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JUSTICE & CARE

BASELINE ASSESSMENT REPORT

External Evaluation of Justice and Care Bangladesh Champion Survivor Aftercare Programme

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Executive Summary

Trafficking of women and children in Bangladesh especially around the border region, has been a serious concern for several decades. Rescue and repatriation of these women and children is difficult; however, reintegration also is a huge challenge due to societal norms and perspectives as well as individual's traumatic experiences and associated psychosocial vulnerabilities. Non-government organizations including Justice and Care (JnC) have been working towards improving lives of these women and children though intensive aftercare service delivery. This report presents the findings of a baseline evaluation of the peer-led aftercare programme run by Justice and Care for survivors of human trafficking.

The baseline assessment includes questionnaire surveys, in-depth interviews and key-informant interviews with Aftercare Case Facilitators (ACF), survivors, family members of the survivors, and JnC staff. Necessary tools were developed though mind-map exercises and discussion between the research team members and JnC team. A total of 51 surveys, 31 in-depth interviews, and 9 key informant interviews were conducted bearing strict compliance with the research ethical approval received from the University of Dhaka.

The findings suggest comparable demographic characteristics among the survivors and the ACFs. However, the ACFs understandably reported higher income (as they are doing job at JnC) and education level (as preference is given during selection) compared to the survivors. Stark differences were observed in the psychological state of the survivors and the ACFs where the former had poorer wellbeing and higher psychological vulnerabilities (for psychological symptoms and post-traumatic stress disorder) compared to the ACFs.

Interview data with the ACFs indicated very high satisfaction and engagement in the job. Most of them reported how much it means to them and how it transformed their lives towards reintegration. They were described as serving as a beacon of hope by the survivors they provide care to. The findings reflect strong indication of recovery and reintegration progress for both survivors and the ACFs. Due to lack of preintervention data, it cannot be claimed to be solely as a result of the aftercare programme. However, a quick comparison between peer-led aftercare programme participants and non-participating survivors indicated better performance in most of the indicators among the peer-led aftercare

programme participants offering a glimpse to the possible effectiveness of this element of the programme.

The findings suggests that the holistic care offered by the JnC in their aftercare programme is significantly contributing towards the recovery and reintegration of survivors and the peer-led support provided by the ACFs is of additional value to them. Although it is too early to conclude about the effectiveness of the aftercare programme without comparable preintervention data, the upcoming midline and endline stages of this evaluation are likely to provide more definitive evidence of the usefulness and effectiveness of the programme if that is the case. The recommendations made for the JnC can be useful towards that direction.

SECTION 01: Background

Human trafficking, a rapidly expanding illegal enterprise globally, is estimated to have a value of approximately £32 billion (United States Department of Justice, 2016). It disproportionately targets women and children, with women comprising 46% and girls comprising 19% of all victims (United Nations Office on Drugs and Crime, 2020). This multifaceted crime involves commercial sex work, bonded labour, and various forms of sexual exploitation. Victims are also coerced into forced marriages, organ extraction, and begging, underscoring the vast and complex nature of trafficking (United Nations Office on Drugs and Crime, 2016). Despite the implementation of national laws and international treaties, such as the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, the rate of prosecutions remains minimal, mainly due to the limited capabilities of law enforcement agencies and prevalent corruption (United Nations Office on Drugs and Crime, 2020).

Bangladesh's vulnerability to trafficking is heightened by its high population density, unemployment, natural disasters, and limited resources (Khan, 2021). The country has experienced the trafficking of women and children to regions like India, Pakistan, and the Arab world since the 1950s (Ara & Khan, 2006). Contributing factors include poverty, illiteracy, gender discrimination, and societal attitudes. Discrimination against women in Bangladesh starts early and continues throughout their lives, often denying them equal access to fundamental human rights. Additionally, domestic violence, normalized by patriarchal norms, is widespread. The socialization process in Bangladesh does not empower women to make independent decisions, and men often hold strong reservations against gender equality. These factors, coupled with poverty, make individuals particularly vulnerable to traffickers' deceit, who lure them with false promises of employment or marriage (Ara & Khan, 2006; Rahman, 2011).

The borders between Bangladesh, India, and Myanmar, known for their use in trafficking, lack stringent exit and entry procedures and specific legislation to monitor cross-border trafficking, exacerbating the situation (Rahman, 2011). Traffickers, often connected to influential socio-political elites and law enforcement, exploit these systemic weaknesses.

Moreover, the prohibitive cost of legal recourse further enables traffickers to evade justice. The rise of the internet and digital technology has also seen an increase in trafficking, with social media platforms becoming tools for targeting vulnerable youths from economically distressed families (Sumi, 2021). In 2021, the Dhaka Metropolitan Police reported 145 trafficking cases involving 404 arrests and 39,059 accused (Sumi, 2021).

Justice and Care, a UK-based international NGO operating in Bangladesh, is dedicated to eradicating modern slavery and human trafficking. Their work in Bangladesh, commencing in 2017, encompasses reuniting families, empowering witnesses, providing care for survivors, raising awareness, improving national processes, and reducing re-trafficking. A pivotal element of their strategy is the implementation of a peer-led aftercare programme for survivors of Modern Slavery and Human Trafficking (MSHT). This approach involves empowering 'Champion Survivor Leaders' to provide aftercare alongside staff, benefitting both the Champion Survivors and those receiving support.

1.1. The Project

Justice and Care's Champion Survivor Aftercare Programme adopts a holistic approach to supporting survivor recovery and addressing systemic issues. Central to the project are intensive and consistent aftercare and activities such as psychosocial counselling, healthcare provision, vocational training programmes, and income generation activities. The programme, spearheaded by Champion Survivors, includes adaptive activities in response to emergencies and training for aftercare stakeholders, focusing on trauma-informed and victim-centric practices.

This aftercare model has created a cycle of trust and service provision, leading to stable reintegration and preventing re-trafficking. The model, emphasizing survivor needs and empowerment, has shown success and holds potential for further expansion. However, individual recovery remains limited by societal context and cultural norms that stigmatize survivors of MSHT. While some progress has been made in sensitizing family and community members, further efforts are needed to overcome stigma and improve wider community acceptance and support for survivors (Justice and Care, 2023).

1.2. Theory of Change

Survivors of trafficking for commercial sexual exploitation (CSE) face a number of serious challenges in their recovery journeys, including economic hardship, social isolation and poor physical and mental health. Services available to survivors are often poor quality, difficult to access and not specialized to the needs of trafficking survivors, leaving them insufficiently supported and vulnerable to further exploitation and re-trafficking. To address this challenge, several activities are implemented, which include, strengthening Champion Survivors through training to work as aftercare case facilitators (ACFs), providing peer mentoring, holistic care and referral support to the survivors, enabling the economic empowerment of the survivors through educational, vocational, income generating activities and welfare support. It is expected that these activities will ensure, sustained improvement in mental, physical, emotional well-being along with the economic stability of the survivor of commercial sexual exploitation. It is also expected that the programme will contribute to improvement of services for CSE survivors in Bangladesh.

1.3. The Evaluation Study

With the aim to assess the efficacy of the aftercare model, this external evaluation of the "Justice and Care Bangladesh Champion Survivor Aftercare Programme" was planned to monitor the recovery journeys of survivors and Champion Survivors, identifying any unintended consequences. Conducted over 26 months from February 2023 to April 2025, the evaluation focuses on JCBD's peer-led aftercare programme. Its objectives are:

- To explore and identify the benefits, challenges, and impacts of survivor-led survivor care for both survivor leaders and the survivors they support. This is crucial to understanding the mutual empowerment and healing facilitated by the programme.
- To delve into the survivor recovery and reintegration process, examining the survivor-led approach's influence on these aspects. The focus is on comprehending the holistic journey of survivors, from repatriation to various recovery stages.

- To provide live learning and adaptation insights throughout the project's implementation, enabling Justice and Care to refine and adapt its strategies in real-time, ensuring the highest efficacy of the programme.

- To assess the effectiveness of Justice and Care's overall aftercare model, analysing the model's impact, strengths, and areas for improvement to provide concrete evidence of the model's success and potential areas for evolution.

- To generate actionable recommendations to fill knowledge gaps among policymakers and key stakeholders in the area of survivor care. This objective underscores the importance of informed policy and practice derived from a deep understanding of the realities and challenges in survivor care.

The external evaluation seeks to validate and enhance the effectiveness of the aftercare model while making a significant contribution to the discourse on survivor care. Focusing on survivor-led care, the study is poised to provide valuable insights into a transformative approach against human trafficking and modern slavery. Through this comprehensive evaluation, Justice and Care strives to pioneer innovative, effective, and empathetic strategies for survivor support and reintegration, establishing a standard for similar initiatives globally.

SECTION 02: Method

2.1 Overall Study Design

This research was planned to be carried out using an action research framework employing a mix of qualitative and quantitative methods. Programme logic (input, action, and output) of the survivor-led survivor care approach was developed based on available project literature and interviews with programme personnel. Insights from the initial assessment will be fed back to the programme to improve the design and intended outcome of the survivor care project. The final evaluation (process and outcome) will be used to generate recommendations for current and future projects on survivor care as well as for the policymakers. The research is planned to be conducted in three phases (e.g., Phase I – Baseline, Phase II – Midline, Phase III – End-line). The overall design to be followed in conducting this research is presented in Figure 2.1.

2.2 Current Study: Baseline Survey - Phase I

The present report contains the work conducted for the baseline survey and its associated preparation. Preparatory activities were carried out before the start of the baseline.

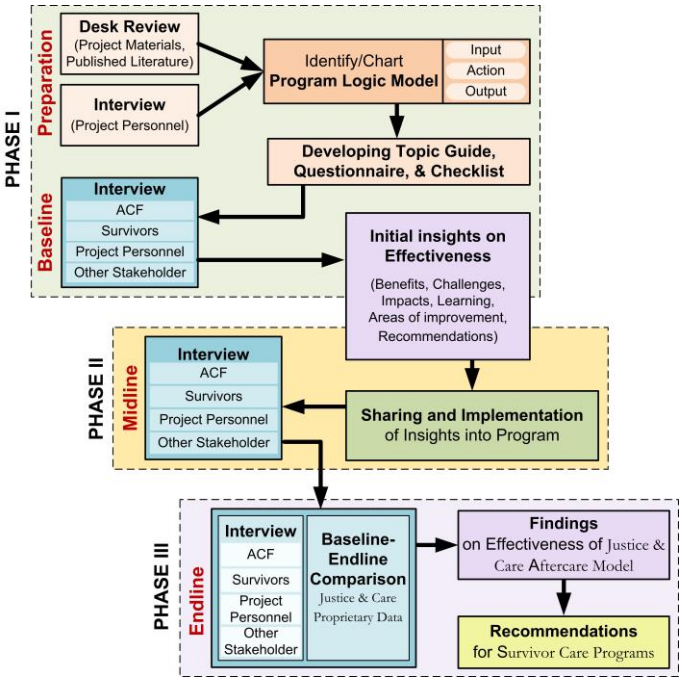

Figure 2.1. *Flowchart of activities in three phases*

The initial analysis of ***the preparatory work*** involved the exploration of the programme logic model (input, action, and output) of the peer-led survivor care project. Review of available project documents and interviews with project personnel contribute to the understanding of the programme logic model. These data were then used to develop the necessary tools (topic guides, questionnaires, and checklists) for collecting data for this research.

Collaborative work between the study team, and JnC staff (local and international) contributed to the finalization of the instruments. The review team was specifically concerned about the sensitivity and possible detrimental effect of any questions on the survivors and the ACFs. To ensure the safety and well-being of the participants and the study went through the ethical review process and received approval from the Ethical Review Committee of the Department of Clinical Psychology, University of Dhaka.

Once the tools were finalized and necessary approval was received, ***baseline assessment***, started. It includes interviews with project personnel, ACFs, survivors, and family members of the survivors. These data baselines were collected with the intention of i) understanding the current state, and ii) preparing ground for future comparison to check for the outcome and impact of the peer-led service delivery intervention.

2.3 Method of Data Collection

Based on the objectives of the assignment, a mix of qualitative and quantitative data was used in the Baseline (Phase I) and also will be used across different phases of the research (Mid-line and End-line). A summary of the proposed data collection technique and sampling is presented below.

2.3.1. Desk Review

Justice and Care project documents (e.g., concept papers, reports, publications, project reports) were reviewed to generate and understand the goals, methods, and rationale behind the approaches used in developing survivor-led survivor care projects. It also contributed to developing the programme logic model needed for the process evaluation. The sources of existing information include,

- Documentary sources, such as published literature, prior research documents, articles, blogs, reports, briefing papers, and critical analyses by journalists, academicians, INGOs, donors, embassies in Bangladesh, and so on.
- Interviews and speeches by experts, senior government officials, etc., on survivor care and psychosocial rehabilitation services across the globe.

2.3.2. Questionnaire Survey

It helped assess the project's effectiveness. A structured questionnaire was developed, consisting of checklists and self-reports following the Likert format. In addition, it also provided the demographic and socio-economic information of the respondent. The quantitative survey was employed with the ACFs and survivors (see Appendix 6 & 7 for the survey questionnaire). The questionnaire was developed based on a list of outcome indicators derived from the programme logic model and interviews with project personnel. Additionally, J & C's proprietary data was also used.

2.3.3. Key Informant Interview (KII).

KII was conducted with key project stakeholders in the Baseline (Phase I). The key stakeholders included project personnel, ACFs, and the survivors' family members/caregivers. The focus/content of the interviews varied based on the phases of the research and the types of shareholders to be interviewed. Relevant topic guides were also developed for the KII.

2.3.4. In-depth Interview (IDI).

The IDI was employed to gain a detailed understanding of the topic of study from the ACF, survivors, and their family members. It aided in further expanding the ideas asses through a questionnaire survey. Through an open-ended, discovery-oriented approach, the interviewer delved deeply into the survivors' thoughts and opinions about the project, exploring which, how, and why the project components have impacted their lives. A similar tool will be used during the other phases of the research (e.g., Mid-line in Phase II and End-line in Phase III) (see Appendix 3, 4, & 5 for the topic guides).

