

Field Visit to Bangladesh





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*Understanding cross-border
trafficking, building partnerships and
collaborations to protect children's rights*

Final Report

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Introduction



Background

Prerana is a civil society organization that has been working for the rights of women and children for more than three decades now. Prerana started working in the red-light areas (RLAs) of Mumbai in the year 1986 with the goal to protect the rights of the children born in the RLAs, by providing them with safe spaces and opportunities to learn and grow. Over the past 30 years, Prerana has successfully managed to address many larger issues around child protection and gender-based violence through its various interventions. Prerana's three-pronged model was acknowledged by Govt. of India in the First national policy on child trafficking and National Plan of Action 1998.

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Over the past few years, Prerana has been working closely and consistently with minor girls rescued from commercial sexual exploitation and trafficking. Prerana coined the term 'Post Rescue Operation (PRO)' to represent a domain in the anti-trafficking interventions and nurtured this field with observation, analyses and ground-level experiences. PRO involves a series of positive interventions, provisions, and measures to help the rescued victim in her journey, starting immediately after the rescue to the point of economic rehabilitation and social reintegration. PRO also covers the physical and mental recovery of the victim from the traumatic experience of being trafficked and sexually exploited. Post Rescue Operations require a strong presence on the field, where referrals are made after the rescue of minor victims of commercial sexual exploitation and trafficking.

Objectives of the Study Tour

In Prerana's work with the state on providing assistance to minor victims of commercial sexual exploitation, Prerana has often worked with victims belonging to Bangladesh. The cases are often challenging as the process of disclosure of identity and residence, along with the technical formalities, to complete the process of repatriation makes the system of sending the victims back to their own country a bit slow. Apart from that, given our work in the Red Light Areas (RLAs), we have also come across women in the RLAs of Mumbai who belong to Bangladesh.

During the latter half of 2017 and the beginning of 2018, a few journalists approached Prerana inquiring about Rohingya³ women being trafficked into the sex trade, and asking if we were aware of the status of their rehabilitation. Around the same time, Prerana had been referred the case of a Rohingya girl who had been trafficked to Mumbai around 2015-16. However, apart from two to three cases, the Team could not gather much information on Rohingya women being trafficked to Mumbai, India for commercial sexual exploitation.

1 <http://nldr.org/wp-content/uploads/2012/01/NATIONAL-PLAN-OF-ACTION-1998-GOVERNMENT-OF-INDIA.pdf>

2 <https://www.dhakatribune.com/bangladesh/crime/2017/06/29/growing-number-bangladeshi-women-indian-brothels>

3 The Rohingya people are an ethnic minority from the northern region of Myanmar's Rakhine State. They have been described as one of the world's most persecuted minorities.

The patterns in cross-border trafficking keep changing and as an organisation working on anti-human trafficking initiatives for over three decades, we felt it was important to enhance our understanding of the current situation and trends. Against this background, a three member Team from Prerana went on a study tour to Bangladesh between 25th November 2018 and 30th November 2018 with the following objectives -

1. To understand the current status of Rohingya Community in Bangladesh from the perspective of both the state (government) and Civil Society Organisations,
2. To understand the Modus Operandi (MO) of trafficking for commercial sexual exploitation of young girls and boys in Bangladesh,
3. To understand the route for the sex trafficking of children and women to India,
4. To know more about the experiences of the CSOs and caseworkers working on the field,
5. To understand the legal process and challenges in the process of repatriation of Bangladeshi victims from India to Bangladesh,
6. To understand the new trends in sex trade – focused on red-light areas, changing dynamics and share the experiences gathered in Mumbai.





Model of Operation - Save the Children



On 25th November 2018, the Team visited the Dhaka office of Save the Children, Bangladesh. The Team dedicated the day to orient themselves with the various projects of Save the Children around sex trafficking in Bangladesh, and to also understand their model of intervention. To ensure the safety of their beneficiaries, Save the Children, Bangladesh (henceforth referred to as STC) also discussed their child safeguarding policy with the Prerana Team, where some aspects of the policy were touched upon and the policy was signed by the Prerana Team. STC in Bangladesh follows the same child safeguarding policy that is followed in their offices globally. Apart from physical, emotional and sexual abuse, child neglect and bullying are also a part of their safeguarding policy. The organisation also restrains its employees from engaging in any form of child maltreatment including physical, emotional, sexual beyond their professional spaces, even in personal capacities. An important part of the safeguarding policy is the background check on vendors before engaging with them in a professional contract. The response on child maltreatment is reporting to the focal persons, who in turn report the matter to the national focal points and regional focal director on child protection.

