would happen and to keep giving interviews and that not everything happens at once. She would encourage us by telling us to have courage and not give up because one of them had not happened. I found these very helpful. [LIFT study, IDI participant, 1st generation survivor]

I will give them 5/5 because I gained confidence and I have been able to get over my fears. The teachers have told us that they are with us and if we ever require any help, we should tell them. [LIFT study, IDI participant, 2nd generation survivor]

Ninety percent of IDI participants in the LIFT study who attended the SDT sessions rated the quality of the sessions as 'good' or 'very good' (36 out of 40 participants who recalled attending the sessions). They gave the quality of training a favourable rating, because they learned something new and felt confident that they could find a job or earn money working from home. They also mentioned that the trainers taught them well, behaved well with them as if they were their friends or children, repeated sessions if they did not understand, and their teaching techniques were good. Moreover, they were comfortable approaching them to clarify their doubts. One participant rated the quality of training sessions as 'average' because she was not able to make money from online sales post-training, as people purchased products directly from the Meesho app.¹⁴

Our trainers were very good. When the trainers were so good, there was no question of facing any difficulty. The best part was that all of them were extremely well-behaved. Often you might teach well, but if you aren't well-behaved, it is not that good... They gave their 100 percent in this. [LIFT study, IDI participant, 2nd generation survivor]

Very, very, very good because Ma'am has taught us with great care and even with so many girls, they were never irritated. Even with so many people, they taught each person separately and with a lot of sincerity [LIFT study, IDI participant, 2nd generation survivor]

Ma'am used to explain everything in a very good and friendly way; she would consider us like her friends. We understand it very easily and she kept asking us if we understood and if not, she would teach us again. She did not scold or scream at us. [LIFT study, IDI participant, 2nd generation survivor]

It was good because all the Ma'ams behaved very well with us. They taught us things like teaching little children. We could go and ask about anything. If there was any problem we got help from Ma'am. [LIFT study, IDI participant, 2nd generation survivor]

Participants in most of the FGDS (6 out of 9 FGDS) in the Seefar/MCF study noted that the intervention was of good quality, because the intervention strategies made the community members aware of many issues such as child marriage, CT, and CSEC.

R7: It was good.

R2: Good.

R1: It was good.

R5: Good because a lot of people have become aware. There has been a lot of change.

[Seefar/MCF study, FGD participants, fathers]

Participants in the remaining three FGDS commented that although the intervention was good, it had less relevance in their context. They observed that they did not face issues such as CT or CSEC, that the campaign should have been implemented in urban areas where the risk of CT/CSEC is

¹⁴ Three participants did not comment on the quality of skills-development sessions.

more, that the project team should have engaged more people, particularly influential adults in the community and people in authority, and that there should have been more follow-up actions.

Investigator: How would you rate the quality of the 'Surokhito Gram Karyakram.'

R1: It was good, we would not say it was bad.

R2: It was good.

R3: They have set up a box but we never dropped any note in it because we have never faced such issues [CT, CSEC].

R4: The programme was good.

R3: I think this programme should be implemented in town areas; they are at more risk. In a household where both father and mother are working, the child stays alone at home and so child trafficking is more common in city areas. But, we don't have such problem, that is why we can't say much about it. [Seefar/MCF study, FGD participants, fathers]

Investigator: How would you rate the quality of the 'Surokhito Gram Karyakram.'

R5: Yes, it was good.

R1: It was good, but not very good I would say. They should have included a lot more things; the programme was good, but follow-up was not done properly.

R2: They were unable to spread awareness properly.

R3: It had stopped due to corona.

R4: They should include everyone, it is not like that one can do everything, we have to do this work jointly.

R6: They did not tell us to join the meeting. [Seefar/MCF study, FGD participants, community leaders]

Chapter 5: Perceptions about useful intervention activities and self-reports of changes in awareness and practices

This chapter presents findings on study participants' perceptions about useful/helpful intervention activities (perceived effectiveness) and their assessments of changes that they experienced/observed following the implementation of the projects. We note that domains of changes enquired differed across the three projects because of differences in the objectives of the projects and subsequent intervention strategies implemented in the projects. Therefore, findings on the mental health of intervention participants and their engagement in income-generation activities are presented for the J&C and LIFT projects and, additionally, reintegration experiences for the J&C project. With regard to the Seefar/MCF project, this chapter presents findings related to changes reported in awareness of risks of CT and CSEC and underlying vulnerabilities of children. We caution that findings related to changes experienced/observed should not be interpreted to indicate the effectiveness of the interventions, as these are based on self-assessments.

