

Standard Operating Procedure (SOP)

On Pre-Rescue, Post Rescue and Repatriation of Trans-Border Human
Trafficking & HIV between
Bodoland Territorial Council (BTC) and Royal Kingdom of Bhutan

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CONTENTS

SECTION I:

- ACKNOWLEDGEMENT
- PREFACE
- INTRODUCTION
- THE PURPOSE AND SCOPE OF STANDARD OPERATING PROCEDURE

SECTION II:

- DIFFERENT STANDARDS AND GUIDELINES
- UN DEFINATION OF HUMAN TRAFFICKING
- NATIONAL PLAN OF ACTION, INDIA
- STATE GOVERMENT ACTION PLAN
- BODOLAND TERRITORIAL COUNCIL (BTC) ASSAM
- NATIONAL PLAN OF ACTION, BHUTAN

SECTION III:

- NEED OF COLLOBORATION BETWEEN BODOLAND TERRITORIAL COUNCIL AND BHUTAN IN COMBATING TRANS-BORDER TRAFFIKCING & HIV.

SECTION IV:

- PURPOSE OF THE STANDARD OPERATING PROCEDURE (SOP)

SECTION V:

STANDARD FOR TRANS-BORDER AREAS STAKEHOLDERS ACTION ON TRAFFICKING ANF HIV

- STAKEHOLDERS ACTION IN TRANS-BORDER DISTRICTS
- SOP FOR RESCUE TEAM MEMBERS
- SOP FOR POST RESCUE OPERATION
- SOP FOR REPATRIATION
- SOP FOR PROTECTION OF TRAFFICKED SURVIVORS
- SOP FOR RE-INTEGRATION TO COUNTRY OF ORIGIN
- SOP FOR PLHIV STIGMA DISCRIMINATION
- SOP FOR CASE MANGEMENT
- SOP FOR REFERRAL
- SOP FOR CO-OPERATION THROUGH EXCHANGE OF INFORMATION
- SOP FOR COMMUNITY INTERVENTION ON TRAFFICKING & HIV
- SOP FOR OUTREACH ON PREVENTION OF TRAFFICKING & HIV
- SOP ON REGIONAL LEVEL SKILL BUILDING

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PREFACE

Trafficking of women and children is one of the worst forms of human rights violation. Today it has reached beyond the boundary and jurisdictions. Combating trans-border trafficking & HIV requires joint efforts and concerted action by all the stakeholders from prevention, protection and persecution. Looking into the situation of North East Region (NER) of India having vast porous international borders, NEDAN FOUNDATION in collaboration with UNDP RCC, Colombo, Sri-Lanka initiated a dialogue on combating trans-border human trafficking & HIV with Bodoland Territorial Council (BTC) Assam and Royal Kingdom of Bhutan.

NEDAN FOUNDATION has substantial experience having worked over a period of time in the trans-border areas and networked with various stakeholders with both the border districts on human trafficking & HIV related stigma and discrimination issues. The two series of Regional Consultations on trans-border human trafficking and HIV have been organized with multi-sectoral stakeholders from both the border districts areas. Through the series of consultations and dialogue the need for developing a Standard Operating Procedure (SOP) has been recommended with respect to Pre-Rescue, Post Rescue and Repatriation Standard on “Trans- Border Human Trafficking & HIV between Bodoland Territorial Council (BTC) and Royal Kingdom of Bhutan.

The formulation of appropriate Standards/Guidelines is important in order to build positive partnership to carry out the plan of action in a sensitive and professional manner. This SOP is therefore expected to serve as a guideline to address the common concerns with all the stakeholders. This SOP has been developed using the inputs from the regional consultations organised and feedback received from various stakeholders and rescued girls who were trafficked. The existing available journal, reports and related literature have also been reviewed to feed into the preparation of the SOP..

The SOP is a first of its kind initiative by a “Civil Society Organisations” to address the trans-border human trafficking & HIV through a rights based approach in North East Region with other immediate neighboring country.

INTRODUCTION:

There is a general agreement that there is a need to strengthen the capacity of trans-border areas in combating trans-border human trafficking and HIV. South East Asia lay the foundations of a formal pre-rescue, post rescue and repatriation along with providing psychosocial care system in a professional, transparent and accountable manner. One of the starting points of this process is the development and application of routine simple minimum standards for the operation of facilities, in order to ensure that the standard guidelines for the women and children who are survivors of sexual abuse, forced labor, social ostracism and other forms of exploitation are followed uniformly. The guideline presented here presents basic features of standard operating procedure (SOP) and their application to both the neighboring countries' trans-border setting. The standard also discusses the range, purpose, development of standards and guidelines of pre-rescue, post rescue and repatriation of trafficked survivors and reviews existing standards in use throughout. It provides a model of standard operating procedure to be used as a 'guideline tool' by which governments, NGO leaders and workers, trafficking experts, PLHIV, child care experts can use the SOP and apply the standards to protect the survivors through a human right based approach.

THE PURPOSE AND SCOPE OF STANDARD OPERATING PROCEDURE (SOP)

The purpose of this SOP is to stimulate a process of discussion and development among governments, NGOs, experts and supporting partners that will lead towards the adoption of uniform minimum standards and guidelines, or 'standard procedure' for both the trans-border areas setting' stakeholders/institutions that work on rescue, repatriation with survivors of sexual abuse and exploitation, specifically survivors of trafficking for sexual purposes and HIV related stigma and discrimination issues. While there is a wide range of standards and guidelines that are applicable to providing standard guidelines for survivors of trafficking and labour exploitation this paper will focus on general 'Operating system' for the operation of facilities with respect to rescue and repatriation care required. Quality of standards in country context can only be developed further by stakeholders of both side taking into account country specific needs and guided by prevailing laws and legal instruments. But the developed SOP as laid down here is expected to facilitate this process through a continuation of collaboration and dialogue and keeping in focus the spirit of the country's Action Plan and SAARC Convention framework.

SECTION II:

DIFFERENT STANDARDS AND GUIDELINES:

This Standards and guidelines are applied to many purposes by both the neighboring countries. Some are sets of ethical and practical principles, some are applied to broad-range activities, such as the repatriation and reintegration of trafficked survivors, trafficked and HIV positive women and children and others are applied to specific tasks. There are no hard and fast distinctions between them. For example, specific tasks related to counseling a child trafficked can and should be based on essential principles such as right to confidentiality.

Human rights standards. These encompass a wide range, from principles and ideological standards applicable to a human situation to specific recommendations for action. Essentially, the UN Convention on the Rights of the Child, CEDAW and the UN Definition on Human trafficking is a set of human rights standards. Some are specifically applied to trafficked persons, such as the document “Human Rights Standards for the Treatment of Trafficked Persons”. This provides basic ideological standards to a human situation, include clarifying definitions of terms, and also prescribes specific actions (particularly legal actions) to be taken on the persons’ behalf.

Pre Rescue and Post Rescue along with Repatriation and Case management standard. These are, as indicated, guidelines on the case management of survivors, including the composition of case management teams, the operation of case conferences, intake, assessment, referral, treatment, reintegration, etc. This is important in the trans-border areas in case of the cases to be follow up in country of origin or the traffickers arrested has the direct linkages with neighboring countries. It is also important in term of HIV positive women and children for access to treatment after the repatriation in the respective country of origin.

Standard repatriation procedures for trafficked survivors and HIV. These are the standards/guidelines with which this paper is concerned. These can include official ‘standard Operating guidelines’, general guidelines for rescue and repatriation of trafficked survivors and PLHIV, and government regulatory guidelines. Comprehensive ‘standard Operating procedures’ for facilities encompass all, including human rights standards. They contain standards of rights and ethics concerning the treatment of a survivor, specific obligations of a facility regarding the minimum requirements for physical and mental well-being, and guidelines for repatriation and reintegration activities in both destination country and country of origin and international border district areas of both the countries where neighboring countries have open porous borders.