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A. The SSS Project

Background - The community in Daulatdia

Situated between a busy railway station and a port, Daulatdia is the largest red light area (conglomeration of brothels) in Bangladesh. It is located 100 km west of the capital city of Dhaka⁵. There are approximately 1200 tinned rooms, with around 3-5 women living in each room. The number of minors in the brothels remains unknown. Until around 15 years ago, these women in the brothel were confined to this area and were forbidden from making their way outside. The other communities presumed that their women and children would get negatively influenced by the women and children in Daulatdia, and thus restricted their movement. The locals would also oppose the children of prostitutes attending school with their children.

There are very few statistics available on the prevalence of HIV and AIDS in the community. Drug abuse is rampant in this area, with women being given drugs used to fatten cattle, so that they look more plump and attractive to the customers. These drugs (oradexon and ventolin) are also force-fed to minors to make them gain weight so that they can be passed off as adults. The law in Bangladesh⁷ states that prostitution is legal for adults but it remains unregulated. Through their experiences, the Save the Children (STC) Team shared that marriage is a common way to lure women, and then traffic them into the sex trade. They also shared that in the first generation of women that lived in the area, almost all of them had been sex trafficked and sold into the sex trade.

⁴ A copy of the document with the guidelines was also made available to the study group for reference.

⁵ https://www.vice.com/en_us/article/9kjezd/sex-slavery-and-drugs-in-bangladesh
<https://www.aljazeera.com/programmes/101east/2017/07/bangladesh-biggest-brothel-170726081750179.html>

⁶ Unlike the understanding of brothels in India where a brothel is a building where sex trade takes place, the whole red-light area is understood as one brothel in Bangladesh.

⁷ http://news.bbc.co.uk/2/hi/south_asia/677280.stm

The STC Team also shared how there used to be unreasonable restrictions on these women like not allowing them to wear chappals (footwear), and not allowing them to be buried after their death.⁸ Most of them would be thrown into the nearby water bodies, after death. This was the situation when the implementing partners started working in this area. At the time of this visit, STC implementing partners were working in three different areas, Daulatdia which is in the Rajbari district, and two other brothels -C & B Ghat and Town Brothels in the Faridpur district.

The Sushikha O Susasther Mahdhomy Surokkha Project (Protection through better education and better health)

In Bangladesh, the children of women into the sex trade live in highly vulnerable situations. They are deprived of their basic rights, and violence against children has been reportedly quite rampant, with children living in the brothels being the worst affected. They are vulnerable to psychological, physical and sexual abuse. They often do not have access to education either. Both the mothers and the children face a lot of discrimination, with the daughters also being vulnerable to intergenerational trafficking and the sons being pushed into the allied activities of the sex trade.

The Sushikha O Susasther Mahdhomy Surokkha (SSS) Project (Protection through better education and better health) of Save The Children, Bangladesh (STC) aims at the protection of children born in brothels through access to education, health, and safety programs. The project has a staff strength of 90 people, including frontline workers and monitoring staff. In Bangladesh, it is difficult to run child protection or safety programs independently so the programs are often run in tandem with Health and Education components. Previously, STC has also worked on livelihood models with the women in the brothels. However, these programs have phased out over years of implementation. Access to the services of education, health and child protection, along with capacity building of mothers, children and the community, and advocacy at the policy level are the objectives of this project.

Operations

- **Safe Homes**

Safe Homes are run by the implementing partners for the rehabilitation of girl children born to the women into the sex trade. The Safe Homes are residential shelter facilities, focussing on education, health, and security of the children. Since 2012, the admission to these Safe Homes has stopped, since the organisation is programatically moving away from institutional placement as a form of rehabilitation. At the time of this visit, they were encouraging mothers to take initiatives like Safe Homes on their own, by collectively renting a room and employing a woman to take care of their children.