5.1 Perceptions about the usefulness of interventions

We asked IDI participants in the J&C study and the LIFT study to freely list activities/support that they found useful/helpful and the ones they did not. We note that we did not use any standard definition of the concept of 'useful/helpful', rather we relied on study participants' subjective understanding of the concept.

Forty-nine percent of IDI participants in the J&C study mentioned spontaneously the psychosocial counselling sessions as useful, because these sessions helped them gain confidence, become resilient and overcome their confusion and fears, make right choices, and escape re-trafficking (Table 10). Several others found financial or material assistance to start their own business (37%) and vocational training (22%) useful, because these helped them earn more or solve their financial problems. Thirty-one percent of study participants found grocery support immediately after repatriation and during the outbreak of COVID 19 useful, 14 percent found repatriation services useful, and 10 percent each found life-skills training and medical support useful. None of the IDI participants in the J&C study listed any support/activity not useful.

I was very depressed and totally broken. They provided me counselling support, consoled me. I have gained confidence after their counselling sessions. I have become strong, Now I am very happy and feel very strong. [J&C study, IDI participant]

Whatever they said was for my own benefit. They gave me counselling at the right time. I was very confused, and I had planned to go back to India or somewhere. But they made me understand not to do it. [J&C study, IDI participant]

It was very useful; I was working as a helper in a garment factory, and I was paid 4,000 takas as my salary. But due to this training, I have become operator and my salary increased to 8,500 takas. [J&C study, IDI participant]

They used to give many trainings, and it was very helpful to do business. I can solve many problems now; they taught us how to start a new business, how to make profit from it. [J&C study, IDI participant]

It was very helpful and effective. We could learn a lot, we got to know many things otherwise we could have fallen into the old trap. [J&C study, IDI participant]

The support that I found most useful was that they provided food during corona time, provided cash. They told me to stand on my own feet and for that they would help me. They provided counselling support. [J&C study, IDI participant]

Table 10: Intervention activities/support that were listed as useful/helpful, IDI participants, J&C study, and LIFT study

Intervention Activities	J&C study (%)	LIFT study (%)
Counselling	49	33*
Life-skills training	10	
Vocational-skills training	22	42
Financial/material assistance for income generation	37	
Repatriation	14	
Medical care	8	
Education support	8	
Emergency support	31	
Legal support	4	
Sensitising family members	2	
Number of IDI participants	49	43

*Note: Findings are based on activities/support that respondents freely listed. Percentages add to more than 100 because of multiple responses. Responses were missing for 23 percent of IDI participants in the LIFT study; * Includes AC and CAT sessions*

Forty-two percent of IDI participants in the LIFT study reported that they found computer training most useful because they learned something new or because it was required in their current job or for future jobs. Some 33 percent of participants reported that they found the counselling and confidence in action sessions most useful, because these sessions helped to improve their confidence and identify their strengths and weaknesses. When probed about activities that they did not find useful, most participants reported that everything was useful. However, a few participants reported online re-selling was not useful because people bought things directly from the Meesho app, and they also reported that website designing was not useful, because it was difficult to learn.

Most useful activity was confidence in action training. In that session they used to discuss about us— how to be happy, how to share our feelings with someone. So, in this course they used to listen to our heart. And made us understand our mind. [LIFT study, IDI participant, 2nd generation survivor]

For me, the computer course helped because I do that work now. I prepare sheets and do data entry. I also use Meesho. [LIFT study, IDI participant, 2nd generation survivor]

Participants in eight out of the nine FGDs felt that the intervention activities in general were useful and relevant in their context. Of particular relevance were activities to raise awareness about child marriage and education because these sessions increased people’s awareness about the consequences of child marriage and benefits of education. Further, they felt that intervention activities helped to reduce child marriages or made people cautious about conducting child marriages. Participants in one of the FGDs reported that the training in self-defence was notably relevant for girls. Participants in one of the FGDs reported that the programme was not useful nor effective because the project activities did not engage most people in their village and because people knew about issues discussed in the sessions from other sources. Participants in another FGD reported that the complaint box was least relevant as no one had dropped any anonymous complaints or queries in the box.

