Anna Dubuis/DFID

MODERN SLAVERY PREVENTION AND RESPONSES IN SOUTH ASIA: AN EVIDENCE MAP

DECEMBER 2018

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Conflicts of interest
There were no conflict of interests in the writing of this report.

Contributions
The opinions expressed in this publication are not necessarily those of the Department of International Development. Responsibility for the views expressed remains solely with the authors.

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Citation
This report should be cited as: Oosterhoff, P., Yunus, R., Jensen, C., Somerwell, F., Pocock, N.S. (2018) *Modern slavery prevention and responses in South Asia: An evidence map*. London: Department for International Development.

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Background[1]

The Asia Pacific region has the highest numbers of both slavery and child labour victims in the world. The International Labour Organization (ILO) estimates that 16.5 million and 8.4 million persons were in situations of forced labour and forced marriage respectively in Asia Pacific, among 40.3 million in modern slavery globally (ILO & Walk Free Foundation 2017). Although there is a growing body of research and evaluations on specific sub-sectors and interest in the worst forms of labour exploitation, there has not yet been a systematic scoping or synthesis of studies that would help policymakers understand 'what works' to reduce the prevalence of "Modern Slavery"[2](MS) in the countries of interest to DFID (India, Nepal, Bangladesh, Pakistan). India alone is estimated to have the largest number of people in modern slavery in the world with nearly 8 million persons living in modern slavery, followed by 3.2 million, 592,000 and 171,000 in Pakistan, Bangladesh and Nepal respectively (Walk Free Foundation 2018).

While systematic reviews on interventions to reduce prevalence of trafficking, forced or bonded labour or slavery exist, these have not focused on the target countries of interest to DFID. Previous systematic reviews have focussed on particular types of MS, such as cross border sexual exploitation globally (van der Laan et al. 2011), labour exploitation in Europe (Cockbain et al. 2018) or community based interventions for safer migration programming in low and middle income countries (LMICs) (Zimmerman et al. 2016). Several systematic reviews focus specifically on health needs and post-trafficking care or interventions (Ottisova et al. 2016; Muraya & Fry 2016; Hemmings et al. 2016; Dell et al. 2017), and research methods and tools used in trafficking in persons (TIP) and health research (Cannon et al. 2018; Doherty et al. 2016). A recent global review and evidence map of MS interventions found some interventions in the target countries, but the outcomes were not specified (Bryant & Joudo 2018).

In this Evidence Map, we address this gap in evidence for India, Nepal, Bangladesh and Pakistan specifically, scoping the range of Modern Slavery interventions and outcomes for specific target populations (survivors, employers, landlords, services providers, criminal justice officials) and at different levels (individual, community, state).

This map is foremost targeted to DFID and its partners in India, Nepal, Bangladesh and Pakistan to inform evidence-based policy making. We hope that it is also useful to academics and practitioners working to address modern slavery, or in intervention areas or locations described.

[2] "Modern slavery" is a concept that is defined differently depending on the context and includes various forms of extreme forms of labour exploitation. In this document we use the term "modern slavery" (MS) as a working term reflecting its use in UK policy documents

This systematic evidence mapping exercise, as any method, has specific strengths and limitations, which we describe in more detail in the methods section. We therefore suggest that readers use the evidence in this map together with other sources and forms of evidence and knowledge that are available. Written evidence can inform and complement – but not replace - real life experiences and listening to people.

Objectives

The aim of this study is to produce an Evidence[3] Map and 1-2 Rapid Evidence Assessments (REAs) to support evidence-informed programming on modern slavery by DFID in India, Nepal, Bangladesh and Pakistan. The anticipated work will take place in two stages, with the first informing the scope and development of the second:

1. Produce an Evidence Map of existing evidence on interventions for all types of modern slavery in India, Nepal, Bangladesh and Pakistan;
2. Produce 1-2 Rapid Evidence Assessments (REA) on priority areas for detailed synthesis, as selected by DFID country teams (after consulting the Evidence Map)

Key research questions for the Evidence Map include:

1. What interventions exist to prevent, mitigate or respond to modern slavery?
2. Where are interventions clustered, and where are they missing?
3. Which populations are interventions mostly targeted at (MS survivors, employers, landlords, service providers, criminal justice practitioners)?

Methods

The Evidence Map (EM) provides a visual overview of the availability of evidence for MS interventions. The EM will show where evidence is concentrated and where it is missing by mapping out existing and ongoing impact evaluations in MS; and by providing a graphical display based on specific types of evidence and approaches to research in MS, which are described below.

Definitions

As per DFID's conceptual framework[4], we use "Modern Slavery" as an umbrella term for various situations where a person is exploited by others for various forms of gain. Modern slavery includes: bonded labour, forced labour, debt bondage, human trafficking, sexual

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[3] Definitions of the nature and forms of evidence can vary across disciplines and contexts. We explain our approach in the methods section below.
[4] Available upon request

exploitation, domestic servitude and the worst forms of child labour. We will also include "labour exploitation – trafficking" and child marriage as forms of MS.

We include the above terms in our search string, although we recognise there are political sensitivities around some of these terms. For example, "bonded labour" is an accepted term in India, but slavery is not, and researchers and NGOs may avoid using the term "Modern Slavery" altogether.[5] In some countries, there is a legal conflation of sex work and trafficking, all sex workers are seen as trafficked, and this may result in the exaggeration of the number of trafficked persons for sex.[6] Furthermore, we are not able to be exhaustive in all interpretations of MS in the development of search terms. For example, there are specific terms for particular forms of exploitation such as "Harwa-Charwa" in the Terai region in Nepal, which is considered a form of modern slavery. Rather, we take a pragmatic approach to the recognition of local diversity by not placing restrictions on how the different forms of slavery are measured and defined in the search strategy. We will explain some of the key differences between international and national, participant-defined definitions such as the above-mentioned examples in our report.

We did not place restrictions on the method of measuring "Modern Slavery" for the outcomes. For example, where participants are defined as "forced labour" in a report, indicators used may differ (e.g. based on ILO, national law, or definitions based on local referral systems). In previous systematic reviews on trafficking conducted by the team, we have not placed restrictions on measurement of the exposure "modern slavery" or "trafficking". Whether participants in a study are MS survivors can therefore be defined by participants themselves, service providers (where applicable) or researchers. Similarly, we have not placed restrictions on methods used to measure outcomes related to MS.

Search strategy

A multi-stage search strategy was followed, comprising electronic searches of academic and non-academic databases and websites (please see Appendix A. for complete list), using keywords (please see Appendix B. for search terms) for studies published between 2008-2018. In addition, one reviewer consulted experts and colleagues working in NGOs delivering services in the relevant countries to collect NGO reports on modern slavery that are consistent with the inclusion and exclusion criteria. Relevant studies known to the study team were retrieved and considered at the full text stage.

We tailored the search terms by type of resource or database being searched. We opted for a sensitive search in OVID databases (Appendix A.) as from preliminary searches, several relevant studies were not coming back in the more specific search, and these studies could

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[5] In South Asian countries in which bonded labour is prevalent, such as India, bonded labour is also illegal. However that does not mean that these countries accept to define bonded labour as a form of modern slavery.
[6] For an overview of laws see for example: http://spl.ids.ac.uk/sexworklaw Indian laws conflate sex work with trafficking, which makes it difficult to distinguish between people who do sex work by choice and those who are forced and in bondage. See: Kempadoo, Kamala, Jyoti Sanghera, and Bandana Pattanaik. *Trafficking and prostitution reconsidered: New perspectives on migration, sex work, and human rights*. Routledge, 2015.

not easily be scoped via another method (e.g. purposive search or citation tracking). We conducted more specific searches in Web of Science and Scopus databases. For websites, search terms were amended according to what the search functions permitted, where some websites allowed short keyword search terms rather than multi search strings (e.g. ETHOS, EPPI DoPHER). In cases where there were no search functions on a website, a manual search of all publications in a list or on that particular website was conducted (e.g. IOM external evaluations, 3ie, Freedom Fund website).

Selection criteria

For the Evidence Map, the following inclusion/exclusion criteria apply:

Inclusion criteria
- Published between 2008-2018;
- Studies conducted in English;
- Peer or non-peer reviewed research based on experimental or quasi-experimental studies[7] or evaluations of interventions to prevent modern slavery, and observational studies where they include an intervention. Quantitative and qualitative observational research studies eligible for inclusion include: cohort, longitudinal, case/control, cross-sectional studies/evaluations, qualitative studies or case studies (featuring interviews or focus groups), including post-evaluation only assessments and participatory approaches;
- Studies/intervention evaluations may be conducted internally (by the implementing organization) or externally (by an external organization or consultant);
- Studies/intervention evaluations may be completed or ongoing (mid-term and final project evaluations were included);
- Reviews or systematic reviews which focused on the countries of interest or South Asia region.

Systematic reviews on MS with global scope, retrieved from searches or known to the study team, were used for backwards citation tracking to find relevant primary studies from the region for inclusion. Systematic reviews used for citation tracking are listed in Appendix G. The data extraction form and guide with further information on study designs can be found in Appendix C.

Exclusion criteria
- Theoretical or conceptual papers, comments, letters, correspondence;
- Observational research which does not include an intervention;

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[7] Experimental studies are those where participants are randomly assigned to a treatment (intervention) or control group. Quasi-experimental studies feature participants who are assigned to intervention or control groups but not randomly. An observational study may be concerned with the effect of a treatment but participants are not assigned to intervention/control groups.

- Studies which examine broad poverty reduction or similar interventions, unless specific types of MS (bonded, feudal, trafficked labour) are mentioned in the abstract report or summary;
- Studies which collected data on the study population as part of a larger sample, but do not present disaggregated data for the study population of interest (please see Outcome categories for study populations). For example, where MS survivors are included in a sample of migrant returnees, but disaggregated data are not available for MS survivors only, the study would be excluded.

Safer migration intervention evaluations were included at the abstract screening stage but were excluded at the full text stage if they did not explicitly mentioned reductions in MS or MS related outcomes in the full report. In other words, to be included, a safer migration intervention had to be aimed at reductions in an MS related outcome to be included. Studies which included MS as an exposure, rather than as an outcome – for example, the health consequences of child labour in Bangladesh, or the impact of child labour on educational attainment – were excluded unless it was clear that an intervention to prevent or reduce MS was included in the study and was evaluated. Studies which included interventions that were not designed for MS prevention or response explicitly, but that reported effect sizes for MS outcomes considered in our evidence map framework, were included. Microfinance programs are an example of this.

When multiple eligible papers from the same study were identified, only the most definitive results were included for each relevant outcome. By definitive results, we referred to quantitative or identifiable and measurable qualitative outcomes. Where studies could not be retrieved, either online or via contacting authors, they were excluded from the map.

Quality appraisal/Risk of bias in included studies

We did not conduct risk of bias assessment of studies meeting the inclusion criteria for the map. Please see Appendix C. for the coding tool which was used to code studies for the Evidence Map. While study design (observational, quasi/experimental) offers some indication of study quality at this stage, we cannot definitively comment on the risk of bias of studies included in the map. At the REA stage, we will conduct full risk of bias/quality appraisal of studies. Studies which do not meet an agreed quality threshold will be excluded and their findings will not be synthesized for the REA. The quality assessment tool has not yet been decided but may include an adapted version of one or several of the following: Maryland Scientific Methods 5 Point Scale, CASP checklists, DFID's Principles of Research Quality tool. We anticipate inclusion of observational studies in the REAs. Considering the limitations of observational study designs, we use the term "quality" rather than risk of bias to indicate that studies/papers were assessed based on the best methodology the authors could offer for a cross-sectional study, rather than theoretical grounds for risk of bias (Liberati et al. 2009).