⁸ In our research prior to the visit, we also came across narratives of women who shared that they are not allowed to bury the dead or use the cemetery that the locals use, hence they used to put the dead in the nearby river.

- **Community-Based Child Protection Committees (CBCPC)**

These are mandated under the law. STC's implementing partners, through support from STC have formed these committees in the communities that they are working in. These committees are responsible for bringing forward issues in the communities and are expected to approach the relevant authorities to work on them. Children, local elected representatives, civil society representatives, municipal workers, legal representatives are a part of this committee.

- **Remedial Classes**

These are academic support classes that are run close to the communities to support the educational needs of the children. Some of these are also run in local schools after school hours. STC Implementing partners support the running of these classes.

- **Child Club Collectives**

This is a participative model, where children are engaged in running the daily activities and taking part in the decision-making process. It is a platform for children to come together to be a part of peer education and recreational activities. The implementing partners run these collectives of children across their projects.

The role of Save the Children is to support the implementing partner organisations in executing projects, maintaining the efficiency of delivery, monitoring programs, and training and capacity building of partner organizations. They also help in bringing in financial resources for these initiatives. Support from the state remains a major challenge in implementing these projects.



B. Rohnigya Response

Background - Rohingya Refugee Crisis

The Rohingyas are a Muslim ethnic minority from Rakhine, a northern state of Myanmar bordering India and Bangladesh. For years now, they have been persecuted in Myanmar to the extent that they have been recognised as one of the most persecuted groups in the world. Geographically located in Myanmar, the state of Myanmar stopped recognising this province as a part of their country in 1982 when a new citizenship law was passed that identified 135 national ethnic groups, excluded the Rohingya, effectively making them stateless.¹⁰

The Rohingya people have been subject to systematic violence and discrimination, in the Rakhine state of Myanmar. Around 2016-2017, there was an influx of Rohingya

⁹ Community Based Child Protection Committees at the local level are formed following the guidelines of Children Act 2013

¹⁰ <https://www.nationalgeographic.com/culture/people/reference/rohingya-people/>

population towards the Chittagong division, south east of Bangladesh. According to recent statistics, since August 2017, over 740,000 people from Myanmar have fled to Bangladesh because of extreme violence in northern Rakhine state on the country's western Bay of Bengal coast. In Bangladesh, they joined more than 200,000 people who had fled to Bangladesh years earlier. About 55%¹¹ of Rohingya refugees are children

Currently, this community has no political identity and are recognised as refugees in Bangladesh. There are two official registered refugee camps in Bangladesh at Nayapara and Kutupalong in the Cox's Bazar district.¹² There are talks of eventually sending this community back to Myanmar, where they would be able to create and get a political identity for themselves. Due to their temporary status, formal education of children and livelihood trainings are prohibited. Hence, international organisations are permitted to run interventions relating to safety, health and food for children and adults along with informal teaching. Most of the people employed by international organisations are a part of these communities, often referred to as Majhi's or community leaders.

Meeting with Rohingya Response Focal Point

Save the Children in Bangladesh has been working towards supporting Rohingya children and their families in their basic human rights. They distribute food and non-food items (including shelter, kitchen and water, sanitation and hygiene). The study group met with the Rohingya Response Focal Point for Save the Children, Bangladesh, Mr. Firozul Islam who gave helpful insights to the group to understand the current status of the community in Bangladesh refugee camps. He explained to the study group that even though he was the Focal Point, he had limited experience of working directly at Cox's Bazar. He explained that the refugee camp was an open space with makeshift houses and other facilities for the Rohingya refugees and that the location of the camp is quite close to other local economically weaker communities. Due to international interventions, there is a supply of food and health services in the refugee areas, but because there is unavailability and impoverishment in the surrounding communities, which often creates conflict amongst the two groups in this area.

Due to the chaos, uncertainty and conflicts in these refugee camps and due to their close proximity with the local Bangladeshi community at Cox's Bazaar, instances of sexual abuse of children and young women are common. Many young women are also trafficked into commercial sexual exploitation when they come to Bangladesh!¹⁴ However, most of these instances currently go unreported. Survival being the sole focus in these camps, such issues are unreported.