R3: The things that they discussed about children were of use; the fact that they should not get married under the age of 18. All of these were useful. [Seefar/MCF study, FGD participants, community leaders]

R1: Everything was relevant.

R2: All the programmes related to children were very much relevant.

R3: Karate and singing dancing activities were good.

R4: Self-defence is must, so, karate was good. [Seefar/MCF study, FGD participants, fathers]

R7: Maybe the box, because till now we have not received any complaints.

Investigator: Why?

R5: Till now we have not received any.

R4: There has been no incident; then, how will we receive a complaint?

R7: People might have had issues but kept it to themselves. We might not have been able to understand these issues.

R1: The complaints have not been received.

R7: I think the idea was good but not effective [Seefar/MCF study, FGD participants, fathers]

R2: The entire villagers do not know about this programme, then how will it be relevant?

R1: There is no effectiveness and also no usefulness. Those who are conscious about their children are also aware of these issues and those who are not conscious about their children are not aware of these issues,

R2: The programme was good, but there is no usefulness. If it is done by Panchayat, then it would have been better. The programme needs publicity by including some skits or involve children in it.

R3: We have to make advertisement very effective, then only people would be conscious. If it was done by Panchayat then it would have been better. [Seefar/MCF study, FGD participants, fathers]

The project staff and external key informants who participated in the study reported that the projects were useful. Project staff and external key informants in the J&C study reported, for example, that the project was useful, because it responded to the needs of the victims.

It is very useful as we are working with victims; we can meet their daily needs, we can provide support; we are giving them grocery, hygiene materials, we are giving them business opportunities. We ask them what they want to do and support them according to their own choice. [J&C study, J&C project staff]

It is very useful and effective. If we have 10 more organisations like Justice & Care, our country will be safe and secure. [J&C study, legal service provider external to J&C]

It is very useful as they give support to victims, they are doing a very good job, they helped them in rehabilitation and reintegration, they motivated victims. [J&C study, government official]

Similarly, project staff who participated in the LIFT study reported that all intervention components were useful for the intervention participants. Even so, some staff commented that AC and CAT sessions were more useful than the SDT. They recognised the traumatic background of the intervention participants and felt that helping them overcome their trauma and build their resilience was more important than skills development. Moreover, they felt that the skills-development component required more planning and preparation, such as assessing participants' aptitude, competence, and willingness to use the skills and the potential of the course to help participants earn a decent income (for example, Meesho turned out to have limited potential). It also required putting in place supportive systems that participants need for using the newly acquired skills to earn income.

Each and every component has its usefulness and there were no components that would not be helpful for them in the future. We cannot miss anything or any component. [LIFT study, Seefar project staff]

I think the technical skills is important, but AC and CAT are extremely important because what happens in livelihood is that one particular skill is taught, but there is not much discussion around what one does with it, how they will use it, or whether the person is prepared to use that skill. So, AC and CAT, particularly CAT, are very useful given that the participants came from a significant background of trauma and exploitation. Those sessions helped them open up the most and helped them get an idea about who they are. These sessions do not require any extra skill, they are not fed with more information, these trainings take information what is within them. I feel it is cathartic to them, to feel that they know so much and they are able to process that knowledge. Skill of using the knowledge within for their benefit was never taught to them. They feel these sessions are important for them for the very same reason. [LIFT study, Seefar project staff]

Teaching them computers at this point in time might be overstretching them. It would have been better if we could have these CAT and AC sessions for a year, then introduce digital literacy and financial literacy, and then go into computers. These curricula are so short. Given the background of these women, they need time, their brain is all messed up because of trauma, years of neglect, oppression, and slavery and stress. Given the low level of education and exposure to begin with and then these years of trauma, we have to give these women time to get a hold of themselves and understand what training we are giving them before introducing things like computers, financial literacy, entrepreneurship. [LIFT study, Seefar project staff]

We taught them about Meesho. We basically tell them that they are not supposed to tell the customer that they bought it from Meesho. But, we realized that everyone uses Meesho in the community. It was not useful. [LIFT study, Seefar project staff]

Because of lack of basic literacy, age, and generation, the skills-development training did not turn out to be as we expected. [LIFT study, Seefar project staff]

Project staff and external key informants who participated in the Seefar/MCF study commented that activities to generate awareness about child trafficking and child marriage were useful, because awareness of these issues helped to reduce child marriage. Some noted that mobilising *gram rakshaks* (village guardians) was a good step, because they keep an eye over the village and inform concerned stakeholders about issues affecting children. One key informant reported that raising awareness among mothers was also a good step.

