ENDLINE ASSESSMENT REPORT

External Evaluation of Justice and Care Bangladesh Champion Survivor Aftercare Programme

Submitted by

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Executive Summary

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, normalised by patriarchal norms, is widespread. The socialisation 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, emphasising 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 stigmatise survivors of MSHT. While some progress has been made in sensitising 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 specialised 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, and 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 the 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 Justice and Care, Bangladesh'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.

1.4. The Baseline Survey/Study Method and Key Findings

Prior to the conduction of the Mid-line survey, Baseline data was collected during August-September 2023 from Jashore, Khulna, Bagerhat, and Dhaka. It involved, questionnaire survey with the ACF (n=17), MSIF survivor (n=30), non-MSIF survivor (n=4). It also included in-depth interviews with 19 ACFs, and 12 survivors as well as key informant interviews with 4 project personnel and 5 family members of survivors. Although we used independent samples between Baseline and Mid-line phases of the study, some of the participants were interviewed in both phases due to the small size of the cohort (this was especially true for the ACFs). It may be noted here that the distinction between MSIF and non-MSIF survivors is merely based on their participation in the type of aftercare program. While the MSIF survivors were receiving aftercare support from the ACFs, the non-MSIF survivors were receiving aftercare support from the regular staff of Justice and Care and were not connected with the service from ACFs.

The Baseline data on the exploratory evaluation of the aftercare programme run by J&C seemed to suggest the programme was beneficial for the survivors as well as the aftercare workers (ACFs) in achieving reintegration and well-being. Interview data from the ACFs indicated that they have better income than the survivors which is likely to be because they were 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 J&C for changing their life from victim to survivor and then to champion.

The ACFs reported facing several challenges in doing their work, most notable among these was re-experiencing trauma triggered by sharing from the survivors. Many of them reported that they are gradually getting more comfortable with listening to the 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 does not have much trust in the ACF or J&C. The societal stigma faced by the family is another aspect that contributes to making 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 a sense of contribution to another person's life, which motivates them to continue 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 become a socially respectable independent 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 indicated high score differentials between the two groups on all the psychological indicators, suggesting more severe psychological symptoms, higher trauma impact, and lower well-being of the non-MSIF survivors. However, it should be noted that the sample size for non-MSIF survivors was too small (n=4) to make meaningful comparisons and the findings can only serve as a quick glimpse into the state of the non-MSIF survivors.

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 with 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 gratitude to J&C for changing their lives.

1.5. The Mid-line Assessment Method and Key Findings

Prior to the conduction of the End-line survey, Mid-line Survey data was collected during May 2024 from Jashore, Satkhira, Khulna, Bagerhat, and Dhaka (along with few adjacent districts such as Narsigndi, Gazipur, Mymensingh and Cumilla). It involved, questionnaire survey with the ACF (n=19), MSIF survivor (n=31), non-MSIF survivor (n=9). It also included in-depth interviews with 8 survivors 3 family members of survivors as well as 2 case study with ACF, 2 case study with survivors and 3 Focus Group Discussions with ACF in Jashore, Khulna and Dhaka. Although we used independent samples between Mid-line and End-line phases of the study, some of the participants were interviewed in both phases due to the small size of the cohort (this was especially true for the ACFs). It may be noted here that the distinction between MSIF and non-MSIF survivors is merely based on their participation in the type of aftercare program. While the MSIF survivors were receiving aftercare support from the ACFs, the non-MSIF survivors were receiving aftercare support from the regular staff of Justice and Care and were not connected with the service from ACFs.

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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: End-line Survey - Phase III

The present report contains the work conducted for the End-line survey and its associated preparation. Preparatory activities were carried out during the Baseline and Mid-line Survey. This included exploration of the programme logic model (input, action, and output) of the peer-led survivor care project; and development of the necessary tools (topic guides, questionnaires, and checklists) for collecting data for this research.

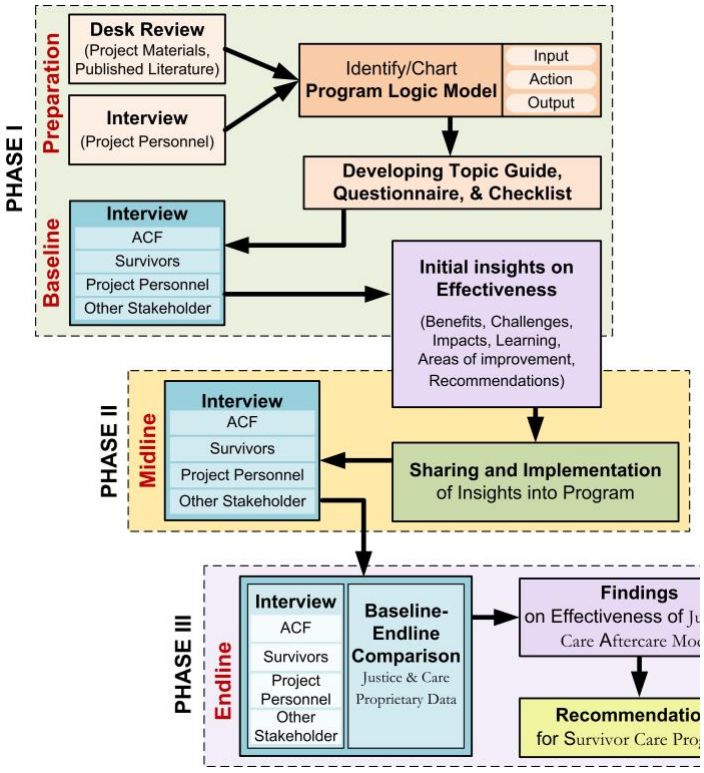

Figure 2.1. *Flowchart of activities in three phases*

Ethics approval was received in the Baseline phase. However, approval on further amendment to include child participants was received from the Ethical Review Committee of the Department of Clinical Psychology, University of Dhaka before the initiation of Mid-line data collection, which was followed accordingly throughout the all phases of Study period

2.3 Method of Data Collection

In line with the Baseline and Mid-line surveys, and based on the objectives of the assignment, a mix of qualitative and quantitative data was used in the End-line (Phase III). A summary of the proposed data collection technique and sampling is presented below (see Table 2.1). It may be noted here that 40 ACFs (questionnaire survey-20 and In-depth interviews-20 and 839 survivors (questionnaire survey-39 and In-depth interview-8) and 19 ACFs participated in both Mid-line and End-line surveys.

Generally, the same tools were used in the Mid-line for the End-line surveys and in-depth interviews, FGDs guidelines with slight modifications of the topic guide.

2.3.1. 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 respondents. 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.

2.3.2. Key Informant Interview (KII)

KIIs were conducted with key project stakeholders in the End-line (Phase III). The key stakeholders included project personnel, external stakeholders and the survivors' family members/caregivers. The focus/content of the interviews varied based on the phases of the research and the types of stakeholders to be interviewed. Relevant topic guides were also developed for the KII (see Appendix 4).

2.3.3. In-depth Interview (IDI)

The IDI was used to gain a detailed understanding of the topic of study from the survivors (see Appendix 3 for topic guide). It aided in further expanding the ideas assessed 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.

2.3.4. Case Study

Although not planned originally, the Baseline survey/study findings urged us to go for case studies with the ACFs and the survivors for an in-depth understanding of the impacts and

processes involved in the aftercare program in Mid-line and End-line respectively. Four case studies (with 2 ACF and 2 Survivors) were carried out in midline phase and 3 case studies with survivors were carried out in the endline phase (see Chapter 4).

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 groups, which are given below: At the endline, we collected data from cluster 1, 2 and 3.

- 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 three categories of respondents namely the ACFs, survivors, and family members of survivors. A total of 105 activities (questionnaire survey, IDI, KII, case study and FGDs) were performed from different segments of the study population (e.g., ACFs, Survivors, Family Members/Caregivers of the Survivor, Project personnel and External Stakeholders) in the End-line survey/study.

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

Data Collection Technique	ACF	MSIF Survivor	Family Member of Survivor	J&C Staff	Other Stakeholders
Questionnaire Survey	20	39	-	-	-
Key Informant Interview	-	-	3	4	4
In-depth Interview	20	10	-	-	-

Data Collection Technique	ACF	MSIF Survivor	Family Member of Survivor	J&C Staff	Other Stakeholders
Focus Group Discussion	1 (n = 6/FGD)	1 (n = 6/FGD)	-	-	-
Case Study	-	3	-	-	-

i) **ACF:** the main driving force of this project is the primary support provider, who maintains day-to-day communication with the survivors. A total 20 ACFs were interviewed in the End-line and among them, common 17 were also interviewed earlier in the Mid-line and Baseline phase.

ii) **Survivor:** the project's primary stakeholders and key recipients of services from the ACF. These survivors are part of the MSIF programme. However, to gain a better understanding of how the peer-led aftercare programme contributes to the lives of survivors, a sample of non-MSIF survivors (who are receiving aftercare support from Justice and Care, but not from ACFs) were also interviewed as a comparison group. Of the 39 MSIF survivors interviewed in the End-line, 20 was also interviewed earlier in the Mid-line and also in Baseline phase while 19 were new.

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

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 report preparation) starting from February 2023 to April 2025, focused on JCBD's peer-led aftercare programme. The field-based data collection of the Baseline survey/study was done from August 12, 2023 to September 20, 2023. The Mid-line survey/study was carried out from May 12, 2024 to May 30, 2024 and the End-line survey/study was carried out from January 25, 2025 to March 13, 2025.

2.5. The Quality Control Mechanism

The same quality control mechanism (see Appendix 8) used during the Baseline and Mid-line survey/study was also followed in the End-line survey/study too.

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 prioritised 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. For details, please check Appendix 1a (consent form), 1b (ascent form), and 2(explanatory statement).

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 minimising 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 received 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.

SECTION 03: Findings and Discussion

In trying to keep the overall comparability with the baseline and midline survey, the findings of the endline survey are presented in several broad sections with subsections within the broader sections. Data presented in these sections were collected from ACFs, survivors, and their family members along with J&C staff and relevant other stakeholders.

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.

Table 3.1. Socio-demographic Characteristics of the Survivors and the ACF

	Variables	MSIF Survivors (n=39)			ACF (n=20)		
		Mean	Mode	Range	Mean	Mode	Range
1	Age	25.5	20	15-40	25.4	24	19-37
2	Number of Children	1.8	2	1-4	1.2	1	1-2
3	Size of the household	4.5	5	1-8	3.9	2	1-10
4	Number of earning members in the household	2	2	1-4	2	2	1-4
5	Total monthly income of the household (in Thousand Taka)	20	10	3-60	35	50	20-60
6	Personal monthly Income (in Thousand Taka)	5.7	0	0-25	20.5	20	20-26

The analysis of demographic and economic variables indicates comparable mean ages among the survivors and ACF. The ACF reported higher average monthly income as an individual as well as when considering total family income (Table 3.1). However, it may be noted here that the individual mean income differential may have contributed to the mean differential in the family income.

For both the survivor and ACF groups, the majority of the respondents were married, followed by divorced or separated (Table 3.2). Probably due to suitability criteria during the selection process, the ACFs had a higher level of education compared to the survivors. While the majority of the survivors (71.8%) had education level below Class 10, most (63.5%) of the ACF had attended Class 10 or above. It may be noted that the national average education level in Bangladesh is 7.4 (World Economics, n.d.).

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

		MSIF (N=39)	ACF (n=20)
		n (%)	n (%)
1.	Marital Status		
	Unmarried	6 (15.4)	4 (20)
	Married	29 (74.4)	12 (60)
	Divorce Separation	4 (10.3)	4 (20)
	Others	-	-
2.	Level of Education		
	None	6 (15.4)	-
	Year 2		-
	Year 3	3 (7.7)	-
	Year 4	3 (7.7)	1 (5)
	Year 5	3 (7.7)	2 (10)
	Year 6	1 (2.6)	-
	Year 7	3 (7.7)	1 (5)
	Year 8	5 (12.8)	1 (5)
	Year 9	4 (10.3)	2 (10)
	Year 10	6 (15.4)	4 (20)
	Year 11	1 (2.6)	5 (25)
	Year 12	2 (5.1)	1 (5)
	Year 13		1 (5)
	Year 14		-
	Year 15	2 (5.1)	1 (5)
3.	District		
	Jashore	18 (46.2)	9 (45)
	Khulna	14 (35.9)	7 (35)
	Dhaka	7 (17.9)	4 (20)

The majority of the survivors were located in Jashore (46.2%) and Khulna (35.9%). For the ACF, the distribution was almost the same (Jashore - 45%, Khulna- 35%) (see Table 3.2).