Data extraction

Four reviewers conducted searches of databases and websites listed in Appendix A. Following the initial electronic search, three reviewers screened downloaded titles and abstracts for potential inclusion in the Evidence Map; the same reviewers assessed the full-text of potentially eligible studies against the inclusion criteria. Reviewers independently screened abstracts and full-texts separately, i.e., we did not conduct double screening of abstracts and full texts. A random 5% of each reviewer's study allocation was screened by a second reviewer, to check for consistency of screening at the abstract stage. No significant inconsistencies were found.

A data extraction form was developed, which was piloted by two reviewers. Three reviewers extracted data separately. Data for 5% of included studies was extracted by the second reviewer to check for consistency in data coding, with disagreements resolved by discussion. There were no significant differences in coding. Data were extracted on: bibliometric information, study design, type of MS, country of intervention, type of interventions included in the study, type of outcomes for the study. Please see Appendix C. for the coding tool used in data extraction.

Data management

Abstracts from database searches were downloaded to the reference management software Zotero, where deduplication of abstracts was performed. These entries were screened for inclusion/exclusion, with records kept on numbers of studies excluded. We kept records in Excel for abstracts/report summaries obtained from grey literature sources (e.g. UN websites) and recorded the number of studies excluded at this stage.

After all abstracts were screened and relevant abstracts identified, three reviewers retrieved the full text papers, which were then screened against the inclusion criteria again. Records on full texts included/excluded were noted. Included studies were input to a group "DFID Evidence Map" folder in Zotero.

Reporting

We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for clarity of reporting for the Evidence Map report (Liberati et al. 2009). The team's IT expert has produced an interactive, online user-friendly version of the map.

Study Limitations

- To conduct a review, we need to use search terms, criteria and definitions of concepts which are fluid and subject to multiple interpretations, which reduces some of their local socio-political and historical complexity and richness. Narrow definitions of evidence and criteria might exclude promising and relevant pioneering interventions.

- Academic research and evaluations tend to be costly, requiring a program scale and duration that are well outside the capacities and budgets of most (I)NGOs working to eradicate modern slavery in these countries.
- As with academic literature and in NGO reports, there is a high chance of publication bias of studies on large-scale and promising interventions rather than on small pilots and failures. Some organizations contacted were reluctant to share information on pilots and failures.
- We can only include publicly available documents that can be accessed electronically-thus excluding internal reports of organizations on interventions, older non-scanned hardcopies of documents such as documents in archives, or audio-visual materials.
- Differing operational definitions of trafficking and modern slavery terms may hinder interpretation of findings. We did not make our own assessments of MS type, instead relying on the authors' statements on the type of MS investigated in their reports.

Evidence Map Framework

Outcome categories & sub-categories

Appendix D. lists the outcome categories that form the columns of the Evidence Map, along with a brief description for each sub-category. The outcomes were organized by the main target population or level they refer to (MS survivors or persons at risk of MS; community/societal level outcomes; employers/landlords/brokers; service providers; criminal justice/legal/policy outcomes. As with a previous 3ie evidence gap map (EGM) on intimate partner violence (Picon et al. 2017), within each main category, we try as far as possible to follow a causal chain. For example, outcomes start at "awareness and attitudes towards MS" and end with a category for actual prevalence/recurrence of MS. We also include a cross-cutting sub-category for cost-effectiveness, which is an important factor for decision makers to gauge value for money for different interventions.

Intervention categories & sub-categories

Appendix E. shows the intervention categories and sub-categories that form the rows of the Evidence Map, along with a brief description for each category & sub-category. Categorising interventions, from small, localized pilots to national policies, is always challenging and subject to debate. The approach in this Evidence Map builds on how interventions were categorized in a recent global evidence review of MS interventions by the Walk Free Foundation (Bryant & Joudo 2018). We have adapted the categories to accommodate all types of MS, from bonded to trafficked labour, based on the research team's knowledge of the types of interventions for these different forms of MS. We also take inspiration from how categories were presented at different levels in the social ecology (individual, community, state) in 3ie's intimate partner violence EGM (Picon et al. 2017). The main intervention categories are listed below:

Risk based prevention: Evaluations of interventions which target specific risks associated with falling into debt-bondage/bonded labour, trafficking, domestic servitude, forced labour and the worst forms of child labour. Interventions may be targeted at specific at-risk groups for bonded labour or trafficking (e.g. lower and backward castes), or they may target the wider community where at-risk groups reside (for cross-border trafficking, this can include community interventions with the migrant community or the host country population).

Service responses/delivery & coordination: Evaluations of services and interventions provided to victims (either as they are being exploited, or after they exit an exploitative situation, including bonded labour). Services may be provided by Civil Society Organizations (CSOs) or government providers. Activities providing emergency and longer-term support to victims, such as case management or reintegration and rehabilitation, fall under this category.

Industry interventions & value chains: Employer or industry targeted interventions which may reduce risk of exploitation. Initiatives may be led by industry, small and medium-sized enterprises (SMEs) themselves, or they may be led by external parties (Industry coalitions, government officials, multinational companies for whom the SME is in the supply chain). Interventions may also target landlords using bonded labour.

Legal & policy level interventions: Evaluations of interventions targeted at the institutional level to impact factors contributing to risks of bonded labour/trafficking by changing laws and policies and enforcing existing regulation. Interventions may aim to improve investigation and prosecution of exploitative landlords and traffickers, or enhance regional cooperation and leadership on criminal justice responses to MS.

Emerging trends: A separate category for interventions not defined at a specific level (e.g. individual, community) or for interventions that cut across the above main categories (risk-based prevention, service responses/delivery and coordination, industry interventions and value chains, legal and policy level interventions).

Findings

Figure 1. shows the results of the search and screening process for studies meeting inclusion criteria for the map. The process resulted in inclusion of 116 studies which reported findings for a modern slavery related intervention and/or assessed changes in a modern slavery related outcome. The complete list of included studies can be found in Appendix F.

Figure 1. Search and screening results
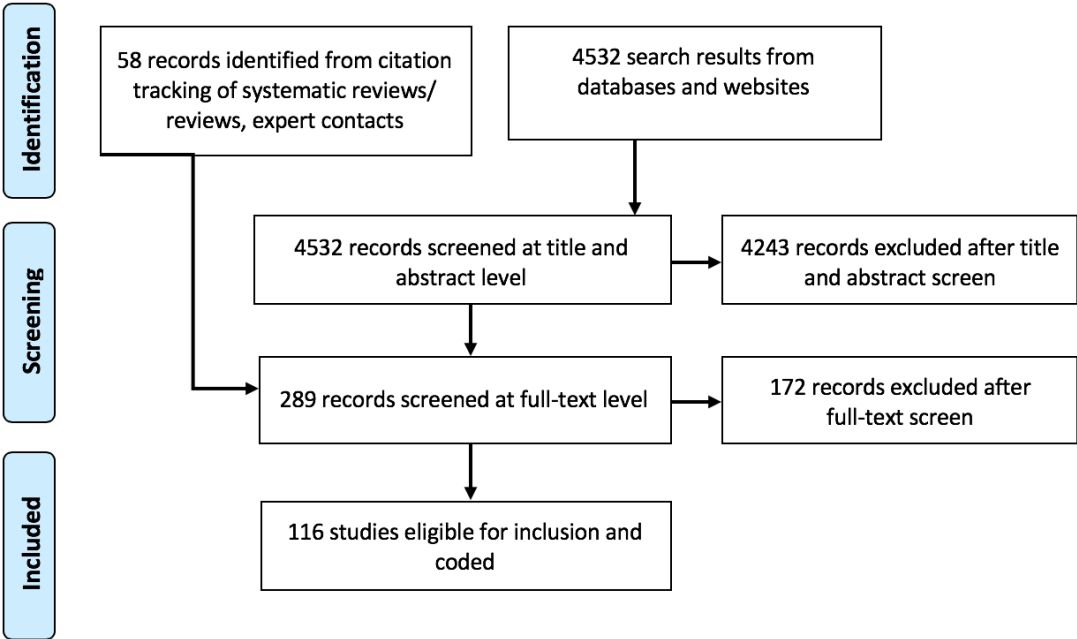
No systematic reviews focussing on MS as a whole in the study countries or in the South Asian region were found. However, reviews were found on specific types of MS, most commonly including child labour and sex trafficking. Reviews include studies that use secondary data and external literature to the intervention and are not explicitly evaluations. We also found several review articles which focussed on MS in one or more of the study countries (e.g. 2017 Larmar). We conducted backwards citation tracking of eight reviews and systematic reviews related to MS outcomes (listed in Appendix G.), from which 20 primary studies were identified for inclusion in the map.

After coding all studies identified through the search and screening process, we mapped them under the evidence map framework. Figure 2. shows the static Evidence Map for completed and ongoing evaluations (as we included mid-term reviews). On the map, each number indicates how many studies evaluate an intervention category for each outcome category as is standard in evidence maps (Picon et al. 2017). There are 1,681 occurrences of evidence across the map. This is because each study may include multiple interventions and

outcomes and can therefore be represented in several cells. The evidence however is widely distributed, and there are few clusters of evidence by intervention and outcome.

Darker green cells represent more instances of evidence, while darker red cells represent evidence gaps. White cells are neutral, representing that there are a fair number of studies for that intervention and outcome. Evidence maps only show where the evidence is – not what the evidence says, or what the quality of included studies is (Picon et al. 2017). Studies may find positive, negative or null effects for an intervention. For example, the child labour ban in India which led to increased prevalence of child labour (Bharadwaj 2013). The map provides a visual overview of where research on interventions has focussed and where it has been neglected. Looking at studies in more detail in each cell allows the reader to discern for themselves the circumstances under which interventions seem to work better or not (Picon et al. 2017).

Figure 2. Evidence gap map of MS interventions against outcomes

			MS SURVIVORS/PERSONS AT RISK					COMMUNITY/SOCIETY			EMPLOYERS/LANDLORDS/BROKERS				SERVICE PROVIDERS			CRIMINAL JUSTICE/LEGAL/POLICY					CROSS CUTTING
TARGET POPULATION			AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
OUTCOME CATEGORIES			Economic factors	Life skills	Awareness & attitudes MS	Access/take-up response	Health status	Economic factors	Awareness & attitudes MS	Incidence or prevalence MS	Awareness & attitudes MS	Regulatory compliance	Working/living conditions	Incidence or prevalence MS	Awareness & attitudes MS	Quality of service/care	Victim ID	Awareness & attitudes MS	Victim ID	Anti-corruption	Criminal justice response	Incidence or prevalence MS	Cost-effectiveness
INTERVENTION CATEGORIES																							
RISK BASED PREVENTION	1	Z Economic interventions	10	7	6	16	8	5	10	29	4	5	2	2	1	4	0	1	1	0	2	1	1
	2	AA Social & health protections & care	4	2	4	10	4	3	4	12	0	0	0	0	2	3	0	1	0	0	0	0	0
	3	AB Education & training (targeted)	14	19	18	32	11	4	15	33	3	4	4	1	4	10	1	8	2	0	8	0	1
	4	AC Awareness raising (wider community)	8	11	12	16	5	2	16	14	2	3	1	2	1	6	2	3	2	0	5	0	0
	5	AD Awareness raising (targeted)	10	16	22	23	8	3	15	20	3	3	3	2	6	9	3	7	2	0	7	0	1
	6	AE Social norms/empowerment (other)	9	11	11	13	9	0	7	17	0	1	1	0	1	2	0	1	0	0	2	0	2
SERVICE RESPONSES	7	AF Legal services/assistance	5	4	5	7	1	0	4	7	0	2	2	1	4	6	2	3	0	0	3	0	0
	8	AG Health services	4	4	3	12	6	2	5	11	1	1	0	1	1	5	0	2	0	0	2	0	1
	9	AH Reintegration & rehabilitation	8	7	6	10	5	2	11	10	2	2	1	2	2	6	1	5	3	0	6	0	0
	10	AI Training with NGO, government welfare providers	1	3	5	7	1	1	4	5	0	0	1	1	6	7	2	4	3	0	4	0	0
	11	AJ Community led services	7	5	6	7	4	2	6	12	2	2	1	1	3	4	3	2	1	0	4	0	0
	12	AK Victim identification	5	3	3	4	0	1	5	4	0	0	0	1	2	3	2	1	2	0	3	0	0
	13	AL Documents/regularization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INDUSTRY	14	AM Training with employers, SMEs	1	2	0	3	0	0	2	3	2	2	0	0	0	2	1	0	0	0	0	0	0
	15	AN Supply/value chain interventions	2	1	1	2	0	1	2	5	2	8	4	3	1	1	0	0	0	0	0	0	0
	16	AO Employer led interventions	1	2	2	5	0	1	4	10	4	4	3	1	1	2	0	1	0	0	0	0	0
LEGAL & POLICY	17	AP Legislative or policy change	5	5	4	13	2	5	7	18	2	2	1	1	4	6	3	4	2	0	3	1	0
	18	AQ Training/support to improve criminal justice response	1	3	3	4	0	0	3	4	0	0	0	0	2	3	1	5	2	0	6	0	0
	19	AR Coordination & partnerships	3	7	5	17	2	3	8	13	4	4	2	1	3	7	2	7	2	0	5	0	0
	20	AS Community based legal initiatives	1	0	0	1	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	21	AT Targeted advocacy	3	8	3	8	2	2	6	7	1	2	2	0	1	4	2	4	1	0	2	0	0
TRENDS	22	AU ICT based interventions	1	1	1	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	23	AV Multicomponent interventions	12	18	17	31	9	6	20	31	4	6	4	2	8	16	5	9	3	0	10	0	0

This table shows the number of studies included in this review that addressed each combination of interventions and outcomes.