2.4 Study Location, Participants and Timeframe

2.4.1 Study location

Initially, it was planned to conduct the study in eight districts of Bangladesh. However, based on the sporadic distribution of the study respondents as per the sample framework this study was conducted in eleven districts of Bangladesh. These were Dhaka (including Savar

and Keraniganj), Gazipur, Narayanganj, Mymensingh, Jashore, Satkhira, Narail, Khulna, Bagerhat, Barisal, and Cumilla. For travel convenience, the districts are clustered into six, which are given below:

- Cluster 1: Jashore, Satkhira, Narail
- Cluster 2: Khulna, Bagerhat
- Cluster 3: Dhaka (including Savar and Keraniganj), Gazipur, Narayanganj,
- Cluster 4: Mymensingh
- Cluster 5: Barisal
- Cluster 6: Cumilla

2.4.2 Participants

The study collected data from four categories of respondents, who are listed below:

i) **Project personnel:** Justice and Care's team members are responsible for the project's implementation and monitoring.

ii) **ACF:** the main driving force of this project is the primary support provider, who maintains day-to-day communication with the survivors.

iii) **Survivor:** the project's primary stakeholders and key recipients of services from the ACF. These survivors are part of the MSIF program. However, to gain a better understanding of how peer-led aftercare programs is contributing to the lives of survivors a few non-MSIF survivors (who are receiving aftercare support from Justice and Care, but not from ACFs) were also interviewed.

iv) **Family member/caregiver of the survivor:** the secondary stakeholders who play a crucial role in project success.

A total of 87 activities (survey, IDI, KII) were performed from different segments of the study population (e.g., Project personnel, ACFs, Survivors, and Family Members/Caregivers of the Survivor). A total of 74 respondents were interviewed in different locations during the data collection of the Baseline study.

Table 2.1. *Number of participants involved in different types of data collection methods*

Data Collection Technique	Project personnel	ACF	Survivor	Family Member of Survivor	Non-MSIF Survivors
Questionnaire Survey	-	17*	30	-	4
Key Informant Interview	4	-	-	5	-
In-depth Interview	-	19	12	-	-

** Note: These same ACFs also provided in-depth interview.*

2.4.3 Timeframe

This study is planned to be conducted in three phases (e.g., Baseline, Mid-line, and End-line) within the period of 26 months (including write-up) starting from February 2023 to April 2025, focused on JCBD's peer-led aftercare programme. The field-based data collection of the Baseline study was done from August 12.2023 to September 20, 2023.

2.5 The Quality Control Mechanism

2.5.1. Field Testing of Data Collection Tools.

A pre-test or a trial run of all data collection tools was conducted in mock sessions. It allowed the study team to check whether those tools are reliable and how much time is needed to administer them. During the pre-testing, the team marked the appropriateness of tools selected for the study, the suitability of format and wording of questionnaire checklists, the time needed to carry out KII, and survey, etc. The tools were finalised with the incorporation of all feedback that came from pre-testing.

2.5.2. Training of the Research Assistants.

Four consultant panel members and four Field Research Assistants were employed to carry out this research. Field Research Assistants were selected based on their experience with mixed methods data collection. All of them have a psychology degree and experience in working on mental health or mental health-related projects. Due to the sensitive nature of the participants group, only female research assistants were recruited. They were provided

with three days of intensive formal training covering all aspects of the research (during May 16-18, 2023 at Dhaka). The content includes research aspects, qualitative interview techniques, ethical considerations, quality control measures, and a trauma-informed approach. Once the tools were finalized, they went through a follow-up orientation (during August 5-7 2023, Dhaka) covering all aspects with a specific focus on ethical aspects and mental health concerns.

2.5.3. Supervisory Visits.

The Lead consultant, along with the two additional consultants, visited the research sites to monitor data collection, ensure that the data collecting procedure was effective, check the consistency and reliability of the data, provide supervision to the Field Research Assistants, and minimize any challenges or barriers at the site level.

2.5.4. Managing Bias.

There is always a dynamic interplay in the research whereby the researcher's presence and actions may influence respondents. Conversely, the influence on the researcher's thinking and observations results from the respondents' presence and actions. The study team remain aware of the biases, values, and experiences that they bring and mainly focuses on the study objectives.

2.6 Ethical Consideration

The sensitive nature of the content of interviews with survivors requires a high priority on the ethical aspect of the research. To ensure ethical considerations are maintained, the study assessed the risks and benefits for the respondents and prioritized maintaining a high level of ethical standards.

a. **Informed Consent:** Research participants were fully informed about the purpose and procedures of the research, including any potential risks and benefits, before giving their informed consent to participate. Special attention was given to ensure that participants understood their rights and could withdraw from the study at any time.

b. **Confidentiality and Anonymity:** All information collected will not be shared with other people, agencies, or third parties. This should be made clear to everybody taking part in the study. Furthermore, privacy during the KII and survey processes was safeguarded. Participants' identities and all other identifiable materials were treated with utmost care and strictly confidential. Data that might be used to identify an individual or area was kept in a secure place, such as under lock and key.

c. **Trauma-informed Approach:** The research process was designed and implemented in a trauma-informed manner, taking into account the potential impact of re-traumatization and minimizing harm to participants. The selection of data collectors (Field Research Assistants) was made preferably from individuals with training in mental health to ensure a trauma-informed approach to the interview as well as to ensure early detection of disturbance (if any) in the participants so that cessation of interview and effective service referral can be made. In addition, the data collectors will receive the necessary training in trauma-informed research interviewing.

d. **Respect for diversity and a non-judgmental attitude:** The research team made every effort to treat all participants with respect and dignity, regardless of their cultural background, race, ethnicity, religion, or any other personal characteristics. Additionally, the team respectfully considered and valued the opinions and statements of the respondents.

e. **Ethical Approval:** Ethical approval of the research was received from the Research Ethics Committee at the Department of Clinical Psychology, University of Dhaka, Bangladesh.

2.7. Coordination Mechanism

The study team ensured an optimum level of coordination to ensure clear and effective communication, task management, and accountability among team members as well as with the programme team of Justice & Care Bangladesh. The following strategy was maintained throughout the research phases.

a. Communication within the team:

Regular team meetings and check-ins were held to ensure effective communication among the team. Monthly in-person meetings were held, while virtual check-ins were occurring every two weeks through Google Meet. These meetings provided an opportunity to discuss each team member's responsibilities, track progress, highlight deadlines, and take necessary actions. Team members can also access real-time updates and communication through a WhatsApp group. Additionally, a transparent communication chain was established, with the lead consultant acting as the primary point of contact for the team and communicating with Justice and Care.

b. Communication with Justice and Care:

Regular communication with Justice and Care was maintained through routine virtual meetings between the research team and Justice and Care. Initially, these meetings were held on a bi-weekly basis. However, during the data collection phase, the frequency of these meetings was increased to a weekly basis.

c. Contingency plan

A contingency plan was in place to mitigate any emergencies, such as the sickness of team members. For example, in the absence of the lead consultant, the team will be led by Mr. Kamruzzaman, and all communication with Justice and Care will be conducted by him. The research team will also have a pool of Field Research Assistants available to support in emergencies.

SECTION 03: Findings and Discussion

The findings of the baseline survey are presented in seven broad sections with several subsections within the broader sections. Data presented in this section were collected from ACFs, survivors, and their family members. Alongside the MSIF survivor data, some data were collected from the non-MSIF survivor cohort for an overall comparable understanding. However, it should be noted that the small sample size of non-MSIF survivors (n=4) limits any statistically significant comparison between MSIF and non-MSIF survivor cohorts. Some of these data from the non-MSIF survivors are presented in Appendix 8. Unless otherwise mentioned, the term 'survivor' will indicate MSIF survivors throughout the report.

3.1. Socio-demographic Characteristics of the Survivors and the ACFs

Socio-demographic characteristics of the survivors and ACF were compiled to get an understanding of their context.

3.1.1. Socio-demographic Characteristics of the Survivors

The analysis of demographic and economic variables of the survivor group (MSIF, n=30) reveals their mean age was 24.27 years, reflecting a relatively youthful population. On average, MSIF survivors had 0 to 1 child, and their households consisted of 4 to 5 members (Table 3.1). In terms of household earnings, survivors' households had, on average, less than 2 earning members and only 6% of survivors reported monthly incomes of their household exceeding Tk25,000, while 50% of families had income below Tk10,000 highlighting a segment grappling with financial challenges (Figure 3.1).

***Table 3.1**. Socio-demographic characteristics of the Survivors and ACFs*

	Variables	Survivors (n=30)			ACF (n=17)		
		Mean	Mode	Range	Mean	Mode	Range
1	Age	24.27	20	18-35	24.65	21	18-33
2	Number of Children	0.73	0	0-2	0.77	1	0-2
3	Size of the household	4.57	4	1-9	3.59	4	1-6

	Variables	Survivors (n=30)			ACF (n=17)		
		Mean	Mode	Range	Mean	Mode	Range
4	Number of earning members in the household	1.67	1	1-5	1.77	2	1-3
5	Total monthly income of the household (in Thousand Taka)	-	-	-	7.00	8	5-10
6	Monthly Income of the ACF (in Thousand Taka)	-	-	-	5.53	5	5-7

The non-MSIF survivor group, comprising four individuals, had a mean age of 25.50 years, which is slightly higher than the MSIF survivors (see Appendix 8). These non-MSIF survivors, on average, had a higher number of children, but a smaller sized household, with a mean of 3.25 members. They also had a lower number of earning members (between 1 -2) on average (see Appendix 8). The length of engagement with JnC in receiving aftercare services for the MSIF and non-MSIF survivors were compared and they seemed comparable and did not have a large difference (average 24.6 month for MSIF and 19.5 months for non-MSIF) (see Table 1, Appendix 8).

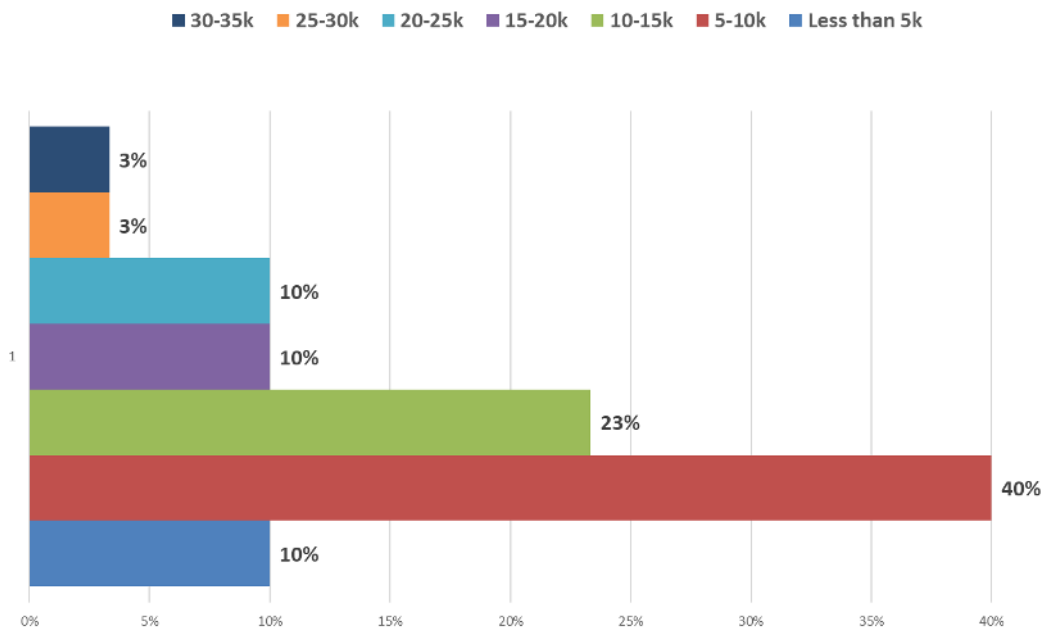

***Figure 3.1**. Household earnings of the survivors*

In terms of personal income, half (50%) of the surveyed survivors revealed that they did not have any current income (See Figure 3.2). This not only underscores a significant dependence on external support but also suggests potential difficulties in establishing consistent sources of income. Transitioning to specific income brackets, 27% of the survivors indicated a monthly income of less than Tk.5,000. In the income range of Tk.5,000 to Tk.10,000, 20% of the survivors fall within this category. Notably, a smaller subgroup of 3% of survivors reported a monthly income between Tk.10,000 and Tk.15,000.

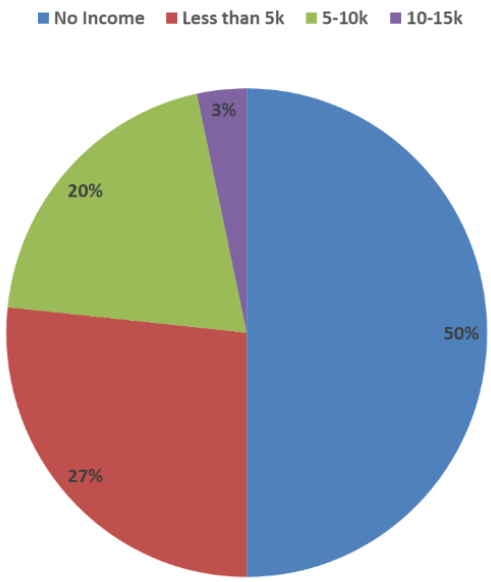

***Figure 3.2**. Monthly income of survivors*

Within the survivor group, a predominant 60.0% of individuals were married, while 20.0% of individuals reported being unmarried, and another 20.0% reported being divorced or separated (Table 3.2). The most prevalent education levels were year 8 and year 10, each constituting 23.3% of the group. It may be noted that the national average education level in Bangladesh is 7.4 (World Economics, n.d.). Approximately 13.4% reported an education level beyond year 10 years of study, while 13% reported having no schooling. These findings depict a diverse educational background within the survivor group, with higher proportions observed in the 8 and 10 education levels.