Job *Engagement* of the Survivors

While the ACFs were employed by J&C, the survivors were not. However, jobs were arranged for many survivors. We tried to understand the job status and preferences of the survivors. Figure 3.1. presents an analysis of Job status among the survivors across midline and endline periods. Noticeable differences were observed across all four categories of job status among the survivors between midline and endline periods. Both part-time and full-time job engagement among the survivors shows increases (Figure 3.1).

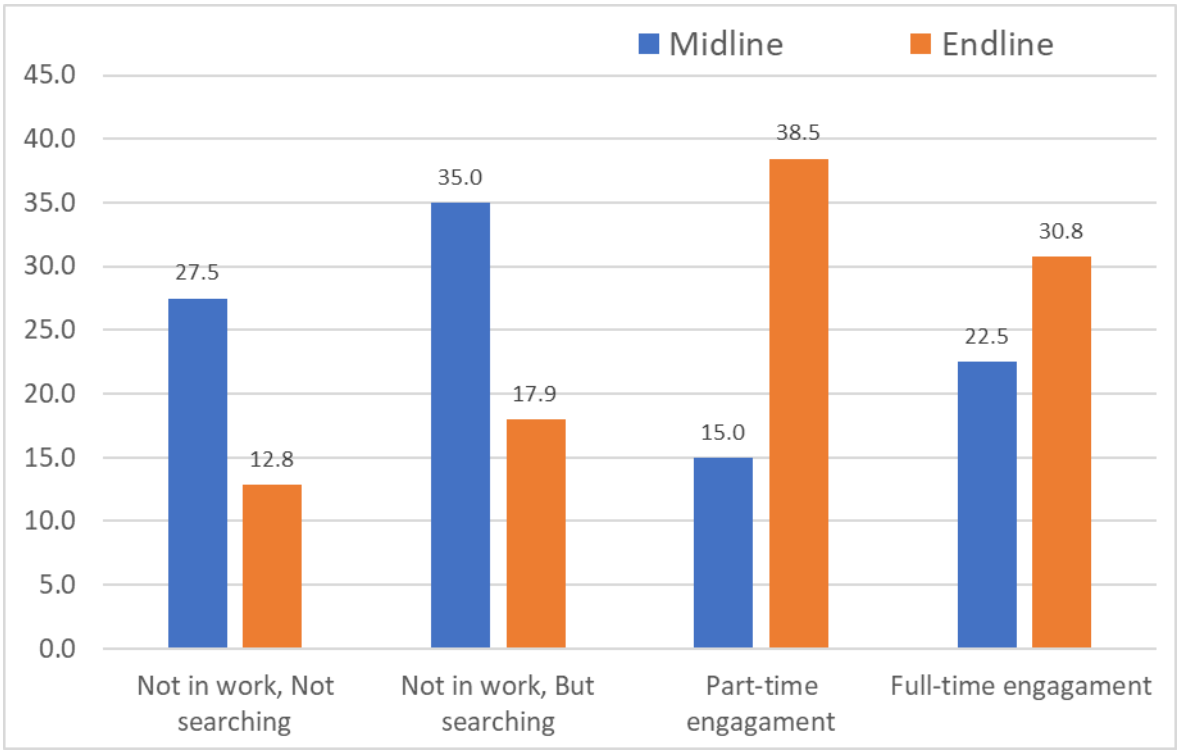

Figure 3.1. Current job engagement of the survivors.

Childcare and family responsibilities were the most common (50%) followed by not getting any job (25%) as the reported reasons for not doing or searching for a job during the endline period (see Figure 3.2). These two were also reported as the most common reason during the midline period with a much lesser number of survivors reporting these (20,8 % and 20.8%).

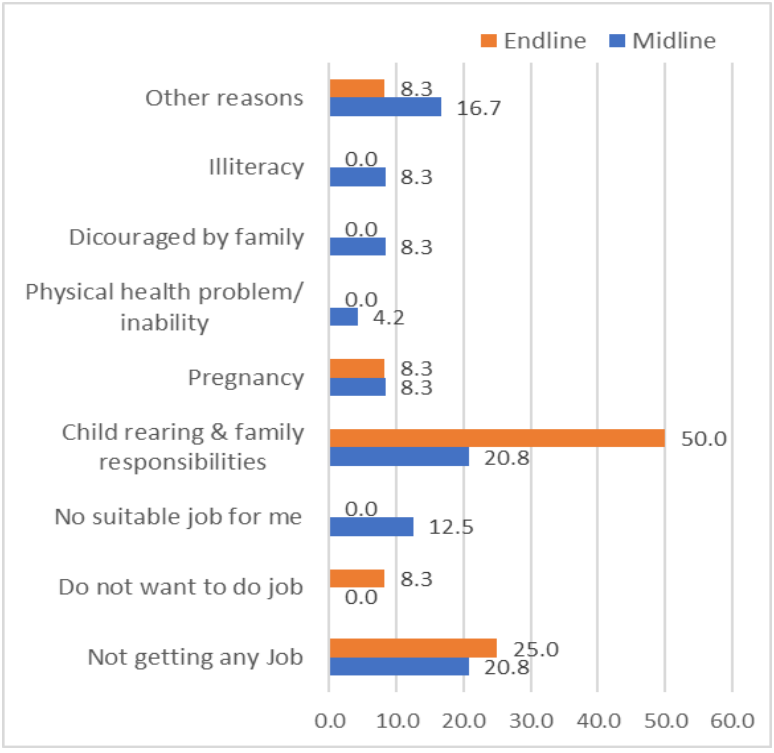

Figure 3.2. Reasons behind not engaging in jobs.

Figure 3.3. Satisfaction ratings over job features.

For those who are currently engaged in a job, satisfaction ratings over different features of the job are presented in Figure 3.3. The proportion of survivors expressing complete satisfaction over work environment, salary, and the overall job indicates a notable increase in the endline compared to midline.

When asked about expected salary from job, the survivors reported different figures ranged from BDT 3000 to BDT 40000. BDT 15000 was the most commonly expected salary reported in the endline survey which is higher than the amount reported during the midline period (BDT10000).

Survivors' perceptions about their own qualifications to get a job and their perceived approval from family for going to jobs have been presented in Figure 3.4.

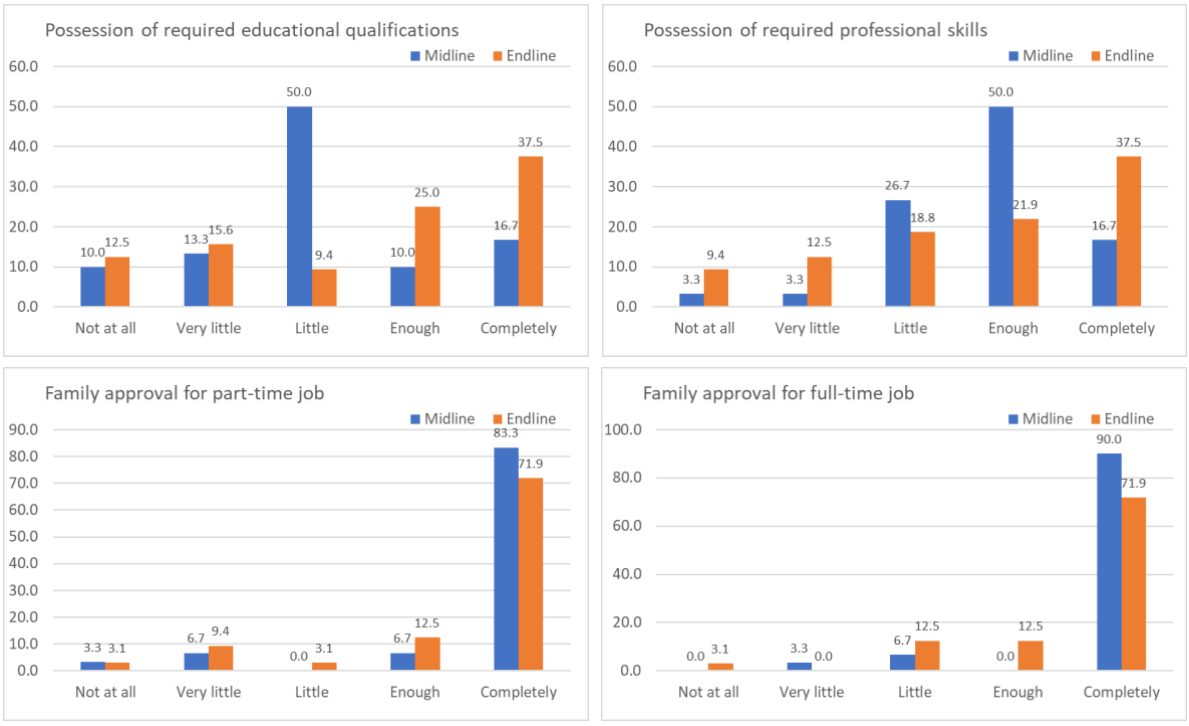

Figure 3.4. Perception of the survivors regarding qualifications and perceived approval from the family for a job.

3.2 Psychological State of the Survivors and ACF

The psychological state of the survivors and the ACFs were assessed using several standardised tools, namely the SRQ 20, the WHO 5, the IES-R and the DASS 21. As these tools do not have any normative data on victims of trafficking, a comparative analysis of their current state may not be accurate. The findings indicate steady improvement on all the indicators from baseline to midline and from midline to endline, suggesting better mental health state of the survivors and the ACFs at the endline compared to baseline and midline. For a detailed statistical comparison between baseline and endline, see Section 3.8.

Table 3.3. *Comparison of mean score on the psychological state of the survivors and ACF between baseline and midline.*

	Variable	Survivors			ACF		
		Baseline (n=30)	Midline (n=31)	Endline (n=39)	Baseline (n=17)	Midline (n=19)	Endline (n=20)
1	Psychological symptom (SRQ20)	9.83	8.97	7.72	4.94	3.61	2.74
2	Well-being (WHO5)	11.90	13.35	14.67	16	18.74	21.90
3	Post-traumatic stress disorder (IES-R)	31.30	28.00	24.13	-	-	-

	Variable	Survivors			ACF		
		Baseline (n=30)	Midline (n=31)	Endline (n=39)	Baseline (n=17)	Midline (n=19)	Endline (n=20)
4	Depression (DASS 21-D)	-	-	-	4	3.26	2.20
5	Anxiety (DASS 21-A)	-	-	-	5.18	3.47	2.80
6	Stress (DASS 21-S)	-	-	-	5.7	5.00	3.75

***Psychological* symptoms** were measured using the 20-item Self-Reporting Questionnaire (SRQ 20)**.** As shown in Table 3.4, the average score for the survivors (7.72) and the modal value of 5 found in the endline are much lower than the values observed in the baseline (9.83 and 13) and midline (8.97 and 7) survey. These are still above the cut-off value (> 6 for concern) used for the general population. The ACF group had an even lower average (2.74) and modal value 1, both of which are below the cut-off value found in the general population, indicating no concern. Similar to the survivors, the ACF also demonstrated a notable decline in psychological symptoms from baseline to midline and midline to endline.

General well-being was measured using the 5-item well-being questionnaire (WHO 5) developed by the World Health Organization. The ACFs had a much higher mean score (21.90) on well-being compared to the survivors (14.67). When compared, the findings indicated a steady increase of wellbeing from baseline (M = 11.90) to midline (M =13.35) and from midline to endline.

Table 3.4. The psychological state of the survivors.

	Variable	Survivors (n=39)			ACF (n=20)		
		Mean	Mode	SD	Mean	Mode	SD
1	Psychological symptom (SRQ 20)	7.72	5	4.94	2.74	1	2.45
2	Well-being (WHO5)	14.67	12	5.93	21.90	24	12.98
3	Post-traumatic stress disorder (IES R)	24.13	1	21.51	-	-	-
4	Depression (DASS 21-D)	-	-	-	2.20	0	3.68
5	Anxiety (DASS 21-A)	-	-	-	2.80	0	3.68
6	Stress (DASS 21-S)	-	-	-	3.75	0	4.30

Post-*traumatic* stress symptoms were only measured for the survivors using the revised version of the Impact of Event Scale (IES-R). At the Endline, the survivors had an average score of 24.13 on the IES-R, which was a decline from the midline average (28.00) and also lower than the baseline average (31.30) (see Table 3.3; Table 3.4). It should be noted here

that in all three phases, the average was below the cut-off value (33) for detecting post-traumatic stress disorder.