Engaging mothers and making them aware was good. [Seefar/MCF study, locally elected representative].

The concept 'gram rakshak' was very relevant. From the gram rakshak, we could easily reach to the problem and the villagers. They inform us immediately if anything happened in those villages. [Seefar/MCF study, government official]

5.2 Changes in mental health situation of study participants

Findings, although based on study participants' self-assessments, show improvement in the mental health situation of intervention participants in the J&C project and LIFT project. Most of the IDI participants in the J&C study and the LIFT study reported that their mental health situation had improved following their participation in the projects. Eighty-seven percent of IDI participants in the J&C study reported improved emotional well-being after exposure to the programme (39 out of 45

participants who responded to the questions on their mental health situation). The project helped them lead a normal life, feel relaxed and stress-free, overcome their fears and suicidal thoughts, and control their emotions. They reported that they were able to dream about a brighter future, feel motivated and enthusiastic to achieve their dreams, review their situation thoroughly, plan their activities carefully and exercise caution as required, interact with others confidently, and feel emotionally secure.

When they gave me counselling support, I realised that I can start my life fresh. They used to counsel me 2–3 times monthly. They maintained our privacy. I felt very good and relaxed after the sessions. They always gave respect to us. There were different activities like playing, skit, and I used to enjoy a lot. Lot of changes happened to me, like, now I respect myself. I used to get scared earlier, now I can handle it. [J&C study, IDI participant]

But, when I started to talk with them [the counsellors], I felt very happy. They listened to my problems. They used to call me and talk to me for an hour. When they called me, I used to feel happy to share my situation. I felt like that my own parents were talking to me. They were very capable, and their behaviour was good. I have changed a lot and understood that I have to do something in my life. If I sit like this, it will not help me. Now, I don't keep any bad feelings to myself. If I feel bad, I share it with them and I feel very light. [J&C study, IDI participant]

The quality of support that J&C gave was very good. They did not put any pressure on us. A lot of changes happened to me. Now I speak to others in a good manner, and I make them understand my condition. [J&C study, IDI participant]

The quality was very good as they helped me overcome my worries. They were very good and well trained. They had solution for all our problems. Now, I don't think about what other people think about me. [J&C study, IDI participant]

I have become normal now. J&C supported me. They supported me like their own sister. I have changed a lot. I have a baby girl now and I am leading my life happily with my family. This was possible only because of them. [J&C study, IDI participant]

Similarly, all the IDI participants in the LIFT study reported a positive frame of mind following their participation in the LIFT programme (39 out of 39 who replied to the question on their emotional status). Some 44 percent of participants reported an improvement in their self-esteem and self-efficacy. They reported that they were able to share their feelings and concerns with family members and others, express their views in front of others as well as empathise with others, and handle conflicts skilfully through dialogue and without resorting to violence. They also reported that they started believing in themselves and felt capable of doing things which they never thought they would be able to. Many also talked about increased ability to control their emotions and stress in life.

I felt good that at least I could share it with someone. Earlier when there was a problem, I could not share with my family. But now whenever something happens, I share it with my mother, and she understands and helps. It is better than before. Earlier, I would keep to myself and not talk to anyone at all. But now, I do talk. [LIFT study, IDI participant]

I am now a lot better so much so that if someone even hurts me now, I do not react in the same way as earlier. I have faith in myself now. I feel a lot lighter completely. There is new hope, new dreams. Even if I remember something bad, I think it can be dealt in one way or another. [LIFT study, IDI participant]

I will not let whatever anyone says get to me. I am a teacher. I teach kids and I would shout a lot and hit them at the slightest thing earlier. But now, I am much calmer and in control. I have learnt to understand the situation before taking an action. I am doing the work

proactively; I don't shout at the kids now. I try to listen to them and make them understand. [LIFT study, IDI participant]

I have gained confidence and I am not scared while talking to people. You know, there is good touch and bad touch in the streets. I have gained so much confidence that I am no more scared of people who abuse us. I confront them now. It has helped me in my work too and taught me how to think differently about things. Earlier, if there were people who understood a little less, we would make fun of them. Now, I understood that they might have some issues and it is not fair to stigmatise them. [LIFT study, IDI participant]