In total, the survey includes responses from 30 survivors. The majority of survivors, constituting 76% were located in Jessore (53%) and Khulna (23%. (Table 3.2). The distribution highlights a concentration of survey participants in Jessore, with a notable presence in Khulna and Dhaka as well.

***Table 3.2**. Socio-demographic characteristics of the Survivors and ACFs.*

	MSIF (N=30)	ACF (n=17)
	n (%)	n (%)
1. Marital Status		
Unmarried	6 (20.0)	3 (17.7)
Married	18 (60.0)	10 (58.8)
Divorce Separation	6 (20.0)	2 (11.8)
Others	0 (0.0)	2 (11.8)
2. Level of Education		
None	4 (13.3)	-
Year 3	3 (10.0)	-
Year 4	1 (3.3)	1 (5.9)
Year 5	1 (3.3)	3 (17.7)
Year 7	2 (6.7)	-
Year 8	7 (23.3)	1 (5.9)
Year 9	1 (3.3)	1 (5.9)
Year 10	7 (23.3)	5 (29.4)
Year 11	2 (6.7)	2 (11.8)
Year 12	-	2 (11.8)
Year 13	-	1 (5.9)
Year 14	-	1 (5.9)
Year 15	2 (6.7)	-
3. District		
Jessore	16 (53.3)	8 (47.1)
Khulna	7 (23.3)	6 (35.3)
Dhaka	6 (20.0)	2 (11.8)
Bagerhat	1 (3.3)	1 (5.9)

3.1.2. Socio-demographic characteristics of ACF

The data portrays that surveyed ACFs are generally young, having small to moderate-sized households. The ACF contributed to their household income, resulting in a moderate overall household income. The stable income of the ACF suggests a degree of financial consistency within this surveyed group. However, it should be noted that their income generally comes from the salary they receive working as an ACF.

The ACFs had a mean age of 24.65 years which was in the same range as the survivor group (see Table 3.1). The data reflects a diverse age distribution, ranging from 18 to 33 years. The most common age reported is 21, suggesting a concentration of individuals around this age group (see Table 3.1).

ACFs tend to have, none or one child. ACFs have a relatively small number of children with a household of 1-6 members. Their households have 1-3 earning members, with the most common number being 2. However, in the total financial earnings of the family (Tk5000 – Tk10000), ACF seems to share the major portion (Tk5000 – Tk7000). The mean total monthly income for ACF households is 7000. The majority of the ACFs (n=10) were married. All of the ACFs were educated with a range of year 4 to year 14 (see Table 3.2).

3.2 Psychological State of the Survivors and ACF

We have used several standardized tools for the assessment of the psychological state of the survivors and the ACFs. As these tools do not have any normative data on victims of trafficking, a comparative analysis of their current state may not be accurate.

However, the baseline state can be utilized later to assess changes over time of receiving intervention. In all the psychological indicators, the survivors group indicated concerns which need to be addressed. The detailed scores of the survivors and ACFs are presented in Table 3.3.

Psychological symptoms were measured using the 20-item Self-Reporting Questionnaire (SRQ 20)**.** As shown in Table 3.3, the average score for the survivors (9.83) with a modal value of 13 can be regarded as very high considering the cut-off value (> 6 for concern) for the general population. (It may be noted that the average is much higher for the non-MSIF

group at 12.25). On the contrary, the ACF group had a much lower average (4.94) and modal value (4), both of which are below the cut-off value for the general population, indicating no concern.

General well-being was measured using the 5-item well-being questionnaire (WHO5) developed by the World Health Organization. The ACFs had a much higher score on well-being compared to the survivors.

Table 3.3. *The psychological state of the survivors.*

	Variable	MSIF (n=30)				ACF (n=17)			
		Mean	SD	Mode	Range	Mean	SD	Mode	Range
1	Psychological symptom (SRQ 20)	9.83	4.91	13	1-19	4.94	2.97	4	0-10
2	Well-being (WHO5)	11.90	6.46	10	3-25	16.00	5.69	9	8-25
3	Post-traumatic stress disorder (IES R)	31.30	20.12	1	1-68	-	-	-	-
4	Depression (DASS 21-D)	-	-	-	-	8.00	3.26	12	0-22
5	Anxiety (DASS 21-A)	-	-	-	-	10.36	3.86	10	0-24
6	Stress (DASS 21-S)	-	-	-	-	11.4	4.12	2	0-30

Post-traumatic stress of the survivors was measured by the revised version of the Impact of Event Scale (IES-R). MSIF group of survivors had an average score of 31.30 on the IES-R which was just below the cut-off value (33) for detecting post-traumatic stress disorder (see Table 3.3). However, the non-MSIF survivors were found with a very high score (mean 58.25) waving a red flag regarding the possibility of ongoing trauma reaction among the group.

Depression, anxiety and stress among the ACF were assessed by the 21-item Depression Anxiety and Stress Scale (DASS 21). The average score among the ACF was below the cut-off

value (cut-off for depression = 9, anxiety =7, and stress =14) for depression and stress, however, the average score on anxiety indicates concern (see Table 3.3).

3.3. Making of Champions/ACF

The core component of the survivor-led service delivery is the ACFs. The process of growth from survivors to champions and then assigning an identity of professional aftercare worker made a huge impact on the lives of the ACF. Therefore, a clear understanding of the champions and their development is necessary to gain clarity on the services provided by JnC.

It may be noted here that JnC uses the term champion to refer to those survivors who have reached an advanced stage of reintegration. The job as ACF is generally provided to the most functioning champions who demonstrate willingness, suitability, and capacity to work with survivors in supporting their development. When the ACFs were interviewed, because of their enmeshed identities as champions and as ACFs, they seemed to have used the two terms and identities interchangeably while responding to the questions.

3.3.1. Meaning of Champion/ACF Identity

Almost all of the ACFs (18/19) mentioned that by becoming a champion, they have gained a new life - a normal life. Becoming a champion is a transformative experience for them. The life of a champion is one who is independent, able, confident, respectful, and responsible. A champion moves on from the past, supports others with similar experiences, and contributes to the family and society. One of the respondents mentioned,

> *"A victim remains in trauma, a survivor is a bit greater than that; and a champion is, someone who supersedes the victims and the survivors – meaning completely overriding the trauma is called a champion."*

Most of them reflected that the identity of working as a champion is a wonderful experience for them. It changed the existing societal narratives and gossip about the person.

> *"Now, when I tell others that I am doing a job, I feel the pride. I feel my head is held high when I tell [others]. This job helps me forget those back stories [of my life]."*

3.3.2. Becoming a Champion/ACF

Becoming a champion from a victim is a long process of growth and empowerment. It requires the utilization of personal as well as external resources to facilitate the process. The following quotation from ACF clearly reflects what is involved in becoming a champion.

> "I am a champion. Firstly, I understand myself; secondly, I forgot [kept aside] things that I have left in the past and moving forward [to the future]"

The following subsections explain specific contributors in the process of becoming a champion.

3.3.2.1. Personal contributors. All the participants reported a range of personal features that contributed to the process of becoming a champion and ACF. These include interest towards the job, effort to move on from the past, zeal for growth and learning, attention and effort in learning skills during the training, viewing the Justice and Care's psychological support staff as role models, ability to understand other survivors and their pain, superior ability to communicate, good sense of responsibility, some educational attainment, confidence, courage, and hardworking attitude. One of the respondents quoted,

> "I have practiced more and more on the things I am good at. I had an anger [zeal] in me that I have to do well, do something good. Piece by piece, I completed all the training. Become champion, got this job."

3.3.2.*2. Family and societal contributors*. Support such as physical presence, accompaniment, and encouragement from the family members (especially mothers) have been reported as a common feature that contributed to becoming a champion.

> "My parents have played a role. My family, my husband - trusted me. They are always beside me with trust and support."

> "My parent was supportive [with them it was like] – I know my daughter, whatever others are saying, do not worry, [you go for the role]"

A few reported supportive roles of their wider communities; one of the ACF stated,

> "The people around me are helpful. . . . . My daughter has grown up, ... I would not feel comfortable going to jobs leaving her alone at home if they were bad, if they give her a bad look [ill intention]"

Another ACF mentioned,

> "Neighbours helped me; they babysit my child when I am at work."

However, some of the participants reported a lack of support from their families and society in the process of becoming a champion. A few of the participants reported that they experienced resistance from the family, at least at the early stage.

> "My family did not support me at all. Rather, my brothers and sisters-in-law spoke ill of me. Till to date, they humiliate me with every opportunity they got."

3.3.2.3. Contribution of JnC. Almost all the ACFs (18/19) during the qualitative interview expressed their gratitude to JnC for their growth in becoming a champion. They mentioned the beneficial role of the comprehensive support provided by Justice and Care in their transformation from victim to survivor. A participant expressed her feelings as,

> "Justice and Care helped me with everything. No matter how much I say [about their good deeds], it can never be enough."

Another ACF stated,

> "Justice and Care gave me training. Provided food support, medical support and mental support during the lockdown [COVID-19]. They explain things nicely. Always provide encouragement. Explain the process of how to do the tasks [of ACF's role]."

Almost all (15/18) reported the important contribution of psychological support provided by the counsellors, case managers, and programme officers. The uncordial acceptance and support provided by them have been reflected in the following quotation from a champion.

> "My own parents refused to accept me; society outcasted me. I was not even allowed to meet with my own children. I could not think of anything but my own

> death. Only the sisters [counsellors, case managers, and program officers] from Justice and Care respected me and listened to my pain and suffering. They taught me how to live."

Training received from Justice and Care was another aspect that the participants realized has contributed most to their becoming a champion. The training profile of the ACF unveils a robust approach to skill development and support. Most ACFs (82.35%), at the time of interview, had already undergone life skills training, emphasizing a commitment of JnC to equipping them with practical abilities for navigating daily life (see Figure 3.3). Simultaneously, 76.47% received job-oriented training, indicating a focus on enhancing professional skills and employability. 52.94% reported that they received professional psychological support. The range of services highlights a holistic approach to care provided by JnC. Additionally, many ACFs also went through non-conventional training, with 41.18% engaging in diverse areas of training such as dance, music, Jayayatra, and parlour. This showcases a commitment of JnC towards organizing contextually suitable skill development opportunities for survivors.

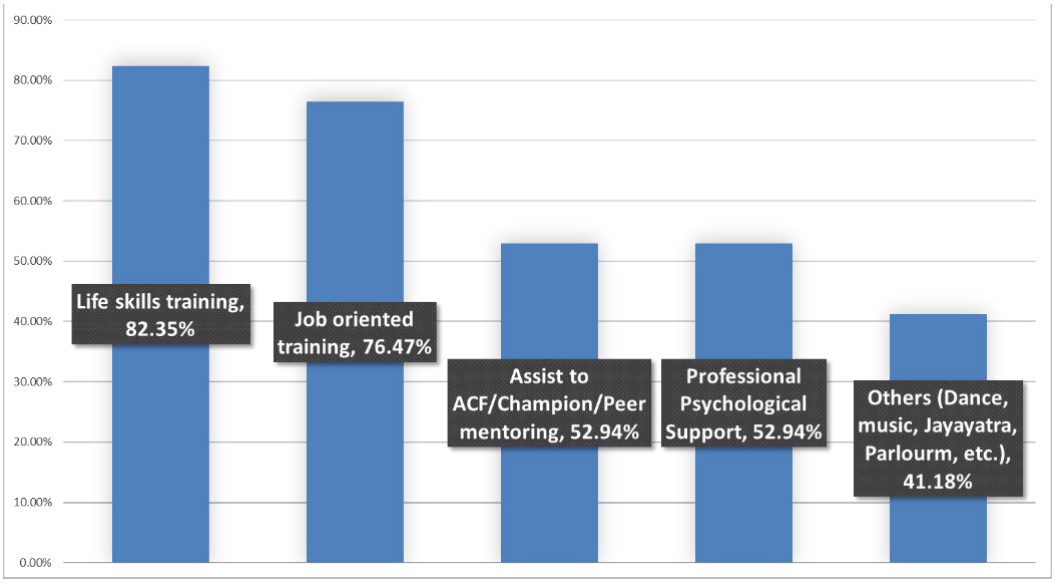

***Figure 3.3**. Training obtained before being ACF*

The average rating for the usefulness of training taken before becoming an ACF is 4.47 (on a scale of low-0 to high-5), indicating a generally positive perception. The standard deviation of 0.87 suggests a moderate level of diversity in individual responses, reflecting differing

views on the effectiveness of pre-ACF training among the surveyed group. Higher variability was observed in their rating of the usefulness of training and mentoring supervision after becoming ACF. However, these two also had a high average rating of usefulness (see Table 3.4).

***Table 3.4**. The usefulness of JnC process contributors in the growth of the ACFs.*

		Mean	Mode	Range	SD
1	Usefulness of training taken before becoming ACF	4.47	5	2-5	0.87
2	Usefulness of training taken after becoming ACF	4.35	5	0-5	1.22
3	Usefulness of the mentoring supervision sessions	4.12	5	0-5	1.27

When asked for the types of support they had received in the last three months, almost half of the ACFs (47%) reported that they received mentoring sessions (3 to 5 times) and another half (48%) reported they received training. The remaining reported no engagement in training within the period of enquiry.

3.3.3. Motivators of Working as an ACF

Being able to contribute to another person's life was the most commonly reported motivator for doing the job as an ACF. Many of them also reported that the identity of ACF, working in an NGO, is also a very strong motivator for them. The following quotations from the ACFs depicts these motivators.

> "I am listening to a girl similar [in experience] to me. She is feeling lighter talking with me. This thought itself provides a good feeling."

> "Changing a girl's life. Showing her lights towards a better place from"

3.4. Service Delivery by ACF

The ACF serves not only as a direct support provider, they also serve as a connection between JnC and the survivors in ensuring access to other services. They reported involvement in family counselling, peer counselling, peer mentoring, mental health support, psychosocial support, home identification, home verification, victim identification, intake, family reunification, medical support, financial support, grocery support, educational support, rehab support, emergency support, vocational training support, life skills training, orienting about JnC services, accompanying survivors from the border, supporting transportation and movement, completing individual care plans, field plans, field visits, field follow-ups, phone follow-ups and exploration of needs.