Depression, anxiety and stress were assessed only for the ACF across the three phases using the 21-item Depression Anxiety and Stress Scale (DASS 21). Across the baseline, midline and endline phases, the average scores among the ACF were below the cut-off value (cut-off for depression = 9, anxiety =7, and stress =14) for all three constructs it measures (i.e., depression, anxiety, and stress) (Table 3.3).

3.3. Growing a Champion/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. In becoming a champion, a series of contributors play a role. These include personal characteristics, support and other factors relating to family, societal aspects, and recovery and reintegration support from J&C. The baseline report provided a detailed discussion on these contributors. Armed with the details in the baseline, we refined the categories in the questionnaire for assessing the J&C contributors in becoming a champion/ACF. Detailed ratings of usefulness for pre-ACF training (Table 3.5) and post-ACF training (Table 3.6) in endline are presented along the mean score of usefulness from the midline survey.

The ACF generally reported that they have received a wide range of support from the J&C in the process of becoming ACF. The average rating reported at the endline for the usefulness of training taken before becoming an ACF (on a scale of low-0 to high-5) indicates a generally positive perception. Peer mentoring received the lowest average (4.33) rating of usefulness. However, the score was still very high considering the highest possible value (5) for the usefulness ratings (see Table 3.5).

Table 3.5. Usefulness of the training and support from J&C before becoming ACF

		Midline	Endline			
		Mean	Mean	Mode	Range	SD
a	Professional counselling	4.50	4.67	5	4-5	.49
b	Peer mentoring	4.00	4.33	4	3-5	.65
c	Vocational training	4.44	4.50	4	4-5	.51
d	Life skills training	4.68	4.75	5	3-5	.55
e	Medical support	4.47	4.56	5	3-5	.63

		Midline Mean	Endline			
			Mean	Mode	Range	SD
f	Educational support	4.80	4.92	5	4-5	.28
g	Material support (with groceries, clothes, etc.)	4.65	4.79	5	4-5	.42
h	Income generation activities	4.36	4.44	5	3-5	.73

Similar to the pre-ACF training, the J&C provided a range of training to the ACFs after recruiting them as ACFs. Similar to the assessment of the usefulness of pre-ACF training, the usefulness of training taken after becoming an ACF was rated on a scale of 0 (low) to 5 (high). Findings from the endline survey indicate a generally positive perception about the usefulness of post-ACF training (Table 3.6). Training on legal support received the lowest average rating (4.17) on usefulness.

Table 3.6. The usefulness of training taken after becoming ACF

		Midline Mean	Endline			
			Mean	Mode	Range	SD
a	Aftercare case facilitation	4.47	4.72	5	4-5	.46
b	Communication skills	4.44	4.68	5	4-5	.48
c	Professionalism/job-related training	4.50	4.47	4	4-5	.51
d	Training on family counselling	4.29	4.47	5	3-5	.70
e	Training counselling with survivors	4.12	4.55	5	3-5	.60
f	Life skills training	4.56	4.73	5	4-5	.46
g	Training on legal support	3.93	4.17	5	3-5	.83
h	Safeguarding	4.47	4.47	5	3-5	.70
i	Peer mentoring training	4.89	4.67	5	4-5	.49
j	Office management training	4.31	4.44	5	3-5	.70
k	Training on report preparation	4.82	4.63	5	3-5	.68
l	Teamwork	4.65	4.58	5	4-5	.51
m	Other trainings	4.40	4.25	4	3-5	.75
n	The usefulness of the mentoring supervision sessions	4.39	4.75	5	4-5	.44

3.4. Service Delivery by ACF

The ACF serves not only as a direct support provider, they also serve as a connection between J&C and the survivors in ensuring access to other services. The baseline report presented a detailed account of the range of services delivered by the ACF. The midline survey report presented a detailed account of the process aspects of ACF service delivery. The endline report is expected to demonstrate these further.

3.4.1 *Building* Relationships for Service Delivery

ACFs reported observed improvement in their relationship with the survivors over time. They reflected that building relationships is a dynamic process and takes different amounts of interaction with different survivors. However, their general impression was that it takes around one to three months to build relationships with the survivors. The ACF reported a warm and trusting relationship with the survivors, many of whom perceived the ACF as a role model for future development. An ACF quoted a statement of a survivor she was providing support,

> *One of the survivors said during a training – "apu [sister] you talk and explain so beautifully, I also want to be like you, work like you". – ACF, Jashore*

The survivors also provided similar impressions about the relationship with the ACF. One of the survivors quoted,

> *She is very caring, talks softly and I like it. I mean, the bonding I have with her is very good. She visits me at my home, calls over the phone to greet me, to check how I am doing, if I have taken my lunch or dinner. Nowadays, even the close friends do not do this, do not ask how [one] everything is going on. - IDI, Survivor*

3.4.2. ACFs' Perception of the Services Delivered by Them

Similar to baseline and midline survey, 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 for most items, for a few items, a 0-4 rating was used. The findings are presented in the following sections (see Table 3.7 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.

Across the indicators, ACFs rating at endline were generally similar to the midline data and were slightly higher to the baseline data, demonstrating that ACFs have maintained the increased confidence that they gained during the midline over the baseline period.

a. Comfort of the survivors in sharing. This was measured using a scale of 0 (low) to 4 (high). The four items under this category indicated a slightly lower score compared to the midline. However, similar to the midline, the score remained observably higher (> 3.5) compared to the baseline ratings (< 3). During the qualitative interview, an ACF quoted the survivors

> *The survivors say, "how do you understand [me] so beautifully, even [my] parents do not understand but you do". – ACF, Khulna*

b. Clarity of communication*.* The ACF reported a high level (mean = 4.40) of clarity of communication with the service recipients (survivors and their family members). The reported range (4-5) by different ACFs indicated concordance among the ACFs on the perceived quality of communication. Interviews with the survivors confirmed ACFs ' perception about their communication with the survivors. One of the survivors said,

> *Apu [sister, ACF] can talk beautifully in an organized manner; and she can understand what I want, what I want her to understand. Apu [sister, ACF] can read my face when I am sad or is wanting to know about something. – Survivor, Jashore*

c. Trusting relationship with the service recipient*.* Compared to the baseline and midline survey, the ACF's rating indicates increased ratings of trust with the survivors (mean = 4.65) and with the family members of the survivors (mean = 4.40). The small variability of rating (range 4-5) indicated concordance among the ACFs on the perception of a trusting relationship.

d. Recipient's inclination towards the service*.* No changes in the rating on the survivors' interest in getting the services and adherence to the suggestions and support provided to them by the ACFs were indicated in the endline survey.

e. ACF's awareness about service and survivors. ACF demonstrated high confidence in their awareness of the needs of survivors across the baseline, midline and endline. Rating ratings seem to indicate a gradual increase of rating from baseline to endline.

Table 3.7*. ACF's rating on different process indicators of service delivery*

		Baseline	Midline	**Endline**			
		Mean	Mean	**Mean**	**Mode**	**Range**	**SD**
	Comfortability of sharing						
1	Survivors feel comfortable talking about traumatic memories *	2.71*	3.56*	3.40*	3	3-4	.50

		Baseline Mean	Midline Mean	Endline			
				Mean	**Mode**	**Range**	**SD**
2	Survivors feel comfortable talking about financial crises *	2.82*	3.50*	3.45*	3	3-4	.51
3	Survivors feel comfortable talking about interpersonal crises *	2.94*	3.78*	3.50*	4	2-4	.61
4	Survivors feel comfortable talking about safety concerns *	2.77*	3.50*	3.50*	4	2-4	.69
	Clarity of communication						
5	Level of clarity and understanding of communication with the survivor and family	3.82	4.05	4.40	4	4-5	.50
	Trusting relation						
6	Trust between ACF and survivors	4.18	4.32	4.65	5	4-5	.49
7	Trust between ACF and survivors'' families	3.65	3.84	4.40	4	4-5	.50
	Inclination towards the service						
8	Survivors demonstrate interest in getting service *	3.47*	3.56*	3.45*	3	3-4	.51
9	Adherence to suggestions and support among survivors	4.12	4.22	4.20	4	4-5	.41
	Awareness of service and survivors						
10	ACF's awareness of the needs of the survivors	4.18	4.67	4.75	5	4-5	.44
11	ACF's confidence in her ability to address the needs of survivors	4.06	4.33	4.50	5	3-5	.61
12	ACF's awareness about the resources available for survivors	4.06	4.22	4.30	4	3-5	.57

** The items were presented with a 4-point response option (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time).*

3.5. Growth of the ACF

Similar to the midline survey, the ACFs confidently reported their growth over the length of experience working as ACFs. They could relate to the changes by realizing the noticeable difference between themselves and the victims. During focus group discussions, the ACFs present a detailed comparison (see the text box below) between themselves and those victims before they become survivors.

Characteristics of Victims	Characteristics of ACFs
▪ They become secluded from family and society. ▪ Often have suicidal risk and suicidal thoughts. ▪ Feel themselves as guilty and responsible for their situation. ▪ Cannot manage the problems in their surroundings. ▪ Do not have anyone to support them. ▪ Cannot open up to express her feelings. ▪ Cannot find a place to share her problem. ▪ Cannot manage own behaviour, ▪ Forget about self-care ▪ Do not have reflection of confidence on face when talking with others, ▪ Bill show behaviour signs of uneasiness/lack of confidence – no or eye contact, unnecessary hand and body movement. ▪ Take hasty decision. ▪ Have mental restlessness, pain, and trauma ▪ Cannot decide what is good or bad for them.	▪ Have confidence that she is not the guilty, the perpetrator is. ▪ Can manage the problems in their surroundings. ▪ Have reflection of confidence on face. ▪ Maintain eye contact in talking. ▪ Can think and analyse what the other person is doing/saying and why. ▪ Have ability to observe, understand and communicate with others properly.

The ACF reported growth in their personal and professional skills. Personal growth includes improved anger management, improved patience, reduced self-blame, reduced negative thoughts, reduced hesitation, increased self-care, and the achievement of mental peace. Professional growth includes enhanced confidence in preparing reports, improved listening, improved interaction with other professionals (e.g., lawyers), reduced hesitation, and learning of official etiquette.

These growths gave them confidence about their work (see Table 3.8) and they can see their unique position in the aftercare service delivery.

> *Our team has real experience. From survivors, we became champion and then [started working as] ACF. We have experience about how it may feel physically in that situation. We can stand in the ground of a survivor [and feel]. A person who does not know about that situation – no matter what – is not possible for her/him to stand there. I believe this is our special quality. – ACF, Khulna*

Despite the growths in multiple areas, the ACFs also reported ongoing difficulties in providing support around the repatriation process, family reunification, and medical checkup. They also reported that they often find difficulties in conducting family counselling, carrying out ICP, and writing reports. However, the ACFs' inclination towards growth can still be observed when they are talking about challenges. One of the ACF reported

> *I would feel less stressed If I was not asked to prepare reports. But, if I am not given task, I will not be able to learn, therefore, it would be better if a little more time is given [to prepare report]. – ACF, Jashore*

However, it may be noted that the ACF reported fewer ongoing challenges and better management with increased experience. One of the ACF mentioned,

> *[earlier] When we faced challenges, actually we did not have clear idea about the work. . . . . Now we know how we can work, the way that can prevent problems. – ACF, Jashore*

When quantitative data from the ACF surveys were analysed, it confirmed a similar picture of growth among them. The ACF continued reporting high ratings of confidence from baseline and midline to endline (Table 3.8). However, a tremendous boost in confidence was observed in several aspects in the endline. These include acceptance from J&C staff (mean = 4.95); trusting relations with other J&C staff (mean = 4.90); and overall confidence as a care provider (mean = 4.95). Improved confidence among the ACF was a noticeable growth area. One of the ACFs verbalized,

I do not think [I] would need any further support from J&C. I myself will be able to work out utilizing the 27 months of experience [of working with J&C]. – ACF, Jashore

It may be noted here that the midline report suggested gaps in a few of the professional growth areas, which have probably been addressed by the J&C as reflected in the endline report.