I feel light and I very confident. I feel at peace and feel relaxed. I had zero percent confidence when I had started. It is 99 percent or 100 percent today. [LIFT study, IDI participant]

At the moment, I have been able to control myself a lot—anger, pain and fights. Truth be told, after these training sessions, I have stopped fighting completely. My life has been completely turned over. I am in a different place from where I used to be and my life has been changed completely. [LIFT study, IDI participant]

5.3 Changes in engagement in income-generation activities among study participants

Findings show notable improvement in study participants' engagement in income-generation activities following their exposure to the J&C project. While 29 percent of IDI participants in the J&C study reported having engaged in income-generation activities prior to joining the programme, 57 percent reported so after their engagement with the project. Most of the study participants who were engaged in income-earning activities at the time of the interview reported that they were continuing with the trade/business for which they got financial assistance or training from the J&C project (28 out of 49 IDI participants). A few study participants, despite J&C's livelihoods support, reported that they were not engaged in income-generation activities at the time of the interview (9 participants), because of poor health conditions (2 participants), household responsibilities (2 participants), lack of machinery to pursue activities in which they were trained (for example, having a sewing machine, 3 participants), father running the business (1 participant), and desire to pursue economic activities other than what they were trained in (1 participant).

After operator training, I gave interview at a garment factory and got a job with a monthly salary of 8,000 takas. [J&C study, IDI participant]

I received livelihood support from J&C. They provided a cheque to buy a cow. One staff member from J&C accompanied me to the bank and helped me withdraw the money and buy a cow. From that cow, I had a calf which I sold for 40,000 takas and built this house. [J&C study, IDI participant]

Now, I am earning my living from my parlour business. [J&C study, IDI participant]

They gave support for doing animal rearing and tailoring work. They gave me training about how to rear cows and goats. But I am staying with my brothers and they both are going for job. I stay at home to look after their kids. [J&C study, IDI participant]

They gave me 20,000 takas to start a clothing business. My business was running in loss, and I discontinued. I could not do any job due to my health condition. [J&C study, IDI participant]

They gave me training about poultry farm, but I did not continue with it as I wanted to do a job. [J&C study, IDI participant]

I got tailoring training for six months. But I have not done anything, because I don't have any machine. I could do it from my home if they provide me a machine. [J&C study, IDI participant]

In the LIFT study, the change in engagement in income-generation activities was minimal. While 30 percent of IDI participants reported engagement in income-generation activities prior to joining the project, 35 percent reported so after their participation in the project. Of these, five participants reported that their work was related to the training that they had received through the programme, for example, giving training in a cybercafé, data entry, and online re-selling. Eight participants reported such work as coaching students, tailoring, working in food and beverages, and working with NGOs. One participant reported that she continued to do sex work. We note that the level of engagement in income-generation activities found in our study was lower than that reported in the Seefar evaluation of the LIFT project—45 percent of the LIFT intervention participants were employed outside sex work (Seefar, 2022).

Furthermore, 13 IDI participants in the LIFT study talked about their experiences with using the Meesho app; of these, eight participants reported that they had used the app a few times, but they had discontinued for reasons such as poor quality of the products received, clashing with school/college timings, lack of customers because people prefer to buy directly from online sites, and limited earnings from re-sale. Three participants reported that they did not use it, because their earnings from Meesho was insufficient and they do not expect a lot of customers to buy from them. Only two participants reported that they had used the app and would continue to use it.

I had done 2–3 times, but then I did not do it because some products that came were not good and I returned them. That's why I did not do it again. [LIFT study, IDI participant]

Nowadays, everyone knows about online shopping and they directly purchase from the online site. Why will they come to us? We posted our products, but they prefer to buy products of their own choice. We have faced difficulties in getting the customers. I could not get a single customer even if I posted one product for two weeks because everyone does online shopping and they prefer to buy directly from Meesho. I do not do it now for this reason. I don't have the patience, but if anyone can post it regularly, obviously customers will come, and they can earn Rs 50–70 and this is sufficient pocket money for a girl. [LIFT study, IDI participant]

I did not earn anything because everyone buys directly from Meesho even in my home. They know the actual price of things so why would anyone buy it from me? Just that everyone at home knows about it so what will I sell to them? Now Meesho also has an option where you can take the screenshot of something you like and get it delivered so people do that so why will they buy from me? [LIFT study, IDI participant]