3.4.1. Building Relationships for Service Delivery

Considering the sensitive nature of the experience of trafficking, service delivery needs to be built on a trusting and enduring relationship. Through in-depth interviews, we explored the nature of the relationship between the survivor and ACF as well as the process of building the relationship.

***a. Nature of relationship with the survivors*.** Almost all the ACFs (17/19) reported a good relationship with the survivors to whom they provide care. The nature of the relationship has been reported as friendly, trusting, assuring, and comforting to the survivors. One of the ACFs quoted a survivor who received support from her,

> "This cannot be shared with my mother or my father, I am sharing with you."
>
> - Survivor

b. Process of building relationships. Building relationships with the survivors takes time. The ACF reported that their personal skills, shared experience of victimization, and spending time are important in the process of relationship building. Regarding personal skills, the ACF mentioned attentive listening, maintaining confidentiality, treating everyone equally, trying to understand the core concerns, and the ability to appreciate as important

for building relationships. Gaining the trust of the family members of the survivors are also important in building relationships.

> "She has developed faith in me. Once, I was like them too. I understand what they have to say and their state [of mind] better than others" - ACF

Several of the ACFs reported that many survivors have reactivity (e.g., irritation, dislike) at the beginning and do not trust or want to talk with the ACF; however, over time, they start to trust the ACF and gradually open up to them. A graduated approach seems to work with the survivors.

> "[I] Do not talk about or want to know about their past at the beginning. Build friendly relations through talking. Gradually build trust and then learn about everything" - ACF

When the survivors were asked about their relationship with ACF, they also expressed positive notes about them, one of the survivors reported,

> "I can share everything – good or bad. . . . . .Now I see them 2-3 times a week. . . . Previously, the madams [program officers or other staff from JnC] used to come 2-3 times a month, now [name of ACF] comes 3 times a week. This is much better than before" - Survivor

A family member of a survivor reported,

> "She talks with them [name of the ACF], when they say something, she understands. She sees them [name of the ACF] as sisters from her own mother"
>
> - Family Member of Survivor

The survivors also reported that the ACFs are special compared to the programme officers or other staff from JnC, one of them stated,

> "Talking with [name of ACF] is very easy, can share whatever and however deep the grunge is. [Name of program officer] apa is a big person, like a mother, to whom [I] feel shy [to share]. [Name of program officer] apa may say – this is not okay – and will try to explain/educate me. [on the other hand] have friendship with [name of

> ACF] apa, the things that are difficult, to share with [Name of program officer] apa become easy when I share with [name of ACF] apa" - Survivor

Taking service from ACF also creates hope among the survivors, one of them reported,

> "I feel like, [name of ACF] apa has now become this. One day I want to go there, dream about being [like her]" - Survivor

3.4.*2. ACFs' Perception of the Services Delivered by Them*

The ACFs were asked about their subjective evaluation of the survivors' perception of different process aspects of service delivery. A rating scale of 0 (low) to 5 (high) was used. The findings are presented in the following sections (see Table 3.5 for details). The survey among ACFs provides insights into various aspects of survivors' and their own experiences and perceptions within the context of the support services offered.

a. Comfort of the survivors in sharing. Ratings from ACFs perception suggest that the survivors do not feel very comfortable talking about their traumatic memories (mean 2.71 on a scale of 0-4), financial crises (mean 2.82), interpersonal crises (mean 2.94), or safety concerns (mean 2.71). These are difficult issues and it is likely that the survivors may not feel comfortable sharing these with anyone. However, survivors report greater levels of comfort in discussing these issues with ACFs (see Section 3.6.3.b, below)

b. Clarity of communication. The ACF reported a moderate to high (mean = 3.82) level of clarity of communication with the service recipients (survivors and their family members). The reported range (0-5) by different ACFs indicated variability in the perceived quality of communication.

c. Trusting relationship with the service recipient. The ACF's rating indicates a higher level of trust with the survivors (mean = 4.18) than with the family members of the survivors (mean = 3.65).

d. Recipient's inclination towards the service. As per the ACF's subjective rating, the survivors are somewhat interested (mean = 3.47) in getting the services provided by the ACFs and they adhere to the suggestions and support provided to them (mean = 4.12).

e. ACF's awareness about service and survivors. ACF demonstrated high confidence in their awareness of the needs of survivors (mean of 4.18) and their ability to address those needs (mean of 4.06). Additionally, they also reported that they are aware of the resources available to the survivors (mean of 4.06).

Table 3.5*. ACF's rating on different process indicators of service delivery*

		Mean	Mode	Range	SD
	Comfortability of sharing				
1	Survivors feel comfortable talking about traumatic memories	2.71*	3	0-4	0.99
2	Survivors feel comfortable talking about financial crises	2.82*	3	0-4	1.02
3	Survivors feel comfortable talking about interpersonal crises	2.94*	3	0-4	1.09
4	Survivors feel comfortable talking about safety concerns	2.77*	4	0-4	1.25
	Clarity of communication				
5	Level of clarity and understanding of communication with the survivor and family	3.82	4	0-5	1.13
	Trusting relation				
6	Trust between ACF and survivors	4.18	4	0-5	1.19
7	Trust between ACF and survivors'' families	3.65	3	0-5	1.32
	inclination towards the service				
8	Survivors demonstrate interest in getting service	3.47*	4	0-4	1.07
9	Adherence to suggestions and support among survivors	4.12	4	0-5	1.22
	Awareness of service and survivors				
10	ACF's awareness of the needs of the survivors	4.18	5	0-5	1.24
11	ACF's confidence in her ability to address the needs of survivors	4.06	4	0-5	1.25
12	ACF's awareness about the resources available for survivors	4.06	5	0-5	1.44

** The items were presented with a 4-point response option (0-4)*

3.4.3 ACFs' Perception about Performing the Work

Performance and comfort in engaging in work depends on a range of factors including the specific features of the task, the level of skills of the providers, the readiness of the recipients, and other contextual factors. The ACFs reported some of the tasks as difficult, some as stress-provoking, and others as easy. Although the preferences varied across the ACFs, the most common preferences are presented below.

a. **Most difficult tasks** for the ACF varied across persons. One of the ACFs reported co-creating individual care plans (ICPs) as the most difficult task.

> "ICP - have to ask questions and match with it, reading the form is difficult, where to put down the response get mistaken. Filling out the form creates problems."

b. ***Most Stress-provoking tasks*** for the ACF include listening to the trauma memory of the survivor, working with family and many more. The following quotations are just reflections of such stressors as expressed by the ACFs.

> "Family counselling. It takes a lot of time to explain, and talk with the family members. [they] do not want to listen, spend time. Demand lots of [support] from office [JnC]" - ACF

> "Knowing what is needed. They ask for different things at different times. Some family members ask for one thing but another ask for a different thing. It is difficult to decide what is actually needed" - ACF

> "While talking, it reminds me of my own pain. Feels like I am not in me anymore" - ACF

c. ***Easiest of the tasks*** Although for some, counselling may be stress-provoking, for many ACFs it was the easiest task among all others.

> "Peer counselling – because [I] can understand their needs and can help them accordingly." - ACF

3.4.4. Challenges in Working as an ACF

The ACFs reported a few challenging aspects of their work with survivors. These include, being triggered by traumatic shared memories, supporting re-integration of the survivors in the family, excessive need and wants from the survivor and their families, lack of support from their own family members, and those of survivors, and societal negative perceptions. They also share some challenges with the roles and responsibilities in the job, including preparing reports, meeting deadlines for report submission, and managing job and family responsibilities When asked about the challenging aspects of their job, the ACFs reported,

> "Family reunification. There are lots of trouble while returning a girl [into her family]" - ACF

> "When the victims talk about their pain, sometimes it reminds me of the time [in India]" - ACF

> "The context in the victim's place is not supportive all the time. People around create a scene, ask a lot of questions" - ACF

> "Get stress with timely submission of the report" - ACF

> "The neighbours raised doubt – provide grocery, give money, people [JnC staffs] comes occasionally – they do not have good intention, they have something else behind these jobs"

3.5. Growth *of the ACF*

3.5.1. Process of Growth as an ACF

The ACFs reported that after becoming a champion and starting to work as ACFs, they now have improved management of personal emotions, improved communication, regained normal life, improved problem-solving skills, and enhanced confidence.

> "At the beginning, I went with other ACFs [mentioned names] and watched them work. Took notes on those after returning home. I have learned a lot seeing them work"

> "After coming from India, I used not to talk at all. Did not utter anything during the first training, but was very attentive in the training. . . . . Thought about the training contents at night, used to write down the thoughts. Think a lot before saying anything."

3.5.2. Areas of Growth of the ACF.

Becoming a champion and then working as an ACF is a significant leap for a survivor. JnC has a focus on the development of the ACF as well along with their concern for improving the well-being of the survivors. One of the ACF reported,

> "Always tried to improve my work. Asked for support from apa [JnC Program Officer] when I could not. They helped me understand. . . . . I have received training, such as safeguarding and many others after becoming an ACFs"

a. Skills set of an ACF. When asked, the survivors reported that the ACFs are polite, well-mannered, patient, can explain things nicely, understanding, open, and jolly. One of them reported,

> "Apa [ACF] takes a lot of care, stay informed of [me] . . . . . when the road is muddy, she will still come to me [barefoot] holding her sandals at hand" - Survivor

The ACFs also reported that to become an ACF a person needs to have many skills such as compassion, patience, ability to listen to the survivors, valuing others, ability to explain, maintaining confidentiality, honesty, time management skills, and focus on work.

b. Confidence as a professional. ACFs reported a high level of confidence as care providers (mean = 4.41), confidence operating in professional settings (mean of 4.53), and feeling equipped to work in future roles in professional settings (mean of 4.47).

c. Acceptance and satisfaction at JnC. ACFs provided a high rating on the trusting relationship with other JnC staff (mean = 4.71, mode = 5) as well as the level of acceptance they experience from the JnC staff (mean = 4.77, mode = 5). They also reported having a good amount (mean = 4.53) of clarity in their role at JnC. A very high level of satisfaction for working with the survivors was also reported by the ACFs (mean = 4.41, mode = 5).

***Table 3.6**. Areas of professional growth among the ACF.*

		Mean	Mode	Range	SD
1	Confidence as a care provider	4.41	5	0-5	1.23
2	Confidence in working in professional settings	4.53	5	3-5	0.62
3	Readiness to work in future roles in a professional setting	4.47	5	3-5	0.72
4	Clarity of the tasks and responsibilities at JnC	4.53	5	3-5	0.62
5	Trusting relations with other JNC staff	4.71	5	3-5	0.59
6	Acceptance from JNC staff	4.77	5	4-5	0.44
7	ACF's level of satisfaction working with survivors	4.41	5	0-5	1.23

d. Coping resources. ACFs reported a high level of confidence, hope, and awareness of the resources. They also reported the use of suitable coping strategies as part of their recovery (See Table 3.7 for details).

***Table 3.7**. Reintegration of the ACF*

		Mean	Mode	Range	SD
1	Achieved level of recovery	4.59	5	3-5	0.71
2	Self-esteem	4.77	5	4-5	0.44
3	Trying self-care activities	2.29*	2	1-4	0.85
4	Effectiveness of self-care activities	2.82*	3	2-4	0.64

** The items were presented with a 4-point response option (0-4).*

3.5.3. Reintegration Challenges of the ACF

ACFs also reported some degree of personal conflicts within the family as well as experience of humiliation and discrimination within the community.

***Table 3.8**. Reintegration Challenges of the ACF*

		Mean	Mode	Range	SD
1	Experiencing personal relational conflict within the family	1.41*	2	0-4	1.00
2	Experiencing humiliation or discrimination within the community	1.47*	1	0-4	1.01

** The items were presented with a 4-point response option (0-4).*

3.6. Survivors' Perception of the Services Received by Them

The survivors are the focus of all activities carried out by JnC. In serving the survivors, JnC offers a range of services specifically catered for the needs of trafficked victims. This section discusses the services provided by the JnC, their usefulness, the process of service delivery, and the impact of services as perceived by the survivors.

3.6.*1. List of Services Available at JnC*

When asked, the survivors and their family members reported a long list of services offered to them by the JnC. These include repatriation, shelter, financial assistance and grocery

support, medical support, legal support (consultations and fees), training, connecting with job engagement and other resources,

> "They had provided training and managed a job. Now giving another training. After managing all my expenditures, I can send some money to my home, my parents too."

> "Financial support is not always the biggest support, there is verbal [spoken] support They are the ones who stand beside us. They uttered the sentences that would help me feel better. Did the things that would make me feel happy"

3.6.2. Services and Activities Connected with ACF.

The survey findings illuminate the survivors' engagement with various services, with an emphasis on both the percentage of participation (see Figure 3.4) and the perceived usefulness (see Table 3.10) of each service. Notably, the vast majority of the survivors (93.3%) reported receiving support from the ACF through peer mentoring (see Figure 3.4). Grocery support and counselling were also reported as widely utilized services, with a large number of survivors (83.3% and 80% respectively) reporting receiving this essential support.