***Table 3.8**. Areas of professional growth among the ACF.*

		Baseline Mean	Midline Mean	Endline			
				Mean	**Mode**	**Range**	**SD**
1	Confidence as a care provider	4.41	4.84	4.95	5	4-5	.22
2	Confidence in working in professional settings	4.53	4.89	4.70	5	4-5	.47
3	Readiness to work in future roles in a professional setting	4.47	4.32	4.40	4	4-5	.50
4	Clarity of the tasks and responsibilities at J&C	4.53	4.58	4.85	5	4-5	.37
5	Trusting relations with other J&C staff	4.71	4.63	4.90	5	4-5	.31
6	Acceptance from J&C staff	4.77	4.68	4.95	5	4-5	.22
7	ACF's level of satisfaction working with survivors	4.41	4.61	4.80	5	4-5	.41

3.5.1. Reintegration of the ACFs

As discussed in the earlier sections, the ACFs reported a high level of confidence, hope, and awareness of available resources. Similar to the earlier phases, ACFs reported the use of suitable coping strategies as part of their recovery in the endline (see Table 3.9 for details). Although all these indicators received higher average ratings compared to the baseline survey, a couple of these demonstrated slightly lower rating compared to the midline survey. their ongoing positive trajectory towards recovery and reintegration (Table 3.9).

***Table 3.9**. Reintegration of the ACF*

		Baseline Mean	Midline Mean	Endline			
				Mean	**Mode**	**Range**	**SD**
1	Achieved level of recovery	4.59	4.79	4.72	5	2-5	.75

		Baseline Mean	Midline Mean	Endline			
				Mean	**Mode**	**Range**	**SD**
2	Self-esteem	4.77	4.79	4.85	5	3-5	.49
3	Trying self-care activities *	2.29*	2.68*	2.60*	2	1-4	1.05
4	Effectiveness of self-care activities *	2.82*	3.16*	2.90*	3	1-4	.79

** The items were presented with a 4-point response option (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time).*

The ACF reported increased integration into their family. One of the ACF reported the following statement an FGD, white the other participants expressed agreement with such stories in their life too.

> *My mother argued with my brother that she [now] has two sons; she does not feel comfortable to present me as a daughter instead, she feels more comfortable presenting me as a son. She was telling is such a way that I have become successful, I have taken responsibility of the family. I am getting that respect. The family that did not accept me as a victim of trafficking, the same family is now perceiving me that I have now become something. – FGD, ACF*

3.5.2. Reintegration Challenges of the ACF

All of the ACFs reported improved social and family relationships and an increase in respectful interaction from the family, community, and society at large in comparison to the past. However, some of them also mentioned difficulties in a few areas of interaction. One of them mentioned,

> *My brother believes I earn a lot but do not give the amount to them. For this, [he] behaves very badly with me. – ACF, Jashore*

Generally, they mentioned that the job at J&C has contributed a lot in uplifting their position in the society. The overall rating in personal conflicts within the family as well as the experience of humiliation and discrimination within the community has been presented in Table 3.10.

***Table 3.10**. Reintegration Challenges of the ACF*

		Baseline Mean	Midline Mean	Endline			
				Mean	**Mode**	**Range**	**SD**
1	Experiencing personal relational conflict within the family *	1.41*	1.79*	1.55*	2	0-3	.89

		Baseline Mean	Midline Mean	Endline			
				Mean	**Mode**	**Range**	**SD**
2	Experiencing humiliation or discrimination within the community *	1.47*	1.42*	1.50*	1	0-4	1.15

** The items were presented with a 4-point response option (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time).*

3.6. Survivors' Perception of the Services Received

The survivors are the focus of all activities carried out by J&C. In serving the survivors, J&C offers a range of services specifically catered for the needs of trafficked victims. During the interviews, the survivors acknowledged the full range of support, starting from grocery for immediate crisis management to livelihood training and support for long-term financial independence. They also talked about mental health and educational support. This section discusses the survivors' perception regarding the services provided by J&C, their usefulness, the process of service delivery, and the impact of services as reported by the survivors.

3.6.1. Survivors' Perceptions of Service Delivery

The quantitative survey among survivors provided insights into the experiences and perceptions of survivors in building relationships with ACF and J&C service providers. Details are presented in Table 3.11.

a. Contact. Survivors with aftercare service programs reported a mean number of contacts with the champion in the last three months as 14.18, with a mode of 12 and a range of 6-36. For contact with other J&C staff, they reported a lower frequency of contact (mean = 7.44, mode = 2, range = 0-50).

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 (mean 3.59) and J&C staff (mean 3.41). In sharing with other survivors, they reported a poor rating of comfort (mean 1.95), which is very similar to baseline and midline data (see Table 3.11).

A detailed breakdown of the distribution of responses across the five response options made by the survivors across baseline, midline and endline periods is presented in Figure 3.5. These ratings by the survivors indicate that the ACFs are perceived differently from the other survivors. This may have resulted from the growth and skill the ACFs acquired through the process of their development.

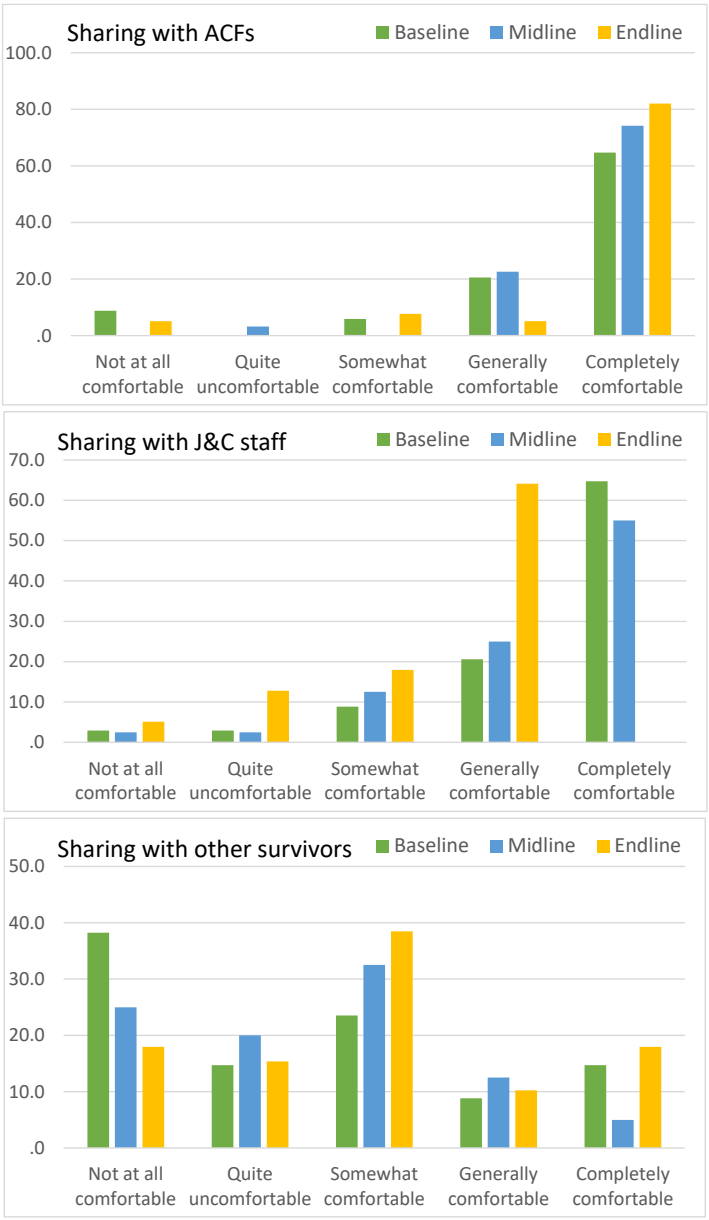

Figure 3.5. *Comparison of baseline, midline and endline ratings on comfortability with support received from three different sources.*

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 (4.69) and other J&C staff (4.67). A steady increase in the ratings is observable from baseline to endline. During the in-depth interview, a survivor expressed the following to verbalize the clarity of communication with the ACF,

There are many things that they (ACFs) understand even before expressing openly, . . . As they are similar to me, they explain with [their] own example, own experience. – Survivor, Dhaka

d. Trust on the service providers. Regarding the level of trust, the survivors reported a very high rating of trust with the ACFs (4.74) as well as with other J&C staff (4.69).

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 4.85) and from other J&C staff (mean of 4.54).

Table 3.11. *Survivors' rating (on a scale of 0-5) on the generic process and outcome of service delivered by the J&C.*

	Variable	Baseline Mean	Midline Mean	Endline		
				Mean	Mode	Range
	Contact					
1	Number of contacts with the champion in the last three months	3.50	33.39	14.18	12	6-36
2	Number of care contacts with the other J&C staff in the last three months	5.33	5.52	7.44	2	0-50
	Comfortability in sharing					
3	Comfortability in sharing with ACF	3.50	3.68	3.59	4	0-4
4	Comfortability in sharing with other J&C staff	3.43	3.26	3.41	4	1-4
5	Comfortability in sharing with other survivors	1.50	1.48	1.95	2	0-4
	Clarity of communication					
6	The level of clarity or understanding of communication with ACF	4.50	4.65	4.69	5	3-5
7	The level of clarity or understanding of communication with other J&C staff	4.47	4.13	4.67	5	3-5
	Trust on providers					
8	Level of trust with ACF	4.63	4.65	4.74	5	1-5
9	The level of trust with other J&C staff	4.40	4.42	4.69	5	2-5
	Acceptance from providers					
10	Level of acceptance felt from ACF	4.73	4.68	4.85	5	3-5
11	Level of acceptance felt from other J&C staff	4.47	4.13	4.54	5	2-5

*** The baseline is from MSIF survivors only.*

3.6.2. Usefulness, Importance and Satisfaction with the Services

The care and support provided by the ACFs have been reported as useful and important for the survivor. Please note that these findings are from a subset of the respondents. It only includes ratings from those who have reported receiving respective service and therefore, the sample size is smaller and uneven across different indicators.

a. Usefulness of the services. Among the three periods of assessment, the service recipients provided the highest rating of usefulness at the baseline. However, the ratings across baseline, midline and endline were at a level indicating high usefulness. Compared to the baseline, the usefulness rating showed a slight decrease in most indicators in the midline. (see Table 3.12). Educational support received the lowest score on the usefulness rating in the endline period.

Table 3.12. *Services provided by J&C and their usefulness*

		Baseline Mean	Midline Mean	Endline		
				Mean	Mode	Range
1	Usefulness Rating of counselling	4.83	4.12	4.34	5	1-5
2	Usefulness rating of support from ACF and peer mentoring	4.57	4.58	4.59	5	3-5
3	Usefulness rating of Vocational training	4.48	3.96	4.21	5	0-5
4	Usefulness rating of life skill training	4.27	4.31	4.41	5	3-5
5	Usefulness rating of medical support	4.63	4.41	4.61	5	0-5
6	Usefulness rating of educational support	4.17	4.50	3.73	5	0-5
7	Usefulness rating of material support (grocery, clothing)	4.80	4.43	4.64	5	2-5
8	Usefulness rating of income generation activities	4.53	4.56	4.68	5	3-5

*** The baseline is from MSIF survivors only.*

b. Satisfaction with Services and Service Providers. The endline survey revealed a very high level of satisfaction among the survivors regarding the service provided by the ACF (mean =4.59) and the other J&C staff (mean = 4.59) among the survivors (Table 3.13). However, it may be noted that the slight decline in ratings during the midline survey has been reversed in the endline period

***Table 3.13**. Satisfaction with service*

	Variable	Baseline Mean	Midline Mean	Endline		
				Mean	Mode	Range
1	Satisfaction with the service from ACF	4.43	4.33	4.59	5	2-5
2	Satisfaction with the services from other J&C staff	4.40	4.22	4.59	5	2-5

3.6.3. Challenges Faced in Accessing the Services

Contextual realities can often create difficulties in accessing and utilising the service provided by the J&C. These challenges can originate from the family, as a survivor reported.

> *When the sisters [ACFs, J&C Staffs] come to home visit, the grandmother in law behaves badly, ask for money. She thinks when the sisters come, they give me money.*
>
> *– IDI, Survivor*

Curiosities from neighbours can also add difficulties to service uptake, one of the survivors reported,

> *When the sisters (ACFs, J&C Staffs) come, the neighbours try to see and listen to our discussion. I cease talking at those moments, start talking again when they leave.*
>
> *– IDI, Survivor*

Challenges can also originate from the service providers, which is reflected in a survivor's statement regarding her experience with legal services.

> *"The lawyer set by the J&C does not go to the court during the hearing. Even do not receive phone calls. Very bad behaviour. Do not share any feedback regarding the state of the case. - IDI, Survivor,*

The survivors also reported difficulties associated with changes in ACF, irregular income, and family roles preventing them from seeking or engaging in jobs.