Standards/guidelines for training. These are essential to ensure that the needs of survivors are adequately met by appropriately trained personnel. They include national, international training organization or in-house training standards and competency levels, training assessment guidelines and checklists, and guidelines for the assessment of personnel in handling the survivors. It is also extremely important in term of PLHIV stigma and discrimination in the post rescue time. This standard guideline helps in keeping confidentiality of the PLHIV or trafficked survivors with HIV status after the repatriation of the survivors to country origin.

Standards for the protection of the survivors. The purpose of these are to ensure that the survivor, particularly the women and child, is protected and supported during the process of legal action on her/his behalf, while at the same time ensuring that the necessary legal procedures are correctly

undergone to ensure prosecution of the perpetrator. These need standards for legal persons, guidelines for those dealing with the child, and child friendly environment is a must. It is extremely important that the survivor's rights are not violated in the process.

Other specific standards and guidelines include guidelines for family/survivor assessment by social workers, psychologists, etc.; Standard/ guidelines for forensic examination of survivors by physicians; guidelines for the operation of Crisis Intervention Units in international border; guidelines to protect the child against abuse within the facility; guidelines of response to psychological crisis or medical emergency; and others. All are useful and vital, and should complement the 'minimum standards' guidelines for facilities in their protection and support process.

SECTION III:

Definition: UN definition of trafficking

“Trafficking in persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

- What are the **acts of trafficking**:- “recruitment, transportation, transfer, harbouring or receipt”
- What are the **means of Trafficking** “threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits”
- What are the **purposes of trafficking**
Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

Types of Trafficking:

- Internal – inter state, within the country borders and poverty stricken rural area to urban areas or conflict hit areas.
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- External – Crossing – country borders with open porous border
 - Across the region without valid documents
 - Migration to different Countries vulnerable to trafficking

NATIONAL PLAN OF ACTION, INDIA:

The *Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children* (India) is primarily directed at the establishment and strengthening of governmental care giving institutions, although there is significant mention of NGOs, women development corporations and women’s organizations. Regarding guidelines perse, the India NPA states in Section II (Trafficking, part 7) “Comprehensive guidelines will be formulated for dealing with the return and rehabilitation of women and children of foreign origin”. In Section VI (Housing, Shelter and Civic Amenities, part 4) the NPA states that “Girls and women subjected to violence will be provided well funded shelters and relief support as well as medical, psychological and other counseling services....” More directly applicable to the use of minimum care standards is in this NPA’s

provision to establish Task Forces which "...will be set up in major cities to effectively coordinate activities for the prevention, suppression, rescue, rehabilitation and reintegration in cases of commercial sexual exploitation and to coordinate among the various agencies involved". These Task Forces would be comprised of, as well as government officers, "...educational experts, psychologists, social workers and representatives of NGOs..." In the following section (IX. Rescue and Rehabilitation, part 3) India's NPA specifically states "The Task Forces would coordinate among the various agencies involved and public spirited citizens to see that the child victims are properly protected, medically and psychologically treated, education imparted and successfully reintegrated with their families or elsewhere. This would require upgrading the services in homes, including providing special training to the personnel in the homes, provision of medical and psychiatric care, etc." Part 7 further states "Women's organizations should be involved in monitoring of remand, protective and other homes." It may be implied that Task Forces would operate under certain parameters for assessment and 'upgrading', thus involving the use of minimum standards of operation and protection for survivors.

Indian Penal Code (IPC):

The Indian Penal Code (IPC) enacted in 1860 has several provisions, which try to protect girls/women against forced illicit sexual intercourse. The following are the sections related to trafficking in the Indian Penal Code:

- 363 A – Kidnapping or maiming minor for purposes of begging
Kidnapping or abducting with intent secretly and wrongfully to confine a person
- 366 - Kidnapping, abducting or inducing woman to compel her marriage.
- 366A - Procurement of a minor girl
- 366B - Importation of girl from foreign country
- 370 - Buying or disposing of any person as slave
- 372 - Selling minor for purposes of prostitution
- 373 - Buying minor for purposes of prostitution
- 376 - Punishment for rape

Immoral Traffic Prevention Act (ITPA):

The main act, deals with the phenomenon of prostitution, is Prevention of Immoral Traffic Act (ITPA) 1996, the amended version of the earlier Act, Suppression of Immoral Traffic in Girls and women, which was enacted in 1956. The Suppression of Immoral Traffic in Women and Girls Act of 1956 addressed street prostitution but not brothels. The Act was amended in 1996 and renamed as the Immoral Traffic in Persons Prevention Act. It addresses prostitution of minors (16-18 years of age) and children (below 16 years).¹Some of the important sections under the Immoral Traffic Prevention Act, 1986 (ITPA)

Section 2(f): Prostitution - Sexual exploitation or abuse of persons for commercial purpose

¹ Facts on Asia and Country Profiles, Conference convened by CEDPA, 1997.

Section 2(h): Public Place – any place intended for use by or accessible to the public and includes any public conveyance

Section 2(aa): Child means a person who has not completed 16 years

Section 2(cb): Minor means a person between 16 – 18 years of age

Section 13(4): The Central Government may, for the purpose of investigating any offence under this Act or under any other law for the time being in force

In 1949 (articles 1 & 2 of the 1949 Convention for the Suppression on the Traffic in Persons and of the Exploitation of the Prostitution of Others), the concept of trafficking has been extended to include trafficking for the purpose of other forms of exploitation, which also includes forced marriages and forced labour, but the debates on human trafficking have primarily focused on sexual exploitation as a main purpose for trafficking, excluding discussions on labour issues.

The Juvenile Justice (Care and Protection of Children) Act, 2000:

Some relevant sections:

- Section 2 (k): “juvenile” or “child” means a person who has completed eighteen years of age.
- Section 2 (d): “Child in need of care and protection” means a child Who has a parent or guardian and such parent or guardian is unfit or incapacitated to exercise control over the child, Who is being or is likely to be grossly abused, tortured or exploited for the purpose of sexual abuse and illegal acts, Who is found vulnerable and is likely to be induced not drug abuse or trafficking, Who is likely to be abused for unconscionable gains

Under this act, the State Governments have been empowered to constitute for every district or groups of districts one or more Child Welfare Committees (section 29) for exercising the powers and discharge of duties in relation to child in need of care and protection under the Act. The committee shall have final authority to dispose of cases for the care, protection, treatment, development, and rehabilitation of the children and as well as to provide for their basic needs and protection of human rights.

It is evident from the above that there is no existing law that deals with trafficking for labour purposes and thus the issue has been addressed either under the preview of The Child Labour (Prohibition and Regulation) Act of 1986 The Child Labour (Prohibition and Regulation) Act of 1986 or under the Bonded Labour (System) Abolition Act, 1976.

What makes it difficult to address the phenomenon is also the uniformity in the age of the child in all concerned acts:

- The Factories Act, 1948 and the Child Labour (Prohibition and Regulation) Act, 1986; under which a child is a person below the age of 14 years.
- The Indian Penal Code, 1960 under which the definition of a child is a person below 12 years of age.
- The Juvenile Justice Act, 1986; under which a child is a person below 16 years of age for a male child and below 18 years of age for a female child.

- The Child Marriage Restraint Act, 1992; under which a child is a person below the age of 21 in case of male and below the age of 18 in case of females.
- The Immoral Traffic Prevention Acts, 1996, says a female child should not exceed 16 years of ages, while a minor is defined as being up to 18 years old.

STATE GOVERNMENT ACTION PLAN:

Field action to combat trafficking is basically with the State Governments. They have by and large responsibly responded to the policy directives of the Government of India, directions of the judicial bodies in individual cases and advisories of the NHRC and have also cooperated with national and international agencies. They have also given attention to streamlining of statutory matters and created advisory and monitoring infrastructure. Some of the important measures taken by the State Governments are the following:

- Notification of State level Advisory Bodies under ITPA;
- Formulation of State rules under ITPA;
- Notification of Special Police Officers;
- Creation/Recognition of protective homes under ITPA;
- Involvement of NGOs in anti-trafficking;
- Creation of short stay homes and juvenile homes; and
- Creation of anti vice squad.