Green cells show where the review found a significant number of studies - darker shades of green indicate more studies found. Red cells highlight evidence gaps - darker shades of red indicate greater evidence gaps. White cells are neutral, representing that there are a fair number of studies for that intervention and outcome.

Features of the evidence base

Between 2008 and 2018, two-thirds (n=78/116) of studies which included an MS related intervention have been published in 2013 onwards (Figure 3.). This is unsurprising given donor and government interest in MS and trafficking in the past few years. Before 2013, no randomized controlled trials (RCTs) of MS interventions had been published, with the evidence base comprising of mostly observational qualitative studies, mixed methods studies and reviews (data not shown).

*Figure 3. Included studies by year of publication (n=116)*
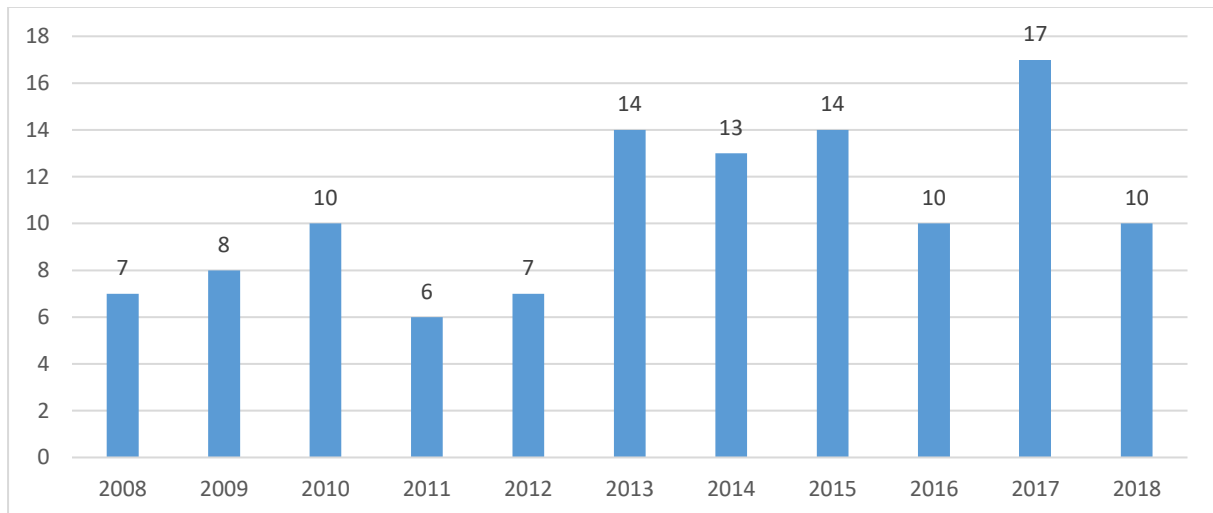
Country focus of studies

Figure 4. displays included studies by country of focus. Most studies have been conducted in India (n=65), with Nepal and Bangladesh a distant second and third most common locations. The vast majority of studies were focussed on one country, with just 16 studies focussing on two or more countries (data not shown).

Figure 4. Included studies by country(s) of focus (n=142)*
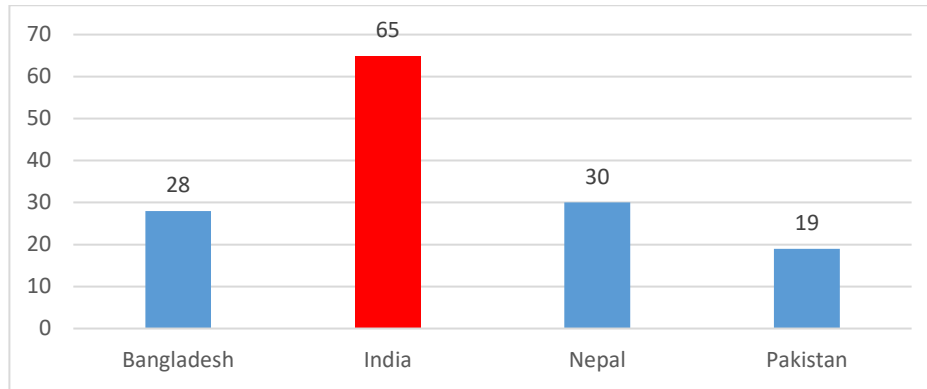
*multiple responses, totals sum>116

Modern slavery type

Half (n=58/116) of included studies examined child labour interventions, followed by a third (n=36/116) of studies which explored sexual exploitation (Figure 5.). Half (n=27/58) of the child labour studies were conducted in India, while 19 studies were conducted in Nepal and 17 in Pakistan (child labour was the most commonly researched form of modern slavery in Pakistan, n=17/19). This higher number does not only reflect the high prevalence of child labour in these countries but also a broad political consensus on the rights of children to be protected from child labour.[8] This consensus makes it possible to fund and develop interventions and research. For sexual exploitation, most studies (n=23/36) were conducted in India. For labour exploitation, studies did not focus on this form of MS exclusively for the most part, with 65% (n=17/26) of those studies also examining sexual exploitation (data not shown). The high number of studies on sexual exploitation probably reflect a combination of the illegal status of sex work, with a legal conflation of sex work and trafficking, HIV related funding for interventions and research on sex work and longstanding interests in "empowerment" of women and girls.

For studies on child marriage interventions, 54% (n=12/22) were conducted in India, with 36% (n=8/22) conducted in Bangladesh.

Just 23 studies examined bonded labour, debt bondage or domestic servitude – the latter was the least researched form of modern slavery. It is important to note that we coded studies based on author's stated focus on a type of modern slavery, and not our own assessment – it may be that the term "domestic servitude" has been less frequently used, or that alternative conceptions/terms are preferred (e.g. domestic work falling under labour exploitation) during the past ten years. The low number of studies on domestic servitude could also reflect the invisibility of unpaid care.

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[8] The Convention on the Rights of the Child, is signed by almost all UN member states, which commits them to implementing this international human rights legislation in national legislation.

Figure 5. Included studies by type of Modern Slavery (n=177)*

*Figure 5. Included studies by type of Modern Slavery (n=177)**
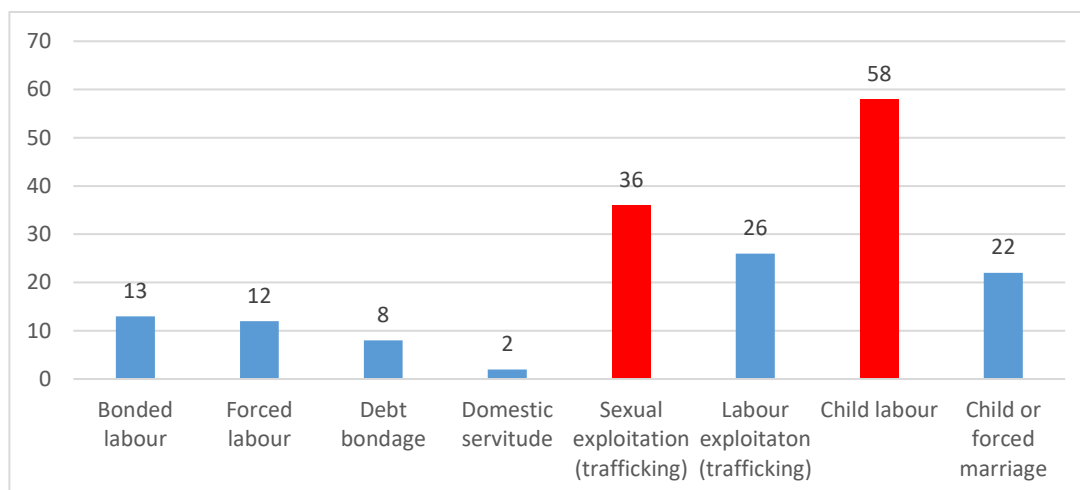
*multiple responses, totals sum>116

Study design

As Figure 6. shows, most studies on MS interventions were observational qualitative studies (n=39), followed by mixed methods studies (n=30), which together comprised 60% of included studies. Qualitative studies examined child labour (n=21) and sexual exploitation (n=15) and labour exploitation (n=10) (data not shown). Among observational mixed methods studies, a third (n=10) included forced labour, with five studies on debt bondage. A fair number of mixed methods studies examined labour exploitation (n=11) and child labour (n=12). Of the eight RCTs, three were focussed on child labour while four focussed on child marriage; the remaining RCT evaluated a community awareness raising campaign on attitudes towards labour and sexual exploitation in Nepal. Please note that studies may have examined more than one type of modern slavery, therefore the figures above may sum above the number for each type of study design displayed in Figure 5. The small number of quantitative studies reflect a range of technical, political, financial and moral problems with conducting surveys among hidden, marginalized, geographically fragmented, and mobile populations in highly diverse and dynamic settings in which multiple forms of slavery exist.

Figure 6. Included studies by study design (n=116)
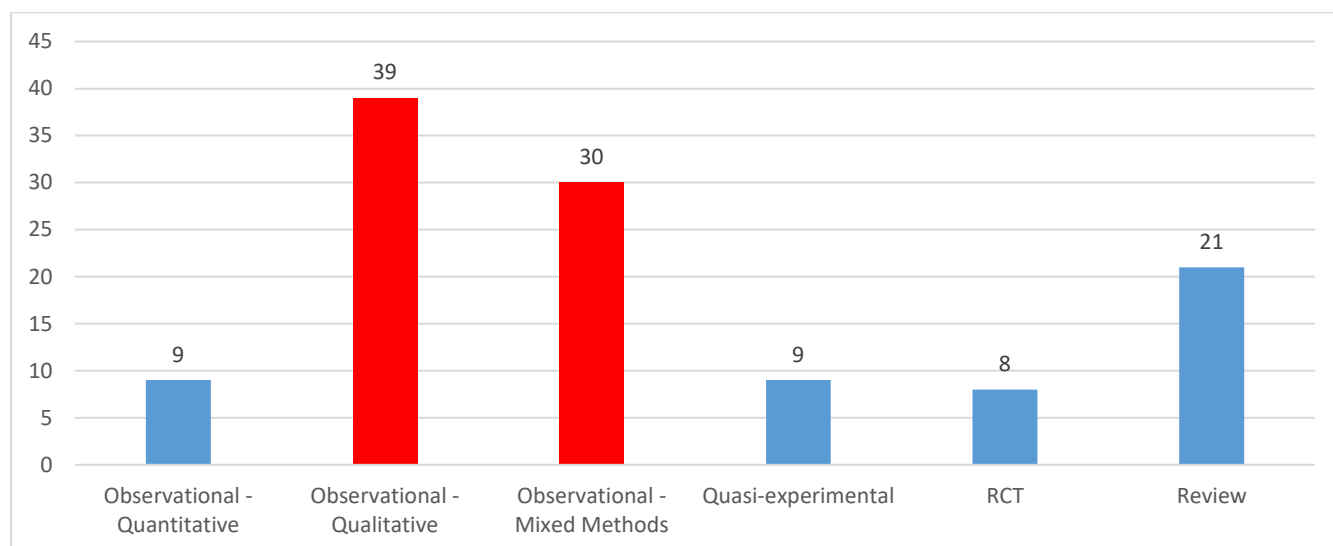
Intervention categories

Figure 7. shows the distribution of evidence by intervention categories. There is a clear concentration of studies examining interventions, policies and programs aimed at risk-based prevention among individuals at risk for MS in communities. A total of 197 instances of evidence were found in the risk-based prevention category, with targeted education and training interventions (n=57) most frequently mentioned. Interventions in this sub category include life skills and vocational training and school enrolment initiatives. Most (n= 32/57) studies in this sub-category were conducted on child labour.

