FINAL EVALUATION

OF THE PROJECT

'Addressing Health Issues of Survivors of Human Trafficking in Jessore and Satkhira in Bangladesh

Project ID: MA 0272

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For

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Executive Summary

This evaluation report resulted from the final evaluation of the project 'Addressing Health Issues of Survivors of Human Trafficking in Jessore and Satkhira in Bangladesh'. The final evaluation of the Project was carried out between 15 June and 14 July 2014 to assess the achievements and effectiveness of the project. The project became operational in March 2013 and has been carried out by IOM in partnership with Rupantar, a South based NGO, and in collaboration with Government health facilities at Satkhira and Jessore. The completion date initially set for February 2014 was later extended to June 2014. Total cost of the project was EUR 173,632. Under the financial arrangements, ANESVAD Foundation contributed € 136,469 (79%), whereas IOM provided approximately € 37,163. The specific objective of the project was to strengthen a quality and integrated health service within the Ministry of Health and Family Welfare (MoH&FW) services and structures (duty bearers) accessible to the survivors of human trafficking and abuse (right holders) in Jessore and Satkhira districts, Khulna division, Bangladesh. The project has created an opportunity to establish a bridge between the community and the government health system to promote the health rights of the victims of human trafficking and abuse in the region.

Methodology

IOM commissioned this independent external final project evaluation, which has been conducted by one national consultant over a period of approximately four weeks. Using a qualitative design, relevant and efficient data was collected. Fieldwork was initiated in June 2014 and 48 individuals were interviewed in the project implemented areas.

Key Findings

The evaluation results show moderate project success in meeting its objectives of strengthening a quality and integrated health services. The key findings on the evaluation criteria of relevance, efficiency and effectiveness of impact and sustainability are as follows:

Relevance: The project was highly relevant in selection of districts and upazilas except Tala upazila. The two most common trafficking land routes in Bangladesh are the Benapole border in Jessore, from where almost 50% of the trafficking takes place, and Satkhira (35%) (ICDDR,B 2001). Selection of partners, including GO-NGO was also appropriate following their commitment to the issue. All major activities, approaches and strategies undertaken by the project such as referral card mechanism, record keeping system, selection of community support group (CSG) members, capacity building, establishment and up gradation of health facilities were proven to be relevant.

Efficiency: The project implemented almost 100 percent of the targeted activities despite severe political unrest in the project area in 2013. The project organized 10 advocacy and coordination meetings at national and local levels to improve coordination and responsiveness among stakeholders, conducted 14 training courses for health service providers including doctors, nurses, SACMOs and field level health

workers to improve their capacity to provide better services to the victims of human trafficking and abuse, procured necessary and quality equipment and supplies, renovated and upgraded 4 MoH&FW facilities It also developed and distributed 1000 copies of referral cards through CSGs to create health care access for the survivors of human trafficking and abuse, conducted four orientation meetings on the referral guidelines, formed six Community Support groups to facilitate referral of survivors and conducted thirty one (31) communication campaigns to create community awareness through interactive traditional cultural events (pot songs and drama). All activities were conducted as per the plan but not necessarily on time. IOM, Rupantar as well as senior management of the upazila and district health facilities monitored the quality of the services provided by the on duty doctors. Reporting and documentation were done on time by all partners.

Effectiveness: Within its limited time frame and resources the project was able to establish a coordination mechanism among GO-NGO-community level stakeholders, built capacity of health service professionals to provide targeted and specialized integrated health services to survivors, upgraded health care structure and enhanced survivors access to services. The coordination mechanism enhanced partnership among GO-NGO service providers, increased meeting participants' knowledge Increased, and supported formation of Hospital Coordination Committees. Under capacity building initiatives 245 health professionals (doctors, nurses, SACMOs and community level field workers) were trained, health service providers' knowledge increased. 4 health facilities under the MoH&FW upgraded and all facilities received necessary quality equipment and medicine. 38 trafficking survivors received health care being referred by the community support groups for integrated health care services, 180 survivors had been reached with the information on available integrated health services, 46,000 community people were reached with the communication campaign and CSG made effort to reduce social stigma against traffic survivors.

Challenges: Major challenges the project faced includes: severe political unrest in the country in 2013, shortage of human resource among the health care providers, increased workload, short duration of project period, low budget for transport, no funding for training venue at upazila level, frequent changes among the government officials and limited human resource for monitoring at project. Also, the facility at Satkhira hospital being not completely ready to provide support to the victims, selection of Tala was not effective as the Upazila was not a border upazila, unavailability of separate space at Jessore Sadar Hospital for providing support to the survivors.

Lessons learned

The following have been the key lessons learnt through this project:

- It is possible to develop joint initiative of community & government duty bearer against human trafficking and create great sensitization towards human trafficking.

- In the border upazilas and districts, poor and extreme poor men and women are the usual victims of trafficking as they could easily be lured for work. It was also found in this project that poor men and women of border adjacent upazilas were more in number than in other areas. Majority of the trafficking survivors were illiterate and unaware of the situation. Men and women both could be victims of trafficking within and outside the country;
- Traffic survivors could be victims of multiple violence, including sexual violence which could lead to HIV infection and thus require integration of VCT and care and support services along with psychosocial services.
- Training and regular supervisory practices contribute to integration of health facilities for survivors in Upazila and district health services.
- The referral card can create an easy access for the survivors at the health facilities;
- The availability of medicine and equipment enable quality care and treatment.
- Selection of member of the community support group with wide public interaction helped in disseminating information about trafficking and sending them to health centres. Women and peer leaders can easily reach trafficked women;
- Trafficked persons perceive the need of economic and social rehabilitation support as more crucial than the health needs;
- Transport support cost, IEC material for community support groups can sustain motivation and enthusiasm for the awareness activity;
- A short duration intervention like this project cannot produce that much effective and sustainable results/impacts;

Key recommendations

- **Scaling up:** The project which created a momentum in providing health facilities to the traffic survivors needs to be expanded particularly in the border upazilas and districts. In addition, establishing some services at community clinic level through orienting CHCP on trafficking survivors' needs and priorities is crucial as many poor traffic survivors are unable to go to upazilas and districts hospitals due to high transport cost and loss of a wage day. Initial efforts to scale up the activities of this project could begin during the bridging phase. In addition, one union needs to have at least one Community Support Group.
- **Recommended Project Area for Future Intervention:** Major border upazilas of Satkhira and Jessor districts, which includes, Sharsha, Chaugacha, Jhikorgacha, Avoynagar upazila under Jessore District and Kolaroa, Syamnagar, Kaliganj and Asasuni upazila under Satkhira district.

- **Ensure meeting survivors' needs and priorities concerning their comprehensive health wellbeing:** Provide health, psycho-social, economic, legal, social and family reintegration services to meet survivors' needs and priorities concerning their physical and mental health, knowledge and skill, food and nutrition, dignity and acceptance at family and community level,
- **Future interventions may include referrals, advocacy and coordination components**: A future project may include three components i) referrals ii) advocacy and iii) coordination. The evaluation team recommends providing multiple referral services by utilizing and modifying the referral card, advocacy at grassroots, national, regional and international level and strengthening coordination among GO-NGO-Private sector.
- **Capacity Building:** Continuation of capacity building of the GOB Health Officials, traditional leaders, religious leaders and community support groups is crucial. Particularly strengthening the capacity for provision of counseling to the trafficking survivors is important. Continue with refresher training for health care providers, including training on attitudes, confidentiality and trafficking-related stigma, counseling skills. In addition to that, add hospital based health education programme or behavioral change communication (BCC) and provide training to all doctors, nurses and SACMO and CHCP of a facility to make a trafficking survivors sensitive health facility;
- **Strengthen linkage and coordination:** More coordination is needed to sustain the process and create greater impact, which was beyond the scope of the project due to coverage of large area with limited financial and human resources. Considering overall effectiveness, due weight must be given to the fact that the project has established integrated health service mechanism under MoH&FW. Linkage and coordination with NGOs working on human trafficking, GOB monitoring committee and other national and international groups working on the same needs to be strengthened.
- **GO-NGO collaboration committee on combating of trafficking:** Coordination and collaboration between GO-NGO requires institutional shape and meeting regularly. The meeting would support a process to undertake administrative actions by the government upon receiving information from the NGOs.
- **Supplies of drugs and equipment:** Specifically the future project needs to ensure that supplies of drugs and equipment are an integral part of the project.
- **Data Base of Trafficking Survivors:** Planning of a comprehensive data base of trafficked survivors in the region is recommended. However, considering sustainability of the programme, data will be preserved through a computer programme which would be accessible to relevant authority from any part of Bangladesh.