BODOLAND TERRITORIAL COUNCIL (BTC):

There is a distinct lack of information on the scope of trafficking in women and girls in North East in general and BTC in particular. The sources are scanty and therefore tends to be concerning individual case. There is no collected systematic records or concerted effort response to trafficking in women and girls. The last national Human Right Commission research on trafficking of women and children that study included brief information on North East region scenario of trafficking rising reported cases. The reported cases appeared to be more in North East interest in child trafficking rather than women trafficking and HIV/AIDS. There are few organization working for deprived/abundant children but not specific on trafficking survivors per se. Still, there has been no systematic in-depth research on internal or trans-border trafficking of girls in North East region. The only report existing is RAPID ASSESSMENT STUDY carried out in 2005-2006 by NEDAN FOUNDATION, which highlighted the grim situation of trafficking of ethnic women and girls from the region. The report also highlighted the internally displaced community vulnerability to trafficking and number of ethnic women and girls missing from the displaced community living in the relief camps at border areas. Since North East region has the longest porous border with South East Asia countries, hence the focus of the standard on trans-border trafficking of women and children associated vulnerability to HIV/AIDS is a need of an hour.

As in North East once the research identifies the magnitude and particulars of trafficking in women and girls, effective prevention measures action could be executed particularly in the trans-border areas. In most cases this will require an adequate services to the trafficked women and girls, training of service providers, livelihood option to the trafficked returnees and creating feasible income generating activities for the potential women and girls especially ethnic conflict hit districts of the

region. Involving already returnees' women and girls in preventing trafficking and HIV/AIDS should be explored and implemented

Another important intervention required for systematic countering of trafficking and HIV/AIDS in context of North East Region is Trans-border trafficking and HIV/AIDS issues. The entire region is more vulnerable in terms of trafficking and HIV/AIDS because it has open border connection with other South East Asian countries. There is a great potentiality and evidences that this border areas could be supplying and receiving end of the women and girls from North East and from other countries through North East region.

NATIONAL PLAN OF ACTION, BHUTAN:

The Government of Bhutan is committed to recognizing VAW as a development and fundamental human rights issue. It works in line with international conventions such as CEDAW, the Vienna Declaration of 1983, the United Nations General Assembly Declaration on the Elimination of Violence Against Women, and the Beijing Platform of Action of 1995, which reinforced the commitments to eliminate VAW.

Despite being considered a society free of overt gender biases and inequalities in terms of legislation, policies and cultural traditions, Bhutan experiences VAW. As is the case in most societies, a culture of silence exists among women and their families when it comes to violence perpetrated against them. The issue is now gaining focus, however, largely because of coverage by the media and the efforts of agencies such as National Commission of Women and Children (NCWC) and RENEW Secretariat in monitoring the situation, and actions are being taken to address this hidden problem. Nonetheless, it is very difficult to obtain a full picture of the situation on VAW in Bhutan because of the lack of available and reliable data. Because of the issue's highly sensitive nature, only one small-scale study on domestic violence has been carried out, by RENEW, which provides us with qualitative information in this respect. Qualitative information on violence against children has been gathered through the National Consultation on Violence Against Children in April 2005. No established system exists for systematic collection and analysis of VAW-related data, which would link various actors that play key roles in dealing with VAW, including the RBP, RCJ and the health sector. Records from Royal Bhutan Police (RBP) Thimphu and records of the Forensic Specialist at JDWNRH represent the only source of quantitative data available. It should be noted, however, that neither the data from RBP or the National Referral Hospital reflects the overall picture, since many cases remain unreported.

Prostitution and Human Trafficking

Prostitution represents another area of concern. The extent of commercial sex work in Bhutan is not well-documented, and the absence of established brothels or a well-organized sex industry renders such assessment even more difficult. Evidence suggests increasing commercial sex work in towns like **Phuentsholing, Samdrub Jongkar and Thimphu**. As young girls from rural areas come to more affluent towns in search of better opportunities, others take advantage of their situation and plight, turning them into prostitutes.

In Bhutan, prostitution is criminalised, which can have a negative impact in terms of adequate access to health services by commercial sex workers (CSW), especially with regard to HIV/AIDS, and in terms of their rights. Focus Group Discussions on HIV/AIDS revealed that

knowledge on HIV/AIDS and STIs was inadequate among CSW and that risk perception and vulnerability were poor. Discussions also revealed that CSW lived in constant fear of harassment from police on both sides of the border (Phuentsholing-Jaigaon in West Bengal Bhutan border) and underlay their reluctance to visit hospitals to seek treatment, collect condoms and use testing services.

No official cases have been recorded so far with regard to trafficking of women and young girls inside and outside the country, although there have been anecdotal accounts. This issue therefore has yet not been treated as an area of major concern, but complacency is unwarranted. Given that human trafficking is mainly a trans-border problem, Bhutan's entry into Interpol should help the country improve cooperation in this area with neighbouring countries.

- **Draft Constitution**

The draft Constitution states in Article 9 (17) that the State ‘...shall endeavour to take appropriate measures to eliminate all forms of discrimination and exploitation against women, including trafficking, prostitution, abuse, violence, harassment and intimidation at work, both in public and private sphere.’ Similar provisions are made with regard to protection of children against all forms of discrimination and exploitation (Article 9(18)).

Penal Code of Bhutan 2004

The major objectives of the Penal Code of Bhutan 2004 are to “...reinstate dignity to victims of crime, increase possibilities of rehabilitation of offenders, and reform them, while being seen as a measure to decriminalize people and thus have a peaceful and safe society for all.” The Penal Code includes several provisions for crimes that constitute gender-based violence. Offenders must serve prison terms as well as pay financial compensation, depending on the degree of the crime. As with all offences, the Penal Code stipulates that repeat offenders found guilty of the same or similar offence shall be liable to enhanced punishment; i.e., if the repeated crime is a felony of the fourth degree, it will become one of the third degree, and so on.

Domestic Violence

As noted above, because no national legislation/legal provision(s) exist on domestic violence, most cases of domestic violence reported to police are registered as assault and battery. In the Penal Code, more particularly under its Chapter 12, ‘assault’ is defined as purposely, knowingly, recklessly or negligently causing apprehension of bodily injury to another person and is a violation punishable by a fine equaling the daily minimum national wage rate for a maximum of 90 days. ‘Battery’ is defined as purposely using physical force of an adverse nature on another person and is a petty misdemeanour, punishable by a prison term of 1 month to 1 year, or a misdemeanour if aggravated circumstances are present. Given the fact that the punishments provided by the Penal Code for assault and battery may not be adequate in many cases of domestic violence, an urgent need exists to consider the drafting and enactment of legislation on domestic violence.

Rape

Rape was made a criminal offence in 1953 and was covered under a separate Act in 1996, the Rape Act, which then included more serious punishments, particularly when minors were involved. The Penal Code repealed the Rape Act and covers rape (under Chapter 14) as a felony

of the fourth degree, punishable by a minimum prison term of 3 years to maximum 5 years. In addition, the Penal Code stipulates that compensation is to be paid where injury is the result of the commission of rape of any description (Chapter 14, Section 201).

Section 177 defines ‘rape’ as sexual intercourse with another person:

(a) without the person’s consent or with consent, when consent is obtained by putting the person or a third person in fear of death or of grievous hurt;

(b) by compelling the other person to submit to sexual intercourse by force, or by threat of imminent death, bodily injury or serious bodily injury or the commission of a felony to that person or a third person;

(c) by substantially impairing the other person’s ability to appraise or control their conduct, by administering drugs, intoxicants or other substances without consent for the purpose of preventing the person’s resistance to the sexual intercourse; or

(d) by rendering the other person unconscious for the purpose of committing sexual intercourse.

The Penal Code covers 11 categories of rape, including rape of a married person, of a pregnant woman, and custodial rape. All forms of rape as defined in the Penal Code are felonies of the fourth degree or higher, except for marital rape, which is a petty misdemeanour. In addition to prison terms and compensation to victims, persons found guilty of the rape of married persons also are liable to pay ‘gao’ in accordance with other laws wherever applicable.

The Penal Code defines ‘marital rape’ as engaging in sexual intercourse with one’s own spouse without consent or against the will of the other spouse. As a petty misdemeanour, marital rape is punishable by a prison term of only 1 month to 1 year. In the case of a repeated offence of marital rape, the severity of the offence would be raised to a misdemeanour, punishable by a prison term of 1 year to 3 years.