Studies examining the effects of targeted awareness raising initiatives were the next most common in the risk-based prevention category. Examples of interventions include pre-departure orientations to at-risk migrants and information on MS related laws to moneylenders or landlords. For studies which mentioned economic interventions (including cash transfer programs and microfinance programs), 77% (n=27/35) included child labourers.

Figure 7. Studies by intervention categories (n=461)*
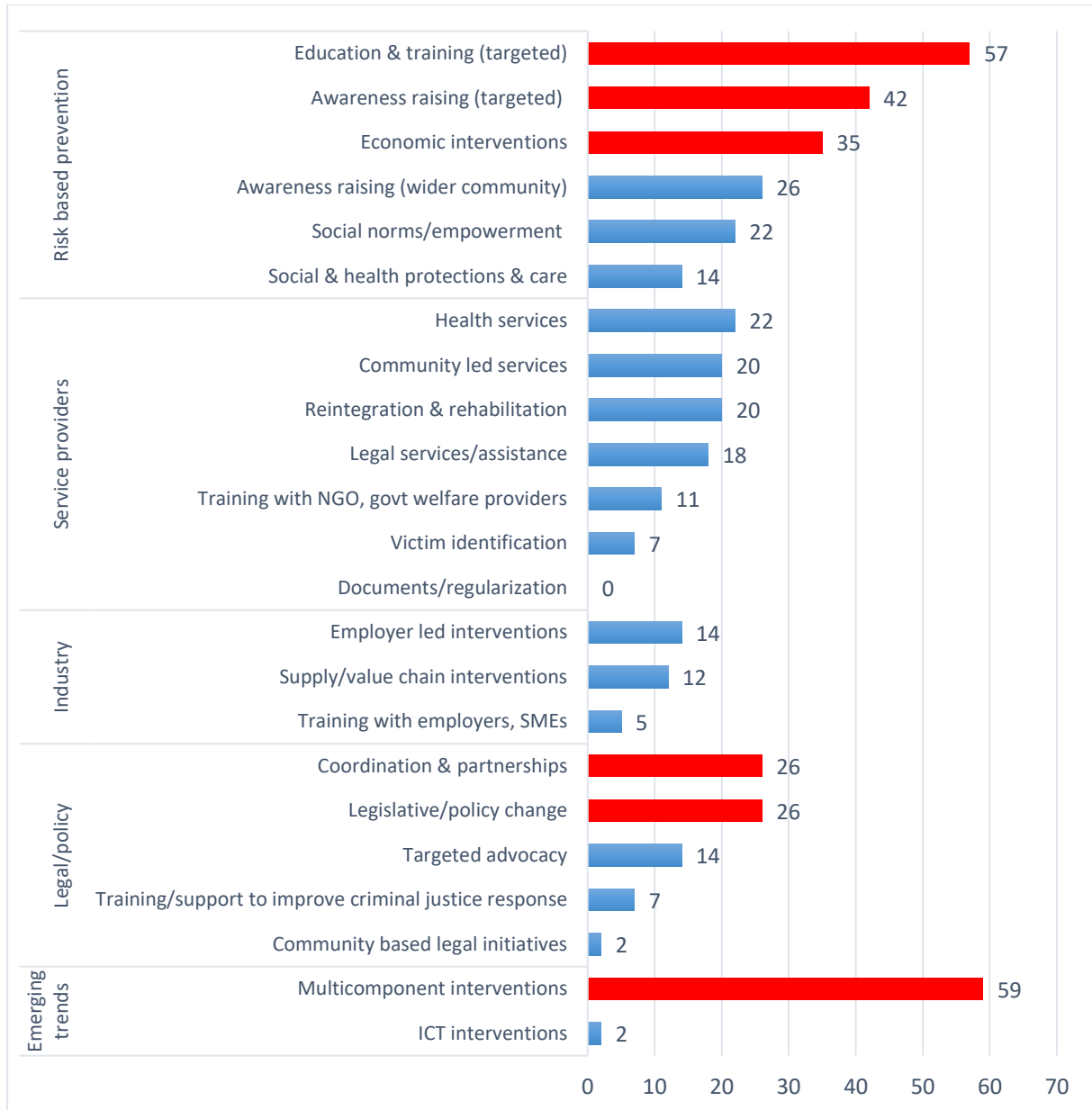
*multiple responses, totals sum>116

Around a fifth of instances of evidence (22%, n=100/461) were in the service provider category, which includes a broad range of interventions related to emergency and long-term support to victims, such as direct provision of health services (n=22) and rehabilitation and reintegration assistance (n=20). Just seven studies included an intervention aimed at improving victim identification practices (e.g. establishment of hotlines, training with first responders on MS indicators), while no studies examined interventions aiming to regularize a MS victim or at-risk person's documentation status.

This may be because most included studies were conducted within the region where documentation is less of an issue (e.g. Nepalese citizens do not need identity documents to cross the border with India) than it would be for at-risk migrants departing for other regions.

There were very few instances of evidence for interventions with industry stakeholders (n=31). This is likely to change in the coming years, as supply chains interventions such as CSR audits are increasing with new legislation in import countries mandating that companies make efforts to demonstrate slavery free supply chains (e.g. provision in UK MS Act, California Supply Chain Transparency Act).

Legal and policy level interventions are not well represented in the evidence base (16%, n=75/461). Legislative and policy changes related to MS, and interventions aimed at improving coordination and partnerships (e.g. interagency coordination across government ministries, international judicial cooperation) were most commonly represented in this category. For legislative and policy changes, most studies (62%, n=16/26) focussed on child labour, with few documented interventions at this level for other forms of MS. A handful of studies included training or support to improve criminal justice responses (n=7) and just two studies mentioned community based legal initiatives.

Half (n=59/116) of included studies evaluated multicomponent interventions, which we defined as including one or more interventions across our four main intervention categories. Just two studies included ICT interventions.

Outcome categories

Figure 8. summarizes the outcomes reported across the evidence base. Based on reported outcomes, the interventions appear to be mostly targeted at MS victims/ survivors (n=134 studies), followed by community members (n=92). Given the concentration of interventions in the risk-based prevention category, it is unsurprising that reported outcomes are clustered at the MS survivor, at risk person and community levels. Outcomes were less frequently reported for industry stakeholders (n=26), criminal justice, legal and policy related outcomes (n=25) and service providers (n=32).

Just over half (53%, n=62/116) of studies reported findings for incidence or prevalence of MS at the community/society level, while over a third (37%, n=44/116) examined access to or take up of preventive services among MS survivors or at-risk persons. This sub category included increased school enrolment and/or completion of a set level of schooling, and the dominance of child labour studies in the evidence base accounts for this outcome being more frequently reported.

There were no studies reporting outcomes related to reduced corruption or bribery among criminal justice officials. Just three studies reported on cost-effectiveness of interventions.

Figure 8. Studies by outcome categories (n=315)*
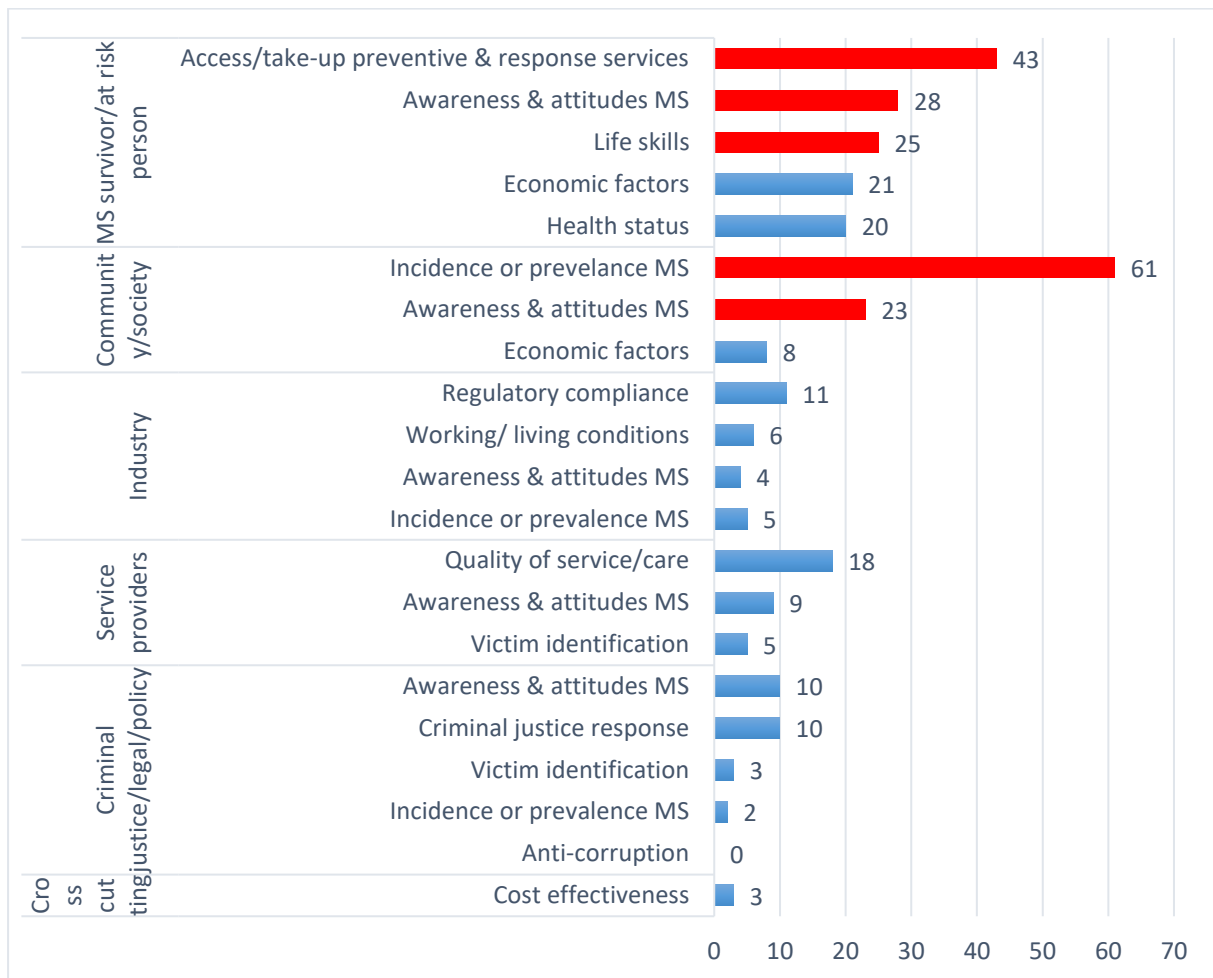
*multiple responses, totals sum>116

Gaps in evidence and opportunities for synthesis

Gaps in evidence – interventions

Industry Interventions

There are noticeable gaps in research for several interventions, among which industry interventions were poorly represented. One may expect that given the rise in industry initiatives and public private partnerships (e.g. Global Fund to End Modern Slavery) to reduce modern slavery, there would be more industry related interventions being concretely evaluated for impact on MS related outcomes.