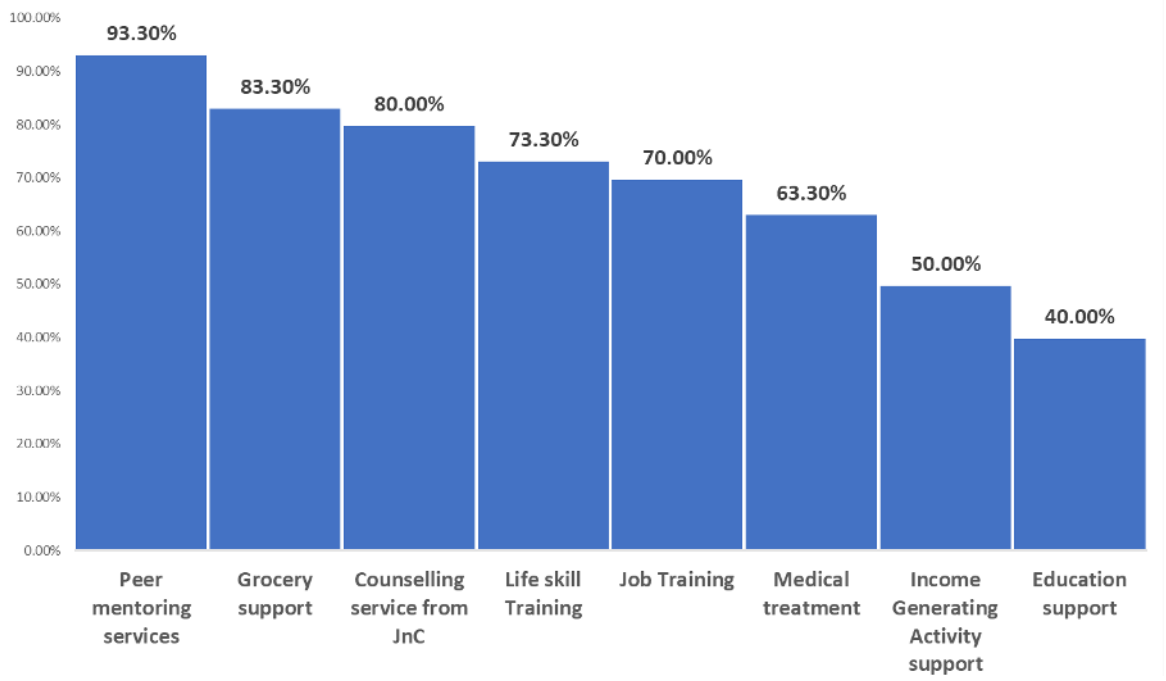

***Figure 3.4**. Percentage of survivors reported receiving different supports from JnC.*

3.6.3. *Survivors' Perceptions of Service Delivery.*

The quantitative survey among survivors under MSIF and non-MSIF provides insights into the experiences and perceptions of survivors in building relationships with ACF and JnC service providers. The MSIF group generally had more frequent contact with JnC staff, higher comfortability levels, clearer communication, and greater trust, acceptance, and satisfaction with JnC staff services compared to the non-MSIF group. Details are presented in Table 3.11.

a. Contact. Survivors with aftercare service programs reported a mean frequency of contact with the champion in the last three months as 3.50, with a mode of 4 and a range of 1-9. For contact with other JnC staff, they reported a higher frequency of contact (mean = 5.33, mode = 5, range = 2-9).

b. Comfort of sharing. Opportunities for talking and sharing about needs and emotional pain are an important aspect of the services received by survivors. Survivors reported a moderate to high level of comfort in sharing with ACFs (average rating of 3.50) and JnC staff (average rating of 3.43). Although these two ratings are similar, they reported a poor rating of comfort (average rating of 1.50) in sharing with other survivors. A detailed breakdown of the proportion of responses across the five response options made by the survivors is presented in Figure 3.5. This can be a clear indication of the growth and skill of the champions beyond the survivor level which made them perceived as different from the survivors.

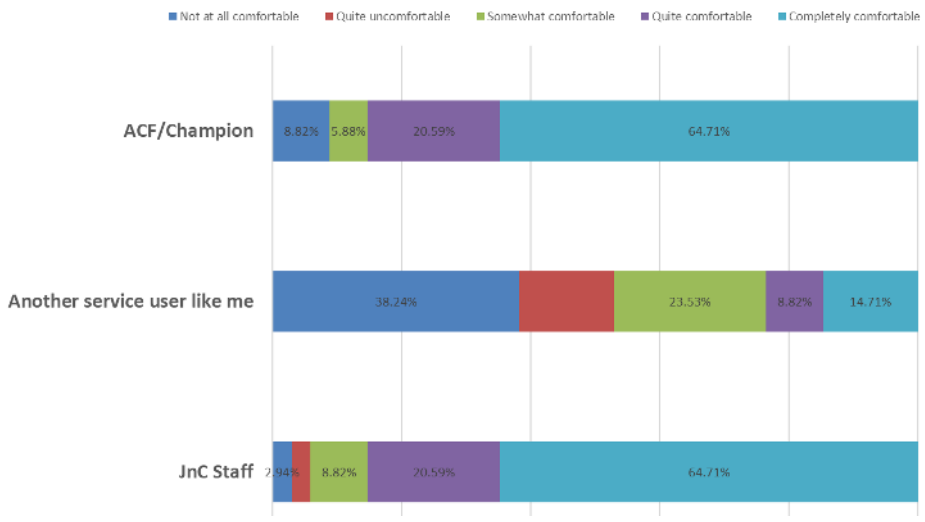

Figure 3.5*. Proportion of responses across the five response options made by the survivors.*

c. Clarity of communication. The survivors gave a high rating for the level of clarity or understanding of communication with the service providers namely, the ACFs (4.5) and other JnC staff (4.47).

d. Trust in the service providers. Regarding the level of trust, the survivors reported a high amount of trust with the ACFs (mean of 4.63, mode of 5, range of 1-5) as well as with other JnC staff (mean of 4.40, mode of 5, range of 1-5)

e. Acceptance from the service providers. The survivors were asked how much they perceived (on a scale of 0-5) that they were accepted by the service providers. They reported having high acceptance from ACFs (mean of 4.73, mode of 5, range of 1-5) and from other JnC staff (mean of 4.47, mode of 5, range of 1-5)

Table 3.9. *Survivors' rating (on a scale of 0-5) on the generic process and outcome of service delivered by the JnC.*

	Variable	MSIF (n=30)			Non-MSIF (n=4)		
		Mean	Mode	Range	Mean	Mode	Range
	Contact						
1	Frequency of contact with the champion in the last three months	3.50	4	1-9	-	-	-
2	Frequency of care contact with the other JnC staff in the last three months	5.33	5	2-9	4.75	5	4-5
	Comfortability in sharing						
3	Comfortability in sharing with ACF	3.50	4	0-4	-	-	-
4	Comfortability in sharing with other JNC staff	3.43	4	0-4	3.25	4	2-4
5	Comfortability in sharing with other survivors	1.50	0	0-4	1.25	0	0-3

	Variable	MSIF (n=30)			Non-MSIF (n=4)		
		Mean	Mode	Range	Mean	Mode	Range
	Clarity of communication						
6	The level of clarity or understanding of communication with ACF	4.50	5	2-5	-	-	-
7	The level of clarity or understanding of communication with other JNC staffs	4.47	5	0-5	4.75	5	4-5
	Trust on providers						
8	Level of trust with ACF	4.63	5	1-5	-	-	-
9	The level of trust with other JNC staffs	4.40	5	1-5	4.75	5	4-5
	Acceptance from providers						
10	Level of acceptance felt from ACF	4.73	5	1-5	-	-	-
11	Level of acceptance felt from other JNC staffs	4.47	5	1-5	4.75	5	4-5

3.6.4. Usefulness, Importance and Satisfaction with the Services

Care and support provided by the ACFs have been claimed as useful and important for the survivor by both the service provider (ACF) and the recipient (survivor and family members).

a. Usefulness of the services. A very high rating (averages ranging between 4.17-4.83 on a scale of 0-5) was given by survivors with regard to the usefulness of all the services that have been provided (see Table 3.10). Counselling was given the highest rating of usefulness (4.83) among all the services the survivors have received. Grocery support also received a very high average rating (4.80). These ratings suggest the critical role of counselling and grocery support in the aftercare model. This indicates the importance of and provides justification for a holistic model that combines an emphasis on immediate practical needs with longer term emotional recovery.

Table 3.10. *Services provided by JnC and their usefulness*

		MSIF (n=30)			Non-MSIF (n=4)		
		Mean	Mode	Range	Mean	Mode	Range
1	Usefulness Rating of counselling	4.83	5	2-5	4.75	5	4-5
2	Usefulness rating of support from ACF and peer mentoring	4.57	5	3-5	-	-	-
3	Usefulness rating of Vocational training	4.48	5	3-5	5.00	5	5-5
4	Usefulness rating of Life skill training	4.27	5	0-5	5.00	5	5-5
5	Usefulness rating of Medical Support	4.63	5	2-5	5.00	5	5-5
6	Usefulness rating of Educational Support	4.17	5	3-5	-	-	-
7	Usefulness rating of grocery Support	4.80	5	2-5	5.00	5	5-5
8	Usefulness rating of Income generation activities	4.53	5	3-5	5.00	5	5-5

b. Importance of the services. When ACFs were asked about the most important available services for the survivors, they reported several aspects including, psychological support, grocery, training and many other aspects. The ACFs reported,

> "[most important is] the Individual Care Plan, because this is the beginning of the future [for a survivor], it initiates a new life. Her life will take a new turn from this"

> "[most important is] Talking one to one with the girl. Because they talk a lot [open up] during those [one-to-one discussions], I can learn about them"

The survivor reported different things as the most important service. For some, it was income-generating support, for others it was counselling, training or legal support. One of the family members of a survivor reported,

> "Legal support and educational support both are equally important" - Survivor

The family members of the survivors also believe that the peer-counselling services provided by the ACFs to the survivors are important. One of them reported,

> "With them, she talks with an open mind, they have the patience to explain things [motivate] to her" - Family Member of Survivor

c. Satisfaction with Services and Service Providers. Survivors usually report their satisfaction and thoughts regarding the usefulness of the services directly to the ACFs. ACFs reflected on the importance of the services to the survivors by quoting them as follows,

> A survivor said, "When you come, I feel very good. Feels like someone is there with us. When you do not come, it feels lonely; at times of tension, it seems like there is no one besides us."

> One of the survivors said, "Please come again. Talking with you feels peaceful."

The questionnaire survey also revealed a very high level of satisfaction regarding the service provided by the ACF (mean =4.43, mode = 5, range 1-5) and the other JnC staff (mean =4.40, mode = 5, range 1-5) among the survivors

***Table 3.11**. Satisfaction with service*

	Variable	Survivors (n=30)		
		Mean	Mode	Range
1	Satisfaction with the service from ACF	4.43	5	1-5
2	Satisfaction with the services from other JNC staff	4.40	5	1-5

The survivors feel inspired to see the ACFs work. They have expressed to the ACFs that one day, they want to become an ACF too. The following quotation from a survivor also reflects the same aspect where the survivor feels the connection with the ACFs and their growth.

> "One day they were like me. Now with the support, they have reached this point. They will obviously give me a good suggestion, their [sharing of experience] gave me a good feeling" - Survivor

> "They ask for what I need, and the communicate with the office [about my needs]. Check my whereabouts Talks nicely" - Survivor

3.6.5. Challenges Faced in Accessing the Services

Accessing service is often difficult due to the location, as well as the distance from the JnC office. However, it can be much more difficult if the survivor's family or community have a negative perception of the services, of Justice and Care, or of the survivors.

> "The In-laws think this office [JnC] gives me lots of money and I give it to my parental family. May be for this reason they sent me to my parental home and now they are asking for divorce" - Survivor

> "Almost for a year, I have been asking for money from different people in the office [JnC]. They said that they are discussing the matter. Wafting so long does not feel good" - Survivor

3.6.6. Suggestions from the survivors for Service upgradation

Based on personalized understanding and experience of the contextual realities, the survivors suggested several issues that JnC could consider for further upgradation of their services, particularly around offering additional support with jobs and income generation,

> "There are many girls who have financial crises in the family, they go to India to get a job. Trafficking will reduce if jobs can be arranged for those girls" - Survivor

"The first time I left the job – I had to stay long hours to do the stitching, did not feel good. If they could give a job at the restaurant, that would be good, won't leave the job" - Survivor

3.7. Recovery and Reintegration of the Survivors

Although it is not possible to make a confident conclusion regarding the impact of services without comparison to prior data, the questionnaire survey and in-depth interviews with the survivors, their family members and ACFs provide some indication of the impact of the aftercare service delivery model on the service recipients (survivors) as well as on the service providers (ACFs).

It may be noted here that the internal recovery and reintegration assessment conducted by JnC indicated overall improvement in recovery scores among 73% of the survivors (across five key domains of safety, mental wellbeing, physical health, social connections, and economic stability. The highest number of survivors reported improvement in social connections (78%) while economic stability was the area with the lowest (61%) proportion of survivors indicating improvement[1].

This section will discuss reintegration, recovery and associated challenges of the MSIF and non-MSIF survivors. Although a comparative presentation of the MSIF and non-MSIF survivors is presented, caution should be taken in interpreting these differences because of the small sample of non-MSIF survivors.

3.7.1. Reintegration Challenges Faced by the Survivors

Data from the survivors indicates several ongoing challenges in their lives. Some of these (such as financial crisis) may be part of their pre-trafficking experience but some others may be resulted or exacerbated by the incidence of trafficking. Details of these challenges are presented in Table 3.12. The data presented in the table indicate a clear pattern of higher scores relating to challenges among the non-MSIF survivors in all the domains compared to

[1] Recovery and reintegration assessment data provided by JnC team.

those of the MSIF survivors. However, the modal value indicates a limited amount of humiliation and discrimination faced by both MSIF and non-MSIF survivors.

***Table 3.12**. Challenges faced by survivors*

	Variable	MSIF (n=30)			Non-MSIF (n=4)		
		Mean	Mode	Range	Mean	Mode	Range
1	Disturbances from financial crises	4.03	5	2-5	5.00	5	5-5
2	Disturbances from interpersonal conflict or crises	3.03	4	0-5	5.00	5	5-5
3	Disturbances from concern about health	3.40	4	0-5	5.00	5	5-5
4	Disturbances from concern about safety	2.53	0	0-5	4.50	5	3-5
5	Experiencing personal or relational conflict or crises within the family	1.90*	2	0-4	3.00	2	2-4
6	Experiencing humiliation or discrimination within the community	1.63*	0	0-4	2.00	1	1-4

** The items were presented with a 4-point response option (0-4)*

3.7.2. Coping resources available to the survivors.

The survivors reported a high level of confidence, hope, and awareness of resources available to them. They also reported the use of suitable coping strategies as part of their recovery (See Table 3.13 for details).