In June 2006, the Ministry of Health and Child Authority (MoHCA) formally notified the 20 Dzongkhag administrations that all offences related to rape and attempted rape are not subject to bail and convicts are to be given maximum penalties. The notification reiterated that sexually related crimes are ‘non-compoundable,’ meaning they are not allowed to be mutually settled between parties. The intent of the notification was to raise awareness among people across all sections of society and to deter such acts. The Ministry also stipulated the necessity of having the notification discussed through forums such as the DYT, GYT and community gatherings. In addition, stories on the notification were also included in the media, further raising awareness.

Sexual Harassment

Sexual harassment also is included under Chapter 14 of the Penal Code dealing with sexual offences. It is defined as making unwelcome physical, verbal or non-verbal abuse of a sexual nature and is designated as a petty misdemeanour punishable by a prison term of 1 month to 1 year. A need exists to review the definition of sexual harassment (not only referring to ‘abuse’) and to address more adequately the issue. Besides rape and sexual harassment, the Penal Code

covers other crimes that could constitute gender-based violence, including child molestation, incest, child abuse and paedophilia.

Prostitution

Chapter 26 of the Penal Code recognises prostitution as a misdemeanour; it is defined as offering, agreeing to engage, or engaging in sexual conduct with another person for money or property, and is punishable by a prison term of 1 year to 3 years. Promotion of prostitution and patronising a prostitute also are included in the Penal Code as misdemeanours, but as a fourth degree felony if the person used for prostitution is a child older than 12 and younger than 18 and a third-degree felony if the person used for prostitution is 12 years and younger.

In addition, Chapter II of the Labour and Employment Act includes the following prohibitions:

- (i) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- (ii) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs; and
- (iii) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of a child, including work which exposes a child to physical, psychological or sexual abuse. Any person violating such prohibitions shall be guilty of an offence, which shall be a felony of the third degree.

Other Measures

A wide array of activities is being carried out to sensitise and raise awareness among key stakeholders on VAW. For example, the National Council of Women Commission (NCWC) organized National Consultations on Women and Child-Friendly Police and Judicial Procedures in 2005 and 2006, which were attended by members of Royal Bhutan Police and Royal Child-friendly Judicial (RCJ). As a result of these consultations, a set of 16 recommendations regarding women and child-friendly police procedures and a set of eight recommendations regarding women and child-friendly judicial procedures were formulated. Among these were the need for the establishment of Women and Child Protection Unit (WCPU) within RBP and the need for training of police, judiciary, health professionals and other relevant agencies in how to deal with cases of VAW. In addition, study tours to Sri Lanka and Thailand were organised for the police and judiciary to review women and child-friendly procedures and assess how and to what extent they could be replicated in the local context.

The WCPU within the RBP, which is now being established, will aim at providing a safe and conducive environment for women and children offenders and victims. The NCWC also is collaborating closely with RBP on the establishment of a complaints and response mechanism with parallel Information and Communications Technology applications, which is expected to facilitate lodging of complaints related to any crime and enhance the efficiency of RBP in responding to and dealing with such complaints.

In addition, support to victims of domestic violence and other forms of abuse is provided by RENEW through the pilot project ‘Community-Based Support Service for Victims of Domestic

Violence, which aims at increasing awareness on gender-based violence and promoting communal responsibility to find solutions to eliminate domestic violence. Other activities related to domestic violence include development of TV public service announcements related to domestic violence for media advocacy and campaigns.

Challenges

Based on the analysis above, major challenges toward the elimination of VAW thus include:

- Recognise VAW as a crosscutting issue that requires multi-sectoral attention, but at the same time, as a major threat to public health
- Better understand the VAW issue in Bhutan, including trafficking and prostitution, through the collection and analysis of reliable data and information
- Address the issue of widespread use of alcohol and its social acceptance
- Strengthen implementation of existing legislation and review/enact new legislation to adequately address domestic violence and sexual harassment
- Develop women and child-friendly procedures
- Secure gender equality and empower women and protect their rights
- Disseminate correct, appropriate information through the media and increase the media role in awareness-raising
- Enhance men's and boys' role in preventing VAW
- Take appropriate measures to prevent VAW and care for survivors of all forms of violence, including victims of trafficking and prostitution
- Transform traditional gender roles and stereotypes

SECTION III:

NEED OF COLLABORATION BETWEEN BODOLAND TERRITORIAL COUNCIL AND BHUTAN IN COMBATING TRANS-BORDER TRAFFICKING & HIV.

Bodoland Territorial Council (BTC) has long largely unmanned porous border with Bhutan. The unmanned border entry points are more than the manned/legal entry points. People and administration of both BTC and Bhutan has limited understanding of the trans-border human trafficking and HIV. The suspicion of trafficking for the labour market both inter and intra-country are not understood in its fullest potential. Though there is no such report of trafficking for women and children for sexual purposes in border districts. The BTC side of border areas has highest number of internally displaced community relief in the camps and had significant number of trafficking cases. Similarly reports outside the Bhutan has repeatedly highlighted the presence of Bhutanese Women and Children in the sex market in other countries. The country also has fairly significant reports of missing persons.

By looking in to the situation in both sides, certain steps that needs to be taken to address the issue of cross-border trafficking. The following steps were emerged from the consultation:

- Understanding/Diagnosing the issues of missing women and girls in the context of human trafficking in trans-border areas
- Commitment to Prevention, rescue and repatriation with Treatment and care
- Strengthening of institutional mechanisms and systems to address the issue
- Developing a legal framework that supports initiatives to combat human trafficking and to build capacity of law enforcement agencies and
- To develop community surveillance and networking for preventing human trafficking

It is also emerged from the series of Regional consultation on combating cross-border human trafficking that:

- A common mission that would govern anti-human trafficking intervention, including facilities to provide quality care and services to the victims/survivors of trafficking and also in reintegration process,
- Facilitating collaboration among government functionaries and developing strong network across the border for smooth functioning on any such reported cases of trafficking
- Sharing of information/helplines for rapid actions on any reported cases of trafficking and PLHIV
- Facilitating a process to formulate legal treaties, SOP, MOUs among all concerned stakeholders and primarily with Government to combat human trafficking.

The representatives from both the sides (North East and Bhutan) also shared the concern on challenges before us to implement the suggestive steps. It is also felt that it is a great opportunity for cross-border collaboration but limited in scope. The regional consultation needs to expand the stature, mandate and accountability of governments and other stakeholders from both sides of the border. The representative from both sides also expressed that it is important to put anti-trafficking on the agenda of existing Cross Border Collaboration, such as Border district collaboration committees that is being set up by the Government of India and the state government of Assam with Bhutan. Tentative venue and time frame for the next meeting, scheduled to be in Bhutan to share this document with all concerned stakeholders for ratification an implementation.

SECTION IV:

PURPOSE OF THE STANDARD OPERATING PROCEDURE (SOP)

Why develop standard Operating procedures? Because Operating SOP will help us, in planning for pre-rescue, post-rescue and repatriation process taking into account the medical or psychosocial needs of the survivors including PLHIV. The SOPs will then be used to take care of the standard procedures at different stages for the best interest of the survivors.

The purpose of the standards are:-

- a) to provide the most effective and compassionate standard Operating system for survivors from the destination country to country of origin;
- b) to develop and maintain professional, transparent and accountable guideline practices
- c) to help and support caregivers in their difficult task in the process.
- d) to protect survivors and PLHIV from social ostracism during the repatriation process and reintegration to the receiving country.