I am not educated, and it is difficult for me. Also if you are earning Rs 20–30 by reselling a product, it is not enough to run a household. [LIFT study, IDI participant]

I did it for two months. I still do it. Earlier it was 5–6 people. Now it is 2–3. I am studying. I do it for an hour. I keep uploading on Facebook, WhatsApp. I have to study, so I give it an hour. Now that exams will be over, I will be idle at home so I will do it then. [LIFT study, IDI participant]

When probed about future plans, 33 percent of the IDI participants reported that they wanted to complete their academic studies or examinations first and look for a job thereafter, and seven percent reported that they wanted to go for further studies or training. Another 30 percent of study participants reported that they had started looking for a job, and nine percent reported that they planned to look for a job.¹⁵

¹⁵ Nine participants did not respond to the question on their future plans.

5.4 Reintegration with families and communities

Although both the J&C and LIFT projects were reintegration projects, as noted earlier, most of the participants in the LIFT project had not experienced CSE personally, and therefore, we did not ask LIFT study participants about reintegration experiences. We asked IDI participants in the J&C study whether the J&C project had sensitised their family and community on how to behave with them. We asked how they were treated by family and community members when they returned, whether they faced any stigma from family and community members, whether they were able to socialise normally with family, friends, and neighbours, and whether the project helped them to go back to a normal life. We note that we did not use any standardised tools for assessing reintegration experiences.

When probed about efforts by J&C staff about sensitising family and community members, 47 percent of IDI participants reported that J&C staff spoke to their family members and convinced them to support them and behave well with them, while 27 percent reported that there was no such effort or that they were not aware of such action.¹⁶ Only 10 percent of study participants spoke explicitly about efforts to sensitise neighbours and other community members. In response to questions about how they were treated by family, friends, and community members and whether they faced any stigma, 47 percent of study participants reported that family and others behaved well with them when they returned home, 37 percent alluded to stigma faced previously but not currently, and 16 percent reported that they continued to face stigma.¹⁷

In the beginning, I could not mingle with them but after some time and after taking training and counselling classes, I became normal. They (family and friends) all know that I am trafficked and was sold to someone. My parents were very strong, neighbours used to gossip about me, but my parents protected me and now things are normal, I don't have any problem. [J&C study, IDI participant]

When my parents came to take me home, Sir /Madam conveyed to them that they should speak very softly with me, they should not get angry with me, they counselled them. So, no one misbehaved with me. My experience was very good, there was no difference when I returned home. I was treated in the same way as I used to be before. I have no problem. My relatives, and family know but neighbours do not know about my job in India. [J&C study, IDI participant]

My mother was with me. My family took care of me, but not my relatives. I felt very bad that all my relatives came to know that I have returned from India, but they don't know what I did there. I stay in Dhaka maximum time. I don't move around, I don't go outside unnecessarily, I don't talk to outsiders. [J&C study, IDI participant]

I never thought I could meet up with my family, I was very happy to see my family. Few people used to talk about me, but not in front of me but behind by my back; some people used to talk among themselves about what I did in India, and they taunt me even now. I told Madam that my husband misbehaves with me, so they convinced him and he is normal now. [J&C study, IDI participant]

Everyone knows it. My family used to support me, but other relatives and neighbours used to talk about me, that is why I never go outside. I am still scared; I can't talk with anyone and face anyone. Outsiders used to talk about me in a bad manner. Sir used to come and convince them, but I need more counselling and training. They have to make other people understand. [J&C study, IDI participant]

¹⁶ Thirteen study participants were staying in shelter homes or did not respond to this question.

¹⁷ Nine study participants did not respond to this question.

People have taunted me a lot, my parents only know, I have no problem staying with my in-laws but I cannot stay at my own home, my brothers never come to meet me after I returned from India. [J&C study, IDI participant]

5.5 Awareness of risk of CT and CSEC

We asked FGD participants in the Seefar/MCF study about changes in the awareness of the risk of CT and CSEC that they observed among people around them in their village with the implementation of the Seefar/MCF project. Participants in most of the FGDs (6 out of 9 FGDs) reported that they had observed an increase in awareness of CT, CSEC and child marriage among people in their villages. They also commented that children and families had become more conscious of the consequences of risk-taking practices and had started practising protective actions. They found, for example, that parents and children were interacting more openly than earlier, parents were sending their children to school in groups rather than alone, adolescents were informing parents when they went out for work, adolescents were finding work through right contacts, and they were gathering information about workplaces before they left to take up work. They also acknowledged contributions of print and digital media in raising awareness about these issues.