3.6.4. Suggestions from the Survivors for Service Upgradation

The survivors generally appreciated the services received from the J&C. A family member of a survivor reported,

> *"What they have is [already] good. It is not bad, why thinking about the need for further improvement?" - IDI, Family member of survivor*

Some of the survivors made a few suggestions to improve the service and to better serve the interest of the survivors. A survivor reported,

> *"Immediately after returning to the country, our mental state remains very poor. It would be good if counselling support can be increase during that period."*
>
> *- IDI, Survivor*

Another survivor suggested initiating preventive strategies, including working with those who are at risk of trafficking and increasing opportunities for sharing the recovery journey of survivors.

3.7. Recovery and Reintegration of the Survivors

This section will discuss the challenges and resources associated with the reintegration and recovery of the survivors. The data from the endline is presented along the baseline and midline data for a comparative understanding.

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 crises) may be part of their pre-trafficking experience, but some others may be a result of or exacerbated by the incidence of trafficking. Details of these challenges are presented in Table 3.14.

Table 3.14*. Challenges faced by survivors*

	Variable	Baseline Mean	Midline Mean	Endline		
				Mean	Mode	Range
1	Disturbances from financial crises	4.03	3.77	3.72	5	0-5
2	Disturbances from interpersonal conflict or crises	3.03	3.06	3.44	3	1-5
3	Disturbances from concern about health	3.40	2.87	2.97	4	0-5

	Variable	Baseline Mean	Midline Mean	Endline		
				Mean	Mode	Range
4	Disturbances from concern about safety	2.53	2.16	2.41	0	0-5
5	Experiencing personal or relational conflict or crises within the family *	1.90*	1.97*	1.51*	2	0-4
6	Experiencing humiliation or discrimination within the community *	1.63*	1.81*	1.28*	2	0-4

** The items were presented with a 4-point response option (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time); ** The baseline is from MSIF survivors.*

On all except one indicator (interpersonal conflict or crises), the survivor reported a lower score on challenges in the endline survey. The possible reasons can be explored in the in-depth interview data. One of the survivors stated,

> *"The reality is, you cannot stop people talk [ill], they continue saying those negative spots from the pasts. No matter how much positive you do, they will continue spreading more of that negative dot." - IDI, Survivor*

3.7.2. *Coping* Resources Available to the Survivors

Similar to the baseline and midline, the survivors reported a moderate to high level of confidence, hope, and awareness of the resources available to them. They also reported the use of suitable coping strategies as part of their recovery (see Table 3.15 for details). Compared to the baseline phase, the survivors rated the coping and awareness of resources with higher ratings across all ten indicators at the endline phase.

Table 3.15. *Coping resources among the survivors*

	Variables	Baseline Mean	Midline Mean	Endline		
				Mean	Mode	Range
1	Hope for the future	3.57	4.52	4.59	5	3-5
2	Overall confidence	3.90	4.29	4.44	5	1-5
3	Confidence to work gainfully	4.33	4.35	4.56	5	2-5
4	Trying self-care activities	1.63*	2.16*	2.41*	2	1-4
5	Effectiveness of self-care activities	2.13*	2.55*	2.72*	3	1-4
6	Ability to cope with painful life circumstances	2.43*	2.77*	2.59*	4	0-4

	Variables	Baseline Mean	Midline Mean	Endline		
				Mean	Mode	Range
7	Ability to assert rights	2.03*	2.65*	2.54*	2	1-4
8	Ability to connect with the family and society at large	2.67*	2.97*	3.31*	4	1-4
9	Awareness of services or resources available locally	3.47	3.32	3.62	4	0-5
10	Awareness about reporting or seeking support for gender-based violence	3.83	3.68	3.95	5	0-5

** The items were presented with a 4-point response option (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time); ** The baseline is from MSIF survivors.*

3.7.3. Observable Changes Among the Survivors Towards Recovery and Reintegration

Changes among the survivors were reported repeatedly across the in-depth interviews with ACFs, survivors, and the family members of survivors. An ACF provided a detailed account on her observation of changes in one of the survivors,

> *Their mental state has improved, their thinking patterns have changed, their behaviour and activities have changed. . . . .their relationships with family [members] have improved. How to mingle and interacting with others in the society, [or let's say] staying in a training centre with 10 other individuals – we explain these in session and they also follow us [how we have developed from that place]. - IDI, ACF*

The family members also reported improved mental and behavioural state of the survivors after receiving care though ACFs. A sister-in-law of a survivor expressed,

> *Her [the survivor] patience. The patience in apa [ACF], the way the apa talk with patience, I think [I am] seeing the exactly same patience in her [the survivor], yes, it's true. . . . . - Family member of survivor*

3.7.4. *Connecting* Outcome with Engagement in Service

Similar to baseline and midline surveys, correlational analyses were performed with endline data to understand the relationship between the length of engagement with J&C service and the different outcome indicators. The findings are presented in Table 3.16, along with findings from baseline and midline. Similar to midline, the analysis raises more questions than answers.

Significant but inverse relationships were found between the length of engagement and the level of usefulness of peer mentoring, vocational training, and income-generation activities.

The findings also indicated reduction in understanding of communication with J&C staff with increased length of engagement with J&C.

***Table 3.16**. Correlation between survivors' ratings on different indicators with length of connection with J&C.*

	Indicators	With length of service at Baseline (r)	With length of service at Midline (r)	With length of service at Endline (r)
1	Psychological symptom (SRQ 20)	0.284	-0.082	-0.091
2	Well-being (WHO-5)	-0.054	-0.054	-0.155
3	Post-traumatic stress disorder (IES-R)	0.002	-0.073	-0.046
4	Comfortability in sharing with ACF	-0.122	-0.061	-0.178
5	Comfortability in sharing with other J&C staff	-0.074	0.201	-0.314
6	Comfortability in sharing with other survivors	-0.048	0.07	0.09
7	The level of clarity or understanding of communication with ACF	-0.099	-0.117	-0.131
8	**The level of clarity or understanding of communication with other J&C staff**	0.099	0.087	**-.324***
9	Level of trust with ACF	-0.051	-0.156	0.081
10	The level of trust with other J&C staff	-0.193	0.015	-0.121
11	Level of acceptance felt from ACF	-0.066	0.014	-0.072
12	Level of acceptance felt from other J&C staff	-0.119	0.322	-0.13
13	Usefulness Rating of counselling	-0.242	0.014	-0.282
14	**Usefulness rating of support from ACF and peer mentoring**	0.032	-0.23	**-.428***
15	**Usefulness rating of Vocational training**	0.032	-0.021	**-.435***
16	Usefulness rating of life skill training	-0.108	0.272	-0.347
17	Usefulness rating of medical support	0.218	0.089	0.26
18	**Usefulness rating of educational support**	**.755****	0.171	0.366
19	Usefulness rating of material support (grocery, clothing)	-0.15	0.184	0.072
20	**Usefulness rating of income generation activities**	-0.16	0.037	**-.440***

	Indicators	With length of service at Baseline (r)	With length of service at Midline (r)	With length of service at Endline (r)
21	Satisfaction with the service from ACF	-0.08	0.051	-0.271
22	Satisfaction with the services from other J&C staff	0.036	0.09	-0.135
23	Disturbances from financial crises	-0.032	-0.249	0.011
24	Disturbances from interpersonal conflict or crises	0.105	-0.004	-0.042
25	Disturbances from concern about health	-0.025	-0.334	-0.126
26	Disturbances from concern about safety	-0.24	-0.197	-0.04
27	Experiencing personal or relational conflict or crises within the family	0.096	0.072	-0.048
28	Experiencing humiliation or discrimination within the community	-0.218	0.125	-0.07
29	Hope for the future	-0.076	-0.131	-0.237
30	Overall confidence	-0.029	0.19	-0.234
31	Confidence to work gainfully or to get employed	-0.234	0.148	-0.299
32	Trying self-care activities	-0.117	0.197	0.118
33	Effectiveness of self-care activities	-0.085	-0.19	0.012
34	Ability to cope with painful life circumstances	-0.134	-0.097	-0.075
35	Ability to assert rights	-0.108	0.026	-0.083
36	Ability to connect with the family and society at large	0.003	0.264	0.128
37	**Awareness of services or resources available locally**	**-.393***	-0.1	0.278
38	Awareness about reporting or seeking support for gender-based violence	-0.333	0.155	0.148

*** Correlation is significant at the 0.01 level; *. Correlation is significant at the 0.05 level*

3.7.5. *Identifying Changes from Baseline to Endline*

Independent sample t-tests were carried out to understand how the survivors have changed from baseline to endline regarding their mental state, confidence, and perception about themselves as well as about the services provided by the J&C.

All of the three psychological state indicators demonstrate significant improvement of the mental health condition of the survivors from baseline to endline. Their scores on overall psychological symptoms as well as symptoms of post-traumatic stress disorder reduced while the score demonstrated improvement in the well-being (see Table 3.17). The findings indicated significant improvement in their hope for future ($t = 3.38$, $p < .01$), self-confidence ($t = 2.15$, $p < .05$) and ability to connect with family and wider society ($t = 2.83$, $p < .01$). The survivors also reported increased use ($t = 2.40$, $p < .05$) and effectiveness ($t = 1.99$, $p < .05$) of self-care activities from baseline to endline.

Interestingly, the usefulness rating of counselling significantly reduced ($t = 2.26$, $p < .05$) from baseline (M= 4.82) to endline (M=4.34). However, this can be interpreted as a good sign that as their mental health state improved, their perceived usefulness of counselling has reduced. It should also be noted here that, although the endline rating is significantly lower than the baseline rating in statistical terms, it doesn't mean that the actual usefulness of counselling is gone. If we look closely, the usefulness rating at endline is still high (4.34), considering the 0–5-point scale on which it was rated.

Table 3.17. Comparison of survivor's rating across different indicators between baseline and endline period.

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
1	**Psychological symptom (SRQ 20)**	**10.12 (4.75)**	**7.72 (4.94)**	**2.11* (71)**
2	**Well-being (WHO 5)**	**11.47 (6.31)**	**14.67 (5.93)**	**2.23* (71)**
3	**Post-traumatic stress disorder (IES R)**	**34.47 (21.00)**	**24.13 (21.51)**	**2.06* (70)**
4	Comfortability in sharing with ACF	3.32 (1.20)	3.59 (1.02)	1.03 (71)
5	Comfortability in sharing with other J&C staff	3.41 (0.99)	3.41 (0.91)	0.01 (67.7)
6	Comfortability in sharing with other survivors	1.47 (1.46)	1.95 (1.32)	1.47 (71)
7	The level of clarity or understanding of communication with ACF	4.29 (1.24)	4.69 (0.57)	1.72 (44.9)

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
8	The level of clarity or understanding of communication with other J&C staff	4.50 (1.02)	4.67 (0.58)	0.87 (71)
9	Level of trust with ACF	4.47 (1.13)	4.74 (0.72)	1.25 (71)
10	The level of trust with other J&C staff	4.44 (0.86)	4.69 (0.66)	1.41 (71)
11	Level of acceptance felt from ACF	4.56 (1.13)	4.85 (0.49)	1.37 (43.6)
12	Level of acceptance felt from other J&C staff	4.50 (1.02)	4.54 (0.72)	0.19 (71)
13	**Usefulness Rating of counselling**	**4.82 (0.61)**	**4.34 (1.00)**	**2.26* (52.1)**
14	Usefulness rating of support from ACF and peer mentoring	4.55 (0.62)	4.59 (0.64)	0.27 (56)
15	Usefulness rating of Vocational training	4.52 (0.67)	4.21 (1.07)	1.26 (55)
16	Usefulness rating of life skill training	4.36 (1.22)	4.41 (0.67)	0.18 (55)
17	Usefulness rating of medical support	4.67 (0.73)	4.61 (1.02)	0.21 (50)
18	Usefulness rating of educational support	4.17 (0.83)	3.73 (1.95)	0.69 (13.3)
19	Usefulness rating of material support (grocery, clothing)	4.83 (0.60)	4.64 (0.72)	1.13 (63)
20	Usefulness rating of income generation activities	4.59 (0.71)	4.68 (0.72)	0.41 (37)
21	Satisfaction with the service from ACF	4.29 (1.17)	4.59 (0.68)	1.34 (71)
22	Satisfaction with the services from other J&C staff	4.47 (1.05)	4.59 (0.75)	0.56 (71)
23	Disturbances from financial crises	4.15 (1.08)	3.72 (1.26)	1.56 (71)
24	Disturbances from interpersonal conflict or crises	3.26 (1.69)	3.44 (1.17)	0.50 (57.4)
25	Disturbances from concern about health	3.59 (1.48)	2.97 (1.55)	1.73 (71)
26	Disturbances from concern about safety	2.76 (1.97)	2.41 (1.89)	0.78 (71)
27	**Experiencing personal or relational conflict or crises within the family**	**2.03 (1.06)**	**1.51 (0.91)**	**2.24* (71)**
28	Experiencing humiliation or discrimination within the community	1.68 (1.36)	1.28 (1.07)	1.38 (71)
29	**Hope for the future**	**3.59 (1.64)**	**4.59 (0.59)**	**3.38** (40.9)**