- **Human resource support to strengthen Monitoring Mechanism and Follow up:** A full time staff for the hospital is required to expedite, monitor and follow up activities at hospital level.
- **Peer Educator:** Peer educators at the community level may create scope to the trafficking survivors in accessing facilities as survivors can communicate more easily with other survivors. Training programme and an allowance for peer educator for their voluntary work will be helpful to raise community awareness and survivors' self-confidence and awareness.
- **Awareness and advocacy activities at school, colleges and hat-bazar:** Awareness activities with school and colleges will further raise community awareness to prevent trafficking at the border upazilas. In addition, dissemination of information at *hat bazar* will be helpful to mobilize people against trafficking; pot song programmes need to be organized in all villages instead of only one in each union to enable community groups to continue this form of health promotion.
- **Community participation assessment tools:** Tools to assess community participation may be developed. This includes the following: Representation on health centre committees, inclusion of communities in planning, monitoring and evaluation of health centre activities, partnerships between health centres and communities, assessment of health centre responsiveness to community concerns.
- **Maintain high confidentiality of trafficking survivors:** In order to maintain confidentiality, survivors' addresses should not be included in the Hospital Register book; rather they should be preserved in separate files for individual patients.
- **Increase Number of Women in CSGs:** Substantial increase in women's participation is required at the CSGs. Women should be at least one third of the total number of members.

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Acronyms and Abbreviations

AHISHT: Addressing Health Issues of Survivors of Human Trafficking in Jessore and Satkhira

CHCP: Community Health Care Provider

CSG: Community Support Group

FGD: Focused Group Discussion

IOM: International Organization for Migration (IOM)

KII: Key Informants Interviews

MO: Medical Officer

NGO: Non-Government Organization

OCC: One Stop Crisis Centre

RMO: Resident Medical Officer

SACMO: Sub-Assistant Community Medical Officer

SSN: Senior Staff Nurse

PP: Project Proposal

PO: Programme Officer

UHFPO: Upazila Health and Family Planning Officer

CHAPTER ONE

EVALUATION OBJECTIVES AND METHODOLOGY

1.1 Introduction

On behalf of ANESVAD Foundation, IOM commissioned this independent external final project evaluation, which was conducted through one national consultant over a period of approximately four weeks. Using a qualitative design, data relating to the relevance, efficiency and effectiveness of the project was collected, analyzed and compiled for generating this report. Field visit for data collection was initiated in June 2014 and 48 individuals were interviewed in the project locations.

Objectives of Final Evaluation: Evaluation of project's relevance, efficiency and effectiveness in addressing health Issues of the victims of trafficking in Jessore and Satkhira in Bangladesh.

Key issues:

- **Relevance:** Relevance was considered in relation to organizational goal/objectives/strategic planning of the funding agencies and the implementing organizations, relevance of approach, strategy & activities identified and conducted to achieve the project objectives;
- **Efficiency:** In order to achieve the outcome of the project, the evaluation process assessed whether project approach, strategy, and activities were implemented efficiently. Key assessment area included quality of inputs (HR & Others), Planning, Coordination, Networking, Linkage, Monitoring and Evaluation, Reporting, Documentation, Accountability and Transparency, Value for Money, Timeliness and Technical Soundness;
- **Effectiveness:** Evaluation process focused on assessing survivors' accessibility to the quality health care system, quality of the health services provided to human trafficking survivors in terms of integration, accessibility and responsiveness of health services and structures (duty bearers).

1.2 Programme description and geographical coverage

The project intended to contribute to the efforts made by the Government of Bangladesh on properly addressing the right to health, and specialized and integrated health care needed by the survivors of human trafficking and abuse. The specific objective was to strengthen the quality of integrated health service within the Ministry of Health and Family Welfare (MoH&FW) services and structures (duty bearers) which are accessible to the survivors of human trafficking and abuse (right holders) in Jessore and Satkhira districts, Khulna division, Bangladesh (PP).

Anesvad funded this 16-month project that started in March 2013 in the two south districts of Bangladesh, which are Satkhira and Jessore. No-cost extension of 4 months (from March to June 2014) in the project period was approved by ANESVAD. The key partner of the project was the Ministry of Health and Family Welfare and a local NGO Rupantar, a South based NGO working at Satkhira and Jessore. The total cost

of the project was EUR 173,632 and the financial contribution was broken down into € 136,469 (79%) from ANESVAD and € 37,163 from IOM.

The expected outputs along with activities which will contribute to the achievement of the objectives mentioned above will be the following:

Output 1: Increased coordination and responsiveness among stakeholders (national, district, upazila and union level-duty bearers) about the health rights of survivors of human trafficking and abuse (right holders).

Activity 1.1 Conducting 6 advocacy meetings at national, district and upazila level

Activity 1.2 Conducting 3 quarterly coordination meetings with the Hospital Committee

Activity 1.3 Organizing 2 coordination meetings at district and community level between various stakeholders related to the human trafficking field

Output 2: Improved capacity of health service professionals (doctors, nurses and community level field staff-duty bearers) services to survivors of human trafficking and abuse (right holders).

Activity 2.1 Conducting 4 two-day Training of Trainers with doctors

Activity 2.2 Conducting 4 two-day trainings with nurses and SACMOs

Activity 2.3 Conducting 6 two-day trainings with community level field workers.

Activity 2.4 Developing a record keeping system

Output 3: Improved quality of structures/ equipment in the existing health facilities under MoH&FW for the survivors of human trafficking and abuse (right holders)

Activity 3.1 Conducting needs assessment. Of health facilities

Activity 3.2 Up-gradation and renovation of four health facilities

Output 4: Improved access for the survivors of human trafficking and abuse (right holders) to survivors friendly integrated health care services

Activity 4.1 Developing a Health Referral Card system

Activity 4.2 Conducting 4 orientation meetings

Activity 4.3 Conducting 23 communication campaigns

Activity 4.4 Organizing 4 orientation sessions to form six (6) community support groups

1.3 Geographical coverage of project

The project was implemented in two districts of Khulna division, Jessore and Satkhira, in the South West of Bangladesh, bordering the state of West Bengal in India. In Jessore district, the project implemented in Sharsha upazila, including all its 11 unions; while in Satkhira district, the project was implemented in Tala upazila and all of its 12 unions. The unions of Sharsha and Tala upazilas have been mentioned below:

Tala: Dhandia, Islamkati, Jalalpur, Khalilnagar, Khaliskhali, Khesra, Kumira, Magura, Nagarghata, Sarulia, Tala and Tentulia

Sharsha: Bagachra, Bahadurpur, Benapole, Dihi, Goga, Kayba, Laxmanpur, Nizampur, Putkhali, Sharsha, Ulshi

1.4 Rationale

In completion of 12 months of the project interventions, the final evaluation of the project became necessary to understand the extent of which the project objectives have been achieved as a result of the project interventions, and particularly to define the overall strength and weakness of approaches in organising the target groups in terms of participation, motivation and reach of their commitment. As part of this assessment, a set of recommendations will be put forward for overall improvement of the project and will provide future directions for utilisation of the best practices.