To provide the most effective and compassionate support to survivors through acceptable Standard Operating Procedure (SOP). SOP should not be looked at as 'rules and regulations' imposed from outside, but rather as a 'tool' which is created by those who work with survivors and who care for survivors, and which is based on principles that ensure the best interests in human rights perspective. Too often, in institutional situations in post-rescue, survivors are given inferior treatment or facilities because they are too helpless to assert their rights, because they are considered 'exploited' who don't really know what they need, or because they (especially if they have been prostitutes) are subtly considered 'bad women and girls' who should be 'corrected'. SOPs provide instructions and minimum standard to ensure that care giving is protective in nature, that the survivor is allowed to participate in her/his healing processes, and that the survivors and her/his family are given full respect as human beings. To develop and maintain professional, transparent and accountable standard practices. Standard of pre-rescue, post-rescue and repatriation also function as a 'watchdog'. Just as standards in medical practice ensure the sterility of immunization needles and the proper dosage of medicines, standards in right-based approach ensure that survivors are respected and protected in responsible and professional ways. This is of particular importance with children who have been in prostitution or have been sexually abused or trafficked and HIV positive. Such children, by their history, remain at extremely high risk of subsequent abuse and social ostracism. On the other hand, their 'bad history', their helplessness and their 'vulnerability' status make them easy victims of further abuse. Minimum protective standards provide clear strategies and responses to ensure that care practice is professional, safe and accountable. Among other things, they ensure the placement of systems to prevent additional social out-caste; they provide methods of response to the psychological, medical and social crises, which often accompany; and they protect survivors from the possibilities of poor or inappropriate practices, which for the traumatized can have very severe consequences.

The SOPs help and support pre-rescue, post-rescue and repatriation procedures in their difficulty in proceeding from the destination to country of origin. Standards are tools, which help to do the work they have to do – and policy implementation need as much help and support as possible. As all know who have worked with survivors who are abused, trafficked, physically/mentally challenged or in conflict with the law, policy work is very difficult, very demanding and all too often not 'rewarding'.

Some survivors will return to prostitution if not properly rehabilitated, some will go on to lead difficult lives, and some will die with agony in life. That is a core reason why this standard is framed. It is important to include multi-sectoral stakeholders as well as taking larger community to work towards one standard for the care and protection of trafficked rescue, repatriation.

STANDARD FOR TRANS-BORDER DISTRICTS STAKEHOLDER ACTION ON TRAFFICKING & HIV

STAKEHOLDERS ACTION IN TRANS-BODER TRAFFICKING & HIV:

1. Developing a Trans-Border Anti-Trafficking Policy specifying victim friendly provision and structures.
2. Creating a anti trafficking cell at the border districts to co-ordinate with other relevant Department and NGOs on the issues pertaining to trafficking, especially on the rescue and repatriation women and children from various from of exploitation.
3. Creating a data based on traffickers, recruitment agents, informants, brothel owners, decoy customers, number of cases registered, status of each case, source and destination areas in the trans-border areas and any other relevant information. The information in the data-base should be kept confidential and should be parted only to genuine information seekers.
4. Forming community vigilance groups in trans-border districts. The community vigilance groups can help in rehabilitation of the rescued women and children.
5. Assigning sufficient number of women police officer during the time of rescue operations.
6. Prominently display signboards in hotels, tourist places, restaurant, beaches, airports, bus stands, railway stations and other susceptible places, warning people against trafficking and use of children for any forms of slavery. Any women and children seen under suspicious circumstances in this places, the informant should immediately informed to NGOs or police or child protection units.
7. Repatriate the victims from the destination country and to the home. The destination country would be responsible for transportation and all other expenses towards travel of the victims and escort, food and incidental would be met by the destination country. Country of destination and origin should have a separate budget for repatriation of the victims.
8. Give adequate publicity, through both print and electronic media, on child-lines and women help-lines over a sustained period of time.
9. Declare names of fit people and fit institutions, where victims of the trafficking can be kept in safe custody. The directory of the fit institution can be circulated to all police head quarters, police stations, international border check post, immigration offices, districts head offices, court and NGOs.

10. Issue directives that all court proceedings related to the child victims of trafficking are carried out in-camera.
11. Assign trained child welfare officers in every police station.
12. Every police station should have separate clean and hygienic toilets for women.

Standard Operating Procedures for the Rescue Team Members

Pre-Rescue Operation:-

It is very important to cultivate networks of informants who will provide specific information about trafficked under-aged child victims (below 18 years) or women willing to be rescued from exploitative situations. The specific information may be in the form of letters, emails, photographs, personality traits, identification marks and scars, addresses, physical presence of relatives and people known to victims, computer graphics generated by the description and mannerisms (e.g. Accent, distinctive body language like frequent rubbing of fingers, blinking of eyes or any other) It is desirable that a small re-numeration is paid to the informant which sustains their motivation.

- Identify the child victim by the use of decoy customers and authenticate the available information. The decoy customer should try to motivate the child to talk on a one-to-one basis and to facilitate further rescue operations.
- Involve NGOs and Social Workers in rescue operations carried out by the police or the community
- Prepare a strategic plan for rescue operations with minimum loss of time. The plan should include the following:-
 - i. Compilation of all available valid information. For example, physical layout of the brothel and hideouts, specific characteristics of the location, etc. Seek help of key informants such as petty shop owners, sweepers, part-time maids, milkmen, or any other person who may provide their services.
 - ii. Rescue team, preferably trained, should consist of the designated police officers as defined under Section 13 of the Immoral Traffic Prevention Act, 1956, Assistant Commissioner of Police and /or District Commissioner of Police, police personnel including women, NGO representative and social worker. The number of rescue team members should be constituted depending on the size of the rescue operation to be carried out.
 - iii. Maintain confidentiality and secrecy of the rescue operation. The rescue team should gather the common place or location at least two hours before the actual rescue operation.
 - iv. To prevent leakage of information prior to the actual rescue operation, mobile phones and any other modes of communication belonging to the rescue operation team members should be taken in custody by the rescue team leaders.
 - v. The strategy that would be adopted for the rescue operations and its various steps should be explained at this time. To each team member, explain his / her role in the rescue operation clearly.

- vi. Preparing key players: formation of teams would depend upon the situation and targeted number of the victims to be covered and expected number of minors to be covered.
- vii. Under no circumstances should the decoy customers be exposed before during and after the rescue operations.
- viii. Under no circumstances the rescue operation be revealed to any persons other than those directly involved. If any chance, the media does happen to get word of it, they should not be allowed to cover the rescue operation.
- ix. Check/verify place available in Government and other certified homes, so that the rescued victims can be taken to the appropriate Homes for safe custody. This should be done in total confidentiality, so that any information on the rescue operations is not leaked.
- x. Before conducting rescue all the formality of the police should be completed.
- xi. During the rescue operation no rescue team should physically touch the girls, women and their belonging. Only female member of the rescue team should deal with the victims.
- xii. During the rescue operations, no rescue team members should use abusive language towards the girls and women.

STANDARD IN POST-RESCUE OPERATION

POST – RESCUE OPERATION:

1. Separate the victims by sight and sound from the accused. While taking the child and women victim to the police station, the child and the traffickers should be taken in a separate vehicle. If this is not possible, they should be kept separate from each other. This is to prevent the accused from threatening or intimidating the child.
2. Do not keep the child in a lock-up under any circumstances. The victims should be immediately taken to a certified place of safety after the raid. The victim is not an accused and should not receive the same treatment as the accused. Keep her separately from the traffickers/ exploiters.
3. Document the rescue operation in the diary in presence of two independent reliable witnesses and get it signed by them for authentication.
4. The first information report (FIR) should be immediately registered by the victims or NGOs in the police station and it should contain details of location of crime description of offence, victim and accused, chronologically crime right from the time and child was trafficked. The FIR should be as details as possible. The child should receive the copy of the FIR and it should be kept in safe custody of the NGO/protective children home, where the child is kept.

5. Involve all section of the Indian Penal Code, 1860 and Immoral Prevention Act 1956 and Juvenile Justice (care and protection of children) Act, 2000 against the traffickers and exploiters.
6. Hand over the child to a representative from the protective/children home run by either NGO or government home. Child should be counselled about her stay in protective custody and that she has been kept there for her safety and well-being.
7. The formed Task Force would co-ordinate amongst the various agencies involved in public spirited to see that the victims are properly, medically, psychologically treated, education imparted and successfully re-integrated with their families or elsewhere. This required upgrading the home, including, providing special training to the home personnel, provision of medical& psychiatric care, etc.