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
30	**Overall confidence**	**3.85 (1.35)**	**4.44 (0.88)**	**2.15* (55.4)**
31	Confidence to work gainfully or to get employed	4.32 (0.81)	4.56 (0.75)	1.32 (71)
32	**Trying self-care activities**	**1.71 (1.43)**	**2.41 (1.02)**	**2.40* (58.8)**
33	**Effectiveness of self-care activities**	**2.21 (1.25)**	**2.72 (0.94)**	**1.99* (71)**
34	Ability to cope with painful life circumstances	2.47 (1.08)	2.59 (1.23)	0.44 (71)
35	Ability to assert rights	2.12 (1.25)	2.54 (1.12)	1.52 (71)
36	**Ability to connect with the family and society at large**	**2.65 (1.10)**	**3.31 (0.89)**	**2.83** (71)**
37	Awareness of services or resources available locally	3.53 (1.52)	3.62 (1.27)	0.26 (71)
38	Awareness about reporting or seeking support for gender-based violence	3.82 (1.31)	3.95 (1.45)	0.38 (71)

*** Correlation is significant at the 0.01 level; *. Correlation is significant at the 0.05 level*

Independent sample t-tests were carried out to understand how the ACFs have changed from baseline to endline regarding their mental state, confidence, and perception (about themselves, their work, and the survivors). The findings indicated non-significant differences between baseline and endline on most of the indicators (see Table 3.18). Sgnificant reduction was observed in psychological symptoms ($t = 2.44$, $p < .05$). Significant improvements were observed in ratings of survivors' comfort in talking about traumatic memories ($t = 2.76$, $p < .01$), talking about financial crises ($t = 2.43$, $p < .05$) and sharing about safety concerns ($t = 2.16$, $p < .05$). The findings also indicate increased trust ($t = 2.22$, $p < .05$) and improved clarity of communication ($t = 2.06$, $p < .05$). between the ACF and service recipients

Table 3.18. Between group (independent t) comparison of ACF's rating across different indicators between baseline and endline period.

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
1	**Psychological symptom (SRQ 20)**	**4.94 (2.97)**	**2.74 (2.45)**	**2.44* (34)**
2	Well-being (WHO 5)	16.00 (5.69)	21.90 (12.98)	1.74 (35)
3	Depression (DASS 21-D)	4.00 (3.26)	2.20 (3.68)	1.56 (35)

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
4	Anxiety (DASS 21-A)	5.18 (3.86)	2.80 (3.68)	1.91 (35)
5	Stress (DASS 21-S)	5.71 (4.12)	3.75 (4.30)	1.40 (35)
6	**Survivors feel comfortable talking about traumatic memories**	**2.71 (0.99)**	**3.40 (0.50)**	**2.76** (35)**
7	**Survivors feel comfortable talking about financial crises**	**2.82 (1.01)**	**3.45 (0.51)**	**2.43* (35)**
8	Survivors feel comfortable talking about interpersonal crises	2.94 (1.09)	3.50 (0.61)	1.97 (35)
9	**Survivors feel comfortable talking about safety concerns**	**2.76 (1.25)**	**3.50 (0.69)**	**2.16* (23.95)**
10	**Level of clarity and understanding of communication with the survivor and family**	**3.82 (1.13)**	**4.40 (0.50)**	**2.06* (35)**
11	Trust between ACF and survivors	4.18 (1.19)	4.65 (0.49)	1.63 (35)
12	**Trust between ACF and survivors' families**	**3.65 (1.32)**	**4.40 (0.50)**	**2.22* (19.93)**
13	Survivors demonstrate interest in getting service	3.47 (1.07)	3.45 (0.51)	0.08 (35)
14	Adherence to suggestions and support among survivors	4.12 (1.22)	4.20 (0.41)	0.28 (35)
15	ACF's awareness of the needs of the survivors	4.18 (1.24)	4.75 (0.44)	1.94 (35)
16	ACF's confidence in her ability to address the needs of survivors	4.06 (1.25)	4.50 (0.61)	1.40 (35)
17	ACF's awareness about the resources available for survivors	4.06 (1.43)	4.30 (0.57)	0.65 (20.29)
18	Confidence as a care provider	4.41 (1.23)	4.95 (0.22)	1.78 (16.90)
19	Confidence in working in professional settings	4.53 (0.62)	4.70 (0.47)	0.95 (35)
20	Readiness to work in future roles in a professional setting	4.47 (0.72)	4.40 (0.50)	0.35 (35)
21	Clarity of the tasks and responsibilities at J&C	4.53 (0.62)	4.85 (0.37)	1.86 (24.94)

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
22	Trusting relations with other J&C staff	4.71 (0.59)	4.90 (0.31)	1.23 (23.26)
23	Acceptance from J&C staff	4.76 (0.44)	4.95 (0.22)	1.58 (22.95)
24	ACF's level of satisfaction working with survivors	4.41 (1.23)	4.80 (0.41)	1.33 (35)
25	Achieved level of recovery	4.59 (0.71)	4.72 (0.75)	0.54 (33)
26	Self-esteem	4.76 (0.44)	4.85 (0.49)	0.55 (35)
27	Trying self-care activities	2.29 (0.85)	2.60 (1.05)	0.96 (35)
28	Effectiveness of self-care activities	2.82 (0.64)	2.90 (0.79)	0.32 (35)
29	Experiencing personal relational conflict within the family	1.41 (1.00)	1.55 (0.89)	0.44 (35)
30	Experiencing humiliation or discrimination within the community	1.47 (1.01)	1.50 (1.15)	0.08 (35)

*** Correlation is significant at the 0.01 level; *. Correlation is significant at the 0.05 level*

Between-group analysis using independent sample t-tests presented in Table 3.18 was carried to utilize data from all the ACFs interview during baseline and endline survey. However, it ignored the repeated measures carried out to track the progress of the ACF individually. Within-group repeated measure analysis using matched sample t-test was, therefore, carried out, sacrificing sample size (N = 16)(see Table 3.19).

Table 3.19. Within group (matched t) comparison of ACF's rating across different indicators between baseline and endline period.

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
1	**Psychological symptom (SRQ 20)**	**4.73 (2.96)**	**2.53 (2.26)**	**3.15** (14)**
2	Well-being (WHO 5)	16.38 (5.66)	22.56 (14.47)	-1.48 (15)
3	Depression (DASS 21-D)	3.56 (2.80)	2.06 (3.87)	1.60 (15)
4	Anxiety (DASS 21-A)	4.81 (3.67)	2.88 (3.65)	1.63 (15)
5	Stress (DASS 21-S)	5.50 (4.16)	3.69 (4.36)	1.56 (15)
6	**Survivors feel comfortable talking about traumatic memories**	**2.63 (0.96)**	**3.50 (0.52)**	**-2.78** (15)**
7	Survivors feel comfortable talking about financial crises	2.88 (1.02)	3.44 (0.51)	-1.95 (15)

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
8	Survivors feel comfortable talking about interpersonal crises	3.00 (1.10)	3.56 (0.63)	-1.86 (15)
9	**Survivors feel comfortable talking about safety concerns**	**2.69 (1.25)**	**3.63 (0.62)**	**-3.03** (15)**
10	Level of clarity and understanding of communication with the survivor and family	3.81 (1.17)	4.44 (0.51)	-1.78 (15)
11	Trust between ACF and survivors	4.13 (1.20)	4.69 (0.48)	-1.65 (15)
12	**Trust between ACF and survivors' families**	**3.75 (1.29)**	**4.44 (0.51)**	**-2.11* (15)**
13	Survivors demonstrate interest in getting service	3.56 (1.03)	3.44 (0.51)	0.40 (15)
14	Adherence to suggestions and support among survivors	4.06 (1.24)	4.25 (0.45)	-0.51 (15)
15	ACF's awareness of the needs of the survivors	4.13 (1.26)	4.69 (0.48)	-1.78 (15)
16	ACF's confidence in her ability to address the needs of survivors	4.06 (1.29)	4.56 (0.63)	-1.37 (15)
17	ACF's awareness about the resources available for survivors	4.00 (1.46)	4.31 (0.60)	-0.84 (15)
18	Confidence as a care provider	4.38 (1.26)	4.94 (0.25)	-1.78 (15)
19	Confidence in working in professional settings	4.50 (0.63)	4.69 (0.48)	-0.90 (15)
20	Readiness to work in future roles in a professional setting	4.50 (0.73)	4.38 (0.50)	0.56 (15)
21	Clarity of the tasks and responsibilities at J&C	4.50 (0.63)	4.88 (0.34)	-1.86 (15)
22	Trusting relations with other J&C staff	4.69 (0.60)	4.88 (0.34)	-1.00 (15)
23	Acceptance from J&C staff	4.75 (0.45)	4.94 (0.25)	-1.38 (15)
24	ACF's level of satisfaction working with survivors	4.38 (1.26)	4.81 (0.40)	-1.33 (15)
25	Achieved level of recovery	4.57 (0.76)	4.71 (0.83)	-0.43 (13)
26	Self-esteem	4.81 (0.40)	4.81 (0.54)	0.00 (15)
27	Trying self-care activities	2.31 (0.87)	2.56 (1.09)	-0.89 (15)

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
28	Effectiveness of self-care activities	2.88 (0.62)	2.88 (0.81)	0.00 (15)
29	Experiencing personal relational conflict within the family	1.25 (0.77)	1.69 (0.87)	-1.52 (15)
30	Experiencing humiliation or discrimination within the community	1.44 (1.03)	1.56 (1.21)	-0.34 (15)

*** Correlation is significant at the 0.01 level; *. Correlation is significant at the 0.05 level*

3.8. Extended Perspectives on the Aftercare Programme

To get an external perspective on the survivor-led aftercare program, we interviewed J&C BD staff and other relevant stakeholders at the endline phase. The Key informant interview with them supported ideas already shared by the survivors and the ACFs, however, there were many new insights as well.

3.8.1. *Perspectives of the J&C BD staff*

Being connected with the overarching perspective of the organization as well as the day-to-day official activities of the ACFs, the J&C staff were in an advantageous position to see the ACF grow over time. The J&C BD team appreciated the ACF on their success in gaining trust of the staff, demonstrating of confidence, skilful use of techniques in helping victims and survivors open up, ownership of the work/task of service delivery (going beyond quantitative monthly target), and finally, successful recovery from personal trauma. The effort of the ACFs in their work was noticed and appreciated by the J&C staff. One of them verbalized,

> *I have never heard them say, 'No, I can't do this'. never. They have tried their best, there was no shortage of their effort. How to complete their work at this moment - they discussed with us, shared challenges, but never said No. They tried to accommodate and move forward. - KII, J&C BD staff.*

The ACFs uniqueness in working as an aftercare professional has been well regarded by the J&C BD staff. One of the staff reported,

> *From my own work in providing service to victims. I feel like, I was not able to touch the pain of the victims. I could not, and my colleges also have the same experience. Case managers often said that – the victims are playing game, they are changing their statements. We are not sensitive or trauma-informed enough . . . . . The ACF, as they too were victims . . . . . because having the same experience, they can very easily touch that place in the victim. . . . . Others [non survivor] often complain – this victim is good, that victim is bad; or working with this victim gives me pain,*

allocate me to a different victim. But the ACFs never say these or ask for such things.

- KII, J&C BD staff.

The ACF were observed to cherish their professional role as a working woman and they want to grow further in this aspect. Many of them wish to see them getting promoted in a higher position. However, to ensure their growth, the need for constructive feedback on the work of the ACFs was also emphasized so that they would not feel belittled or demoralized. Although the staffs feel that many of the ACFs are not yet ready to work in a regular office setup, they can see their potential and some staffs wish to see the ACFs lead the work in J&C BD. One of the staff reported,

> *[If I had to design the program in my own way] I would utilize the potentials of the ACFs a little more. . . . . They can be utilized to deliver their skills as para-counsellor, ... they can do some advocacy work, at regional and even at the international stage. - KII, J&C BD staff.*

One of the staff reported that ACFs do not want to show the office that they are not mentally well, hence often hesitating to seek psychological support from the office counsellor. Utilizing an external counsellor would be useful in ensuring that their psychological support needs are met.