¹¹ https://data2.unhcr.org/en/situations/myanmar_refugees

¹² <https://www.orfonline.org/research/the-rohingya-crisis-a-health-situation-analysis-of-refugee-camps-in-bangladesh-53011/>

¹³ <https://www.worldvision.org/refugees-news-stories/rohingya-refugees-bangladesh-facts>

¹⁴ <https://www.pbs.org/newshour/show/in-worlds-largest-refugee-camp-rohingya-children-face-a-desperate-choice>



Field Projects -
Visits to Implementing Partner
Organisations



1. Visit to Mukti Mohila Samity – Daulatdia, Rajbari District

Mukti Mohila Samity (MMS) is an NGO working in Daulatdia, since 1997, with the women and children that live there. The Team met with the staff and the Executive Director, Ms. Murzina Aapa at their field office in Daulatdia. Ms. Murzina briefly shared her journey and the history of the organisation with the Team.

Having suffered the violence herself in Daulatdia, she approached the civil society, advocating for better conditions for the women living there. She was acquainted with Karmojibi Kallayan Sangstha (KKS) (another STC partner organisation) that encouraged her to start this initiative. 11 women from the community formed the executive body of MMS, with support from STC, Australia. The process of registering MMS as an organisation was long and tedious. Even though this body was formed in 1997, the organisation could get formally registered only in 1999.

Having experienced social exclusion for being trafficked and sold into the sex trade, these women came together and fought for their human rights. Their initial work began with running adult education programmes and Early Childhood Care and Development (ECCD) for 100 children in the brothel. Since 2004, over 640 children have graduated from ECCD centers.

Over a period of 15 years, the organisation has implemented various programs from adult literacy to early child care, working on providing legal identity documents, and also working with the local authorities to enable access to the local school for the children from the community. In terms of providing health services, the organisation has satellite and static health clinics. Once a week, there are doctors or paramedical professionals present at a central location in the area, where women and children get tested for various ailments, and are also prescribed medication. They have also been keen on working on rehabilitation of the women from the brothels but as a model of intervention that remains unexplored yet.

Visit to the brothels

During the visit to the brothels in Daulatdia, the Team observed that the space was large but congested, and the structures were flat. The Team also noticed a Suggestion Box in the community. While walking through the lanes, the Team spotted around 12-15 young girls, either sipping tea or speaking with young men and soliciting. The brothel had quite a few young men and boys as well. On discussing this with the staff, it was known that a water vessel transport service that carries vehicles, both commercial and private to the highway connecting to Dhaka, was very close to the brothel. Since a lot of commercial vehicles used this route, there is often a long queue for availing this transport service. The truck drivers are often seen engaging their cleaners (assistants) to queue up in line with their trucks, so that they can visit the brothels during this waiting period.

Meeting with the Child Club

The Team also met with the Executive Committee (EC) members of the Child Club during this visit. The EC members of the club were young boys and girls from the community between the age group of 14 to 18. They organize regular meetings, along with fun activities and games for the members of child club. The members of this club are elected democratically. The children were aware and open in their communication with the Team while speaking on the issues of child marriage, violence against women and children, and other issues that they face. The club members also informed the Team that some of them were a part of the Community-Based Child Protection Committees (CBCPC), formed under Children's Act 2013.

Visit to the Night Shelter

The Night Shelter provides safe shelter to children that otherwise live in the brothels as they are most vulnerable at night when their mothers are engaged in entertaining the customers. The Night Shelter was not being run by STC at the time of the visit. It was located close to the brothel and was for children below the age of 6 years only. There are currently no facilities for safe shelter at night for the children in the age group of 7 to 18 years in the brothels. The shelter that the Team visited had the capacity of about 36 children and at the time of the visit, and was running at its full capacity. It was a three-room structure occupied by the children in the night, who come to the facility around six in the evening. The shelter had one caretaker who was responsible for the safety and security of the children.