However, there were no studies focussing on consumer-oriented interventions, even though few did mention that pressure from buyers played an important role. For instance, a study by ILO/IPEC on child labour reported that buyer pressure affected individual employers, forcing

them to comply with child labour standards. But there was no further elaboration on this, as it was not the main feature of the intervention being carried out. A few studies focussed on product labelling interventions that have the aim of reducing the prevalence of child labour in carpet weaving firms, however focus more so on the impact on children and employer practices rather than consumer habits. Products that are made by extremely exploitative forms labour are produced for various markets. A potential research question to consider here is what kinds of interventions would motivate different kinds of consumers –including those in South Asia- to pay more or buy different types of products?

Interventions that Target Perpetrators

Our map reflects the lack of studies that try to understand or respond to the decision-making processes and rationales of perpetrators (money lenders, traffickers, employers). Areas for future research could include whether and how perpetrators can be rehabilitated, what makes somebody a perpetrator, and why some illegal behaviour is socially acceptable.

Credit Systems

Money lenders are widespread in South Asia, but little is known about the interaction between high interest credit systems and low-interest credit through micro-credit and credit and savings groups in economically deprived areas. We know little about how credit affects liberation, indebtedness and multiple loan-taking, and the effects on MS. Similarly, for economic interventions, we know little about the impact of slavery specific versus general poverty alleviation interventions, on MS risk. There are critical studies of the effects of microcredit on poverty alleviation from different parts of the world, including research from Guatemala arguing that micro-credit and other cheap credit has fuelled loan taking for trafficking (Stoll, 2012).

Service Provision and Response Interventions

There is a significant gap in service provision and response interventions compared to risk-based prevention, the latter of which has featured strongly in MS programming in recent years. There were few victim identification interventions in the map, despite victim identification being essential for reporting on MS prevalence and incidence in countries (e.g. for the US TIP report). Documentation related interventions (i.e. interventions aimed at regularizing the status of persons, such as mobile outreach helping migrants to register for work permits or passports) were not featured at all in our map, which could be a function of the kinds of MS picked up in our searches (mostly regional, within country studies). Anecdotal reports suggest that documentation is not always protective against labour exploitation among at-risk migrants departing overseas (Sosamphanh et al., 2008), due to corruption and bribery where rights associated with documents are not respected at destination.

In risk-based prevention, social and health protections and care interventions were poorly represented. We do not know much about whether enrolment in social protection or health insurance schemes is protective for MS, outside of studies on child labourers, where studies

show positive results. Some studies discuss the role of microfinance in reducing child labour, and interestingly, results are mixed. One study found that microfinance programs were successful for reducing child labour in poor households when combined with health and life insurance programs, however these interventions were not successful in moderately poor households or households above the poverty line in reducing child labour (Chakrabarty, 2015).

Rehabilitation

There is a wide gap in studies on rehabilitation. Studies on psycho-therapeutic interventions are mostly conducted in western contexts; many studies mention that rehabilitation produces effective outcomes. However, these studies do not elaborate how they produce positive results and which interventions, or characteristics of interventions, are effective. While the majority of studies argue that rehabilitative efforts are and/or can be effective given the right intervention(s), there is a small but detailed set of studies in sex trafficking that argue that rehabilitative programs are ineffective because they do not value the rights of former sex workers. While this may be the case for some rehabilitative programs, this is not the general trend as reflected in the literature. In general rehabilitation literature, we know little about the proportion of survivors who re-lapse into MS and reasons for this. Very few studies track survivor outcomes over time, with notable exceptions in other regions (Miles et al., 2013).

Community-Based Services

There is a gap on research for community-based services and particularly community-based legal, and accountability initiatives. Many studies addressing community-based initiatives are health related, and those that aid reintegration and the alleviation of community and society stigmas against survivors. A few studies of community-based initiatives involved setting up vigilance committees, which fulfil multiple functions. For sexual exploitation, community-led initiatives in brothels almost all focus on the Sonagachi Project in Calcutta. This may be because there are simply few such initiatives in existence or because this project in particular is relatively open to sharing information.

Legal and Policy Interventions

There was also a gap in studies examining interventions at the legal and policy level. Interventions on training and support to improve criminal justice responses was poorly represented, despite the potential of effective criminal justice responses for reducing MS at the national level. Making slavery economically unprofitable, the stated aim of many donors funding MS programming, is partly dependent on increased punitive legislation for MS which is enforced by criminal justice officials and the legal system. In particular, research on the effects of legal and policy changes for other forms of MS outside of child labour bans and related legislation was poorly represented.

ICT Interventions

There is a large gap in ICT intervention research despite increasing evidence of the linkages of digitally mediated and off-line violence, including gender based and sexual violence

(Ojanen et al., 2015; Vasudevan, 2018; Thakur, 2018). This area will be increasingly important given that the growing importance of linking digital with physical life worlds is also seen with the rise of mobile applications for rights oriented information and migrant services (e.g. Shuvayatra Safe Migration App for Nepali migrants) (The Asia Foundation 2017), information on "good vs bad" employer ratings apps (e.g. ITUC's Migrant Worker Recruitment Advisor app) (ITUC 2018), victim identification apps for use by first responders (e.g. Apprise app, piloted in Thailand and with interest from stakeholders in South Asian countries) (Thinyane 2017), and tracking trafficked children (Spotlight and BEFREE Apps) (Thorn 2017). Few of these interventions have been evaluated to date. Mobile apps have huge potential but again we must be wary about prioritizing "easy" individual level digital interventions focused on knowledge and awareness at the expense of more structural interventions. Such interventions are particularly salient given the wealth of evidence from interventions in other fields (i.e. HIV or GBV) that suggest that knowledge alone does not necessarily result in behaviour change (Durojaiye, 2011; Agarwal and Araujo, 2012).

Gaps in evidence – outcomes

Attitudes and Awareness
The evidence base is concentrated at the individual and community levels in assessing outcomes for attitudes and awareness (individual level outcomes). This arises at the expense of research on the outcomes of structural interventions for MS (such as criminal justice responses, implementation of legislative and policy changes), despite these interventions' potential for having large impacts. The focus on potential victims and at-risk persons in communities is perhaps to be expected, but we should be wary of focusing overwhelmingly on individual decision making in the context of MS risk. It may be that MS programming overestimates a survivor's or at-risk person's agency in face of very real constraints of poverty, debt and family obligations and pressures.

Community-Level Outcomes
There was a gap in research on community level economic outcomes related to interventions aiming to improve material well-being of the wider family of MS victims/at-risk persons. This is surprising given that family and kinship based financial pressures may be a push factor for migration, child labour, take up of riskier forms of work that may lead to MS. It could be suggested that a lack of research on community-based efforts is a result of such programs' inability to fund and/or connect with broader research bodies, and conversely, the presence of other better funded fields of study that overlap with modern slavery such as HIV.

Industry-Related Outcomes
There were few studies that document industry related outcomes, to be expected given the low density of interventions targeting industry in our map. Workplace interventions have significant potential to directly improve and reduce MS risk. Incidence or prevalence of MS at industry level are among the most useful type of prevalence estimate, as workplaces or sectors can be targeted when we know more about where MS is concentrated. Such studies should take gender norms into account. Some export economies for example have taken

advantage of gender wage gaps by relying on the production of labour intensive goods that are produced by women (Braunstein 2015). Men have also been replaced by young women because of an industrial desire for a more compliant and non-unionised workforce, as happened in Tamil Nadu back in 90s. When looking at a sector or a value chain, one should look at formal and informal sectors and at small and medium sized enterprises, which form the backbone of the South-Asian economies.[9]

Corruption

There were no studies reporting outcomes for anti-corruption, despite corruption being a major factor for why MS persists and its importance regarding criminal justice and other service responses to MS (UNODC 2011).

Cost-effectiveness

There were hardly any studies reporting cost effectiveness outcomes despite its importance, particularly as more donors enter this MS programming space.

Secondary Issues

Most studies on child labour documented outcomes related to prevalence, whereas studies on labour or sex trafficking featured outcomes related to secondary issues, such as health status, education, life skills or attitudes and awareness. Although these secondary issues are variously connected to vulnerability as well as to the outcomes of rehabilitation and reintegration programs and are rightfully apt indicators of the effectiveness of service provision to victims (and survivors) of modern slavery, there has not yet been an in-depth analysis of how health, education, and awareness outcomes impact an individual's vulnerability or post-rescue wellbeing. Such a discussion would assist researchers both in selecting sites and subjects for study, as well as aide in the analysis of data inasmuch that secondary outcomes can be linked to the prevalence of modern slavery and causal effects are understood (and hopefully addressed).

Outcomes at Multiple Levels

There was also a significant gap on prevalence or incidence of MS as an outcome at multiple levels. Many studies suggest the need for data collection and the creation of a database on cases and characteristics of modern slavery. It is notoriously difficult to achieve national level prevalence estimates, and national level estimates but it will be difficult to assess progress towards MS reductions for SDG target 8.7 without more concerted efforts to produce estimates for MS as an outcome of interventions. However, as interventions are in specific geographical locations for which national estimates are not necessarily relevant, there is a need for measuring outcomes more specifically in the intervention areas. There are several ongoing initiatives –including participatory statistics- to do this (Oosterhoff et al., 2016).

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[9] Small and Medium Enterprises (SMEs) play a major role in most economies, particularly in these countries, creating for example most employment (https://www.worldbank.org/en/topic/smefinance). The effects of a policy reform or intervention for a large corporations may be very different for an SME.

Conclusion

There is a growing body of evidence on the various forms of modern slavery in South Asia. The definitions and criteria of modern slavery, which is a contested term in the region, have changed over time. Most of the studies are from 2013 onwards reflecting increased interest and funding in the topic. The majority of studies are observational with relatively few intervention studies. The available intervention studies reported findings for incidence or prevalence, while over a third examined access to or take up of preventive services among MS survivors or at-risk persons. Awareness raising in various forms is also relatively often studied. There is a need for more understanding of a range of outcomes of interventions in general. Specific gaps include the effects of policies on awareness, community level intervention outcomes, interventions with perpetrators or consumers and industry level interventions. Documenting existing interventions using innovative evaluation approaches, learning from the literature on behaviour change of other complex socio-economic and political problems combined with funding for implementing and documenting innovative approaches could help to move our understanding of "what works" to reduce the incidence and prevalence of modern slavery.