The staff claimed J&C BD is an organization work in a different form compared to other organizations working in the context. They view every single survivor as a project. The ability to generate quick effective solutions and wise leadership at J&C BD was reported to be useful for the organization to be successful in aftercare service.

3.8.2. *Perspectives of External Stakeholders*

Four stakeholders from different work contexts provided key informant interviews. They generally shared their ideas around the context of trafficking, the needs of the survivors, and concerns as well as suggestions around improvement of service.

Some of the stakeholders seem to know J&C BD's work in detail, however, some other seems to lack the exact understanding of the way J&C's works. However, the stakeholders generally shared their positive impression of J&C as an organization, and they have noticed that J&C work differently compared to most organization. The stakeholders also mentioned that they were aware of the contribution the J&C is bringing to the life of the survivors. A stakeholder suggested,

> *If Justice and Care took the responsibility to manage the shelter home, that would be good. The way [name of the organization] is managing, if Justice and Care could run this [shelter home], they would do better and the survivors would benefit more.*
>
> *- KII, External Stakeholder.*

The external stakeholders reported several limitations in the available services for the victims of trafficking that need to be improved. Suggestion for the improvement include,

- Ensure availability and supply of free medication for mental illness at the government hospital, which is needed for treating mental health conditions associated with trafficking.
- Improve conditions and operational protocol at the existing shelter homes.
- Developing better shelter homes at the government level to ensure housing/accommodation of the victims/survivors.
- Developing a quick response team to rescue victims from the spot where the suspected incident of trafficking is occurring.
- Strengthening and enhancing work of the survivor voice group or similar initiatives.

Repatriation is a long official process. The external stakeholders suggested that the initiatives need to be taken to speed up the file processing at the border. When the survivors arrive at the border, they usually are tired, thirsty, and hungry with the long process involved in the repatriation. As a generous contribution to the victims, the organizations can think of arranging food and water for them during this process.

The stakeholders reported that during repatriation, at the border, the organizations start fighting with each other regarding who will serve which survivors, and it creates a negative impression in the mind of survivors. A stakeholder reported,

> *Although it is written regarding who will get which victim, still they fight to get the greatest number of victims listed under their organization. This is bad, who to fight over [possession of] them. If you go there, you will feel ashamed. . . . . If one [organization] start this at the beginning, it destroys their [victims'] morale.*
>
> *- KII, External Stakeholder.*

This unexpected process is likely to generate suspiciousness among the victims regarding the purpose of the organizations. This lack of trust may contribute to the negative reactions they demonstrate during their stay at shelter homes. Multiple external stakeholders suggested for better coordination between the organizations to prevent this. Alternatively, a stronger role of the government agencies in allocating the survivors to the organization has also been suggested as a possible solution to this.

SECTION 04: Case Studies

This section presents four brief case studies conducted with ACF (n=2)and Survivors (n=2). It may be noted here that the four cases are far from ideal in their journey of growth. However, these can be merely used as typical cases that represent the lived experience of the survivors and ACFs.

4.1. Case 1: Survivor KCR

KCR, 27 years old female lives at Jashore district with her Husband and her new born child in a rented house beside her mother's house. She is a home maker and her husband drives Auto rickshaw in their local area.

KCR was the eldest daughter among 3 siblings. Her Father died when she was in class 4. After her father's death she along with her brothers were raised in their maternal grandparents' house. She had a good childhood until her father's death. She started facing struggles regarding basic needs such as food, cloths, buying books etc. till class 8. She wanted to escape this hardship and expecting to earn and to provide her family, she went to Dhaka offered by her cousin sister without informing her family. Due to minor age she had to face difficulties in getting a job. However, she found one in a Garment factory. She worked there for 2 months. She met another girl in her work place whom she called as friend. That friend offered her a job at a garment factory in India and made a contact between KCR and her sister's husband who used to work as a broker. He trafficked her to an Indian city. KCR was afraid that if her family got informed, they wouldn't let her go and so, she did not inform anyone in her family about her leaving Bangladesh. She was kept in a house for a long time around 3 months. By this time, she was forced to learn language. Then, she was offered a job at a bar instead of a garment factory job. While the broker forced her to engage in flesh trade, she tried 4 times to escape but got caught every time. She was facing difficulty with language and communication for help. During this time, she was firm in her denial about doing such job, the broker used to lock her in their flat. However, due to her minor age, the wife of the broker was supportive to her. About 8 to 9 months later, she was rescued by Indian police and placed in a shelter home. As she hides her real identity, she used to learn different types of skill while staying at the shelter home. She was repatriated with the assistance of another National NGO, BNWLA in 2018. After returning home, she became emotionally shattered and frustrated seeing her disorganized family condition where, her mother was married off again and her brothers were living in different places apart and became dependent on her relatives. She went to Dhaka to stay with her maternal aunt for a year. She used to make handloom bags and tried to find a job. She got frustrated getting no job and decided to return to India. In 2019, she secretly contacted with another friend with whom she got training from Indian safe home. The friend used to work at a mall and helped her reaching at Mumbai as well as finding a job at the mall as a security guard. Several

days later COVID-19 outbroke and she became unemployed again. Then she was sent to an Indian city and stayed there for some days. She decided to return in Bangladesh by herself. While she was about to travel by train to come back home, she was rescued by Indian police and placed her in shelter home. She was repatriated by Justice and Care and handed her to her mother safely.

Within a few days of KCR's arrival in Bangladesh, her family married her off and moved to Savar with her husband. Besides that, she promised to herself that she would never go to India ever and she also got confident enough to work on her own by receiving a swing machine from the Indian safe home. On the other hand, her husband's vegetable business was not going well and they had to move back in her mother's house. Despite having her family's support and a strong drive for self-reliance and financial stability, she initially faced significant financial struggles. She was under observation of J&C BD for several days since the second repatriation. Need assessment was done with her while she was 9 months pregnant. She had a miscarriage with her first pregnancy and had an urgent medical concern in which she got medical support. While she was facing both financial crisis and psychological grief and mental break-down, professional counselling and frequent peer mentoring was provided throughout this crisis moment. She later got medical support along with peer mentoring for her second child birth. According to her,

> *"Sisters [ACF and others staffs] from J&C BD is like a family, in fact they are elder guardians to me whom I can share my things; They always check on me".*

Initially, she wished for involving in animal husbandry as an earning of source. She attended vocational training on ten types of handwork, life skill training from J&C BD . She was highly enthusiast to learn any kind of skill and used to attend each and every training programs offered by J&C BD . She expressed that

> *"What I learnt most from Mukta apa (officer) during the life skill training that where there is will, there is a way; this helped me to become more wilful to do something on my own".*

Likewise, she also could learn and practice breathing relaxation and anger management skills through which she could manage her anger reaction and developed effective communication with others. Thus, helped her improving her relationship with family members. From the beginning of the rehabilitation, she got grocery support in need and later, psychological counselling and peer mentoring were useful to her in learning problem solving and effective decision-making skills. Therefore, she could support her husband in solving their family problem and in making decision to ensure financial stability through mutual discussion on earning source. She used to express her happiness regarding financial positive changes with ACF via physical and phone follow-up sessions.

Overall, KCR was a tenacious person since childhood. Her struggles throughout her early childhood to late adolescence had a great impact on the development of stress, anger and impulsive decision making and also had anger outburst which negatively impacted her close relationships. However, her family was quite supportive towards her growth. Since she received psychological counselling and continuous monitoring by ACF she gradually learns to manage her anger issue. Her sister-in-law reflected this change as, *"Now I can relate that the way Apa (ACF) talked with her, did counselling and made her understood helped her (KCR) a lot to manage her anger issue".* Besides, she was highly enthusiast and determined to be self-reliant and was being offered rehab support by J&C BD so that she could start her own swing business. KCR expressed *that*

> *"After learning a lot of things such as behaviour, way of walking and talking, now I don't even think of going outside again, I just forget about my past struggling life."*

Now she wishes to work as a tailor and to create more job opportunity for other women hiring employee along with her. She is 99% confident enough to work in this way and wishes to have a stable life ahead through educating her child and becoming self-reliant.

4.2. Case 2: Survivor PSA

PSA, a 20 years old young woman, was born and lived in Khulna district in Bangladesh. She lost her father at the age of 9. Her mother remarried after 8 years of his death. She was the eldest among 3 sisters. She was married but got divorced. She completed her grade 9 education and would admit in grade 10 after getting examination result. She currently worked as an employee at Jute Product Making Hub supported by J&C BD .

After her father's death, PSA used to live with the rest of her family at her father's place. While she was in class 5 (approximate), A 25/26 years old male trafficker from her maternal aunt's area sent marriage proposal for her. Her mother and grandparents were supportive to her and rejected the marriage proposal as she was at her minor age and also good at academic performance. 2 years later, when she was in class 7, she was abducted by the trafficker and was trafficked to Mumbai, India. A week later, she regained her full consciousness and could manage to contact her mother secretly using another trafficked victim's phone and kept in touch with her. While she was forced in flesh trade in India, her mother filed a GD at local thana in Bangladesh. The perpetrator was unaware of her being in touch with her mother until he received legal warrant and was forced to return back in Bangladesh. He got married to her to legitimate the relationship with her and kept her for 3 years. By this time, she could not understand language and communicate with others properly. she suffered from both physical and sexual abuse and frequent death threat. She also went through abortion. Thus, she got depressed, restless, shame and had suicidal ideation. She was brought return to Bangladesh by the perpetrator after 3 years of immense

torture but instead of handing her over to her family he used to hide her from one district to another. 8 months later, she was taken to the court by the perpetrator.

PSA met the J&C BD legal team at that time, and they took over the case. They took her as a potential case for social rehabilitation. They made an individual care plan including grocery support, medical support, psychological counselling, family counselling, peer mentoring and frequent follow-up financial support, life skill training, vocational training based on survivor skills and interests, educational support and guidance to make a savings with her income. In addition, she was also provided Entrepreneurship Development & Business Management (EDBM) Training for better understanding about business management.

Initially returning to her family, PSA faced numerous threats from the perpetrator. However, by connecting with the J&C BD legal team, she gradually overcame her fear, tried to stay strong, and began to feel protected. She said,

> *"When he threatened me before, I used to obey him out of fear that he might harm my family. But after connecting with J&C BD , despite receiving many threats, he was never able to break me down again."*

On the other hand, the survivor was experiencing social stigma, slut shaming, victim blaming etc. from her close relatives and neighbours except her mother. She could not express her painful experience to anyone in the family and used to suppress feelings within self. Therefore, she developed extreme low mood, frustration, anger outburst, low self-esteem, sense of being weak and social withdrawal. She was provided individual counselling where she initially hesitated to share things with the counsellor but gradually felt free to express her painful experience regarding her personal and social challenges with the psychosocial counsellor and ACFs at that time. She articulated this as, *"I felt so refreshed talking with them, as if a 5 kg sack of flour had been lifted off my head."* J&C BD provided her with financial support and helped her buy clothes and a sewing machine to start her own tailoring business based on her interests and skills. Parallelly, she also started animal husbandry with the profit of tailoring business and also made some financial saving. Meanwhile, she suffered from constant backbiting from her surroundings but she tried to stay strong ignoring such talks reaching her counsellor whenever she needed. After her supporting with family counselling by the counsellor and ACFs, social bullying significantly decreased and she gradually could sense the behavioural changes among family and neighbours which helped her to move more confidently in the society. Meanwhile, with the profit of her business and J&C BD 's guidance she bought a piece of pond from her paternal uncle and started farming. She could solve her own problems and made wise decision for her personal and financial growth taking guidance from her case manager. She said that,

> *"I feel proud of myself".* She also expressed her gratefulness to J&C BD as, *"Before 2017, I was completely clueless—I had no understanding of life or how things worked. Even after 2017, I still didn't understand much. But after getting involved with Justice*

& Care and talking to Jannat Apu, as well as speaking with the ACFs, I slowly started to realize how to navigate life and what to do. Now, Alhamdulillah, I'm doing well."