1.5 Evaluation Methodology:

The applied methodologies for the final evaluation were purely qualitative in nature. Both participatory and open-ended dialogue techniques were followed to ensure direct participation of strategic stakeholders at different levels for achieving analytical views and information. A mixture of methodologies used to review the project interventions and its effectiveness on survivors of human trafficking. The relevant information for the preparation of assessment report was collected from both primary and secondary sources applying the following methods:

Review background literature and contractual documents: Related project documents were reviewed as mentioned in the Annex I. PP, budgets, periodic reports of the project, Secondary Literature;

Primary sources: To collect primary information on the project interventions, a draft checklist was developed on the basis of set indicators of logical frameworks. The draft checklist was shared with the implementing partners, and after incorporating all feedback/suggestion, it was finalized for assessing effectiveness. Finally, a tentative schedule was developed for field works in consultation with implementing partners.

Key Informant Interview: KII included partner, field level project officials, duty bearers, health facilities providers, project officials and IOM representatives. 18 KII were conducted. A list of individuals is included in Annex II and a checklist has been included for KIIs in Annex III.

FGD: FGDs were conducted with doctors, nurses and field level health workers those who received training (separately), member of community support groups. A total of 25 individuals participated in the FGD. FGDs were conducted at both implementing upazilas to understand project's relevance and efficiency and effectiveness issues. A checklist is included for FGDs in Annex IV.

Case studies: 4 Right holders/survivors' case studies was collected for a deeper understanding of project's effectiveness and lessons. Checklist for case study guideline included in Annex V. Following table shows the number of people interviewed for the study.

Place	Number of Interviewed persons	Designation/Category
Key Informant Interview: 18		
IOM	1	National Programme Officer (Migration Health)
Khulna	3	Programme Coordinator, AHVHT Project, Project officer, Rupantar
Sharsha	3	UHFPO, MO
Jessore	3	Civil Surgeon, RMO, Assistant Director
Tala	3	UHFPO, MO
Satkhira	5	Civil Surgeon, Hospital Superintendent, Cashier, PO- OCC, Counselor-VCT Centre
Total	18	
Case Studies: 4		
Sharsha	2	Trafficking survivors
Tala	2	Trafficking survivors
Total	4	
FGD: 26		
Sharsha;	Nurse (4), SACMO (2), CSG (7), CHCP (3)	SSN, SACMO,CHCP, CSG members
Tala:	Nurse (3), SACMO (2), CSG (5),	SSN, SACMO, CSG members

CHAPTER TWO

RELEVANCE, EFFICIENCY AND EFFECTIVENESS OF THE PROJECT

This chapter depicted the findings concerning relevance, efficiency and effectiveness of the project in addressing health Issues of victims of trafficking in Jessore and Satkhira in Bangladesh. Relevance issues were evaluated in matching activities, strategies, approaches to address survivors' needs and priorities and partners' organizational goal and objective. In order to achieve the outcome of the project, the evaluation process assessed whether project approach, strategy, and activities were implemented efficiently. Effectiveness issues focused on assessing survivors' accessibility to the quality health care system, quality of the health services and accessibility and responsiveness of health services. The key findings are as follows:

2.1 Relevance: The project is highly relevant in selection of districts and upazilas. The project area Jessore and Satkhira districts are located on adjacent side of the India-Bangladesh border and are commonly associated with inter and intra-national human trafficking. A large section of Satkhira and some parts of Jessore have no official boundaries, which are open and marked by land and river. Therefore, this is used as an easy way of crossing the borderline and entering into west Bengal, India. The two most common land routes are the Benapole border in Jessore from where almost 50% of the trafficking takes place and Satkhira (35%) (ICDDR, B 2001). This area is adjacent to North 24 Pargana district of West Bengal, India is considered as an important origin as well as transit point of trafficking to Kolkata. The standard of living adjacent to border area is generally lower than the rest of the country. Hence, people seek livelihood in the other side of the border or other parts of Bangladesh. The project provided support to the survivors of both internal and cross border trafficking.

The partners including the funders are committed to the issue. The Ministry of Health and Family Welfare and the Directorate General of Health Services demonstrated commitment to support the project by assigning two focal persons to render necessary cooperation in implementing the project. Local health authorities also extended their support and cooperation in organizing advocacy meetings, trainings and other activities at the district and upazila levels.

ANESVAD Foundation's main aim is to promote and protect the right to health as a Human Right, understanding health to be complete physical, psychological and social wellbeing, that not only depends on services and medical care but also on adequate general living conditions. Annesvad stated 'our goal is to contribute to promoting and safeguarding health as a fundamental human right' **(**http://www.anesvad.org/en/anesvad/**)**. Also, aid 'the most vulnerable sectors of population, women, children, indigenous people, people without access to health or with difficulties in realising this right.

Rupantar is working in the region since establishment in community mobilization to raise their voice and claim their rights through using folk cultural media. Rupantar uses drama and pot song in raising awareness on various social issues (Strategic Plan: January 2014-December 2018).

The approach of Community Support Groups involving the local leaders and other influential people of the community has been an appropriate intervention to address the issues of stigma and discrimination prevailing in the community against trafficked survivors.

Development and design of the referral card proved effective to provide health services to the victims of human trafficking. The personnel from all categories were aware of the referral card. The guard welcomes the victims just looking at the card in their hand.

The training courses, development of health care facilities, orientation of Community Support Group (CSG), and development of referral card all included confidentiality as a key issues. The approach supported all to understand importance of confidentiality and particularly the survivors to get access to the facilities.

2.2 Efficiency

The project implemented almost 100 percent of the targeted activities, however, not necessarily on time due to severe political unrest in the project area. The activities were implemented by the government health facilities at districts and upazila level, a local level NGO Rupantar and IOM. In general, partners' level of commitment and efficiency level varied from one area to another. Key activities of the project were: capacity building of health services providers, developing a record keeping system at district, upazila and community level for survivors of human trafficking and abuse, upgrading quality of structures/equipment in the existing health facilities under MoH&FW for the survivors of human trafficking and abuse (right holders) and develop a health referral card system. The following section reflected how efficiently project implemented its activities:

Outputs/Activities	**Activity Achievement Status**
Output 1: Increased coordination and responsiveness among stakeholders (national, district, upazila and union level-duty bearers) about the health rights of survivors of human trafficking and abuse (right holders).	
Activity 1.1 Conducting 6 advocacy meetings at national, district and upazila level.	Completed
Activity 1.2 Conducting 3 quarterly coordination meetings with the Hospital Committee	Completed 2 meetings
Activity 1.3 Organizing 2 coordination meetings at district and community level between various stakeholders related to the human trafficking field	completed
Output 2: Improved capacity of health service professionals (doctors, nurses and community level field staff-duty bearers) services to survivors of human trafficking and abuse (right holders).	
Activity 2.1 Conducting 4 two-day Training of Trainers with	Completed

doctors.	
Activity 2.2 Conducting 4 two-day trainings with nurses and SACMOs.	Completed
Activity 2.3 Conducting 6 two-day trainings with community level field workers.	Completed
Activity 2.4 Developing a record keeping system.	Completed
Output 3: Improved quality of structures/ equipment in the existing health facilities under MoH&FW for the survivors of human trafficking and abuse (right holders).	
Activity 3.1 Conducting needs assessment. Of health facilities	Completed
Activity 3.2 Up gradation and renovation of four health facilities	Completed
Output 4: Improved access of the survivors of human trafficking and abuse (right holders) to survivors friendly integrated health care services	
Activity 4.1 Developing a Health Referral Card system.	Completed
Activity 4.2 Conducting 4 orientation meetings.	Completed
Activity 4.3 Conducting 23 communication campaigns.	Completed
Activity 4.4 Organizing 6 orientation sessions to form six (6) community support groups.	Completed

The following section elaborated how efficiently the activities were conducted:

2.2.1 Coordination and responsiveness

Key efficiency aspects regarding coordination and responsiveness include the following:

- **Over 90 % of the planned advocacy and coordination meetings held:** 10 coordination and advocacy meetings held at all levels: 2 national level advocacy/sharing meetings in Dhaka; 4 advocacy meetings with local stakeholders at upazila and district levels; 2 local level coordination meetings and 2 hospital committee meetings in Jessore and Satkhira took place. All advocacy meetings were held during the initial part of the project period. Only the last advocacy meeting was held at Dhaka to share the outcome and lessons learnt.
- **Regular Monthly Meeting Included Project Issues:** A senior official of a 250 bedded Hospital in Jessore, shared that they discuss the services of the facility in the monthly meetings of the hospital, though no records were made in this regard.