2. Karmojibi Kallyan Sangstha - Goalanda, Rajbari District

History of the Organisation

Karmojibi Kallyan Sangstha (KKS) established in 1997 is a local organization located at Goalanda, Rajbari. They run a Safe Home, supported by STC for the children of the prostitutes and also run a few schools. The Executive Director of the Organisation, Mr. Fajir Abdul Jabar oriented the Team about his journey of working towards the welfare of women and children. The organisation started its work with child labour victims from Goalanda Ghat, focusing on their education to enable them live better lives free of exploitation. As shared by him, the brothels at the Goalanda Ghat also used to run during the British rule. With an aim to help the children in the brothels, KKS started with Safe Homes in the year 1997, where they would house the children from brothels, day and night, with the objective of sending them to schools and ensuring that they can access education. Since then, approximately 120 children have been a part of the Safe Homes.

At the time of visit, the structure of the Safe Homes, was undergoing a change in operation. They were encouraging and assisting mothers to shelter 3 to 4 children with a care-taker per home. No new admissions were being given at the Safe Homes. They were planning to gradually phase out the programme. Thus, as on December 2018, there were about 14 girls at the Safe Home.

Mr. Jabar spoke about the initial challenges that they had faced while trying to start such a project in the community. Initially, it was quite difficult to convince the mothers to send their children to a facility for better growth and development. Many of the mothers also wanted to push their daughters into the sex trade and it was quite challenging to convince them to do otherwise. Over a period of time, when the mothers saw that the children at the Safe Homes were secure and getting access to education and other recreation facilities, they were encouraged to enrol their children at the Safe Homes. He also mentioned of them reaching out to a relatively smaller number of children across a period of around 20 years as dealing with children coming from difficult circumstances like these was seen as a great challenge in itself. In his experience, an organisation cannot commit to reach out to a greater number of individuals, since the needs of these children are different and the work with them requires more investment of time and resources. In his experience, it becomes important to scale in depth rather than size.

The KKS model is also engaged in rescuing young girls and women from the brothels if they are minors or if they have been forced into the sex trade.¹⁵ These rescues are conducted only when they receive such information about the prevalence of a minor girl or of a woman being forcefully kept in the brothels. After these rescues, the young girls and women are housed in a government shelter facility. KKS has helped in rescuing approximately 178 individuals from 2012 till Nov 2018.

Visit to the Safe Home and Interaction with the girls

The Team visited the KKS's Safe Home and interacted with the girls at the facility. Following observations were noted by the Team -

- **Infrastructure** - The structure of the home was flat, where the rooms had been created in a passage. Each girl had been allocated a bed and also some storage space for their clothes, utilities and education supplies. The rooms were painted with bright colours and were modestly equipped. Every room also had a separate bed assigned to a caretaker or a mentor, who would usually be an older girl. Besides the living facility, the Team also visited the dining area and the kitchen, which were well kept and equipped.
- **Interaction with the girls** - The Team interacted with the girls at the Safe Home. There were 14 girls at the Safe Home, 10 of whom were being supported financially by their mothers and 4 were supported through the STC program. The girls were glad to be in a safe place where they had access to basic facilities and could explore options for their education and careers.

¹⁵ Prevention and Suppression of Human Trafficking Act, 2012 <https://www.refworld.org/pdfid/543f75664.pdf>

Visit to Goalanda Police Station

The Team met with the Officer In-Charge (OI), Eijaz Shafi with Teams from KKS and STC. The Team was introduced to the OI and he was happy to assist and answer questions that the Team had. However, since he had been recently appointed, Mr. Shafi could not give much insight on the raids and rescues conducted in the surrounding areas. He referred to a couple of legislations on prevention of human trafficking and protection of women and children, like the Prevention and Suppression of Human Trafficking Act, 2012 and the Children Act, 2013.

During the visit, there was a victim at the police station who had been rescued from a situation of commercial sexual exploitation. Mr. Shafi asked the woman inspector to present her in front of the Team and also asked the Team if they wanted to '*interrogate her or ask her any questions*' to which the Team politely declined.¹⁶ According to the Team investigating her case, they were waiting for a family member to arrive and claim her custody and hence, she had been waiting at the Police Station since the previous day. According to Mr Shafi, if no one claimed the custody of a victim, only then would she be presented in front of the Court.