In cases where women and child victims are from foreign countries, a system of co-ordination through the Govt. of India and through inter-country NGO networks would be set up so as ensure safe passage, repatriation and re-integration is ensure in the country of origin.

It is important to ensure the following Standard:

- Only plain - clothes police accompany the child to the protective/children home.
- The functionaries of the protective home should ensure that child should not get in contact with its trafficker, who has bad influence on her.
- The medical examination, including age verification text is carried out properly and scientifically. The age verification text is mandatory as per the Section 15 (5A) of Immoral Traffic Prevention Act, 1956 and section 49 of juvenile Justice Act, 2000.
- The child victim is produce before the Child welfare Committee within 24 hours of taking her into custody. Incase the child welfare is not available then child should be produced before concerned Magistrate for relief.
- A trained social worker accompanies the child whenever she leaves the palce for safety.
- A counselor should be present whenever the child is giving the testimony in the court.
- The concerned Magistrate or the members of the competent authority as case may be, visit the rescue home once in every fifteen days to conduct legal proceeding.
- The child is explained about the court proceedings, so that she is aware of the procedures and is mentally well prepared. After every hearing of the case, the child should be informed about the court order, if any so that she is updated on the case.
- It is recommended that the trafficking cases be fast tracked under Speedy trail to reduce the trauma and suffering of the child.

Standard for Repatriation of victims to Country of Origin:

Repatriation:-

The stakeholders and NGO of both the countries shall undertake effective measure to ensure quick repatriation of rescued woman or child victims of trafficking to make sure that the victims are not further victimised

- a. The stakeholders shall develop modalities for repatriation of the victims of trafficking to the country of origin in a shortest possible time, the procedure should be simple and less time consuming and best interest of the survivors;
- b. The stakeholders and NGOs shall jointly establish the Focal Point to implement repatriation process of trafficked victims in co-operation with each other;
- c. Non-governmental entities (NGOs) working with the issue of trafficking especially those which have track record in repatriation of victims from other countries should be involved in the process of repatriation at both ends;
- d. The authorities in charge of repatriation shall use diplomatic channel of communication to inform the other authority as well as the concerned NGOs of repatriation arrangements of trafficked victims in advance;
- e. Repatriation of trafficked victims shall be arranged and performed in the best interest of the victims keeping in mind the right based approach;
- f. Repatriation of trafficked victims shall be done with the voluntary consent of the victims;
- g. The stakeholders (in some cases, NGOs, with the permission of either of the countries as appropriate) shall arrange suitable transportation for repatriation of victims of trafficking.
- h. The country of origin stakeholders and the Civil Society Organization partners shall contact the families of the survivors to eliminate risk of further abuse. The confidentiality of the survivor is to be maintained at all levels including within the family throughout the process of repatriation.
- i. If for any reason delay in repatriation takes place, appropriate rehabilitation process shall be started and continuity of care shall be maintained.
- J. In case the survivor is not repatriated either by choice or due to any other reasons, all provisions of rehabilitation shall be applicable to the survivor

Standard on Protection of Trafficked Victims during in Repatriation:

Protection of Trafficked Victims:-

- (a) Human rights approach of the victims of trafficking in women and children shall be protected by the State Parties;
- (b) Trafficked victims shall not be detained in jail during the time of waiting for official repatriation to the country of origin;

- (c) Victims while awaiting official repatriation process shall be put under the care of agencies (GOVT.-NGO) that have proper facilities including safe shelter required for ensuring protection of the victims from being further victimised;
- (d) The Govt.-NGO shall ensure basic services, care and security of trafficked victims;
- (e) Proper measures shall be taken by the State Parties to deal the cases of the victims of trafficking sympathetically during the entire process.

Standard on Re-integration of Victims to the Country of Origin

Reintegration to Country of Origin:-

Children are trafficked into sexual exploitation, labor, conflict, and begging. Women and Children victims of trafficking have a reduced capacity to assess risk, articulate their experiences and fears, and look after themselves — both in terms of obtaining their own food and shelter and taking action in self-defense. Returning victims to their families is not always possible or ideal. The reintegration process back into civilian life for former child sex workers can be difficult because, as child, they not only have suffered horrific abuse, but they also have committed harms, sometimes even against their own families.

Women and children trafficked into commercial sexual exploitation who contract HIV/AIDS are particularly vulnerable to social ostracism. Several NGOs have specialized care programs for trafficking victims infected with HIV who choose not to return home. Women and girls who are not infected with HIV, but who have been victims of trafficking, are often assumed to be infected and are consequently stigmatized and ostracized. Such situation it is extremely difficult for the country of destination to accept the survivors. It is also equally difficult for the country of origin also to take back the survivors; and for the family it is just impossible to accept back the survivors due to the none acceptance of the society to the survivors. Finally survivors get double the victimization in the process of repatriation and reintegration fro destination to country of origin.

- (a) The re-integration/rehabilitation of victims of trafficking shall be the responsibility of the country of origin;
- (b) The country of origin shall establish safe shelters in co-operation with non-governmental organisations for ensuring proper rehabilitation of the victims repatriated;
- (c) The concerned authorities or NGOs under this Standard Operating Procedures SOPs) shall arrange psychosocial counselling and health care for the recovery of the victims from psychological trauma and physical indisposition;
- (d) The Country of origin shall take measure to ensure that the victims of trafficking in women and children shall not be further victimised during rehabilitation and judicial procedure;
- (e) The Country of Origin shall undertake necessary measures towards safe and effective reintegration of the victims of trafficking in women and children into communities and families with an aim to restore their dignity and self-esteem;
- (f) The Country of origin through governmental and non-governmental agencies shall arrange educational and vocational training programs for the victims to reintegrate them into the society through job placement;

- (g) The Country of origin shall undertake especially designed community based development programs in co-operation with non-governmental organisations for sustainable reintegration of the victims into the mainstream of the society;
- (h) Rehabilitation should take place in least restrictive environment aiming to mainstream the survivors with the community.
- (i) Rehabilitation should be carried out in accordance with the minimum standard of care and right based approach as detailed by the Task Force and would include psycho-socio pharmacological support. Further the country of origin shall ensure that there is continuum of care and support even in the post rehabilitation phase to the victims.

Rehabilitation, Recovery, and Reintegration

Critical factors in rehabilitation, recovery, and reintegration include the survivors' age, physical and psychological health, background, family life, culture, duration of exploitation, and perceptions of the damage done to their person and their future as a result of having been trafficked, especially if they have been victims of commercial sexual exploitation. The long-term recovery, rehabilitation, and reintegration of trafficking victims can involve educational and economic opportunities, as well as extended psycho-social care in right based approach.

Education. Many shelters / homes provide a range of educational opportunities, including formal and on-formal education, life skills, and vocational training. Foreign residents may need special attention, such as those who intend to remain in the destination country to testify against traffickers.

Economic Opportunities. To avoid re-trafficking, victims need the skills to earn an adequate income. Skills training programs should be created to match the needs of the local job market. Some shelters have included income-earning ventures to provide vocational skills to former victims as well as to supplement shelter resources.

Psycho-Social Support. Victims of trafficking commonly experience severe physical and psychological trauma as a result of the violence, rape, threats, addiction, and other means traffickers use to control their victims. Psycho-social support and counseling can help victims of trafficking free themselves from the anxiety and depression and start rebuilding their self confidence.

Reintegration. The reintegration of trafficking victims often is a difficult, complex, and long-term processes. It is different for each victim, and it involves not only the victim but also the environment and culture within which the reintegration is to take place.

The organization providing support may need to make a long-term commitment to the victim to help in this process.

Standard on PLHIV and Stigma Discrimination

Stigma Discrimination:-

The Stakeholders shall undertake effective measure to effectively mitigate Trafficking HIV related stigma discrimination in both the countries as well as within the region.