Challenges:

- Due to multiple engagements of the health care providers and authorities the regular quarterly meetings could not be organized. Only two meetings of the Hospital Coordination Committee were held instead of the planned 3 quarterly coordination meetings.
- Inclusion of project issues in the regular agenda of the hospital was not same for all health service providers;

2.2.2 Capacity Building of Health Services Providers:

Key focus of the project was on building the technical capacity of the existing Government health professionals at the district level and local health facilities at upazila community level. The objective of the training courses was delivering health services and referral services at the local level health facilities including the community clinics under the MoH&FW in appropriate manner to promote health of survivors of human trafficking and abuse. District and upazila level doctors, nurses, Sub Assistance Community Medical Officers – SACMOs and community health workers, under the MoH&FW were trained; Key achievements under the capacity development initiatives includes the following:

- **100% of the planned training courses completed:** The project completed 14 training courses titled 'Caring for Victims of Human Trafficking' as per plan, though not necessarily on time. Particularly the training for field workers in one upazila was completed just before completion of the project in June 2014.
- **Above 98% of the targeted health care providers participated in the training course:** A total of 245 individuals out of targeted 248 participated in the training courses. Among them there were 38 doctors, 40 nurses, 30 SACMOs and 137 field level health workers.
- **Collaborative effort:** The training programme was organized in collaboration with the local health authorities and the field staff of Rupantar, the local partner NGO. All local health authorities including upazila and district hospitals provided their support. Along with IOM and other facilitators from Dhaka University, the senior doctors in management positions have also facilitated some sessions in every course.
- **Quality of Training was excellent:** The interviewed doctors, nurses, SACMOs and community health workers appreciated the quality of the content, method and resource person of the training course. Particularly they learnt about special care required for trafficking survivors such as importance of confidentiality while providing services to them. Many of them shared that the training was eye opening for them as before they treated the survivors without knowing their context and situation. They also learnt counseling skills from the training, which helped them to counsel the survivors by maintaining privacy and confidentiality.
- **Quality Training Materials:** The training courses were conducted based on a module on "caring for trafficked persons" developed by IOM, UN.GIFT and London School of Hygiene and Tropical Medicine. IOM also provided the participants the coy of the training module.
- **Training Venue was satisfactory at district level:** Training venue at district level accommodated all planned participants comfortably.
- **Developed a record keeping system at district, upazila and community level for survivors of human trafficking and abuse:** A record keeping system for the targeted government health facilities in two districts and two upazilas as well as community level was developed (design and

printing of record keeping materials). The record keeping system was established through the distribution of registers and necessary materials along with providing orientation to the relevant staff members in the four selected health facilities. It was expected that confidentiality of the information about the survivors of human trafficking would be maintained through the system. The Residence Medical Officers in the hospitals supervised separate record keeping system for the survivors of human trafficking. The Community Support Groups were provided with orientation on how to keep the record and report back to the field staff of Rupantar, the local implementing partner organization.

Challenges:

- At upazila level, the training venue was too small to hold training for 25 participants together and there was no SACMO position at district level. Thus to cover 40 nurses and 30 SACMOs from four different places it took 6 training events instead of pre-planned 4 events.
- KAP improvement varied according to the category of the participants. Pre and post training assessment of knowledge of participants indicated that nurses have got relatively less improvement in their knowledge compared to that of the SACMOs (post-test).
- However, the Nurses, SACMOs and other field health workers shared that it was difficult for them to understand the manual since it was printed in English. Due to time and resource constraint, IOM could not translate it into Bangla.
- It was difficult to ensure participation of the doctors and nurses in the two-day long full time training programmes because of the shortage of health professionals in the hospitals compared to significantly large number of patients.
- There was a threat of breaking confidentiality at the hospitals as the register included full address of the survivors. All relevant people had access to the register as it was kept on the table of the UHFPO though the authority was instructed to keep it in the locker provided at the integrated health care room.

2.2.3. Upgrade quality of structures/equipment in the existing health facilities under MoH&FW for the survivors of human trafficking and abuse (right holders).

The project provided renovation and equipment support to organize a private space (a room) for the survivors. The achievements include the following:

- **Upgraded and renovated facilities for survivors in 4 MoH&FW facilities:** The upgrading and renovation process (local committee formation, authorized local vendor selection, pre-procurement assessment, official order to the vendor, local renovation, distribution of furniture) have been completed fully in four centres in collaboration with the local health authorities. Prior to the up gradation of the health facilities a thorough needs assessment of the existing health

facilities was conducted through several observation made through field visits to the centres and meetings with the local health authorities.

- **Procured necessary equipment and supplies:** All four Health Facilities were provided with medical equipment and medicine. .All centres received all the furniture and major medical equipment. Procurement was done centrally from Dhaka by IOM.

Challenges:

- The procured items reached at the health facilities at either the end of March 2014 or even later. Hence, the survivors who went to the hospital before April were deprived of quality medicine.

2.2.4. Creating improved access of the survivors of human trafficking and abuse (right holders)

The project enhanced health care access of the survivors of human trafficking and abuse. The achievements include the following:

- **Developed a Health Referral Card system for survivors of human trafficking and abuse to ensure access to quality and integrated health services by the survivors:** A total of 1000 copies of referral cards was developed and distributed at field level to the members of Community Support Groups, so that they can use the cards while referring any survivors of human trafficking to quality and integrated services at the specific health centres. The content of the referral cards were finalized based on the inputs provided by the local health authority and health care providers.
- **Approach to maintain confidentiality in referral mechanism:** The referral cards include two parts, one part for the referee to keep track and record and the other part is to given to the survivors for carrying with them while visiting the health care facilities. At the community level one part of the referral card are being preserved to keep record of referral with minimum information of the survivors of trafficking referred to any health facility. The stakeholders appreciated the matter that the names and personal details of the survivors were not mentioned in the part of the referral card that was carried by the survivors.
- **Orientation meeting on the referral guidelines held as per plan:** A total of four orientation meetings were conducted for different stakeholders in Tala and Sharsha upazilas on the referral guidelines in order to start and reinforce the referral network between the community and the service providers especially the government upazila health facilities. The orientation meetings were organized and conducted by the local implementing partner, Rupantar. The participants gained knowledge on referral mechanism, how to deal with the survivors of trafficking and their families, what would be the role of Community Support Group (CSG) members and the health care providers, how to keep the records and how to use the referral cards.
- **Over achievement in conducting communication campaigns:** Rupantar conducted thirty one

(31) instead of targeted 23 outreach campaign events in 23 unions through interactive traditional cultural events (pot songs and drama) to highlight the risks and consequences of human trafficking and related health issues (physical, mental and social), as well as create awareness among the target population of Tala and Sharsha upazilas about seeking help and accessing the available services. Rupantar in consultation with IOM conducted 8 more performances/campaigns (than the planned 23) in the comparatively larger unions as cultural shows were highly demanded there as well a single performance in each union was not enough to cover the majority of the populations.