When the Team further asked about the general procedure that they followed after rescuing a victim, they shared that the rescue Team would ask the victim about her family. The family would then be contacted and asked to reach the Police Station to claim custody of the victim. The victim would not be set at liberty. However, once a family member has claimed custody, she would be handed over to them without detailed verification. The verification would only be done to the extent of checking basic identity and relationship documents. Only in cases, where no one would come forward to claim the custody of the victim, would they be presented in the Court and then subsequently sent to a shelter facility.

3. Shapla Mohila Sangstha

History of the Organisation and Programs

Shapla Mohila Sangstha (SMS) started their work in 1997 to raise awareness on HIV and AIDS in two brothels (Town and C&B Ghat) in Faridpur district. Prevention through education and awareness on HIV & AIDS and distributing condoms was their focus at the time.

The organisation was founded by Chanchala Mondal (who is the Gen. Secretary) and Shyamol Adhikari. Their work started from distributing condoms to the women to prevent the spread of HIV. This prevention work was supported for a few years by the HIV Alliance, UK. The model of condom distribution operated through Self Help Groups who led the condom promotion activities in the brothels.

¹⁶ The Team declined to ask any questions to the victim as they felt that since she had been rescued just a day ago and had been at the Police Station, their questions would add on to her ordeal and trauma, and revictimise her.

SMS also moved onto working on the issue of education and access to formal education for the children from the brothels. They ran a program to enrol the children in the local schools. Along with this, they also started running a Home for the children from the brothels. Currently, this Home has about 70 children under the age of 18 years residing there. The Home is run voluntarily and is not regulated by the government. If a woman approaches the organisation to admit her child at this Home, the trustees and co-founders interview the mother and the child, and accordingly decide if the child should be placed there. This also includes assessing the socio-economic status of the mother.

According to the co-founders of the organisation, social reintegration of the children who are a part of this Home, is a major challenge. Currently, the children who turn 18 are either shifted to hostels or live by themselves. Sometimes if the organisation has the resources, they support young adults financially and follow up on them every once in a while.

Under the Home for the Children, the organisation provides shelter, food, education and recreational facilities for the children. An approximate cost per child that the organisation incurs is about 10000 BDT (app. ₳ 8,240) per month including overhead expenses. The co-founders also mentioned that the mothers visited their children regularly. According to them, one of the biggest challenges that they face in running a home, is access and availability of good mental health professionals for the children who come from traumatic backgrounds. They do realise that psychological support is an important need but have no resources to meet this need at present. Shyamol Adhikari also spoke about how sometimes the senior management had to take on the role of a counsellor. This project is supported by Action Aid, Bangladesh.

When the Team asked the co-founders about their opinion on the status of the women in the brothels, Mr. Adhikari described how the women did not even have even the basic human rights. Their fight has been to try and help these women access their basic rights - right to move around, right to medical treatment, right to basic needs (like wearing footwear). They do not work towards legalisation of the sex trade but for these women to be able to enjoy their human rights.

The SMS Team believes that the fundamental rights of the women and children should be upheld in every situation. Previously, due to some fundamentalist factions of the society, who would not see these women of being of 'good moral character', brothels would be burnt overnight. Many women have lost their lives in such incidents. There was no political or social movement in the nation against this moralistic oppression. There has also been severe stigma around HIV. Currently, there are only two private organisations that run shelters/ institutions for HIV infected persons.

Meeting with the Community Based Child Protection Committee (CBCPC)

The CBCPC are mandated to be formed under the Guidelines of Children's Protection Act, 2013. The Team met with the committee in Faridpur district, which is formed with assistance from Shapla Mohila Sangstha.

Since 2013, this committee had assisted in rescuing 98 girls from exploitation and abuse. This committee is set out to meet once a quarter per year, and in cases of emergency they coordinate over the phone. There is also adequate children representation on this committee as per the government guidelines.

Field Visit – C & B Ghat and Town brothels

C & B Ghat is located in the Faridpur district. The brothels located here are one of the oldest in Bangladesh. The brothels were flat structures and barely equipped with basic necessities. They had thatched roofs and minimum provisioning within the structures, located very close to a water body. Both, the brothels and the surrounding areas, were not equipped with clean and organised sanitation facilities. The Team witnessed a couple of makeshift toilets right above the water bodies. The population in both these brothels was not more than 600 to 700 women.