- (a) The stakeholders shall undertake programs to increase awareness among mass people on the issue of HIV/AIDS, which is closely related to the outcomes of trafficking;
- (b) The stakeholders shall initiate to find out reliable information and data and shall exchange those with each other for undertaking pragmatic joint action programs on the issue of HIV/AIDS and its related stigma discrimination;

- (c) Develop and disseminate messages to the mass, the messages should contain information on different aspects including causes, consequences of HIV/AIDS as well as strategy on how to fight and educate on discrimination of PLHIV.
- (d) The Stakeholders shall undertake preventive and development initiative in areas that are known and/or identified as HIV/AIDS prone in the trans-border districts;
- (e) The stakeholders shall use media (both electronic and print) in disseminating awareness raising messages on HIV/AIDS among mass people especially on discrimination aspect to PLHIV.
- (f) The stakeholders shall undertake long term action program to fight against HIV/AIDS both from preventive and curative perspective and sharing the same with border districts areas.
- (g) Non-governmental entities (NGOs) working with the issue of trafficking and HIV/AIDS especially those which have track record in addressing the issue of trafficking and HIV/AIDS unilaterally or in co-operation with other organisations in both the countries should be included with the endeavour;
- (h) The stakeholders shall review existing policies and practices and put in place the pragmatic ones in line with the recognition of the rights, agency and participation of trafficked women and children and PLHIV;
- (i) The stakeholders shall undertake educational and vocational training programs along with adequate health care facilities to help PLHIV;
- (j) All testing for HIV for trafficked survivors shall be governed under the provisions of Voluntary Counselling Testing and further Counselling.
- (k) One must have the right to exercise the choice of being tested for HIV in the first place and further be allowed to exercise his/her reproductive rights. This will be purely decision of the PLHIV.

STANDARD ON CASE MANAGEMENT OF TRAFFICKING & HIV

CASE MANAGEMENT:

Case management (CM) is an intensive, multi-session important requirement for the trafficked and PLHIV with regard to repatriating the survivors after rescued from destination. It has highest vulnerable situation because of multiple and complex needs of the rescued victims. CM acknowledges the relationship between HIV risk and other issues (i.e., substance abuse, STD treatment, mental health, and social and cultural factors). It integrates the strategies of service to assist victims and sustaining behaviors needs and need for access to treatment for HIV. CM involves the medical and psychosocial needs that influence trafficked and HIV multiples situation. It is different from individual-level HIV counseling in that CM is longer term and intensive in nature and involves brokerage to supportive services. It is one of the most important for the victims in post rescued after the repatriation to origin country of the victims.

Targeted Services. Trafficked and HIV case management services are to be targeted to HIV-infected victims. The case management has to be taken confidentially during the repatriation of the victims to the country of origin. The CM has to be taken the consent of the trafficked PLHIV in informing while repatriating through network NGOs from destination to country of origin so that he access to treatment are arranged by the receiving NGOs.

The Case Management Process. All agencies providing Case Management must provide incorporate the following critical elements into CM services:

Case Management case managers must provide victims with an informed consent document for signature at the time of assessment and handing over the document to receiving NGO of country of origin. This document must assure the receiving NGO of confidentiality, and must lay out the agency roles and responsibilities in management (e.g., time commitment of services of the agency, guidelines for discharge and grounds for termination of service if appropriate.)

Monitoring and Reassessment of victim's Needs and Progress

- Case managers must meet on a regular basis with victim to monitor their changing needs and their progress in and it must be documented in the victims confidential file.
- A protocol must be established defining minimum, active efforts to retain victim.
- All attempts/efforts to retain clients in the CM program must be documented in the client file.

Co-ordination of Services /Referrals. Coordination of services and completion of referrals are essential to the success of CM services.

- Memoranda of Agreement must be established with relevant service providers to ensure availability and access to key service referrals.
- Communication with other providers must not occur without first obtaining signed, informed consent from the victims. Consent must be specific to each provider with whom communication occurs. CM manager must not duplicate care case management for PLHIV, but CM may be integrated into these services.

Record Keeping. Accurate and complete record keeping is essential to quality assured services. PLHIV files are to be maintained for each PLHIV participating. PLHIV files must contain:

- a copy of the signed informed consent document
- the negotiated access to treatment plan with the client's signature
- documentation of progress toward PLHIV
- documentation of referrals made and the status of referrals
- documentation of discharge plans within specific times
- copies of referral documents

Staff Training and Development

In addition to the standards associated with staff training and development needs it is important in providing Case Management Services between partners from country of destination who had handed over the victims case to receiving NGOs from the country of origin:

- Successfully complete the case management and HIV Counselor Certification Course
- Successfully complete a CM training between stakeholders from country of destination and country of origin.

Standard on Referral to Trafficked & PLHIV

Referral:-

It is extremely important to have standard on referral. Referral is the process by which a survivors immediate needs are provided immediately after the rescue. It is so necessary most of the time during the post rescue period where supportive services are assessed and prioritized. Survivors are provided with assistance in accessing referral services. Referral also includes reasonable follow-up efforts necessary to facilitate initial contact with survivors, care and psychosocial services needed.

In the context of Trafficking and PLHIV immediate counseling and testing of the survivors. Referral does not include ongoing support or management of the referral.

Focus

To assist a survivors immediate need in accessing appropriate access to medical treatment, mental and psychosocial support services.

Intervention

The following key steps in referral must be followed:

Assess survivors' Referral Needs

- Identify key factors which influence the survivors' ability to adopt, which promote health and prevent disease progression.
- Examine survivors' willingness and ability to accept and complete a referral.
- For HIV infected trafficked survivors, referrals must be made for appropriate medical access, care and for counseling services.
- Document referral needs and priorities in survivors record after the rescue.

Referral Planning

- Assess factors which might make it difficult for the survivors to complete a referral (e.g., lack of transportation, client work schedule, cost of services, cultural competency of agency).
- Identify strategies to facilitate a successful referral.
- Document referral plan in survivors record.

Facilitating Access to Referral Services

- Provide the survivors with necessary information to enable access the referral service (e.g., contact name, eligibility requirements, location, hours of operation, telephone number).
- As needed and appropriate, provide the survivors with assistance for completing the referral (e.g., set appointment, provide or facilitate transportation).
- Document assistance, if any, provided in record.
- If survivors identifying information is to be shared between providers, written consent must be obtained from the client. **Consent must be specific to each referral.**

Documenting Referral and Referral Follow-Up

- Assess whether survivors has accessed referral services and any difficulty in accessing them.
- Document status of referral in record.

Referral Resource Guide

Agencies are to maintain an accurate and current referral “resource guide”. The information contained in the referral resource guide should be relevant to the needs of the survivor and to the interagency agreements. For each agency included, the resource guide should indicate:

- Name of provider or agency.
- Types of services provided.
- Populations served by the provider/agency/ institution.
- Service area to the survivors.
- Name of primary contact person, with telephone, fax and email address.
- Hours of operation.
- Location.
- Cultural, linguistic and developmental competence.
- Cost of services.
- Eligibility requirements.
- Admission policies and procedures.
- Directions, transportation information and accessibility to public transportation.

All referral resource guides must include:

- Local health department coordinator contact information.
- Providers of HIV case management services.
- Resources for the diagnosis and treatment of sexually transmitted diseases as well as other relevant infectious diseases (e.g. viral hepatitis, tuberculosis).
- Drug or alcohol prevention and treatment facilities.

Skills and Training on Referral

In addition, any stakeholder (govt. NGOs) providing referrals must be provided with information on and orientation to

- Referral resources.
- Protocol for referral management, including obtaining survivors authorization for release of information, communication with referral agencies, follow-up with referrals and documenting completion of referrals.
- Policies and procedures associated with maintenance of client confidentiality.

Referral Provider Coordination and Collaboration

Strong working relationships among providers are especially critical in ensuring the responsiveness and effectiveness of referral services. Standards associated with facilitating coordination and collaboration are important.

Standard in Co-operation through Exchange of Information

Exchange of Information:-

- (a) The stakeholders and NGOs working in respective countries should co-operate through exchanging information concerning the cases of trafficking in women and Children and HIV;
- (b) The relevant Ministries, various departments, Immigration authorities and non-governmental organisations of both the countries shall co-operate in gathering information and evidence relating to the cases of trans-border human trafficking in women and children and HIV related stigma discrimination issues.
- (c) The information collected with the initiatives of different Ministries, departments and non-governmental organisation shall be exchanged with each other for any practical purposes through exchange programme and through workshops.