- **Campaign included Popular Informative Cultural Shows:** The communication campaigns included performance of informative cultural shows like pot songs (folk songs while showing thematic pictures) and street dramas performed by the theatre group of Rupantar. The field staff of Rupantar also distributed number of leaflets containing information on the same as mentioned above to the viewers of the performances. The cultural shows were organized in different places in the upazilas like play grounds, Union Parishad campus, school premises etc. The people of the area were positive about the performance as per the opinion survey on the performance conducted by Rupantar.
- **Formation of Community Support Group:** Six Community Support groups were formed under this project at Sharsa and Tala upazila to facilitate referral of survivors of human trafficking. They have conducted 24 meetings as planned. The project was able to engage key people within the process. They were considered as the entry point for community sensitization on trafficking issues as well as the key group to ensure a proper referral system. The local union parisad chairman and members also participated in the meeting.
- **All Community Support Groups (CSG) was formed:** Six community support groups were formed through orientation sessions in both the Upazilas of Tala and Sharsha covering all Union Parishads. The objective of CSG was to facilitate health seeking behaviour and access to quality and integrated health services to the survivors of human trafficking. The groups motivated and counselled the survivors of human trafficking and their families to encourage them to seek necessary health care from the appropriate health care centres using the supplied referral cards as per their needs.

Challenges:

- **No Allocation for Transport Cost:** Some of the stakeholder suggested that the CSG members should accompany the survivors while going to the health centre, so that the safety and security of the survivors are ensured. Hence, they suggested for some allowances for the CSG members to bear the cost of their travel. However, there was no funding to provide travel allowance to the CSG members.

- **Limited number of women at the CSG committee:** Each CSG was formed with 30 members where number of female members varied from 3 to 6 in each group. All 30 members committee included only 3-4 women. Three groups have 3 female members in each, one CSG has 4, one has 5 and the other has 6 female members. Women's participation in the CSG group was limited. Also, women involved in CSGs were mostly NGO workers, health workers and Union Parishad members.
- **Lack of follow up meetings by the CSG committees:** Only four follow-up meetings of CSGs were possible to hold with the support of the local partner organization.
- **Threat of breaking confidentiality:** The Register Book was included complete address of the survivors seeking service to the hospital.

2.2.5 Monitoring and Evaluation:

- **Monitoring of quality of services:** IOM, RUPANTAR as well as senior management of the upazila and district health facilities monitored the quality of the services. IOM also measured the effectiveness of the services through indirectly through interviewing the victims that received health services from any of the four health facilities. During the field visit the RMOs mentioned that they monitor the facility regularly though informally. During monitoring they asked about their level of satisfaction about the services provided by the facility.
- **Assessment of training quality:** Pre and post training knowledge assessments were conducted using a simple questionnaire during all training events held at upazila and district level.
- **Follow up meetings of the referral system:** A follow up meeting was organized on April 13 to understand the operational status of the referral system. On September' 2013 a health referral system was developed.
- **Opinion of health service providers on the project:** A questionnaire was supplied to the health service providers for collecting their valuable comments, observation, and recommendations about this project (Meeting minutes, April 13, 2014, Tala).

Challenge:

- Overall monitoring and providing support was challenging for a single staff per upazila. In Tala, it was difficult for the field officer to monitor 12 unions. There were not enough travel allowances for their monitoring visits in the field.
- The civil surgeons hardly had a chance to visit the facility due to their work load.

2.2.6 Reporting and Documentation: IOM submitted monitoring reports quarterly to ANESVAD Foundation. Rupantar prepared minutes of all meetings of CSG committees, coordination and advocacy committees. On the other hand, many issues were not documented by the GOB health officials. For

instance, the senior official of Jessore shared that they discuss about the services of the facility in the monthly meetings of the hospital. However, there were no records made in this regard.

2.3 Effectiveness:

Output 1: Increased Coordination:

- **Enhanced partnership:** The Ministry of Health and Family Welfare collaborated with IOM to provide services to the victims of human Trafficking. The Ministry formally included the activity within the system and sent letters to the hospitals to establish those facilities. The project enhanced partnership among GO-NGO service providers. They carried out many of the activities jointly. IOM in association with MoH&FW and Rupantar organized training, undertook decisions related to renovation and decoration of the health facility, selected and found a room within the hospital, assessed status of facility, assessed advantages of installing a facility. Referral card was also developed in collaboration between hospital, NGOs, IOM and communities. Hospitals except Satkhira, linked the project services with other services provided in the hospital. Those who were indicated as HIV positive were referred to VCT centre at the Jessore district hospital.
- **Meeting Participants' Knowledge Increased:** Assessment findings shows that meeting participants' knowledge and awareness on the issue of health rights of survivors and access to quality integrated health services increased by 18% than the previous status. Although, the target was to increase knowledge by 35 %.
- **Hospital Coordination Committees formed:** The committee comprised of Civil Surgeon, Superintendent of Hospital, Residence Medical Officer, Consultant-Gynaecologist and Obstetrician, Upazila managers and the community clinic staff as the members. The responsibilities of the committee included: supervise the impact and effects of the trainings provided, ensure day to day quality health services for the survivors of human trafficking and abuse at all levels of government health facilities (quality of the health service provided, referral system, case reporting, progress on the facilities upgraded, monitoring of the supplies) and take corrective measures for further improvement of services.

Challenge:

- It appears that still there is gap between stakeholders at various levels, especially between NGOs and Government health facilities. Particularly, link with the district sadar hospital with Rupantar was less as the field level officials were responsible for upazila level.
- Hospital Committee was not effective as majority of the responsible people could not even recollect any information. None of the Hospital coordination committee established linkage with the district level trafficking committee under the government.

Output 2: Improved capacity building:

- **Health professionals trained:** 245 health professionals (doctors, nurses, SACMOs and community level field workers) trained and practiced the new skills and knowledge they learnt through training.
- **Health Service Providers' knowledge increased:** Pre and post-test shows that trained health professionals' knowledge and skills on the health rights and specialized care of trafficking survivors increased by 17.4%. The percent increment of knowledge was less than the target because the pre-training knowledge of the participants was higher than what was expected.

Output 3: Improved quality of structure/equipment:

- **4 health facilities under the MoH&FW upgraded:** 4 facilities were developed during the project period at Tala, Satkhira, Sharsha and Jessore Sadar Hospital. However, the target was 75% of targeted health facilities in project areas of Satkhira and Jessore Districts under the MoH&FW upgraded as per UNFPA guidelines.
- All facilities received necessary quality equipment and medicine by April 2014.

Challenge:

- The Satkhira Sadar Hospital is not yet fully ready to provide services.

Output 4: Improved access of the survivors of human trafficking:

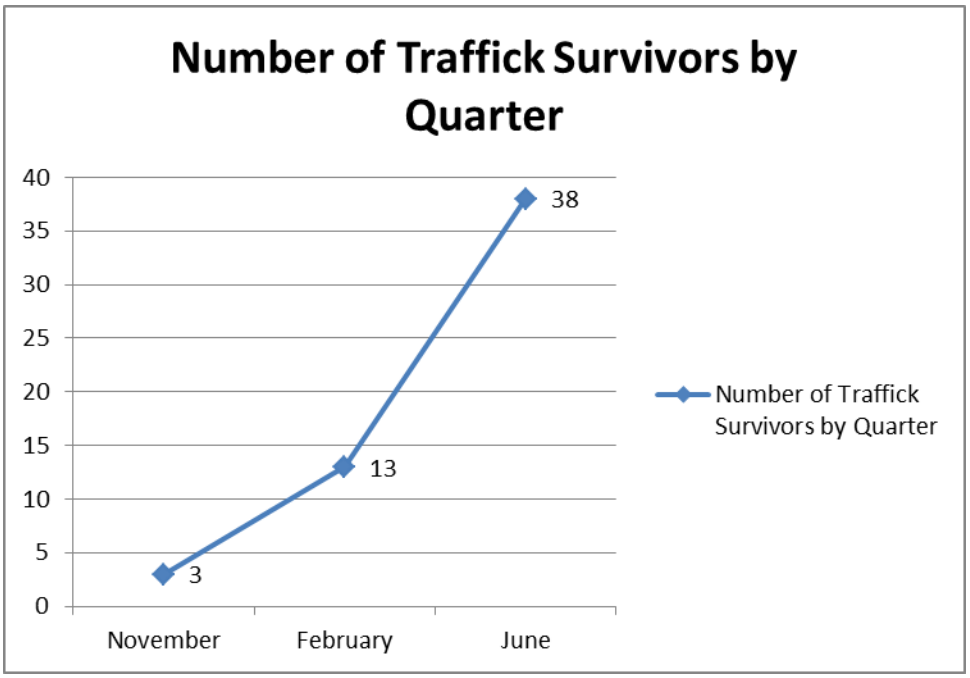
- **38 trafficking survivors received integrated health care services being referred by community support groups:** 38 survivors of human trafficking instead of the targeted 50, received treatment within health facilities under the MoH&FW. However, majority of them were treated at Sharsha upazila. Out of the total, only 12 male and female survivors received health care at Tala Upazila. The following table provided a summary of the survivors: Majority of them received care from the health care providers that were trained earlier under this project.