Town Brothel was similar to the brothels in the red-light areas of urban India. These were located in a couple of buildings running through a lane. The Team did not have the chance to visit the inside of the brothels, but a quick visit was made to the center that SMS runs in the lane adjoining to the brothels. There were severe space constraints like in any urban set up and the rooms at the center were brightly coloured with educative material. While moving across this area, the Team noticed a number of young girls who were soliciting on the streets.

Visit to a Government Shelter Home

The Team met with the Deputy Commissioner (DC) of the ‘Rehabilitation Center for Socially Disabled Women and Girls’. Children, especially girls who are found without a guardian or are rescued from a situation of exploitation, and who come in contact with the law (committed crimes or offences) are all admitted into this rehabilitation center.

At the time of the visit, there were 34 girls at the rehabilitation center who had been rescued from sex trafficking. This home had the capacity to house 100 women and girls. In Bangladesh, there are 6 such homes in 17 districts.

All the 34 residents of the Home were below the age of 18 years (minors) and the youngest among them was about 13 years old. Various authorities like the police, private/voluntary organizations, and the guardians themselves refer the girls and women to the rehabilitation center. In order to admit the children after their referral, a Court Order is essential. This rehabilitation center works under the Social Welfare Ministry, Dept. of Social Services. The Ministry of Women and Children affairs does not look at the functioning of such homes.

Once a child or woman is referred to this facility and admitted through the order of the court, a registration form is duly filled, after which the victim goes through a basic medical check-up. Over a period, a rehabilitation development plan is prepared for the victim.

In terms of rehabilitation a number of services are provided at the center like basic education and literacy, sewing and handicraft-making, candle making, basic computers, chutney and *aachar* (pickle) making. SMS often supports these activities financially.

During the placement of a woman or child at the rehabilitation center, the staff also attempts to locate the family of the child/woman (*This happens often in cases where children/women are brought through an NGO or the Police*). The staff at the home tries to locate the family through the sub-district administration. Once they trace the family, the woman or the child should be able to recognise the family as their legal guardians. The family must also be willing to take custody of the child/woman. The Deputy Commissioner and Court make a collective decision to send the child/woman back home. It is essential for the Court to agree to the decision of restoring the child/woman to their family.

Regarding the support from the government and non-governmental agencies to run the rehabilitation center, there is only support from the voluntary sector. They also provide assistance in technical upgradation and capacity building of the staff at the rehabilitation center. Voluntary organisations like SMS also provide resources to take care of the mental health needs of the victims at the rehabilitation center. In terms of rehabilitation, the home also considers marriage as an eventual, long term rehabilitation and generally looks for a suitable groom for the girls after they turn 18 years of age. Through the support from the voluntary sector, they have also implemented a child protection policy. This particular rehabilitation center has rehabilitated 156 children from its inception in 2003.

In terms of their challenges, the DC spoke in detail about the challenges of not having a successful system to reintegrate the children back into society. Certain basic facilities like medical assistance for the children at the rehabilitation home are missing from the set of designated posts at the home. The nearest medical facility is 7–8 kms away from the center.

When victims are medically tested at the time of admission into the home, they are also tested for Pregnancy and HIV and other sexually transmitted infections. This is done only from the perspective of being informed and not as a medico-legal evidence in Court for the case. Also, if during such tests, the child is found to be pregnant, they have to continue their pregnancy to full term, since the law in Bangladesh does not permit medical termination of pregnancy. Once this child is born, they might be moved from one child care institution to another, suiting their needs till they attain the age of 18.

Often when the child's family is located/ traced, the rehabilitation home staff cannot disclose about the abuse that the child has been through to the family, due to the stigma and discrimination that the family and child might face after this disclosure. Thus, the staff does not engage in complete disclosure of the situation from where the child was rescued. From the 34 girls at the Home, most of the families had rejected their own daughters. Thus, the stigma related to children being away from family/guardians is immense.