She started her education admitting in class 9 and completed the curriculum while dealing with social bad-mouthing with the support of ACFs which she stated as, *"Believe me, even if my mother says something now, it doesn't affect me anymore, but before, whenever someone asked where I had been, it used to hurt me a lot and make me feel bad; all credit goes to Justice & Care."* Furthermore, she received life skills training and frequent peer mentoring along with follow-up sessions by ACFs through which she gradually learns to manage her anger and self-harming behaviour which helped her to improve her relationship with her mother and younger siblings. She manifested that,

"Before, when I got angry, I used to treat my mother and sisters badly. I only thought about myself and, in my anger, would scratch, bite, and hurt myself, making my condition worse. But now, I can control my anger. I remind myself that I am the elder one—if I act this way, what will my younger ones learn? Now, I try to consider my mother's and sisters' likes and dislikes, and that feels good."

She also expressed that,

"I don't know if it's some kind of magic, but no matter how angry I am, whenever I talk to Apu, all my anger just melts away."

Since her repatriation, PSA began earning a living through day labour, making 4,000 cigarettes for just 40 Taka. Additionally, she learned tailoring from her aunt, which she later pursued as a business with J&C BD 's financial support and guidance. Once trapped in negative thinking, she gradually learned to clear her mind, manage her fear, anxiety, and anger through life skills training, counselling, and peer mentoring. As she overcame psychological distress and negative thought patterns, her hard work and hopeful mindset enabled her to strive for financial stability and personal growth. She also regained social respect and dignity, which she expressed by saying,

"Previously, my words held no significance at home, but now, when I say something, it is given enough importance."

With the counsellor's support, she explored her interests, skills, and dreams. She received vocational training from J&C BD in making jute bags, sanitary napkin and other handcrafts, eventually securing a job at their HUB. Additionally, she completed entrepreneurship training, which equipped her with the skills to develop an effective business plan based on her interests and abilities. What facilitated her most was J&C BD 's constant follow-up and immediate responsiveness. This reflected on her saying that,

"Whenever I called [name of counsellor] apa or [name of counsellor] apa, they responded immediately. If they were unavailable, they sent [name of ACF] Apa or

[name of ACF] Apa. Be it a storm or rain, nothing holds them back, they came right away when I needed help. If they hadn't been there for me, things would have been much harder to handle on my own."

With the help of J&C BD's aftercare case facilitation program, PSA developed a fearless, confident self with a growth mindset. She worked hard to change the wheel of her life which she expressed as,

"I now want to shape myself in such a way that people don't have to look for me, but I become the one who is sought after."

She wished to see herself as a trainer of the jute making hub, an owner of an animal farm as well as also wanted to be an ACF to serve other survivors in future.

4.3. Case 3: Survivor KCS

KCS, an 18-year-old girl, lived in an extended family in Mymensingh, Bangladesh. She was the third among five siblings. Her father was a farmer, and her mother was a homemaker. She completed her education up to class five, after which due to poverty she started working at a biscuit factory in [name of the city in Bangladesh], at the age of 16 (approximately), for two and a half years. Her elder sister also worked in the same company. Her sister was in a relationship and later married her partner on their own. Although the family initially accepted the marriage, KCS's brother-in-law deceived both sisters and trafficked them into the flesh trade in India.

Both of them were sold and forced into prostitution and brutally exploited. After a month, she was separated from her sister, who was taken to another location. Three to four months later, she attempted to escape by breaking a window and sought help from local people. A passerby took her to the local police station, and the police sent her to a shelter home. Contacting with her family she became hopeful and used to keep patience thinking that,

"Try to be patient; after hardship, happiness will come one day".

Meanwhile, her father filed a case against the traffickers with the support of J&C BD . After spending ten months there due to COVID-19 outbreak, she was repatriated to Bangladesh with the collaboration of the Indian CID and the J&C BD team. She was safely handed over to her family.

KCS was one of the most beloved daughters in her family. Her parents became increasingly conscious of her safety and daily movements, which put significant mental pressure on her. Moreover, they did not allow her to work or engage in any form of employment outside the home to minimize the risk of re-trafficking. Additionally, both her family, relatives and

neighbours constantly reminded her of the trafficking incident, blaming, bad-mouthing her and interpreting it as a consequence of not obeying their guidance. As a result, when J&C BD approached her for rehabilitation support through life skills and vocational training, the family struggled to trust the team, fearing the possibility of another trafficking incident.

Subsequently, KCS's family fell into financial hardship due to spending a significant portion of their savings and taking loans for the repatriation process. Her father was deceived by several fraudsters until the government and J&C BD intervened to facilitate her return. Additionally, due to flooding and continuous rainfall in their locality, her father was unable to work and earn a livelihood for the family. During this difficult time, J&C BD provided them with need-based grocery support.

Her sister, who was also a trafficking survivor, was later married off. KCS participated in approximately five training sessions, including two life skills training programs, while the others focused on vocational training in livestock farming and entrepreneurship development. Over time, her family gradually learned to trust the J&C BD team and allowed her to attend these training programs.

> *"Before facing this hardship, I didn't really care for myself or understand my own worth. My mindset was completely different back then. Now, before doing anything, I think ten times. I didn't have this awareness before. Now, if I have to go somewhere, I inform my family and my Apu (J&C BD member). I only go if they think it's safe. I don't go anywhere on my own anymore. I feel doubtful and cautious, and I make sure to verify everything before going. Now, my father listens to the sisters' words."*

She was also supported in her rehabilitation by receiving a cow worth 60,000 BDT. She took care of it for seven months and later sold it for 70,000 BDT. She was satisfied with her first-ever profit of 10,000 BDT and used it to buy two more cows. Her family members helped her with animal farming.

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She also received psychological counselling and shared her experience:

> *"I had no sense of self-worth; I used to feel like there was no point in living. I would constantly blame myself. But the sisters counselled me. They explained using a tea leaf analogy—that when we make tea, we drink the essence and throw away the leftovers. Similarly, I shouldn't take in everything people say. I will take what is useful for me and ignore the rest. If something negative enters one ear, I will let it go out the other."*

Expressing her gratitude for the counselling, she reflected:

> "*The sisters have explained so much, shown me the path of light, and held my hand. Otherwise, I wouldn't have come this far."*

She also received peer mentoring from Aftercare Case Facilitators (ACFs) and described their support:

> *"They are like my sisters, always taking care of me, checking up on me, and showing the same love and affection as older sisters do for their younger ones. They listen carefully, and if needed, they inform the office."*

Regaining her self-confidence, she started working in a textile mill. With the support and guidance of J&C BD ACFs and FF, she also began saving money in a bank. Her social respect and dignity improved, as she expressed:

> *"It's not like before. Around 80% of people, including relatives, have distanced themselves and forgotten everything. But I still receive love, get called, and they do everything just like before."*

She developed her self-confident enough to do whatever she wanted to do for better living,

> *"Before, I couldn't do many things on my own. But now, by the grace of Allah, I can change and accomplish many things by myself. I have learned this through experience and training. I observe how the sisters (ACFs) do things, and I think—if they can do it, why can't I? If I try, I can succeed"*

However, while KCS wanted to become a self-dependent individual, her family had high expectations of J&C BD 's financial support, which made her feel somewhat uncomfortable regarding her self-dignity. Her parents had full control over her bank accounts. Although she was the one earning, she had no right to spend money on her own needs and had to request it from her parents whenever necessary. Sometimes, she felt pressured to seek more support from the organization, but she made a conscious effort to avoid making unnecessary demands. At the same time, she relied heavily on her family and the J&C BD team when making decisions to avoid any risks. Despite this dependence, she gradually developed confidence and hope in her problem-solving abilities and other resources. Recognizing the risk of permanent dependency and aiming to ensure KCS's financial independence, J&C BD continued to provide peer support and guidance so she could effectively manage the burden of family expectations and achieve some level of financial independence

> *"When I share something with the sisters (case facilitators), they give me advice and guidance, which I really appreciate."*

Overall, she felt that she was living a better life and gave full credit to the J&C BD team, saying,

"All the sisters (case facilitators), in this crisis, just one word from you is worth a million."

She aspired to become a contributing and earning member of her family—and she achieved that. Where she once thought of ending her own life, she now dreamed of becoming the owner of a large farm.

SECTION 05: Conclusion and Recommendations

Similar to the baseline and midline survey, the data from the endline survey indicates that the Justice and Care is contributing significantly to improving the well-being of the survivors of human trafficking through its innovative aftercare care program. As in midline, the endline findings indicated the J&C BD team has been able to maintain the already high positive outcome shown in the baseline. The comparison of baseline and endline data gave us the opportunity to objectively assess the contribution of the program in the life of survivors and the aftercare facilitator (ACF). From the findings at endline phase, it seems that J&C has already taken initiatives to address many of the recommendations from the early phases. Guided by the survey findings, exploratory interview and observation, the research team would like to make a few recommendations for future improvement of the program.

5.1. Contributing to the Improvement of the Repatriation Process

Repartition is an important early step in connecting victims to support services. However, the processes involved during repatriation at the border are time-consuming and tiring for the victims. The confusion, tiredness, and hunger among the victims at the border affect their interaction in the subsequent processes. Coupled with the history of their traumatic experience, the open fight between the organizations over the possession of victims contributes to their lack of trust and suspiciousness about the organizations and their purpose. This may unnecessarily complicate the uptake and process of delivery at the early stage of care service.

Justice and Care, with its image and footprint on quality service delivery, can initiate attempts to improve this repatriation process. Consultation with the ACFs can be useful in generating innovative solutions in this regard. Coordination between the organizations, along with a stronger role of the government agencies, can be useful in reducing some of the disturbances.

5.2. Assess and Review Medical Check-up Process

The ACFs repeatedly mentioned their difficulties around medical check-ups for themselves and for the survivors. The medical staff are generally not oriented to trauma-informed care. The victims require repeated visits to hospitals and the nurses often pass oblique comments during the first checkup of the victims. These negative interactions crates concern and dislike regarding medical check-ups as reflected by an ACF: “Going for medical check-up

feels uneasy to me. When I went to the doctor, [I] feel bad in my head, a sort of uneasy feeling. So, do not like this".

Medical procedures generally involve invasion to personal space (physical as well as psychological). The survivors generally have traumatic physical or sexual experience and an insensitive medical process is likely to trigger their trauma memory. Additionally, the possibility of sexual exploitation in a medical setup is also present. It is, therefore, important that the process of medical check-up is reviewed to identify unhelpful or prejudicial practices and procedures.

J&C team may explore the matter further and then take necessary steps to improve the scenario. Possible initiatives may include,

- Interviewing the survivors and ACFs to further explore the matter.
- Developing protocol for medical check-up with victims of trafficking or trauma.
- Upholding safeguarding practices for all stakeholders.
- Providing orientation to the medical staff on trauma-informed care.

5.3. Increasing Communication with other Stakeholders

The survivor-led aftercare program modelled at J&C has distinctive utility in caring for the victims of human trafficking. To increase the uptake of this useful model by other organizations, it is important that other organizations and the key stakeholders understand the process. Key informant interviews with the stakeholders indicate that they have noticed that J&C work differently compared to most organizations and they are aware of the contribution the J&C is bringing to the life of the survivors. However, their lack of understanding of the process behind it was also communicated.

J&C may increase their communication with other organizations and the key stakeholders working with the care of the victims of human trafficking. Organizing dissemination programs, scientific seminars, or discussion meetings among the stakeholders can be useful in communicating the utility and processes involved in this model. Engaging the ACFs and survivors in these discussions may strengthen the effort.

5.4. Introducing External Psychological Support for J&C Staff and ACFs

Despite having improved mental health, being champion survivors, the ACFs with the trauma memories often require continuing mental health support. Similarly, the other J&C staff, including the psychosocial counsellors, due to their work with individuals with trauma, are faced with the risk of developing vicarious trauma. For both groups, it is difficult to

access psychological support with a colleague working in the same organization. This is especially difficult for the ACFs as they are under evaluation from the office regarding their suitability for work.

Introducing opportunities for receiving psychological support from an external source is therefore important for the mental wellbeing of the staff and ACFs working with J&C. Outsourcing psychological counselling with online and onsite modes of service can be considered in this regard. J&C may develop contracts with mental health professionals outside the organization. MoU on mutual support agreement between organizations working on different areas may also serve as a low or no-cost solution to receiving external psychological support.

5.5. Continuing Support for ACF's Growth

Justice and Care has been contributing steadily to the growth and development of the ACFs in their professional as well as office skills aspects. Findings suggest that the ACF have much better mental health compared to the survivors. Their inclination towards work and job holder identity has increasingly been noticed from baseline to endline. However, due to limited or no previous experience of working at an office environment, many ACFs have need for regalur supervision regarding further development in report preparation, family integration and carrying out ICP. J&C need to continue supporting the ACFs in professional growth and development through comprehensive mentorship utilizing a constructive feedback system for them.

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APPENDICES