Those kinds of decisions where they have decided to go without thinking of consequences have reduced. It is not that they are not going, they are going, but they are going through the right channels. They are taking information; they are finding out more about the workplaces before going. [Seefar/MCF study, FGD participant, father]

People have become very conscious about all these things not only from the programme but also from TV and newspaper. [Seefar/MCF study, FGD participant, father]

R4: Some of them called the toll-free number that they [project team] had given.

R5: People are seeing and understanding.

R1: There has been an increase in awareness about child trafficking and CSEC.

R2: There has been an increase in awareness. Now, parents are not sending children alone to schools. The high school is a little far away; earlier children used to go alone. After listening to all of these, parents do not want to leave their children alone, they are going in groups.

R3: Now parents have also become more friendly with the children, earlier they did not know that all these used to happen. [Seefar/MCF study, FGD participants, community leaders]

5.6 Risk of CT and CSEC and underlying vulnerabilities

FGD participants in all the FGDs in the Seefar/MCF study reported that CT or CSEC had not taken place in their villages even before the implementation of the intervention and that they had seen reports of CT/CSEC in the media. Therefore, the FGD participants reported no change in CT or CSEC. We note that our findings contrast with the findings of the scoping study that GFEMS conducted that reported widespread prevalence on CT/CSEC in the intervention villages.

R1: We don't have this type of problem like child trafficking and all.

R2: Child marriage has been reduced to some extent.

R3: People are becoming more aware, police get involved in this practice, they are more conscious now.

R4: Government has implemented Kanyashree and Ruposhree, and also everyone goes to school. First of all, everyone has one or two children so parents want their children's education. So, these are the main factors of reducing the child marriage. [Seefar/MCF study, FGD participants, fathers]

R2: It was not prevalent in our area,

R3: We used to see child marriages but child trafficking we never experienced. [Seefar/MCF study, FGD participants, fathers]

However, participants in most FGDs (6 out of 9) reported that child marriage had reduced in their villages, although not necessarily because of the implementation of the project. Some of the participants in the FGDs also noted improvements in educational aspirations and attendance in schools.

R2: They are teaching us new things so they will change, right?

R1: Some changes, aspirations towards education. [Seefar/MCF study, FGD participants, mothers]

R2: Changes can be seen among girls, they are going for school, they are working also,

R3: Yes, changes happen.

R4: Even girls are not getting married at a very early age, they have become very aware.

R5: Earlier girls did not step out from the house, but now they are going.

R6: Villages have improved a lot. [Seefar/MCF study, FGD participants, community leaders]

Chapter 6: Conclusions and recommendations

The three projects implemented by J&C, Seefar, and the MCF were intended to reduce the prevalence of CSE and/or CSEC through prevention mechanisms. These projects adhered to trauma-informed and victim-centric concepts. Adherence to safety, trustworthiness, peer support, collaboration and mutuality, and empowerment, voice and choice were notable in the narratives of the study participants in all the three projects, particularly in the J&C project and the LIFT project. The intervention participants, project staff engaged in delivering the intervention, and external stakeholders understood the project's objectives and activities accurately. They were also aware of the various stakeholders engaged in the projects. Most of the intervention participants enjoyed participating in the programmes and appreciated the support received from the projects. Intervention participants in all the three projects participated actively in the intervention activities or accessed the support that the projects extended for the most part. Most participants did not report any challenges in participating in the intervention activities or accessing the support. They rated the quality of the project as good for the most part. These findings indicate that the intervention activities were acceptable to CSE survivors and at-risk communities. Findings from the interviews of project staff show that although they faced some challenges, they were able to deliver the intervention activities as planned. Critical components of the projects, for example, psychosocial counselling and livelihoods support were found useful by many intervention participants. Furthermore, the study shows an improvement in emotional well-being, although this was based on participants' self-reports, and greater engagement in income-generation activities in the J&C project, and improvement in emotional well-being and an increased focus on educational/livelihood aspirations in the LIFT project. Several women had positive experiences upon their return to their families and communities and several others, although they faced stigma initially, found improvements in family and community members' behaviour towards them in the J&C project. Despite these positive narratives about the projects, there were implementation gaps and challenges.