The DC also shared that very rarely did they come across cases of commercial sexual exploitation of children where the family was involved in trafficking of the child into the sex trade.





Conclusion



Commonalities and gaps identified within the scope of interventions

- The community-based model of child protection and prevention of abuse and exploitation is quite common to the child protection interventions in India. The local civil society organisations run community centers for both night and day shelters as well as recreation and educational support. Like in India and within Prerana's experience, this has helped in empowering vulnerable communities and making them more informed as well as ensuring they access their rights. However, with respect to large brothels like Daulatdia and the Town brothels, the safety of young adolescent children especially the girls is uncertain. Since most of the facilities that are running for shelter during the night are for younger children below the age of 6.
- While interacting with the local implementing partners similar challenges in terms of penetrating the community when the organisations began their work were discussed. The resistance from the larger society to mainstream the children and women from marginalised communities, access to local systems and the fight with the state and people, scaling in depth due to sensitivity of the issue as against scaling in numbers seem similar to challenges that Prerana faced during the initiation of the work with the red-light area communities in Mumbai.
- The model of Safe Homes is similar to the Night and Day care centers which are located very close to the communities for the children to be kept away and safe from the threats of the sex trade. However, there was a stark difference in the way this model is looked at in Bangladesh and in India. While Save the Children and KKS considered this to be an institutional model of rehabilitation and were keen on phasing out of this intervention, in India, such centers within the communities are being looked at as an alternative to long term institutional rehabilitation.
- Through the interactions and discussions with the Police and the local Shelter Home, the practices followed for rescue and immediate post rescue came to light. In India, especially in urban metropolises, over the past decade the immediate post rescue situation has improved procedurally and more often than not involves the local courts and shelter homes. As per established and prescribed procedures, especially in the case of rescued minors, a detailed investigation is essential before restoring it to a claimant. However, the immediate post rescue situation in Bangladesh needs to be strengthened to better assist the victims and prevent re-trafficking.
- The situation of Shelter based institutional care for children also needs better and standardised regulation. Currently, only the government run facilities seem to be regulated by the state. However, facilities run by voluntary organisations are not provided with any prescribed norms for maintaining standards of care and protection. Also, the system of enrolment in these homes is arbitrary. Even though the Child Protection Act was passed in 2013, the implementation of the said legislation needs to be strengthened.

- As discussed earlier with other organisations, there has not been much that is reported or substantiated through data or anecdotes on Rohingya women and children being trafficked to Mumbai or Delhi for the purposes of commercial sexual exploitation. Save the Children Team corroborated this through their experience on the field at refugee camps.
- The situation of social case work and trauma informed care needs to be researched and invested in, like in India. Victim assistance services and economic rehabilitation of victims rescued from commercial sexual exploitation definitely has a long way to go in South Asia.

Partnerships and Way forward

On the last day of the exposure visit, Prerana and Save the Children Teams sat together for a debriefing session. Highlights of the discussion with regards to partnerships and networking were:

- As concluded above, there is a need to advocate for night care centers within the community for young adolescent girls. The Team at Save the Children was keen on understanding Prerana's model and struggle with establishing the model to advocate for the same with partner organisations as well as the relevant govt. authorities.
- Save the Children also shared about a couple of training programs they have attended and are certified to conduct with regards to youth development, assisting marginal communities on early childhood development and parenting. Prerana was keen on exploring a couple of these training programs and requested Save the Children to introduce the same to them.
- There was also a brief discussion around the repatriation process and assistance to be sought in case of any due diligence to be carried back in Bangladesh. Currently, Save the Children works closely with Sanlaap in West Bengal to facilitate repatriation of trafficked victims.
- The Prerana Team shared about the online resource center (www.fighttrafficking.org) and encouraged the Team to share any best practices and relevant experiences that could be shared on the resource center. The Prerana Team also sought suggestions on the online resource center.
- Save the Children was also keen on exploring the After Care (assisted living) program and were keen on understanding its operationalization and success of the model through Prerana's experience.
- In order to understand the community-based interventions better, Save the Children would be arranging a similar exposure visit to Mumbai in the coming year. Prerana acknowledged the idea and expressed its willingness to facilitate the coordination of the proposed vis



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