Upon examining the self-care practices and coping mechanisms of survivors in both the MSIF and non-MSIF groups, several noteworthy patterns emerge across related variables. Survivors in the MSIF group demonstrate less careful engagement in self-care activities and perceive them as less effective compared to the non-MSIF group. Both groups report a

moderate ability to cope with life circumstances, but the non-MSIF group reported higher assertiveness in advocating for their rights. Social connection is strong in both groups, with the MSIF group having a slight advantage. However, the non-MSIF group reports a higher level of personal and relational conflict or crises. Both groups report low perceptions of experiencing humiliation or discrimination, with a slightly higher score for the non-MSIF group.

Table 3.13. *Coping resources among the survivors*

	Variables	MSIF (n=30)			Non-MSIF (n=4)		
		Mean	Mode	Range	Mean	Mode	Range
1	Hope for the future	3.57	5	0-5	3.75	5	0-5
2	Overall confidence	3.90	5	0-5	3.50	5	1-5
3	Confidence to work gainfully	4.33	5	3-5	4.25	5	3-5
4	Trying self-care activities	1.63*	1	0-4	2.25	1	1-4
5	Effectiveness of self-care activities	2.13*	2	0-4	2.75	4	1-4
6	Ability to cope with painful life circumstances	2.43*	2	0-4	2.75	2	2-4
7	Ability to assert rights	2.03*	1	0-4	2.75	4	1-4
8	Ability to connect with the family and society at large	2.67*	2	1-4	2.50	1	1-4
9	Awareness of services or resources available locally	3.47	5	0-5	4.00	5	2-5
10	Awareness about reporting or seeking support for gender-based violence	3.83	5	1-5	3.75	5	1-5

** The items were presented with a 4-point response option (0-4)*

3.7.3. Observable Changes Among the Survivors Towards Recovery and Reintegration

Observable changes among the survivors were reported repeatedly across the in-depth interviews with survivors, their family members and the ACFs. The following quotation from

a survivor clearly indicates the level of independence, confidence, and gratefulness they have regarding their progress of recovery from the state of victim towards becoming a survivor.

> "I feel low asking for more from them [JnC]. They have done so much [for me] - now I am doing a job why should I take from them? Previously I was waiting for their support. Want to continue my job. Now I myself want to do for me, do not want to wait for their support anymore" - Survivor

The following quotation from an ACF indicates the changes they observe among the survivors through the process of service delivery,

> "At the beginning, they have a gloomy face, but over time of receiving service, they start to listen up, smiling, changed state. Some received [support to establish] shop, some are doing stitch work, and some other raising goats. Now when we go to visit them, [they] come forward to give us a hug" - ACF

3.7.3.1. Changes Observed by the ACF. Survivor care is a holistic process; it may not be possible to identify the exact impact of a specific service on the survivors. When asked, the ACF reported some observable changes among the survivors they proved care to. They have seen an increase in interest, general and financial independence, happiness, improved family relationships, improved social acceptance, regaining hope, and increased emotional control among the survivors.

The following quotation from an ACF indicates their role and its impact on a survivor's **reintegration into family**,

> "When a girl returns [from abroad] they do not have good terms with the family. Once I talk [with them] it improves the relationship [with family]." - ACF

Another ACF mentions a quotation from a survivor indicating her overall **integration into life**.

> "One has reported - I have regained my normal life because of you." - ACF

The following quotation from an ACF indicates reintegration in the form of the psychological well-being of a survivor,

> "Got hope. She did not have any hope to live a life. Now working in tailoring. Recently expressed an interest in enrolling into a school. Want to study after some time – as her child is still too young." - ACF

3.7.3.2. Changes reported by the survivors. The survivors also reported their own changes through the process of support from JnC. The following quotation from a survivor indicates **general improvement**

> "I did not have a life to live in the society. I felt like my life was not a life. But the sisters [JnC staffs] taught me to walk in the society with head held high – through life skill training, counselling" - Survivor

They also indicated improvement in their **psychological state**, the following statement from two of the survivors indicated such positive impacts.

> "Previously I had fear, could go anywhere. But for the last 1 year, I do not have any fear. . . . . I had flowing thoughts in my mind, now I do not have those old thoughts, almost forgot those old times. . . . With mental strength and courage, I can walk the road ahead. Even if there are throne in my ways, I can remove those and move forward." - Survivor

> "Much better now. Previously I thought about ending my life - what is the meaning of life where I do not have my father, or my mother with me? Now I am so happy- I have started everything afresh with support from JnC" - Survivor

The support from JnC has also contributed towards the reintegration of the survivors into **society and family**. The following quotations indicate such reintegration.

> "Previously relationship with my family was poor – were not interested in knowing my whereabouts. After service from JnC, [my] brother has changed, mother did not change. Brother cares a lot for me" - Survivor

"Lots of differences, previously, I was not mixing with others. Now I talk to everyone. I fell into trouble as I am foolish, now I have become intelligent" - Survivor

"[Now] I get lots of respect. The in-laws used to deprive me of food and also beat me up – now they care for me, ...others in the society care for me " - Survivor

The survivors also reported reintegration from a **financial** perspective as reflected in the following statement from a survivor.

"My income has increased significantly. In future, I want to start a bigger restaurant, want to stand beside people [in need]. JnC gave me training, I know how to run business" - Survivor

3.7.4. Connecting Outcome with Engagement in Service

To understand the relation between the length of engagement with JnC service and the different outcome indicators, correlational analysis was carried out. Several of the indicators were found to have sizable correlation (r > .30) with length of service (see Table 3.14). Notable among those are ability to cope with painful life circumstances, comfort of sharing with fellow survivors, trust in JnC staff, satisfaction with the services from JnC staff.

Table 3.14*. Correlation between survivors' ratings on different indicators with length of connection with JnC.*

	Variables	r
1	Usefulness of Professional counselling	-0.069
2	Usefulness of Peer mentoring	0.177
3	**Usefulness of Vocational training**	**0.425**
4	Usefulness of Life skills training	0.206
5	Usefulness of Medical support	0.246
6	**Usefulness of Educational support**	**-0.386**
7	Usefulness of Material support (with groceries, clothes etc.)	-0.119

	Variables	r
8	**Usefulness of Income generation activities**	**0.398**
9	Comfortability of sharing with Staffs of JnC	0.142
10	**Comfortability of sharing with Fellow survivors**	**0.392**
11	Comfortability of sharing with ACFs	0.083
12	The level of clarity/understanding of communication between me and my ACF	0.102
13	The level of clarity/understanding of communication between you and other Justice and Care staff	0.075
14	The level of trust between you and the ACF	0.218
15	**The level of trust between you and other Justice and Care staff**	**0.347**
16	Level of acceptance you feel from the ACF	0.249
17	**Level of acceptance you feel from other Justice and Care staff**	**0.317**
18	Your satisfaction with the services from the ACF	0.233
19	**Your satisfaction with the services from other Justice and Care staff**	**0.369**
20	Your overall confidence in yourself	0.222
21	Level of hope for the future that you have	-0.099
22	Level of confidence that you can be able to work gainfully or get employed	-0.025
23	Your awareness about the services/resources available at the local level	0.193
24	Your awareness about where to report or seek support for gender-based violence or sexual exploitation, abuse or harassment	0.124
25	Rate how difficult the financial crises are for you	-0.104
26	Rate how difficult the interpersonal conflicts/crises are for you	0.18
27	Rate how concerned you are about your health	0.177
28	Rate how concerned you are about your safety	-0.249

	Variables	r
29	You try self-care activities	-0.165
30	The self-care activities you use are effective for you	-0.202
31	**You can cope with your painful life circumstances**	**0.396**
32	You can assert for your rights	0.189
33	You can connect with the family and society at large	-0.033
34	You experience personal/ relational conflict or crises within your family	0.056
35	You experience humiliation or discrimination within your community	0.135
36	IES R Total	-0.121
37	SRQ20 Total	0.062
38	WHO5 Total	-0.171

SECTION 04: Highlights from the Findings

The baseline data on the exploratory evaluation of the aftercare programme run by JnC seems to be beneficial for the survivors as well as the aftercare workers (ACFs) in achieving reintegration and wellbeing. Although there is an absence of pre-intervention baseline to conclude absolute impact of the programme, ongoing phases of evaluation may indicate impact through comparison of consecutive changes over time.

Interview data from the ACFs indicates that they have better income than the survivors which is likely to be due to the fact that they are earning from their job as an ACF. The identity as a person with a legitimate job has also contributed to their sense of personal respect, as well as respect from society as a whole. The ACFs expressed their gratitude towards JnC for changing their life from victim to survivor and then to champion.

The ACFs face several challenges in doing their work, most notable among these is re-experiencing trauma triggered by sharing from the survivors. Many of them reported that they are gradually getting more comfortable with listening to trauma memories of the survivors. Another challenge was working with survivor's families for reunification. This was reported to be especially difficult as at the initial stage the family are in shock and often do not have much trust on the ACF or JnC. The societal stigma faced by the family is another aspect that contributes to make reunification challenging. The ACFs also reported difficulties in doing office work such as reporting and maintaining deadlines.

The ACFs reported that working with survivors gave them purpose and sense of contribution to another person's life, which motivates them in continuing their work as ACFs.

The mere presence of ACFs in the programme was useful. The ACFs serve as a model to the survivors, demonstrating that it is possible to overcome trauma and to become a socially respectable interdependent person. The ACFs thus serve as a beacon of hope for the survivors which has been repeatedly reflected in their comments about the ACFs.

Comparison between survivors within the MSIF aftercare programme and the non-MSIF survivors indicates high score differentials between the two groups on all the psychological indicators, suggesting more severe psychological symptoms, higher trauma impact, and

lower wellbeing of the non-MSIF survivors. The limited sample size means this data should not be overemphasized; however, differences in outcomes for the two cohorts may be explored in greater depth in later stages of the evaluation.

In terms of usefulness, survivors rated all the services very highly, which was also reflected in their comments about the services throughout the interviews. Counselling and grocery support received the highest ratings of usefulness. Generally, they reported high satisfaction about services and only few challenges were mentioned by them in accessing some services.

Despite facing ongoing struggles with crises (financial, interpersonal), trauma memories, societal stigma and discrimination, the indicators suggest progress towards reintegration into communities. The survivors reported hope for the future, confidence to work, sustain and cope with life circumstances, as well as awareness about available resources. Their verbal reports also suggest increasing integration into society over time. The survivors also reported their gratefulness to JnC for changing their life.

The data presented in this report was collected as baseline. To gain a more confident understanding of the changes and impact of the programme, comparative analysis with the later phases of data will be necessary.

SECTION 05: Recommendations

This section synthesizes recommendations considering integrating the evaluation findings with global knowledge and best practices. The aim is to strengthen the survivor-led aftercare model's effectiveness. The recommendations are sorted into two broad sections; one that is directly associated with the findings of the baseline survey, and a second section discussing general strategic suggestions for the programme's improvement. It should be noted that most of these seemed, to some extent, to be already in place through the JnC aftercare programme.

5.1. Specific Recommendations from Findings

1. **Tailoring Services to Individual Needs:** Develop tailored care plans for each survivor, acknowledging their unique experiences, needs, and strengths. This personalized approach is expected to enhance the effectiveness and relevance of the support, ensuring that each survivor's journey towards recovery is as smooth and efficient as possible. As reflected in some interviews, JnC may consider providing more attention to further ensure individually tailored provision of training and support.

2. **Strengthening Mental Health Support:** Priorities to the immediate enhancement of psychosocial counselling and advanced mental health care. Reflections from the interviews and surveys indicated that the survivors have high regard for the psychological support that they receive from JnC. The data on mental health state indicated some risks for the survivor group, requiring ongoing psychological support for the survivors in the aftercare program. Additionally, the non-MSIF data indicated a higher concern around mental health risks, which, although not part of this evaluation, also need to be addressed in the same manner. Addressing urgent mental health concerns early can significantly improve recovery outcomes and provide survivors with the resilience needed for their journey ahead.

3. **Consistent and Regular Support:** Ensure ongoing, reliable aftercare support to build and maintain trust with survivors, facilitating their initial stages of recovery. Consistency in support is vital to developing a sense of security, trust, and belonging among survivors. As reflected in the interviews, JnC seems to supports the survivor with full consideration of

their mental state. In cases where the survivor fails to utilize the support or even leaves the support, they still continue with them when they return or ask for new support. JnC should continue this standard of not being too evaluative too early to decide how long to provide support based on immediate outcomes.

4. **Increase Community Sensitization and Stigma Reduction Efforts:** To combat the stigma survivors face in their communities, a concerted effort should be made to sensitize the wider community. Data from survivors as well as ACFs indicated presence of strong negative impact of societal perception and family reaction during repatriation and early stage of reintegration. They also indicated changes over time on this through successful intervention. Therefore, plans to introduce sensitization and stigma reduction activities in the general wider community can be considered to ease the early days of reintegration for the upcoming survivors. These activities may include community workshops, survivor-led awareness campaigns, and collaboration with local leaders to foster a more supportive environment for preventing trafficking and promoting acceptance for the survivors.

5. **Enhanced Training for Stakeholders:** Expand training programmes aimed at local power structures, including local government representatives, members and chairs of the union parishad, religious leaders, local police stations, and other stakeholders, in victim-centric approaches. This training is crucial for creating a supportive ecosystem around survivors, where their interactions are understanding and nurturing.

6. **Strengthen Socio-Economic Reintegration:** The findings highlight a need for a more robust socio-economic reintegration programme. This could involve partnerships with local businesses for job placements, more vocational training opportunities, and financial literacy programmes to help survivors achieve long-term financial independence.