Appendix A. List of databases/sources

	Provider
Academic databases	
Econlit EMBASE Global Health MEDLINE PsychINFO Social Policy & Practice	OVID
Scopus	Elsevier
Web of Science	Thomson Reuters
Sociological Abstracts Theses & Dissertations Criminal Justice Database	ProQuest
British Library E-Theses Online Service (ETHOS)	ETHOS
Online research libraries	
EPPI Trials Register of Promoting Health Interventions (TRoPHI)	EPPI Centre
3ie Impact Evaluation Repository	3ie
JPAL Evaluation Database	JPAL
Innovations for Poverty Action – Search studies Innovations for Poverty Action – Search publications	IPA
Overseas Development Institute – Search publications	ODI
POPLINE	POPLINE
University of California Center for Effective Global Action (CEGA) – Search evidence	CEGA
Sexual Violence Research Initiative – Search website	SVRI
BRIDGE Global Resources ELDIS	IDS Sussex

UN/Banks/Government Agency websites/databases	
UNODC Publications	UNODC
IOM Publications IOM External Evaluations	IOM
ILO Publications ILO Project Evaluations	ILO
UNFPA Evaluation Database	UNFPA
UN Women Global Accountability & Tracking of Evaluation Use (GATE) UN Women Gender Equality Evaluation Portal	UN Women
DAC Evaluation Resource Centre	OECD
World Bank Poverty Impact Evaluations Database World Bank Impact Evaluations in Education World Bank Research and Publications	World Bank
USAID Development Experience Clearinghouse	USAID
UNDP Evaluation Resource Centre	UNDP
Research for Development Outputs	DFID
Donor websites	
Freedom Fund Monitoring & Evaluation	Freedom Fund
Walk Free Foundation Resources Walk Free Foundation Modern Slavery Interventions Database*	Walk Free
Free the Slaves Monitoring & Evaluation	Free the Slaves
Systematic review databases	
3ie Systematic Review Database	3ie
EPPI Systematic Reviews EPPI Database of Promoting Health Effectiveness Reviews (DoPHER)	EPPI Centre
Cochrane Database of Systematic Reviews (CDRS)	Cochrane
Campbell Collaboration Library	Campbell Collaboration

*kindly provided by Walk Free Foundation staff

Appendix B. Search terms

We will conduct key word searches only (not using MESH/exploded terms), to allow for maximum flexibility and consistency in applying the search terms in different databases. The search terms and combinations below are used wherever possible, especially in academic databases. In non-academic databases/websites, the search strategy is modified according to the structure of, and available options in each database/website. Search strings for selected databases are shown below.

OVID databases

1. ((modern NEAR slave*) OR (human NEAR traffic*)) OR ((migrant OR migrat*) NEAR forced OR slave*) OR ((labor* OR labour*) NEAR (forced OR bonded OR child)) OR (debt NEAR bondage) OR (sex* NEAR (exploit* OR traffic*)) OR (domestic NEAR serv*) OR ((bride* OR marriage*) NEAR forced) OR (child NEAR marriage*) OR ((modern NEAR slave) OR (human NEAR traffic*))

2. (brick kiln* OR mining* OR quarrying OR forestr* OR plantation* OR manufacturing OR retail* OR construction OR agriculture* OR farm* OR domestic work* OR domestic servitude* OR carpet OR textile OR tourism OR spinning OR sumangali OR cotton OR garment OR sugar cane OR organ OR loom OR silk OR entertain*)

3. ((program* OR intervention* OR regulat* OR rehabilitat* OR reintegrat* OR legislati* OR initiative* OR response* OR measure* OR evaluat* OR assess* OR ethnograph* OR participat* OR mixed OR action OR qualitative OR quantitative OR observ* OR descript*) OR (random* OR experiment* OR quasiexperimental OR quasi-experimental OR trial* OR stud* OR research OR evaluation*) OR ((systematic* AND review*) OR (meta-analy*) OR (meta analy*)))

4. (India* OR Nepal* OR Bangladesh* OR Pakistan* OR (south* AND Asia*))

5. 1 AND 2 AND 3 AND 4

6. 1 AND 3 AND 4

7. 5 OR 6

8. Limit 7 to yr="2008 – 2018"

Web of Science

((modern NEAR slave*) OR (human NEAR traffic*)) OR ((migrant OR migrat*) NEAR forced OR slave*) OR ((labor* OR labour*) NEAR (forced OR bonded OR child)) OR (debt NEAR bondage) OR (sex* NEAR (exploit* OR traffic*)) OR (domestic NEAR serv*) OR ((bride* OR marriage*) NEAR forced) OR (child NEAR marriage*) OR ((modern NEAR slave) OR (human NEAR traffic*))

AND

(brick kiln* OR mining* OR quarrying OR forestr* OR plantation* OR manufacturing OR retail* OR construction OR agriculture* OR farm* OR domestic work* OR domestic servitude* OR carpet OR textile OR tourism OR spinning OR sumangali OR cotton OR garment OR sugar cane OR organ OR loom OR silk OR entertain*)

AND

((program* OR intervention* OR regulat* OR rehabilitat* OR reintegrat* OR legislati* OR initiative* OR response* OR measure* OR evaluat* OR assess* OR ethnograph* OR participat* OR mixed OR action OR qualitative OR quantitative OR observ* OR descript*) OR (random* OR experiment* OR quasiexperimental OR quasi-experimental OR trial* OR stud* OR research OR evaluation*) OR ((systematic* AND review*) OR (meta-analy*) OR (meta analy*)))

AND

(India* OR Nepal* OR Bangladesh* OR Pakistan* OR (south* AND Asia*))

Appendix C. Data extraction form

Bibliometric information

- First author
- Year of publication
- Title
- URL

Study design: (please select ONE)

- Observational - Quantitative
- Observational - Qualitative
- Observational - Mixed methods
- Quasi-experimental
- RCT
- Review
- Other (specify)

Modern slavery type: (please select ALL that apply)

- Bonded labour
- Forced labour
- Debt bondage
- Domestic servitude
- Sexual exploitation (trafficking)
- Labour exploitation (trafficking)
- Child labour
- Child or forced marriage
- Other (specify)

Country focus of study/intervention: (please select ALL that apply)

- Bangladesh
- India
- Nepal
- Pakistan

Which intervention(s) does the study include? (please select ALL that apply)

1. Risk based prevention - Economic interventions
2. Risk based prevention - Social & health protections & care
3. Risk based prevention - Education & training interventions (targeted)
4. Risk based prevention - Awareness raising (wider community)
5. Risk based prevention - Awareness raising (targeted)
6. Risk based prevention - Social norms/empowerment (other)
7. Service responses - Legal services/assistance
8. Service responses - Health services
9. Service responses - Reintegration & rehabilitation
10. Service responses - Training with NGO, government welfare providers
11. Service responses - Community led services
12. Service responses - Victim identification
13. Service responses - Documents/regularization
14. Industry - Training with employers, SMEs
15. Industry - Supply/value chain interventions
16. Industry - Employer led interventions
17. Legal/policy - Legislative or policy change
18. Legal/policy - Training/support to improve criminal justice response
19. Legal/policy - Coordination & partnerships
20. Legal/policy - Community based legal initiatives
21. Legal/policy - Targeted advocacy
22. Emerging trends - ICT based interventions
23. Emerging trends - Multicomponent interventions
24. Other - specify

Which outcome(s) does the study/intervention focus on? (please select ALL that apply)

1. MS survivors - Economic factors
2. MS survivors - Life skills
3. MS survivors - Awareness & attitudes MS
4. MS survivors - Access/take-up preventive & response services
5. MS survivors - Health status
6. Community – Economic factors
7. Community - Awareness & attitudes MS
8. Community - Incidence or prevalence MS
9. Employer/Landlord/Broker - Awareness & attitudes MS
10. Employer/Landlord/Broker - Regulatory compliance
11. Employer/Landlord/Broker - Working/ living conditions
12. Employer/Landlord/Broker - Incidence or prevalence MS

13. Service providers - Awareness & attitudes MS
14. Service providers - Quality of service/care
15. Service providers - Victim identification
16. Criminal justice/legal/policy - Awareness & attitudes MS
17. Criminal justice/legal/policy - Victim identification
18. Criminal justice/legal/policy - Anti-corruption
19. Criminal justice/legal/policy - Criminal justice response
20. Criminal justice/legal/policy - Incidence or prevalence MS
21. Cross cutting - Cost effectiveness
22. Other - specify

Comments (Please include any other comments on the study/evaluation, if needed)

Data extraction guidance note

Study design – explanation
Observational categories include:
Post evaluation only assessments, Pre/Post assessments with no control/comparison group, and Pre/Post assessments with control/comparison groups but not randomly allocated (i.e. not a quasi-experimental or experimental design). Participatory approaches (where not quasi-experimental, experimental or as part of a Review) should also be included in one of these observational categories.

Quasi-experimental designs include:

- Regression discontinuity design (RDD) which is a pretest-posttest design that elicits the causal effects of interventions by assigning a cutoff or threshold above or below which an intervention is assigned.
- Propensity score matching (PSM) which involves forming matched sets of treated and untreated subjects who share a similar value of the propensity score. The propensity score is the probability of treatment assignment conditional on observed baseline characteristics. PSM is most commonly done using one-to-one or pair matching, in which pairs of treated and untreated subjects are formed, such that matched subjects have similar values of the propensity score. Or, studies using other matching methods may be used (as well as synthetic controls)
- Difference-in-differences (DID) uses panel data to measure the differences, between the treatment and control group, of the changes in the outcome variable that occur over time, usually using data from natural experiments. Commonly used to measure effects of policy changes. Or, studies that use a fixed or random effects

model with an interaction term between time and intervention for baselines and follow-up observations can be included under this category.

- Instrumental variable (IV) estimation which is used when an explanatory variable of interest is correlated with the error term, whereby OLS and ANOVA gives biased results. A valid instrument induces changes in the explanatory variable but has no independent effect on the dependent variable, allowing a researcher to uncover the causal effect of the explanatory variable on the dependent variable. Other methods using IV such as the Heckman two-stage approach may be included in this category.

RCTs are those studies where there is a Pre/Post assessment, and random allocation of groups to a treatment or control group.

Reviews are those which may not explicitly be called evaluations for political or other reasons, using the organization's existing participant and program data (secondary analyses – no new data are collected). External literature related to the intervention may also be included. Examples:

- Review of implementing organization's documents related to the intervention's development, etc. Case studies/stories detailing a program's "impact" (collected previously i.e. secondary analysis of organization's existing data). Mid-term reviews may also be included here.

Other – specify: Please try to "fit" the study design under the existing categories, but please specify here if you think the study design doesn't fit one of these.

MS type – explanation
Please categorize according to what the authors in the report specify as the MS type (not our own assessment after reading the report). Please include child soldiers under Child labour. Please include bride trafficking under Child or forced marriage.

Appendix D. Outcome categories & sub-categories

MODERN SLAVERY SURVIVOR OUTCOMES		
1	**Economic factors**	Includes outcomes related to reduced economic risk of incidence or recurrence of bonded labour or trafficking (protective factors), e.g., little/no debt, enrolment & use of social & health protection schemes, wage recovery (if exited exploitation).
2	**Life skills**	Includes outcomes considered protective factors, e.g. work/job decision making and planning. Includes marriage decision-making. Includes improvements in self-esteem and confidence of survivors.
3	**Awareness & attitudes towards MS**	Includes reports on improved awareness and attitudes towards MS specifically.
4	**Access/take up of preventive and response services**	Includes outcomes such as availability and effective use of shelters, health/psychological and legal services (including services to obtain documentation/legal status). Includes enrolment in and/or completion of set level of schooling.
5	**Health status**	Includes outcomes related to improved health/wellbeing status of survivors (health protection/insurance is under economic factors, where health-related impoverishment is a risk factor for MS). Includes reduced risk of HIV. Includes increased age of sexual initiation and increased age of marriage. Includes self-care practices among survivors.
COMMUNITY/SOCIETAL-LEVEL OUTCOMES		
6	**Economic factors**	Interventions that improve material wellbeing of wider family or community of potential MS victim or MS survivors. Includes interventions that link wider family or community to government schemes that provide financial incentives for e.g. girls education, or connecting families/communities to government anti-poverty grants, etc.
7	**Awareness & attitudes towards MS**	Includes reports on awareness and attitudes towards MS in the wider community (at home or destination, if trafficked), including towards child marriage and gender roles. Includes attitudes towards survivors returning to home communities/families and their acceptance back into communities/families (reintegration).
8	**Incidence or prevalence of MS**	Any reports on prevalence of MS at the community or sub-national level will be included here.
EMPLOYER/LANDLORD/BROKER OUTCOMES		
9	**Awareness & attitudes towards MS**	Includes reports on improved awareness and attitudes towards MS.
10	**Regulatory compliance**	Includes compliance with OSH, labour, anti-trafficking legislation, and legislation related to use and role/responsibilities of labour intermediaries or brokers (e.g. mandatory broker registration).
11	**Working/living conditions**	Outcomes related to working conditions (beyond minimum regulatory compliance with relevant legislation), which may be brought about by (non-binding) regulations such as CSR audits, value chain interventions. May involve employer facilitated worker wellbeing initiatives.
12	**Incidence or prevalence of MS**	Any reports on prevalence of MS by industry or sector will be included here.
SERVICE PROVIDER OUTCOMES: Includes both NGO and government service providers (includes labour officials, excludes criminal justice officials)		
13	**Awareness & attitudes towards MS**	Includes reports on improved awareness and attitudes towards MS.