The number of survivors received treatment by showing the card

Sl.	Upazila	Male	Female	Total
1.	Sharsha	6	13	19
2.	Tala	09	03	12
3.	Referred from Sharsha to Jessore district hospital	1	06	07
Total		16	22	38

- **Majority received service from March-June 2014:** The following figure reflects that nearly two third of the total service receivers obtained services from March to June 2014. Only 3 survivors obtained service till November 2013. It indicates that it took time to establish the facilities as well as to gain the trust of the community. The percentage of increase from third quarter was high. It was evident that project created demand for health care among the trafficking survivors, which was encouraging for

the service providers as the facility was fully operational only from February 2014.



- **180 survivors had been reached with the information on available integrated health services:** Though only 38 survivors received health care from the government facilities, 180 survivors had been reached with the information on available integrated health services. A significant number of men and women having any form of health needs were motivated and offered referral cards by the members of CSG. However, many of them denied receiving the referral cards despite having health care needs.
- **46,000 community people were reached with the communication campaign:** A total of 46,000 community people (28,750 men and 17,250 women including adolescents) were reached with the communication campaign so far. Moreover, the survey conducted to understand their awareness on human trafficking reflected improved awareness of the community on trafficking issues after the performance;
- **CSG made effort to reduce social stigma:** The community support groups contributed in reducing the social stigma against the survivors of human trafficking. The community based awareness-raising and referral activities are ongoing activity where participation of the community and their support was significant.
- **Survivors were satisfied with the services:** The interviewed survivors reported their satisfaction with the services that they received from the previously trained doctors. They were satisfied with doctors' advice and care. The way the CSG members treated them made them feel self-worthy and confident. One survivor shared that 'they supported me a lot'. Also the trend of attending health facilities by male and female victims shows that initially only male victims started receiving the services and then gradually the proportion of female victims receiving services was raised. It indicates that the fear of

stigma was more among women victims which was gradually reducing and at the same time reliability to the health facilities was growing among both male and female survivors.

- **Assessing knowledge of the victim was difficult:** There was no baseline information about victims' knowledge on health care facilities. The interviewees the evaluator had met were now aware of the health facilities at upazila and community clinics.

Challenge:

- The interviewed survivors were not happy with the medicine they had received. All of them shared that they did not receive any medical test despite their demand. During initial period (before the project supplied medicine to hospitals) the service seekers received the available general medicine at the hospitals that made them unhappy. The survivors were particularly happy with the community support group.
- There was no intensive process to increase awareness of the traffic victims.
- Some of the survivors denied of having any health needs though they were not quite well.

CHAPTER THREE

CONCLUSIONS AND RECOMMENDATIONS

The project achieved moderate success in meeting its objectives despite severe political unrest in Bangladesh in 2013. The prime achievement is that the project has created an opportunity to establish a bridge between the community and government health system to promote the health rights of the victims of human trafficking and abuse in the region. Within short project period, lessons were learned on how both internal and external human trafficking is victimizing poor men and women of the border districts. Human trafficking puts them through a stigma, isolation, trauma, ill health and a starving condition due to being unable to use their labour power, which made them even more poor. Community support and health facilities contributed to recover from their misery. The project also identified their needs and possible ways for them to reach services to ensure physical, mental and social wellbeing of the trafficking victims. Throughout the various sections of this report the evaluation came up with the conclusion that the project played an increasingly important role in ensuring health access to the survivors of human trafficking. The overall strength of the project design is its inclusiveness and comprehensiveness. This chapter depicted the challenges, lessons learnt and recommendations for future project intervention:

Challenges:

- **Political unrest:** Severe political unrest in the country in 2013 delayed the project start as well as the activities. Particularly in this region, key challenge was to do the job on time. The political unrest delayed progress of many activities. For instance, medicine and equipments were received in the hospitals only three of the four months before the project ended. Thus many survivors did not receive the quality medicine at the beginning, which lowered their satisfaction level.
- **Human resource shortage among of health care providers:** Scarcity of health care providers, mostly of doctors and nurses, in the hospitals with the patient overload, hampered the training programs and project activities**.** This reality was not taken into consideration while designing the training programs and project activities**.** There were only 10 -12 Nurses in two Upazila Health complexes and all of them were participating, some of them had to leave the tra**i**ning session frequently to manage the patients in the hospital. Similarly, shortage of community health care providers, especially Skilled Birth Attendants (SBA) in the field level was not taken into consideration while designing the project documents.
- **Short duration of project period:** Short duration did not allow the project to produce measurable impact in the community or expected changes in the existing system. Establishing the Community Support Group and motivating them on special health needs of trafficking survivors, making them understand the importance of confidentiality was difficult.
- **No Funding for Training venue at upazila level:** Conference rooms in Upazila Health complexes were not suitable venues for conducting training programmes. Since there was no

allocation for renting a training venue as well as no such venue at the upazila level, the training was managed at the hospital venue with some limitations.

- **Low budget for transport:** Transport cost was a key concern for the trafficking survivors as well as the referees. Particularly women were reluctant to visit health facilities as they require larger transport costs and were also unable to provide the additional transport cost for the CSG members to accompany them.
- **Frequent changes among the government officials:** Within one year of the project, there were frequent changes particularly among the management officials. The new person took time to understand the projects' goal and objectives, which hampered the progress.
- **Monitoring by one staff in one upazila was difficult:** Overall monitoring and providing support were challenging for only one staff per upazila. In Tala, it was difficult for the field officer to monitor in 12 unions. There were not enough travel allowances for their monitoring visits in the field.
- **High number of female patient with gynecological problems:** The patients gather in the project supported facility to obtain treatment at Jessore Sadar Hospital.
- **Satkhira yet to provide support to the victim:** Satkhira still could not decorate the room, though a room was allocated to develop as the integrated care facility.
- **Number of survivors at Tala was low:** The number of victims was minimal in Tala Upazila; the local UP chairmen shared during the CSG meeting that trafficking victims were found rarely at Tala upazila as it was not a border upazila.
- Conference rooms in Upazila Health complexes were not suitable venues for conducting training programmes.
- Being fully voluntary, not all of the community support group members were equally active in finding the victims of human trafficking and referring them to the selected hospitals.
- Due to unavailability of separate space in the hospitals, the process of renovation and up-gradation of a corner for integrated health care provision for victims of trafficking was difficult.

Lessons learned

The following have been the key lessons learnt through this project:

- It is possible to develop joint initiative of community & government duty bearer against human trafficking and create great sensitization towards human trafficking survivors through using awareness & development communication methods.