7. **Incorporate Regular Feedback Mechanisms:** Understanding what works and what does not work is an important aspect of programme implementation. Implementing a systematic process for collecting and analysing feedback from survivors about the services they receive can be useful. The process of taking feedback empowers survivors

by valuing their input and ensuring that services evolve to meet their changing needs. Such feedback should be used to make continuous improvements to the programme. However, it should be noted that changes such as psychological and reintegration may take long time to produce any observable outcomes. Therefore, caution should be taken in making changes based on immediate feedback.

5.2. General Suggestion for Programme Improvement

1. **Implement a Holistic Health Model:** Extend the scope of support beyond psychological care to include comprehensive health services, including physical, sexual, and reproductive health care, tailored to the needs of trafficking survivors. This holistic approach addresses the multifaceted health needs of survivors, contributing to their overall well-being and successful reintegration into society.

2. **Foster Survivor Leadership and Advocacy:** Empower survivors to take on leadership and advocacy roles within the programme and broader policy-making processes, ensuring that their voices and experiences shape anti-trafficking strategies.

3. **Leveraging Digital Platforms for Awareness and Education:** Utilize digital media and online platforms for widespread awareness and educational campaigns about human trafficking and survivor care. This strategy engages a broader audience, including potential supporters and policy influencers.

4. **Global Networking and Knowledge Sharing:** Develop a global network for sharing resources and best practices in survivor care, enhancing the global response to human trafficking.

Implementing these recommendations may ensure that the programme remains responsive, sustainable, and effective in addressing the complex needs of survivors of human trafficking and modern slavery.

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APPENDICES

Appendix 1: Consent Form

This consent form will be kept with the current researcher as a record

I am giving my consent to take part in the research, as titled above, conducted by Dr Kamruzzaman Mozumder, Mohammad Omar Faruque, and Faizul Karim as part of an external evaluation being conducted for Justice and Care. I have been informed and explained in detail about the research. I have also read the explanatory statements (or someone has read that to me), which have been kept by me as a record. I understand that giving consent means:

I consent to give an interview to the researcher	☐ Yes	☐ No
I consent to allow an audio recording of the interview on a recorder	☐ Yes	☐ No
I consent to give additional interviews if needed	☐ Yes	☐ No
I consent to attach/connect my filled-up survey questionnaires to be attached with the interview data	☐ Yes	☐ No

and

I understand my participation is voluntary; If I want, I can deny taking part in this research fully or partially, and I can withdraw my participation at any time before I approve the written copy of data taken from me, for which I will not be penalised in any manner.

and

I understand that the publication of dissemination resulting from the data collected from me will in no circumstances include or present the name or address of the participant.

and

I understand that the information I provide will be kept confidential, and no information will be given to anyone or published in any report from which I may be identified.

and

I understand that the audio record of my interview and the information transcribed from it will be kept in a secure place accessible to none other than the researcher.

Name of the Participant: . . . . . .

Signature: . . . . . **Or** Thumbmark: . . . . . .

Date: . . . . . .

Appendix 2: Explanatory Statement

This explanatory statement is to be kept with the RA

I, ... [name of the data collector] . . . . . , am working as a data collector in the research titled, '*Evaluation of Champion Survivor Based Aftercare Programme'* conducted by Dr Kamruzzaman Mozumder, Mohammad Omar Faruque, and Faizul Karim as an external evaluation of the work of Justice and Care.

Purpose of the research

Many individuals in Bangladesh are at risk of being victims of trafficking every year. This research explores how a person who has been the victim of trafficking can provide psychosocial care to another victim, how effective these services are, and how these services can be improved further.

What will be done in this research?

If you agree to take part, you will be invited for an individual or group interview in which we will collect data from you. If you agree, we may audio record the interview and prepare and store a transcript of your interview.

How much time do I have to spend if I agree to take part

For individual or group interviews in this research, you may have to spend 40-60 minutes. However, based on the value of the interview data provided by you, we may need to interview you more than once. We will decide the date and time for those interviews in consultation with you.

Possible benefit

This research may not give you any direct benefit at this moment. However, the information provided by you and other participants in this research is expected to contribute to developing and improving accessible and effective services for the victims of trafficking.

Possible challenges of participating in the study.

A lot of the things I'll be talking about can be about your memories and emotions, and you may get upset in these discussions, or it may temporarily cause discomfort or pain in you. Still, it does not seem likely to cause any lasting damage to you. However, if you need

psychological support, we will ensure that you get proper support in this regard and you are free to pause or stop from participating at any time.

Withdrawal from study participation

Participation in this study is entirely your own choice. You have no obligation to participate. Even after deciding to participate in the study, you may request to withdraw the use of your interview or survey responses. This will be possible up until the point that the interview information has been fully anonymized, i.e., until all your identification details are removed from the written notes.

Privacy

Protecting your privacy will be given the utmost consideration. Your name, address, etc. i.e. the information from which you can be identified, will be written on a separate paper, and it will be kept separate from the information given by you. It will be possible to connect these two only with code that none except me will know. No information will be disclosed to anyone or in any report from which you can be identified.

Storage and use of collected data

The information collected will be carefully preserved. The data obtained in this study may be presented in study reports, scientific publications, and one or more oral presentations, but in no circumstances the participants be identified.

Results of the study

If you would like to know about the results of this study, please contact the researcher at the following address:

1. **Muhammad Kamruzzaman Mozumder**, Professor, Department of Clinical Psychology, University of Dhaka, email: mozumder@du.ac.bd; mobile: 01713066423
2. **Mohammad Omar Faruque**, 570 Dania, Daspara, Jatrabari, Dhaka, email: momarfaruque@gmail.com; mobile: 01730311691

Thanks for your support.

Appendix 3: Topic Guide for Survivors

[Qualitative]

Special note for the RA:

1. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
2. Please remember to provide rationale before asking sensitive questions.

---

1. How long have you been receiving support from Justice and Care? In this time, which members of the team have you received support from?
2. What services have you received or are currently receiving from JnC? (Counselling, Education, Medical, Grocery support, Vocational training, Life skills training, Income generation activities, other?)
   - Which one is most/least important? Why?
   - Which one is most/least useful? Why?
   - Which one is most/least likeable? Why?
3. How would you describe your relationship with your Champion Survivor?
   - Does it make a difference to you that you are receiving support from someone who has been through a similar experience? What is good about this? What is bad about this?
4. Which of the characteristics/skills of champion[name] you like most/least? Why?

5. Have you seen any changes in your overall mental and emotional well-being before receiving support and after receiving service from Justice and Care?
   - mental, emotional, confidence, hope, social, communication acceptance, participation
   - how did these [changes] happen?
   - what contributed to this, and how?
   - which of these contributors is most important? why?
   - Did the support of the Champion Survivor play a role in these changes?
6. Do you feel comfortable and accepted within your community?
   - Are you facing any discrimination or harassment within the community?

- Has this gotten better or worse since you started receiving support from Justice and Care?
- Has the support of the Champion Survivor been helpful in making you feel more accepted?

7. Have you faced any discrimination, harassment or intimidation online? What has this involved? On what platforms has this occurred?
8. Have you seen any changes in your economic situation since receiving support from Justice and Care?
   - Has your economic situation improved/ gotten worse? What has contributed to this?
   - Have you suffered any economic crises in the time that you have been receiving support from Justice and Care? Were they able to help in any way?
   - Have you benefitted from any direct economic empowerment support from JCBD? (Income generating activities, vocational training, education or skills training)
   - Do you think that the support provided by Justice and Care could contribute to improving your economic situation in the long term? Why or why not?
9. Have you faced any major challenges or setbacks while receiving service from JCBD and the champion [name]?
   - personal
   - familial
   - Societal
   - from JnC
   - from champion[name]
10. What needs to be done to improve the quality of services offered by JCBD? How could the service provided by your Champion Survivor specifically be improved?
11. Will you encourage others to take service from the champion[name]? Why?
12. How would you express the service of champion[name] in a single sentence.
13. What else would you like to tell us about your experience of receiving support from Justice and Care?

Appendix 4: Topic Guide for Family Members of the Survivors

[Qualitative]

Special note for data collectors:

1. At the outset you can start with, "I'll ask you a few questions. Some of these questions may seem easy to answer for you, however, you may some others to be quite difficult or even uncomfortable to answer – in such cases you can let me know. Remember that there is no right or wrong answer here, please freely express what comes to your mind."
2. Before asking any sensitive question, you must give the reason/explanation for asking it.

---

14. Tell me about your relationship with survivor [Name].
    - Has this changed over time?
15. How would you describe survivor's [Name] general mental well-being and ability to function day to day?
    - What challenges does survivor [Name] face?
    - What support does survivor [Name] need from you?
    - What support does she need from others?
    - To what extent do you think the survivor [Name] has recovered to how they were before? In what ways?
    - What helped her in regaining this functioning?
    - How did it help?
16. What do you know about Justice and Care?
    - How do they work?
    - What support are they providing to survivor [Name]? Are these useful? Why and how?
17. Do you know about champion [Name]?
    - What does champion [Name] do with survivor [Name]?
    - Is their support to survivor [Name] helpful? Why and how?
18. Have you ever talked with the Champion? (If not, have you ever talked with other staff of Justice and Care?)

- How did you feel? Was that useful? Why?

19. Have you seen any changes in the survivor's [Name] overall mental and emotional well-being after receiving service from Justice and Care?
    - Mental, emotional, confidence, hope, social, communication acceptance, participation
    - How did these [changes] happen?
    - What contributed to this, and how?
    - Which of these contributors is most important? Why?
    - Did the support of the champion [Name] play a role in these changes?
20. How is the relationship between the survivor [Name] and other members of your family?
    - Has this changed over time?
21. What needs to be done to improve the quality of services offered by JCBD? How could the service the champion [Name] provided be improved?
22. Would you encourage others to take service from the champion [Name] or from Justice and Care? Why?
23. How would you express the service of a champion [Name] in a single sentence?
24. What else would you like to tell us about your experience of Survivor [Name] receiving support from Justice and Care?

Appendix 5: Topic Guide for ACF

[Qualitative]

Special note for the RA:

3. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
4. Please remember to provide rationale before asking sensitive questions.

---

1. How did you become an ACF?
   - Which of your characteristics contributed to it?
   - Which familial/societal/contextual factors contributed?
   - What from JnC contributed?
   - Did you face any challenges in your journey to becoming an ACF?
2. What does being an ACF involve? What does it mean to you to be an ACF?
3. What skill sets are required to become an ACF?
   - Do you think that you had some or all of these skills when you started in the role?
   - How have you developed these skills over the last six months?
4. What are the roles/tasks of an ACF?
   - Proportion of time requirement for each (%)
   - Which one is most/least important? Why?
   - Which one is most/least likable? Why?
   - Which one is most easy/tough? Why?
   - Which one makes you most stressed? Why?
5. How do you perform these tasks/responsibilities?
   - what do you keep in mind?
   - what do you do? Don't do?
6. How important your service is for the people you work with? Why?
   - have they ever expressed this? What did they say?

- what changes do you see in them? financial, mental (hope, planning, emotion), social (acceptance, participation.....)
- Do you think there is anything that you can offer the survivors you work with that other aftercare professionals cannot?

7. What is the best part of doing this job as an ACF? Which factors/aspects make you feel at ease in doing this job?

- personal
- familial
- Societal
- from JnC

8. What positive changes do you see in yourself after becoming an ACF?

- financial, mental (hope, planning, emotion), social
- Which one is most important? Why?

9. What negative changes (if any) have you experienced after becoming an ACF?

- Social position, relationships, stress levels, trauma
- How have you dealt with these changes?

10. How has your position within your family and your wider community changed since you started your role as an ACF?

- Have you been treated or viewed differently?
- Has this been positive or negative, or a mix of both?
- What do you think is the main reason that your position has changed

11. How is your relationship with the survivors you work with?

- How has this developed/ changed over time since you've been performing your role

12. What challenges do you face in performing your role and providing care to the survivors?

- personal
- familial
- Societal
- from JnC

13. How do you cope/solve/manage these challenges?

- What kind of support have you received from JCBD in overcoming these challenges?

- Is there any way the role could be changed to help avoid these challenges?

14. Is there any task that you have been asked to carry out or activity that you have been asked to participate in that has made you feel uncomfortable or triggered? How did you deal with this?

15. What are your future plans after your experience working as an ACF?

- What kind of work would you like to do in the future?
- Do you feel qualified and confident that you can do that work?
- What do you still need to learn in order to feel confident and qualified to achieve your future goals?
- How can Justice and Care support you in achieving these goals?

16. Is there anything else that you'd like to tell us about your experience of working as an ACF?

Appendix 6: Survey Questionnaire for Survivor

Interview ID:	**S**	-	L	L	-	R	A	-	y	y	m	m	d	d	-	n

Special note for the RA:

1. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
2. Please remember to provide rationale before asking sensitive questions.

Section A. Socio-demographics

A1	Age: . . . . .
A2	Gender: . . . . .
A3	Marital Status
A4	Do you have children?
A5	Educational status
A6	Size of household: . . . . .
A7	Number of earning member in the household: . . . . .
A8	Total monthly income of the household: . . . . .
A9	Your monthly income: . . . . .
A10	Month & Year of repatriation/return: . . . . .
A11	Month/Year of enrollment in JnC services and introduced with an ACF: . . . . .
A12	Do you have a smartphone?

A13 Which social media do you use frequently?

Section B. Activities and Processes

B1	Frequency of contact(Phone/Physical) with the champion (in last three months): . . . . .
B2	Frequency of care contact (Phone/Physical) with the other JnC staff (in last three months): . . . . .
B3	Which of the following types of support have you received from Justice and Care:

		Yes	No	Useful on a scale of 0-5
a	Professional counselling	1	0	
b	Peer mentoring	1	0	
c	Vocational training	1	0	
d	Life skills training	1	0	
e	Medical support	1	0	
f	Educational support	1	0	
g	Material support (with groceries, clothes etc.)	1	0	
h	Income generation activities	1	0	

B4	How the counselling service is reached:	a. They contact me at their suitable timing b. I contact them when I feel need. c. Both
B5	How comfortable do you feel sharing your feelings with?	