14	**Quality of service/care**	Includes outcomes related to improved service quality resulting from better case management practices, trauma informed care, etc.
15	**Victim identification processes**	Studies measuring outcomes related to victim-centred identification processes (e.g. implementation of interpreter systems, following best practice guidelines for victim-centred interviews) and effective service provider responses to potential cases of MS (e.g. reported via hotlines, referrals).

CRIMINAL JUSTICE/LEGAL/POLICY OUTCOMES: Includes criminal justice officials and related legal/policy-level outcomes.

16	**Awareness & attitudes towards MS**	Includes reports on improved awareness and attitudes towards MS among criminal justice officials.
17	**Victim identification processes**	Studies measuring outcomes related to victim-centred identification process (e.g. implementation of interpreter systems, following best practice guidelines for victim-centred interviews) and effective service criminal justice responses to potential cases of MS (e.g. reported via hotlines, referrals).
18	**Anti-corruption**	Outcomes related to reducing corruption/bribery linked to MS among criminal justice officials.
19	**Criminal justice response**	Outcomes related to criminal justice responses (e.g. investigative capacity leading to timely case turnarounds, higher prosecution rates for MS offenders, number of prosecutions or convictions secured for MS offences).
20	**Incidence or prevalence of MS**	Any reports on prevalence of MS at the national level will be included here.

CROSS-CUTTING THEMES: For important themes such as cost-effectiveness of an intervention across the main outcome categories. Cost-effectiveness can illuminate important insights on an intervention's value for money in a given context.

21	**Cost-effectiveness**	If a study includes a cost effectiveness analysis for an intervention or combination of interventions.

Appendix E. Intervention categories & sub-categories

RISK-BASED PREVENTION: evaluations of interventions which target specific risks associated with falling into debt-bondage/bonded labour, trafficking, domestic servitude, forced labour and the worst forms of child labour. Interventions may be targeted at specific at-risk groups for bonded labour or trafficking (e.g. lower and backward castes), or they may target the wider community where at-risk groups reside (for cross-border trafficking, this can include community interventions with the migrant community or the host country population).		

1	**Economic interventions**	Interventions related to economic empowerment and their effects on reducing risk of bondage, exploitation. Examples include:
		
		• Interventions related to access to formal institutional credit (bank accounts)
		• Interventions related to access to low risk credit (microfinance)
		• Cash transfer programs (conditional or unconditional)
		    ○ Dowry subsidies
		    ○ Work guarantee plans (e.g. MGNREGA)
		    ○ Funeral support schemes
		    ○ Children's school attendance
		• Interventions related to land and housing tenure
		• Fee-free recruitment initiatives
		• Low cost finance (low or no interest loans, including to finance migration)
		• Credit saving groups
		• Cooperative societies
		• Interventions linking individual at risk or family/community members with government financial support

2	**Social and health protections & care**	Interventions related to social and health protection schemes and care. Examples include: • Enrolment in social protection schemes • Enrolment in health insurance schemes • Improving access and quality of healthcare • Interventions related to alcohol and drug consumption • IPV service responses
3	**Education and training interventions (targeted)**	Training that is targeted mainly at potential at risk groups for MS, but can also include training with health or education providers. Examples include: • Vocational or job skills training (including IT skills) • Literacy and numeracy training, including financial literacy • Life skills or leadership training (including negotiation, communications skills, problem-solving, teamwork) • Life goals/core values coaching & planning (including migration planning) • Rights-oriented training (including reducing caste based discrimination, enforcing labour rights, SRHR and gender rights) • Programs targeting increased school enrolment
4	**Awareness raising (wider community)**	Awareness raising campaigns or interventions targeted at the general public, or at the community level broadly (no specified target groups), delivered by CSOs, national or local government. Often includes mass media interventions at the community level on topics including: bonded risks of trafficking, MS indicators, use of intermediaries, migrating with legal documents via formal channels, migrant's rights. Examples include: • Community based support groups • Radio programs

		• TV adverts • Online videos • Social media campaigns • Posters/billboards • Distribution of pamphlets • Village drama/ street theatre • School-based awareness of MS
5	**Awareness raising (targeted)**	Awareness raising campaigns or interventions targeted at specific groups (e.g. bonded labourers, prospective migrants in areas of high-outmigration, intermediaries, landlords, moneylenders) delivered by CSOs, community leaders, local government. Often includes tailored content delivered in interactive workshops, orientations on topics including: risks of trafficking, MS indicators, use of intermediaries, migrating with legal documents via formal channels, migrant's rights. Examples include: • Information on national bonded and other labour laws targeted at money lenders and/or land lords • Information on national bonded and other labour laws targeted at OBC, and SBC, bonded labourers, families with a member in local bondage or a trafficked family member • Information on the laws on lending and borrowing money to money lenders and/or land lords • Information on the laws on lending and borrowing money to OBC, SBC, bonded labourers, families with a member in local bondage or a trafficked family member • Pre-departure orientation on MS indicators, services and precautions • Migration information exchange sessions between prospective and returnee migrants • Peer-educators/advocates of safe migration practices with prospective migrants • Training/workshops on MS indicators with intermediaries in home countries • Migrant Worker Resource Centres, providing information on migration channels, migrant rights, emergency contacts, in home countries
6	**Social norms/empowerment (other)**	Interventions related to social roles and norm change. Examples include: • Youth empowerment groups • Youth credit and savings groups • Social and youth empowerment of marginalized groups (e.g. low income girls, low-caste) • IPV and child marriage preventive interventions • Safe spaces • Family counselling • Youth sports groups

SERVICE RESPONSES/DELIVERY & COORDINATION: evaluations of services and interventions provided to victims (either as they are being exploited, or after they exit an exploitative situation, including bonded labour). Services may be provided by CSOs or government providers. Activities providing emergency and longer term support to victims, such as case management or reintegration and rehabilitation, fall under this category.

| 7 | **Legal services/assistance** | Interventions which involve legal services and assistance to MS survivors or persons at risk for MS. Examples include:
• Interventions aiming to improve collective bargaining, increasing Trade Union membership
• Hotlines/helplines for individuals in distress
• Migrant Worker Resource Centres or CSO outreach/drop in centres in areas with high concentrations of migrants, providing |

		information on migrant's rights, legal counselling, translation services, wage dispute negotiation • Legal referral systems • Negotiation of wage disputes
8	**Health services**	Health services which are provided to bonded labourers or trafficked persons still being exploited/not yet exited exploitation phase. Examples include: • Mobile clinics • Medical screening/check ups (e.g. at worksites) • SOPs for handling human trafficking cases identified in healthcare settings

9	**Reintegration & rehabilitation**	Various support services/interventions with victims of MS who have exited an exploitative situation (bonded labourers or trafficked persons). Interventions may be in shelter settings or in communities where bonded labourers, trafficked person, child labour is returning to after exiting exploitation. Capacity building/training interventions with CSO or government service providers (social workers, counsellors, shelter staff). Examples include:
		• Case management
		• Shelter services (housing, vocational training, job placement)
		• Legal aid/support, including assistance with court procedures
		• Reintegration services (including Assisted Voluntary Return & Reintegration)
		• Psycho-social support services (self-help and support groups)
		• Psychological services
		   o Individual & group therapy
		   o EMDR
		   o Artistic therapy
		   o Combined therapies
		• Medical assistance
		• Family identification and assessment (e.g. risk of return for trafficked children/child labourers)
		• Vocational or job skills training in shelter settings
		• Vocational or job skills training through self-help groups
		• Community norms change interventions (e.g. stigma reduction)

10	**Training of NGO/ government welfare providers**	Includes training with NGO and government welfare providers. Criminal justice/police are excluded here. Examples of interventions include: • Case management training with CSOs, government shelter providers • Training of social workers in trauma informed care • Health worker training in victim identification and intervention (trafficking) • Developing inter-organizational referral systems • Organizational capacity building (project management, M&E) • Technical capacity building
11	**Community led services**	Services led by and for bonded labourers, trafficked persons, etc, such as: • Self-regulatory boards (SRBs) • Peer group programs at the workplace
12	**Victim identification**	Any interventions aimed at improving victim identification rates and processes, overall or in specific sectors, including establishment and use of referral channels to other services. Examples include: • Training on MS indicators and victim identification processes with labour inspectors, police, immigration officials, CSOs (first responders) • Training of self-help and community vigilance groups

		• Multidisciplinary Teams to conduct victim screening • Anti-bribery interventions with labour inspectors, police, immigration officials • Hotlines (to report suspected cases) • Multi-gender law enforcement teams • Interpreters
13	**Documents/regularization**	Interventions aiming to regularize status of persons, including undocumented migrants, typically during migrant amnesties declared by the host government, where undocumented status is considered a risk factor for trafficking. Interventions may also be related to improving migrant possession of documents. Examples include: • Mobile outreach by NGO to help register for residency permits, identity papers, work permits, passports etc. • One Stop Service Centres to register for work permits, passports • Outreach with employers to provide work contracts, access to passports/work permits (where these are withheld) • Outreach with intermediaries to provide access to passports/work permits (where these are withheld)

INDUSTRY INTERVENTIONS & VALUE CHAINS: Employer or industry targeted interventions which may reduce risk of exploitation. Initiatives may be led by industry, SMEs themselves, or they may be led by external parties (Industry coalitions, government officials, multinational companies for whom the SME is in the supply chain). Interventions may also target landlords using bonded labour.

14	**Training with employers, SMEs**	Training programs with employers specifically. Examples include: • Training on MS indicators with employers, provided by CSOs, government officials • Codes of Conduct distribution and training, provided by CSOs, government officials
15	**Supply/value chain interventions**	Supply and value chain interventions that are more macro in scope and which do not involve training. Examples include: • CSR Audits (supply chain reporting) • Labour inspections
16	**Employer led interventions**	Interventions which are employer led or driven. Examples include: • Occupational health & workplace safety interventions • Bystander interventions (e.g. low cost airlines, hotels, training staff on MS indicators)

LEGAL & POLICY LEVEL INTERVENTIONS: evaluations of interventions targeted at the institutional level, to impact factors contributing to risks of bonded labour/trafficking by changing laws and policies, and enforcing existing regulation. Interventions may aim to improve investigation and prosecution of exploitative landlords, traffickers, enhance regional cooperation and leadership on criminal justice responses to MS.