- In the border upazilas and districts, usually poor and extreme poor men and women are victims of trafficking as they could easily be lured for work. It was also found in this project that poor men and women of border adjacent upazila were more in number than in other areas.
- Female survivors mostly were abused at home and became victims of trafficking upon leaving their own home.
- Majority of the trafficking survivors were illiterate and unaware of the situation.
- There are supportive organizations in India. There is evidence that, NGOs in India supported the survivors to come out of jail or other difficult situations.
- Training and regular supervisory practices contribute to integration of health facilities for survivors into Upazila and district health services.
- The referral card can create easy access for the survivors at the health facilities;
- Traffic survivors could be victims of multiple violence including sexual violence and that could lead to HIV infection and thus require integration of VCT and care and support services along with psychosocial services.
- Men and women, both could be victims of trafficking within and outside the country;
- The availability of medicine and equipment enable quality care and treatment.
- Selection of member of the community support group with wide public interaction helped in disseminating information about trafficking and sending them to health centres. Women and peer leaders can easily reach to trafficked women;
- Trafficked persons perceive the need of economic and social rehabilitation support as more crucial than the health needs;
- Transport support cost, IEC material for community support groups can sustain motivation and enthusiasm for the awareness activity;
- A short duration intervention like this project cannot produce much effective and sustainable results/impacts;

Key recommendations

The report makes a number of fundamental recommendations aimed at strengthening services as it moves forward:

- **Scaling up:** In the longer term, funding should be sought for this project to continue and be scaled up. The project which created a momentum in providing health facilities to the traffic survivors needs to be expanded and replicated particularly in the border upazilas and districts. The hospitals and community support groups require further assistance in order to sustain the

project success. In addition, extension of the programme up to a community clinic level with some facilities is also crucial as many poor traffic survivors are unable to go to upazilas and districts hospitals due to transport cost and loss of a wage day. Initial efforts to scale up the activities of this project could begin during the bridging phase. In this regard, one union needs to have at least one Community Support Group. In each upazila level more human resources are required including a counselor.

- **Project area for future intervention:** Based on the consultation made at the project implementing areas and secondary literature review on the realities of two border districts the evaluation team recommends following upazilas for future intervention area. Sharsha, Chaugacha, Jhikorgacha, Avoynagar under Jessore District and Kolaroa, Syamnagar, Kaliganj and Asasuni under Satkhira district.

- **Ensure meeting survivors' needs and priorities concerning their physical, mental and social wellbeing:** The survivors needs and priorities regarding their physical and mental health, food and nutrition requirements, dignity and acceptance at the family and community level, knowledge and skill requirements the evaluation team proposed health, psycho-social, economic, legal, social and family reintegration are shown in the diagram below,:

Figure: 2

Most of the trafficked survivors were unable to meet their requirements (see above diagram, ref. case studies) due to their economic and social exclusion. There is an urgent need of providing above services to ensure comprehensive health wellbeing. This can be done through establishing referral linkages with relevant service providers available in the area or initiating some community based skill building and income generating support services for the victims of trafficking.

- **Future interventions may include referrals, advocacy and coordination components**: A future project may include three components i) referrals ii) advocacy and iii) coordination as shown in the diagram. A well coordinated referral mechanism can provide the survivors all the required services. There are ample opportunities to provide multiple referral services by utilizing and modifying the

referral card. Advocacy can be organized at grassroots, national, regional and international level. Even a good coordination within the hospitals can help the survivors to avail different types of health facilities.

Figure 3:

- **Capacity Building:** Continue with capacity building of the GOB Health Officials, traditional leaders, religious leaders and community support groups. Particularly strengthen the capacity for provision of counseling to the trafficking survivors. Continue with refresher training for health care providers, including training on attitudes, confidentiality and trafficking-related stigma, counseling skills In addition to that, add hospital based health education programme or behavioral change communication (BCC) and provide training to all Doctors, Nurses and SACMO and CHCP of a facility to make a trafficking survivors sensitive health facility;

- **Strengthen linkage, collaboration and coordination:** Linkage, collaboration and coordination with existing NGOs working on human trafficking, GOB monitoring committee and other national and international groups working on the same goals, need to be strengthened. There are monitoring committees relating to women and children trafficking in every district in the country. The Deputy Commissioners have been made the conveners of the committees in their respective districts. Any human trafficking requires maintaining coordination with the committee. Boarder linkage with the legal aid organization is necessary to rescue survivors. A survivor shared that a voluntary organisation of India released them on bail and kept them at a shelter home. Coordination and collaboration between GO-NGO requires institutional shape and meeting regularly. The meeting would support a process to undertake administrative actions by the government upon receiving information from the NGOs. Particularly sharing successes, failures and learnings at the upazila level meeting would establish an accountability mechanism.

- **Supplies of drugs and equipment:** Specifically the future project needs to ensure that supplies of drugs and equipment are an integral part of the project.
- **Data Base of Trafficking Survivors:** Plan a comprehensive data base of trafficked survivors in the region. However, considering sustainability of the programme, data will be preserved through a computer progarmme, which would be accessible from any part of Bangladesh.
- **Human resource support to strengthen Monitoring Mechanism and Follow up:** In order to expedite, monitor and follow up activities at hospital level, a full time staff for the hospital is required.
- **Peer Educator:** Peer educators at the community level may create scope to the trafficking survivors in accessing facilities as survivors can communicate more easily with other survivors. Training programme and an allowance for peer educator for their voluntary work will be helpful to raise community awareness and survivors' self-confidence and awareness.
- **Awareness and advocacy activities at school, colleges and hat-bazar:** Awareness activities with school and colleges will further raise community awareness to prevent trafficking at the border upazilas. In addition dissemination of information at *hat bazar* will be helpful to mobilize people against trafficking; the traditional cultural programmes for raising awareness need to be organized in all villages instead of only one in each union to enable community groups to continue this form of health promotion.
- **Community participation assessment tools:** A tool to assess community participation in the project activities for further achievement of the project success. The assessment tool includes the following: Representation on health centre committees, inclusion of communities in planning, monitoring and evaluation of health centre activities, partnerships between health centres and communities, Assessment of health centre responsiveness to community concerns.
- **Maintain high confidentiality of trafficking survivors:** In order to maintain confidentiality, survivors addresses should not be included in the Register book.
- **Increase Number of Women in CSGs:** Substantial increase in women's participation is required at the CSGs. Women should be at least one third of the total members.

Annex I: List of People Participated in KII, FGD and In-depth Interviews:

Key Informant Interview (KII):18

IOM

1) Dr. Samir Kumar Howlader, National Programme Officer (Migration Health)

Rapantar

2) Mr. Mizanur Rahman (Panna), Rupantar;
3) Mr. Kibria, Field Project Officer; Rupantar
4) Mr. Subhashis, Field Project Officer; Rupantar

Tala Upazila Hospital

5) Dr. Zahirul Hasan , UHFPO, Tala
6) Dr. Jyotirmoy Sarker, Medical Officer, Tala
7) Dr. Pratap Kumar , Medical Officer, Tala,

Satkhira 250 bedded Hospital

8) Dr. S Z Atique; Civil Surgeon, Satkhira
9) Dr. Amal Biswas, Hospital Superintendent, Satkhira Sadar Hospital
10) Md. Hafizur Rahman, Cashier, Satkhira;
11) Md. Babul Mia, Programme Officer, One stop Crisis Centre, Satkhira
12) Ms. Sima Rani Mondol, VCT counsellor, Satkhira

Sharsha Upazila Hospital

13) Dr. Nasir Uddin, UHFPO, Sharsha UHC
14) Dr. Shuvra Rani Debnath, MO, Sharsha
15) Dr. Nazmunnahar Binte A. Khaleq, MO, Sharsha

Jessore 250 bedded Hospital

16) Dr. Atiqur Rahman, Civil Surgeon, Jessore
17) Dr Kamrul Islam, RMO, Jessore 250 bedded Hospital
18) Dr. Shyamal Krishna Saha, Assistant Director, Jessore 250 bedded Hospital