		Not at all comfortable	Quite uncomfortable	Somewhat comfortable	Generally comfortable	Completely comfortable
a	Staffs of JnC:	0	1	2	3	4
b	Fellow survivors	0	1	2	3	4
c	ACFs (Champion Survivors)	0	1	2	3	4

Section C. Generic Outcome

Rate the concept presented in each of the statements on a scale of 0-5(0=minimal – 5=most)

	Statement	**Rating (0-5)**
C1	The level of clarity/understanding of communication between me and my ACF	
C2	The level of clarity/understanding of communication between you and other Justice and Care staff	
C3	The level of trust between you and the ACF	
C4	The level of trust between you and other Justice and Care staff	
C5	Level of acceptance you feel from the ACF	
C6	Level of acceptance you feel from other Justice and Care staff	
C7	Your satisfaction with the services from the ACF	
C8	Your satisfaction with the services from other Justice and Care staff	
C9	Your overall confidence in yourself	
C10	Level of hope for the future that you have	
C11	Level of confidence that you can be able to work gainfully or get employed	
C12	Your awareness about the services/resources available at the local level	
C13	Your awareness about where to report or seek support for gender-based violence or sexual exploitation, abuse or harassment	
C14	Rate how difficult the financial crises are for you	

	Statement	Rating (0-5)
C15	Rate how difficult the interpersonal conflicts/crises are for you	
C16	Rate how concerned you are about your health	
C17	Rate how concerned you are about your safety	

Respond to the statement as per the five options provided on the right side.

		Never	Rarely	Occasionally	Most of the time	Always
C18	You try self-care activities	0	1	2	3	4
C19	The self-care activities you use are effective for you	0	1	2	3	4
C20	You can cope with your painful life circumstances	0	1	2	3	4
C21	You can assert for your rights	0	1	2	3	4
C22	You can connect with the family and society at large	0	1	2	3	4
C23	You experience personal/ relational conflict or crises within your family	0	1	2	3	4
C24	You experience humiliation or discrimination within your community	0	1	2	3	4

Section D. Psychological State and Outcome

D1. WHO Well-being 5 (WHO-5)

Please respond to each item by marking one box per row, regarding how you felt in the last two weeks.

	For the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time

1	I have felt cheerful and in good spirits.	5	4	3	2	1	0
2	I have felt calm and relaxed.	5	4	3	2	1	0
3	I have felt active and vigorous.	5	4	3	2	1	0
4	I woke up feeling fresh and rested	5	4	3	2	1	0
5	My daily life has been filled with things that interest me.	5	4	3	2	1	0

D3. SELF-REPORTING QUESTIONNAIRE (SRQ-20)

The following questions relate to certain pains and problems that may have bothered you in the last 30 days. If you think the question applies to you and you had to describe the problem in the last 30 days, answer YES. On the other hand, if the question does not apply to you and you did not have the problem in the last 30 days, answer NO.

1. Do you often have headaches?	Yes (1)	No (0)
2. Is your appetite poor?	Yes (1)	No (0)
3. Do you sleep badly?	Yes (1)	No (0)
4. Are you easily frightened?	Yes (1)	No (0)
5. Do your hands shake?	Yes (1)	No (0)
6. Do you feel nervous, tense or worried?	Yes (1)	No (0)
7. Is your digestion poor?	Yes (1)	No (0)
8. Do you have trouble thinking clearly?	Yes (1)	No (0)
9. Do you feel unhappy?	Yes (1)	No (0)
10. Do you cry more than usual?	Yes (1)	No (0)
11. Do you find it difficult to enjoy your daily activities?	Yes (1)	No (0)
12. Do you find it difficult to make decisions?	Yes (1)	No (0)
13. Is your daily work suffering?	Yes (1)	No (0)
14. Are you unable to play a useful part in life?	Yes (1)	No (0)
15. Have you lost interest in things?	Yes (1)	No (0)
16. Do you feel that you are a worthless person?	Yes (1)	No (0)
17. Has the thought of ending your life been on your mind?	Yes (1)	No (0)
18. Do you feel tired all the time?	Yes (1)	No (0)

19. Do you have uncomfortable feelings in your stomach?	Yes (1)	No (0)
20. Are you easily tired?	Yes (1)	No (0)

D4. Impact of Event Scale (Revised) (IES-R)

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to (the event). How much were you distressed or bothered by these difficulties?

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Any reminder brought back feelings about it	0	1	2	3	4
2	I had trouble staying asleep	0	1	2	3	4
3	Other things kept making me think about it	0	1	2	3	4
4	I felt irritable and angry	0	1	2	3	4
5	I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6	I thought about it when I didn't mean to	0	1	2	3	4
7	I felt as if it hadn't happened or wasn't real	0	1	2	3	4
8	I stayed away from reminders about it	0	1	2	3	4
9	Pictures about it popped into my mind	0	1	2	3	4
10	I was jumpy and easily startled	0	1	2	3	4
11	I tried not to think about it	0	1	2	3	4
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them	0	1	2	3	4
13	My feelings about it were kind of numb	0	1	2	3	4
14	I found myself acting or feeling as though I was back at that time	0	1	2	3	4
15	I had trouble falling asleep	0	1	2	3	4
16	I had waves of strong feelings about it	0	1	2	3	4
17	I tried to remove it from my memory	0	1	2	3	4
18	I had trouble concentrating	0	1	2	3	4

		Not at all	A little bit	Moderately	Quite a bit	Extremely
19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	0	1	2	3	4
20	I had dreams about it	0	1	2	3	4
21	I felt watchful or on-guard	0	1	2	3	4
22	I tried not to talk about it	0	1	2	3	4

Notes from RA:

Appendix 7: Survey Questionnaire for ACF

Interview ID:	**C**	-	L	L	-	R	A	-	y	y	m	m	d	d	-	n

Special note for the RA:

1. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
2. Please remember to provide rationale before asking sensitive questions.

Section A. Socio-demographics

A1	Age: . . . . .
A2	Gender: . . . . .
A3	Marital Status
A4	Do you have children?
A5	Education Level
A6	Members of household: . . . . .
A7	Number of earning members in the household: . . . . .
A8	Total monthly income of the household: . . . . .
A9	Your monthly income: . . . . .
A10	Month/year of repatriation/return: . . . . .
A11	Date of start working as champion/ACF: . . . . .
A12	Do you have a smartphone?
A13	Which social media do you use frequently?

Section B. Activities and Processes

B1	Number of survivors served so far: . . . . .
B2	Number of survivors presently serving . . . . .
B3	How frequently do you meet/e-meet/call one survivor under your list?
B4	Types of training received as a survivor (Pre-champion):
B5	Rate the usefulness of trainings (0-5): . . . . . Explain: . . . . .
B6	Types of training received as a champion: . . . . .
B7	Rate the usefulness of trainings (0-5): . . . . . Explain: . . . . .
B8	Frequency of mentoring/supervision sessions received in last three months: . . . . .
B9	Rate the usefulness of the mentoring/supervision sessions (0-5): . . . . . .Explain: . . . . .

Section C. Generic Outcome

Rate the concept presented in each of the statements (19) on a scale of 0-5 (0=minimal and 5=most)

	Statement	**Rating (0-5)**
C1	The level of clarity/understanding of **communication** between you and the survivor/family of the survivor you provide care to	
C2	The level of **trust** between you and the survivors you support	
C3	The level of trust between you and the families of the survivors you support	
C4	The level of trust between you and other Justice and Care staff	
C5	Level of **adherence** to suggestion and support activities among the survivors I care for	
C6	How would you rate your awareness of the needs of the survivors that you are supporting	

	Statement	Rating (0-5)
C7	How confident do you feel in your ability to address the needs of the survivors that you are supporting	
C8	Your awareness about the **services/resources available to survivors** at the local level	
C9	**Clarity** of your tasks and responsibilities at JnC	
C10	Level of **acceptance** you feel from the JnC staff/colleagues	
C11	Your **satisfaction** with your work with the survivors	
C12	Your **confidence** as a care provider to the survivors	
C13	Your confidence operating in a professional setting	
C14	You feel equipped to work in future roles in a professional setting	
C15	Level of **recovery** you have achieved for yourself	
C16	How would you rate your self-esteem	

Respond to the statement as per the five options provided on the right side.

		Never	Rarely	Occasionally	Most of the time	Always
C17	You try **self-care** activities.	0	1	2	3	4
C18	The self-care activities you use are **effective** for you.	0	1	2	3	4
C19	You experience personal/ relational conflict or crises within your family	0	1	2	3	4
C20	You experience humiliation or discrimination within your community	0	1	2	3	4
C21	The survivors you provide care to feel comfortable talking to you about their **traumatic memories**	0	1	2	3	4
C22	The survivors you provide care to feel comfortable talking to you about their **financial crisis**	0	1	2	3	4

		Never	Rarely	Occasionally	Most of the time	Always
C23	The survivors you provide care to feel comfortable talking to you about their **interpersonal conflicts/crisis**	0	1	2	3	4
C24	The survivors you provide care to feel comfortable talking to you about their **safety concerns**	0	1	2	3	4
C25	The survivors you care for demonstrate an **interest in getting the care/service** that you provide	0	1	2	3	4

Section D. Psychological State and Outcome

D1. WHO Well-being 5 (WHO-5)

Please respond to each item by marking one box per row, regarding how you felt in the last two weeks.

	For the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	I have felt cheerful in good spirits.	5	4	3	2	1	0
2	I have felt calm and relaxed.	5	4	3	2	1	0
3	I have felt active and vigorous.	5	4	3	2	1	0
4	I woke up feeling fresh and rested	5	4	3	2	1	0
5	My daily life has been filled with things that interest me.	5	4	3	2	1	0

D2. Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows:

0 Did not apply to me at all - NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me to a considerable degree, or a good part of time - OFTEN

3 Applied to me very much, or most of the time - ALMOST ALWAYS

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3

21	I felt that life was meaningless	0	1	2	3

D3. SELF-REPORTING QUESTIONNAIRE (SRQ-20)

The following questions are related to certain pains and problems, that may have bothered you in the last 30 days. If you think the question applies to you and you had to describe the problem in the last 30 days, answer YES. On the other hand, if the question does not apply to you and you did not have the problem in the last 30 days, answer NO.

1. Do you often have headaches?	Yes (1)	No (0)
2. Is your appetite poor?	Yes (1)	No (0)
3. Do you sleep badly?	Yes (1)	No (0)
4. Are you easily frightened?	Yes (1)	No (0)
5. Do your hands shake?	Yes (1)	No (0)
6. Do you feel nervous, tense or worried?	Yes (1)	No (0)
7. Is your digestion poor?	Yes (1)	No (0)
8. Do you have trouble thinking clearly?	Yes (1)	No (0)
9. Do you feel unhappy?	Yes (1)	No (0)
10. Do you cry more than usual?	Yes (1)	No (0)
11. Do you find it difficult to enjoy your daily activities?	Yes (1)	No (0)
12. Do you find it difficult to make decisions?	Yes (1)	No (0)
13. Is your daily work suffering?	Yes (1)	No (0)
14. Are you unable to play a useful part in life?	Yes (1)	No (0)
15. Have you lost interest in things?	Yes (1)	No (0)
16. Do you feel that you are a worthless person?	Yes (1)	No (0)
17. Has the thought of ending your life been on your mind?	Yes (1)	No (0)
18. Do you feel tired all the time?	Yes (1)	No (0)
19. Do you have uncomfortable feelings in your stomach?	Yes (1)	No (0)
20. Are you easily tired?	Yes (1)	No (0)

Notes from RA:

Table 1. *Socio-demographic characteristics of the Survivors (MISF and Non-MISF)*

	Variables	MSIF (n=30)			Non-MSIF (n=4)		
		Mean	Mode	Range	Mean	Mode	Range
1	Age	24.27	20	18-35	25.50	21	21-28
2	Number of Children	0.73	0	0-2	1.75	2	0-3
3	Size of the household	4.57	4	1-9	3.25	3	1-6
4	Number of earning members in the household	1.67	1	1-5	1.25	1	1-2
5	Length of reception of service (in months)	24.6	7	0-106	19.5	5	5-46

Table 2. Socio-demographic characteristics of the Survivors (MISF and Non-MISF)

		MSIF (N=30) n (%)	Non-MSIF (N=4) n (%)
1	Marital Status		
	Unmarried	6 (20.0)	1 (25.0)
	Married	18 (60.0)	1 (25.0)
	Divorce Separation	6 (20.0)	2 (50.0)
	Missing	0 (0.0)	0 (0.0)
2	Level of Education		
	None	4(13.3)	0.0
	Year 3	3(10)	0.0
	Year 4	1(3.3)	1 (25.0)
	Year 5	1(3.3)	2 (50.0)

		MSIF (N=30) n (%)	Non-MSIF (N=4) n (%)
	Year 7	2(6.7)	0.0
	Year 8	7(23.3)	1 (25.0)
	Year 9	1(3.3)	0.0
	Year 10	7(23.3)	0.0
	Year 11	2(6.7)	0.0
	Year 15	2(6.7)	0.0
3	District		
	Jessore	16 (53.3)	0.0
	Khulna	7 (23.3)	0.0
	Dhaka	6 (20)	4 (100.0)
	Bagerhat	1 (3.3)	0.0

Table 3. *The psychological state of the survivors.*

	Variable	MSIF (n=30)			Non-MSIF (n=4)		
		Mean	Mode	Range	Mean	Mode	Range
1	Psychological symptom (SRQ 20)	9.83	13	(1-19)	12.25	14	(8-14)
2	Well-being (WHO5)	11.90	10	(3-25)	8.25	4	(4-14)
3	Post-traumatic stress disorder (IES R)	31.30	1	(1-68)	58.25	49	(49-70)

Table 4. Satisfaction with service

	Variable	MSIF (n=30)			Non-MSIF (n=4)		
		Mean	Mode	Range	Mean	Mode	Range
1	Satisfaction with the service from ACF	4.43	5	(1-5)	-	-	-
2	Satisfaction with the services from other JNC staff	4.40	5	(1-5)	5.00	5	(5-5)