This chapter presents research gaps and policy and programme recommendations informed by the study findings for different stakeholders, for example, programme implementers, state and national governments, and monitoring, evaluation and learning practitioners.

7.1 Recommendations for programme implementers

Important lessons can be drawn from the implementation experiences of these projects for improving the delivery of CSE prevention and victim-reintegration programmes conducted by government departments and non-governmental (NGO) partners.

Although the importance of engaging with survivors and implementing trauma-informed approaches is increasingly recognised, projects that incorporate such an approach are few and far between in both Bangladesh and India. These projects have demonstrated the feasibility, acceptability, and perceived effectiveness of trauma-informed/victim-centred projects. Findings highlight the importance of establishing procedures for creating a friendly environment in which project activities can be conducted as also measures for ensuring survivors' physical and emotional safety. Findings highlight that giving time and space to survivors to express their desires and opinions, valuing their views, and ensuring confidentiality and privacy are critical. Flexibility in adapting intervention strategies, modules, and sessions to the needs of survivors is also important. Findings also call for careful selection of intervention delivery agents and efforts for orienting them to engage survivors sensitively, to show empathy, patience, and positive gestures, to obtain informed consent, to maintain privacy and confidentiality of survivors, and to acknowledge that it may take time to secure survivors' trust.

While both the J&C and the LIFT projects contributed to improving emotional well-being of intervention participants, their contributions for enabling alternative livelihoods for intervention

participants were mixed. Although livelihoods training and support were appreciated by intervention participants in both the J&C and the LIFT projects, the perspectives of intervention participants and key informants highlight the need for offering an array of livelihood options that intervention participants can choose from, based on their aptitude, immediate needs, support systems, and environment. Findings also call for an assessment of participants' aptitude, competence, and willingness to use the skills learned and the potential of the skills-training courses to help participants earn a decent income (for example, Meesho turned out to have limited potential). Also required are supportive systems that participants need for using the newly acquired skills to earn income.

Although the J&C project contributed to enabling the reintegration of several survivors with their families and communities, there were a notable number of survivors who were yet to be fully reintegrated or who continued to experience stigma and discrimination, perhaps because efforts to sensitise the communities were not sufficient. A number of survivors had suggested that community members need to be sensitised to the issues of victims. It is also important to recognise that reintegration is never a smooth and simple journey for survivors as they have huge hurdles to overcome in terms of trauma, stigma, mental and emotional health, economic challenges, among others.

7.2 Recommendations for governments

In both Bangladesh and India, as in several other countries, efforts to ensure long-term reintegration and recovery of victims of CSE/CSEC and to prevent their re-victimisation remain limited. The J&C project in Bangladesh and the LIFT project in India have demonstrated the feasibility of providing victim-centred, trauma-informed, and culturally competent care and support to victims of CSE/CSEC. Our study has shown that survivors/beneficiaries had enjoyed participating in the intervention activities and had found several of the strategies timely and useful to improve their situation. Although the projects were not exactly comparable, there were common elements that were found to be acceptable and also perceived to be effective by survivors, namely, psychosocial counselling, livelihoods training, and support. It is important to explore the feasibility of replicating or integrating these strategies in partnership with concerned government departments (Ministry of Home Affairs and Ministry of Social Welfare in both Bangladesh and India, Ministry of Women and Child Development in India, Border Guards Bangladesh) so that provision of victim care can be strengthened and expanded and a larger number of survivors can benefit from these approaches.

7.3 Recommendations for monitoring, evaluation, and learning practitioners

The study was designed to capture the perspectives of intervention participants, project staff, and other stakeholders about intervention strategies, acceptability of the strategies, quality of delivery, and effectiveness of the interventions, and it was not designed to evaluate the reach or effects of the intervention projects. Independent evaluations, using rigorous designs and standardised tools and indicators, are needed to assess the impact of these projects in transforming the lives of intervention participants in the long run.

Several of the study participants in the J&C project had been recipients of the intervention for several years, therefore it is important to assess the minimum threshold of support that is required to stabilise the survivors and put them on the path to alternative livelihoods.

Assessing the quality of each project or its multiple components, using standardised, validated measures of quality was beyond the scope of our research. This is an important area for future evaluations to consider.

It is important to understand how financial and human resources have been spent, and whether they have been used effectively to meet the objectives of prevention and reintegration programmes like those included in this report. Future studies may consider measuring value for money for such programmes.

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