Focused Group Discussion (FGD):26

Nurse and SACMO, Tala

19) Ms. Nasima Khatun, Senior Staff Nurse (SSN), Tala
20) Ms. Rowshanara Khanom, SSN, Tala
21) Ms. Sostika Bosak, SSN, Tala

22) Liton Mollick, SACMO, Tala
23) Mahmuda Khatun, SACMO, Tala

Nurse, Sharsa

24) Ms. Mahmuda Akter, SSN, Sharsha
25) Ms. Ratna Rani Mandol, SSN, Sharsha
26) Ms. Santilata Sarkar, SSN, Sharsha
27) Mr. Amio Bal Mistri, SSN, Sharsha

SACMO, CHCP, Sharsha
28) Md. Nizamul Islam, Sub-assistant community medical officer, Sharsha
29) MD. Shahen Sha Tarafder, CHCP, Sharsha
30) Mr. Firoz Ahmed, CHCP, Sharsha
31) Ms. Rozina Khanam, CHCP, Sharsha
32) Md. Amzad Hossain, , Sharsha

CSG Members, Tala

33) Mr. Tawhidur Rahman, Upazila Masjid Imam, CSG member, Tala
34) Mr. Belal Hossain, UP Member Khesra Union, , CSG member, Tala
35) Ms. Rokeya Khatun, CSG member Tala,
36) Mr. Abdul Alim, CSG member Tala,
37) S.M Nurul Islam, UP Chairman, Tala;

CSG Members, Sharsa
38) Md. Shakwat Hossain, Village Doctor, Sharsha;
39) Md. Atiar Rahman, Professor, Sharsha;
40) Md. Abdul Gafur, Village Doctor, Sharsha;
41) Ms. Halima Khatun, Howsewife; Sharsha
42) Md. Nur Islam Tarafdar, Sharsha;
43) Md. Amir Hossain Rana, UP member, Sharsha;
44) Md. Mofizur Rahman, Development Worker, Sharsha

In-depth Interview:4

45) Abdar, Survivor, Tala;
46) Ranjida, Survivor, Tala;
47) Ms. Mandira, In-depth interviewee, Sharsha;
48) Ms. Farida, In-depth interviewees, Sharsha;

Annex II

Documents reviewed

1. Monitoring Report, 4th quarter (December 2013 to February 2014, International; Organization for Migration, Dhaka, Bangladesh;
2. IOM Project Proposal Final;
3. Project Planning Matrix;
4. Addendum No.1 To The Collaboration Agreement Ref: BAN-3116/12;
5. Training Reports, Participants list and contents/module of the training course;
6. Documentation on Health Referral card system, Communication Campaign, Record Keeping System;
7. Needs assessment report of the 4 MOH&FW facilities;
8. Rupantar Annual Report;
9. Rupantar Strategic Planning Document;
10. Project Budget;
11. Other Narrative and Financial Reports of the project;
12. Project Coordination Meeting Minutes;
13. Referral guidelines for community and the service providers;

Annex III

Questionnaire for Key Informant Interviews (KIIs)

- **Mr. Mizanur Rahman Panna, Rupantar**
  - What were the roles and responsibilities of Rupantar, including deliverables, in project implementation?
  - What were the key contents of your communication campaign (the risks and consequences of human trafficking and the related health issues, awareness among the target population about seeking help and accessing available services)?
  - Immediate and long-term outcome of the campaign?
  - Role of Rupantar in promoting the referrals system (i.e. in order to start and reinforce the referral network between the community and the service providers especially the government upazila health facilities, how the referral system took place, how CSG and health providers dealt with the victims of trafficking and their families, what were the role of Community Support Group (CSG)

members and the health care providers, how records were kept, how referral cards were used etc);

- Did you follow any plan to implement the activities?
- Is there any gap between planning target and achievement of the activities? Were activities performed timely and qualitatively?
- What were the successes, failures, learnings and challenges of your activities?
- Is the project relevant with strategic planning issues of Rupantar?

IOM Personnel

- What were the advocacy issues covered in the coordination meeting?
- What were the contents of the advocacy meetings?
- What are the findings of the report of Pre and post meeting/training knowledge assessment?
- Which challenges did you face in organizing training? How did you overcome those?
- What were the successes, failures, learnings and challenges of your activities?

Project Field Officials

- What were the roles and responsibilities in implementing the project?
- Challenges you faced in organizing and following up the activities?
- What were the successes, failures, learnings and challenges you faced in implementing project activities?

Civil Surgeon/RMO/Assistant Director/Hospital Superintendent/UHFPO of District/Upazila Hospitals:

- What were your roles and responsibilities in implementing the project?
- Do you have record keeping system?
- Do you follow any plan to implement the activities?
- Do you supervise the Facility/who is responsible for the Facility, what are the indicators for supervision? How do you ensure confidentiality and integrity?
- Key features of the integrated health facilities, visibility and utilization?;
- Number of trafficking survivors received services from the health facilities (sex disaggregated);
- Indicators of quality and integrated health care at District Health/upazila Complexes?
- What are the benefits of health complex using the referral cards?
- How does the Health Referral card system works. How do you develop this card? Is it effective specifically for referral services?
- What is the status of procurement of furniture, equipment and medicine?

- Are you satisfied with the renovation work (local committee formation, authorized local vendor selection, pre-procurement assessment, and official order to the vendor, local renovation) and quality of equipment and medicine?
- Did you develop a quality care corner for the survivors of trafficking? How are you managing the health facility for survivors of trafficking?
- What were the findings of the assessment of the existing health facilities? How did you upgrade the facilities under the project?
- What did you do in case of secondary or tertiary level of health referral?
- What were the successes, failures, learnings and challenges of your activities?
- Do you think that replication of the project approach, strategy and activities are possible? How do you want to replicate?

Annex IV

Questionnaire for FGDs

- **Doctor/Nurse/SACMO (separately), who received training:**
    - Are you satisfied with the training course, content, methods and materials?
    - How did it change the quality of your daily work?
    - What are the general health needs of the survivors?
    - What are the common advices/medicine you provide to the survivors?
    - What are the role of nurses/doctor/field level officials in providing health care to the survivors with privacy and confidentiality?
    - Recommendations for replication of the project component;

Community Support Groups:

- What were the key roles, responsibilities and activities of the Community support groups;
- How did you find the survivors? Did you find any challenges?
- Did you escort the victims while going to the health centre? Who was responsible for the travel expenses?
- How did you motivate and counsel the survivors of human trafficking and their families?
- How did you contributed to reduce the social stigma against the victims of human trafficking.
- How did you maintain confidentiality?

- How many meetings were held and what were the agendas?
- Do you have any planning, follow up actions and agenda?
- What did you learn during the orientation on how to keep the record and report back to the field staff of Rupantar?
- How did you follow up the health referral system?
- What motivated you to distribute Health Referral Cards to the survivors of human trafficking and what processes did you maintain?
- What were the successes, failures, learnings and challenges of your activities?
- Recommendations of the group in addressing health issues of trafficked survivors and possible replication;

Annex V

Questionnaire for In-depth Interviews

Survivors of trafficking

- Would you like to tell me about your life story, about how you became survivors of trafficking?;
- How did you know about the health facilities?
- Why did you decide to utilize the facilities?
- What services did you receive from the health providers and which facilities?
- What you know about the contents of the referral card?
- What did you like about the referral system?
- Experience of receiving services from the health facilities;
- Health services which satisfied your needs and aspirations (confidentiality; safety; accessibility)
- Health services/issues which dissatisfied you (confidentiality; safety; accessibility)?
- Are you satisfied with the health providers' attitude and practices particularly with the person you met? Did you feel comfortable and safe while receiving the facilities?
- Do you think any other services are also necessary such as education and literacy programmes, micro-business development, and training on legal literacy on human rights and trafficking issues;
- Self-empowerment issues of survivors in addressing health issues;
- Recommendations in addressing health issues of trafficked survivors and possible replication;