STANDARD ON COMBATING TRANS-BORDER HUMAN TRAFFICKING AND HIV

COMMUNITY LEVEL INTERVENTION:-

Community level interventions in trans-border area districts seek to influence attitudes, knowledge and awareness about trafficking & HIV/AIDS issues. The focus of community level intervention is on the community as a whole, rather than on individuals or small groups. Community may be defined as “general public” or some specific sub-population (e.g. racial/ethnic communities). Community level interventions include community-wide events and community mobilization activities. These events may include rally, health fairs, ethnic fairs, and gospel festivals and other ethnic rituals practices. **Community level interventions do not include events organized by other agencies.** All the components of the event must be developed by the community from the beginning to the end, including evaluation and/or follow-up.

Focus:

The Focus of community level interventions is to raise community awareness about human trafficking and HIV prevention and HIV stigma discrimination related issues and to influence community norms and values in countering the same.

Intervention:

All Community Level Interventions must have the ethos in the following:

- Holding the event in a space that is easily accessible to the community in both the border districts areas.
- Provide scientifically accurate and current information about trafficking & HIV, including etiology, transmission modes and prevention strategies.

- Provide information to facilitate access to medical access, prevention and support services, including counseling, testing and referral.
- Provide appropriate risk-reduction educational materials and brochures for information or screen HIV related film.

In addition, the stakeholders may provide risk-reduction supplies (e.g., condoms, safer sex kits, hygiene kits, bleach kits)

Training of youth leaders amongst community:

In addition to the standards it is also important to impart training to the youth leaders amongst the trans-border areas who would take the lead and carry out community level interventions. The following focus would be appropriate in imparting training to community youth leaders:-

- Scientifically accurate and current information related to trafficking and HIV, (etiology, transmission, prevention, etc.).
- Knowledge of relevant community resources, including how identify and to access them.
- Ability to present information in language the audience can understand.
- STD/HIV/TB interaction.
- Viral hepatitis.
- Communication/engagement skills
- Stigma and discrimination to PLHIV

The following knowledge and skills are also appropriate:

- Substance use issues.
- Sexuality (human growth and development and sexual orientation).
- Cultural issues, including training in cultural competence.
- HIV counseling, testing and referral.
- Psycho-social aspects of HIV.
- Domestic violence.
- Parental/child health issues.
- Stress/burnout reduction.
- HIV reporting.

All community level youth leaders carrying out interventions in trans-border areas must possess relevant updates at least every two years.

STANDARD ON OUTREACH OF TRANS-BORDER HUMAN TRAFFICKING & HIV

OUTREACH ON TRAFFICKING & HIV:

Outreach is a relatively brief intervention conducted one-to-one with individuals at increased risk for transmission or acquisition of HIV, in settings where they socialize or congregate most in trans-border districts. Outreach includes exchange of information designed to provide each individual contacted with information on their personal risk for transmission/acquisition of HIV risk reduction strategies and information on medical, prevention and supportive services. Outreach is usually accompanied by the distribution of condoms, bleach, safer sex kits, and educational materials (brochures). Outreach differs from individual-level HIV prevention counseling in that it is a relatively brief intervention.

Focus:

To increase knowledge and awareness of HIV issues, personal risk for HIV/AIDS, preventive strategies, PLHIV stigma and discrimination with relevant community resources.

Intervention:

Outreach activities must:

- Be provided to one individual at a time.
- Include individualized risk and risk reduction information on trafficking & HIV.
- Be provided in settings and during times appropriate to the target population.
Venues may include: bars/clubs, beauty salons/barber shops, shelters, parks, soup kitchens, migrant camps, street, highway rest areas, dhaba and shooting galleries.
- Be accompanied by distribution of risk reduction tools and educational materials (e.g. condoms, brochures) for HIV.
- Present scientifically accurate and current information of HIV.
- Provide information to facilitate access to medical, prevention and support services to PLHIV.
- Stigma and discrimination on PLHIV.

Capacity Building Training

In addition to the standards associated with capacity building training and development the training outreach must possess;

- Scientifically accurate and current information related to HIV/AIDS (e.g., etiology, transmission, prevention, etc.)
- Knowledge of relevant community resources, including how to access them.
- Ability to present information in language the audience can understand.

In addition, the following areas of knowledge and skills are **strongly recommended** for all outreach workers providing outreach:

- STD/HIV/TB interaction.
- Viral hepatitis.
- Communication/engagement skills.
- Presentation skills.

The following knowledge and skills may be appropriate:

- Substance use issues.

- Sexuality (human growth and development and sexual orientation).
- Cultural issues, including training in cultural competence.
- HIV counseling, testing and referral.
- Psycho-social aspects of HIV.
- Domestic violence.
- Parental/child health issues.
- Stress/burnout reduction.
- HIV reporting.

Individual who provide outreach as their primary job responsibility (greater than 51% of their time) are strongly encouraged to complete a specialized training in outreach worker skills and strategies. All individuals providing outreach services must participate in relevant educational updates at least every two years.

Protocol Development:

Each individuals must develop a written protocol to address outreach activities. In addition to the standard component. The protocol must address:

- Methods used to determine the locations, times of day, and the day of the week that are productive for reaching the target population.
- Safety of outreach workers.
- Adherence to established schedule and locations for outreach activities.
- Client confidentiality.

STANDARD ON SKILLS-BUILDING WORKSHOPS IN REGIONAL LEVEL

SKILL-BUILDING REGIONAL WORKSHOP:-

Skills-building workshops in Regional level are single-session education interventions designed to assist caregivers, activists and other stakeholders to develop one or more specific human trafficking HIV-related stigma and discrimination. Each stakeholders participating in a skills-building workshop is expected to demonstrate attainment of these skills. Role playing or other participant demonstrations of skills must be included and assessed in skills-building workshops.

Focus

To ensure that all participants learn or enhance their abilities to engage in one or more specific trafficking and HIV-related stigma and discrimination issues. Secondly, participants will increase self-efficacy (e.g., I can do it) and behavioral intent toward adoption of an HIV-related risk reduction behavior (e.g., condom use).

Intervention

All institutions providing skills-building sessions on this important trans-border human trafficking and HIV must impart each participant capable of demonstrating attainment of one or more skills. Workshops must be interactive structured with specific learning objectives and defined activities. Ample time must be allowed for discussion and participant demonstration of skills. Educational materials to substantiate discussion must be provided. Examples of skills-building workshops include the following:

Post Rescue and Repatriation. It is important to make demonstrate the participants' skills in handling the survivors post rescue and repatriation process to country of origins. Each participants should have the skills to works on PLHIV stigma and discrimination related issues especially for receiving country of the survivors.

Condom Demonstration. Demonstrate, and have each participant demonstrate the correct way to use a condom. The following must be addressed:

- Expiration date.
- How the condom is to be stored.
- Description of the correct types of lubricant.
- How to open the package correctly.
- Proper placement of the condom.
- Proper removal of the condom.
- Proper disposal of the condom.

Negotiation - Safer Sex/Abstinence. Safer sex negotiation skills, safer sex negotiation with examples and modeling, and sexual abstinence as an effective HIV prevention method must be presented during a group session in the training. One or more of the following must be discussed and demonstrated by **each** participant (for example, through role plays):

- Assertiveness.
- Communication skills.
- Refusal Skills.
- Decision-making skills.

Other Important skill Training resources:

In addition, the following areas of knowledge and skills are **strongly recommended** for all participants facilitating skills-building workshops:

- STD/HIV/TB interaction.
- Viral hepatitis.
- Group facilitation.

In addition, the following knowledge and skills may be appropriate to impart:

- Assessment and evaluation skills.
- Presentation skills.
- Communication/engagement skills.
- Substance use issues.
- Sexuality (human growth and development and sexual orientation).
- Cultural issues, including training in cultural competence.
- HIV counseling, testing and referral.
- Psycho-social aspects of HIV.
- Domestic violence.
- Parental/child health issues.
- HIV reporting.

All participants provided skills-building workshops in regional Level must participate in relevant educational updates at least every two years.

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