17	**Legislative or policy change**	A legislative or policy change that may affect prevalence of MS. Examples include: • Increased punishment (fines, prison terms) for MS offenders (employers, intermediaries, corrupt officials) • Legislation criminalizing use of informal intermediaries • National Action Plans to combat MS • Legislation criminalizing bonded labour, trafficking, other forms of MS (where these are not already in place) • OSH & Labour protection legislation
18	**Training/support to improve criminal justice response**	Targeted training to improve criminal justice responses. Examples include: • Training to improve MS investigations among law enforcement (including case management)

19	**Coordination & partnerships**	Interventions which involve establishment or support of partnerships across sectors or government departments to combat MS. Examples include: • Government – Private Sector Partnerships to facilitate detection of offenders & reporting (e.g. tourism industry) • Interventions encouraging inter-agency coordination between key government ministries addressing MS o Task forces • Collaboration with international law enforcement (e.g. INTERPOL) • International judicial cooperation (bilateral or INTERPOL/multilateral)
20	**Community based legal initiatives**	Interventions involving community driven legal initiatives. Examples include: • Strengthening local law enforcement via civil vigilance committees • Community based or participatory accountability and governance initiatives
21	**Targeted advocacy**	Targeted advocacy interventions with policy makers, legislators or service providers. Examples include: • Interventions aiming at harmonization of definitions for "trafficking", "trafficker", "victim" etc • Targeted NGO/CSO advocacy to implement existing regulation • Interventions to improve take up of best practice guidelines, e.g. workshops & briefings with service providers
EMERGING TRENDS: A separate category for interventions not defined at a specific level (e.g. individual, community, state) or for interventions that cut across the above main categories (risk based prevention, service responses/delivery& coordination, industry interventions & value chains, legal & policy level interventions).		
22	**ICT based interventions**	Technology based interventions. Examples include: • Mobile apps for: recruitment agent ratings, employer ratings, rights information (migrant use) • Mobile apps for victim identification (first responder use) • Mobile informal social networks (Whatsapp, LINE, WeChat) • Online informal social networks (Facebook, Youtube) • Mobile phone awareness messages
23	**Multicomponent interventions**	Includes studies evaluating interventions that operate across multiple intervention main categories (risk-based prevention, service responses, industry, legal and policy level). For example, an intervention providing pre-departure orientations while also providing reintegration services for returned migrants. We will count multiple component interventions that cover different types of intervention/outcome across the map

Appendix F. List of studies included in the Evidence map

Ahmad/ILO, S., 2010. Promoting the elimination of bonded labour in Pakistan. ILO.

Ahmed, A., Seshu, M., 2012. "We Have the Right Not to Be 'Rescued'…": When Anti-Trafficking Programmes Undermine the Health and Well-Being of Sex Workers by Aziza Ahmed, Meena Seshu :: SSRN (SSRN Scholarly Paper No. ID 2126796). Social Science Research Network, Rochester, NY.

Alam, M., Alias, R., Azim, M.T., 2018. Social Compliance Factors (SCF) Affecting Employee Productivity (EP): An Empirical Study on RMG Industry in Bangladesh. PACIFIC BUSINESS REVIEW INTERNATIONAL 10.

Ali/ILO, 2013. Empowering Vulnerable Groups through Education, Employment and Training (EET).

Ali/ILO, 2009.
Combating hazardous and exploitative child labour in surgical instruments manufacturing through prevention, withdrawal and rehabilitation –Phase II. ILO.

American Indian Foundation (AIF), 2010. Small steps lead the way: The learning and migration programme (LAMP) of AIF, a review. American Indian Foundation (AIF).

Amin, 2016. Delaying child marriage through community-based skills-development programs for girls. Results from a randomized controlled study in rural Bangladesh.

Ara/BRAC, 2010. Strengthening the law enforcement response in India against trafficking in persons through training and capacity building.

Asghar, K., Mayevskaya, Y., Sommer, M., Razzaque, A., Laird, B., Khan, Y., Qureshi, S., Falb, K., Stark, L., 2018. Promoting Adolescent Girls' Well-Being in Pakistan: a Mixed-Methods Study of Change Over Time, Feasibility, and Acceptability, of the COMPASS Program. Prev Sci. https://doi.org/10.1007/s11121-018-0890-9

Awan S., Nasrullah M., 2013. Use of better designed hand knotting carpet looms and workplace interventions to improve working conditions of adult carpet weavers and to reduce hazardous child labor in carpet weaving in Pakistan. Work 44 Suppl 1, S95-103.

Azevedo/ILO, J. de, 2015. OUTCOME 16 – CHILD LABOUR: Testing methodologies to support informal economy workers and small producers to combat hazardous child labour in their own sectors – Final Evaluation. ILO.

Bandiera, O., Burgess, R., Das, N., Gulesci, S., Rasul, I., Sulaiman, M., 2017. Labor Markets and Poverty in Village Economies. Q J Econ 132, 811–870. https://doi.org/10.1093/qje/qjx003

Baumann, G., 2014. Modern Slavery in Nepal: Understanding the Problem and Existing Responses. Freedom Fund.

Baumann, G., 2012. Follow-up study of slavery and poverty Kukrouthi Village, St Ravidas Nagar District. Free the Slaves.

Beattie, T.S., Parinita Bhattacharjee, Isac, S., Davey, C., Prakash Javalkar, Sapna Nair, Raghavendra Thalinja, Gautam Sudhakar, Collumbien, M., Blanchard, J.F., Watts, C., Moses, S., Heise, L., 2015. Supporting adolescent girls to stay in school, reduce child marriage and reduce entry into sex work as HIV risk prevention in north Karnataka, India: protocol for a cluster randomised controlled trial. BMC Public Health 15.

Berman/IOM, 2011. Evaluation of the International Organization for Migration and its Efforts to Combat Human Trafficking (Annex D. Bangladesh). IOM.

Bharadwaj, P., Lakdawala, L.K., Li, N., 2013. Perverse Consequences of Well Intentioned Regulation: Evidence from India's Child Labor Ban.

Boateng, P., 2017. Interventions on Child Labour in South Asia. DFID.

Browne, 2016. Social protection and child labour in Asia. DFID.

Buchmann, 2017. Power vs Money: Alternative Approaches to Reducing Child Marriage in Bangladesh, a Randomized Control Trial. JPAL.

Campbell, C., Cornish, F., 2012. How can community health programmes build enabling environments for transformative communication? Experiences from India and South Africa. AIDS Behav 16, 847–857. https://doi.org/10.1007/s10461-011-9966-2

Carswell/DFID, 2013. Labouring for global markets : CSR lessons from a south Indian textile export cluster. DFID.

Chakrabarty, S., 2015. A Nexus between Child Labour and Microfinance: An Empirical Investigation. Economic Papers 34, 76–91.

Chakrabarty, S., Grote, U., 2009. Child Labor in Carpet Weaving: Impact of Social Labeling in India and Nepal. World Development 37, 1683–1693. https://doi.org/10.1016/j.worlddev.2009.03.013

Crawford M., Kaufman M.R., 2008. Sex trafficking in Nepal: Survivor characteristics and long-term outcomes. Violence Against Women 14, 905–916. https://doi.org/10.1177/1077801208320906

Dasgupta, B., Zimmermann, C., 2012. Loan Regulation and Child Labor in Rural India.

Dasgupta, S., 2011. Communication and community mobilization, anti-trafficking and legitimization, participation and empowerment: HIV/AIDS intervention and the Sonagachi Project. Dissertation Abstracts International Section A: Humanities and Social Sciences, Dissertation Abstracts International 73, 35.

Deb S., Mukherjee A., Mathews B., 2011. Aggression in sexually abused trafficked girls and efficacy of intervention. J. Interpers. Violence 26, 745–768. https://doi.org/10.1177/0886260510365875

Delaney, 2016. Forced Labour in the Textile and Garment Sector in Tamil Nadu, South India: Strategies for Redress.

Dharel, M., FTS, 2015. Understanding Vulnerabilities and Strengthening Response. Community-based Integration of Anti-trafficking and Human Rights Protections within Post-Earthquake Recovery Efforts in Sindhupalchok District, Nepal. Free the Slaves.

Donger, E., Bhabha, J., 2018. Dilemmas in Rescue and Reintegration: A critical assessment of India's policies for children trafficked for labour exploitation. Anti-Trafficking Review 0. https://doi.org/10.14197/atr.201218104

Doytch, N., Thelen, N., Mendoza, R.U., 2014. The impact of FDI on child labor: Insights from an empirical analysis of sectoral FDI data and case studies. Children and Youth Services Review, Economic Dimensions of Child Protection and Well-being 47, 157–167. https://doi.org/10.1016/j.childyouth.2014.09.008

Dumas, 2017. Helping Working Children Through Consumocratic Law: A Global South Perspective.

Edmonds, E.V., Shrestha, M., 2014. You get what you pay for: Schooling incentives and child labor. Journal of Development Economics, Special Issue: Imbalances in Economic Development 111, 196–211. https://doi.org/10.1016/j.jdeveco.2014.09.005

Ernst/UN Women, 2014. End-Line Evaluation: UN Women's Anti-Human Trafficking Program.

Fargnoli, A., 2017. Maintaining Stability in the Face of Adversity: Self-Care Practices of Human Trafficking Survivor-Trainers in India. Am J Dance Ther 39, 226–251. https://doi.org/10.1007/s10465-017-9262-4

Farhana, R.J., n.d. SAARC Trafficking Convention and Human Trafficking Crisis In Bangladesh: A Critical Appraisal 7.

Farzad Khan, R., Westwood, R., Boje, D.M., 2010. "I feel like a foreign agent": NGOs and corporate social responsibility interventions into third world child labor. Human Relations 63, 1417–1438. https://doi.org/10.1177/0018726709359330

FLEX, 2018. Seeing through transparency: making corporate accountability work for workers. FLEX.

Frankel/ILO, 2008. Combating child labour through education and training in Pakistan AND Support to the Time-Bound Programme on the elimination of the worst forms of child labour in Pakistan.

Frederick, J., 2010. Sexual Abuse and Exploitation of Boys in South Asia: A Review of Research Findings, Legislation, Policy and Programme Responses 173.

Freedom Fund, 2017. Freedom Fund Hotspot Impact as of Dec 31 2017.

Frolich, M., Landmann, A., 2018. Effects of Insurance on Child Labour: Ex-Ante and Ex-Post Behavioural Changes. Journal of Development Studies 54, 1002–18. https://doi.org/10.1080/00220388.2017.1366452

Gausman, J., Chernoff, M., Duger, A., Bhabha, J., Chu, H., 2016. When We Raise Our Voice: The Challenge of Eradicating Labor Exploitation. Harvard FXB Center for Health and Human Rights.

Ghosh, S., 2015. Anti-trafficking and its discontents: women's migrations and work in an Indian borderland. Gender, Place & Culture 22, 1220–1235. https://doi.org/10.1080/0966369X.2014.970139

Giri, A.K., Singh, S.P., 2016. Labour standards in global value chains in India: the case of handknotted carpet manufacturing cluster. Asian J Bus Ethics 5, 37–52. https://doi.org/10.1007/s13520-016-0052-8

Gopolan/UNODC, 2009. Strengthening the law enforcement response in India against trafficking in persons through training and capacity building.

Gupta, A., Srinivasan, V., 2011. Sports Goods Foundation of India (SGFI): Collective Response to CSR Issues (SSRN Scholarly Paper No. ID 2123044). Social Science Research Network, Rochester, NY.

Hoffmann, M., 2017. Unfree labour after the Maoist Revolution in western Nepal. Contributions to Indian Sociology 51, 139–162. https://doi.org/10.1177/0069966717697417

Huq, F., Zorzini, M., Stevenson, M., 2014. Social sustainability in developing country suppliers: An exploratory study in the ready made garments industry of Bangladesh. Int Jrnl of Op & Prod Mnagemnt 34, 610–638. https://doi.org/10.1108/IJOPM-10-2012-0467

IDLO, 2011. Preventing and combating the Trafficking of Girls in India: Using legal empowerment strategies.

ILO, 2010. Sustainable Elimination of Child Bonded Labour in Nepal: Phase II. ILO.

ILO IPEC, 2013a. Business and the fight against child labour: Experiences from India, Brazil and South Africa. ILO/IPEC.

ILO IPEC, 2013b.

Impact of Mahatma Gandhi National Rural Employment Guarantee Scheme on Child Labour. ILO IPEC.

ILO/Unnikrishnan, G., Sharma, R.K., 2010.

Sustainable Elimination of Child Bonded Labour in Nepal: Phase II. ILO.

IOM, 2008. Counter-Trafficking Interventions in Prevention, Protection and Prosecution for Victims of Trafficking in Persons in Bangladesh: End Project Evaluation, GoB/IOM/USAID, October 2008.

IPEC, 2012. Towards the elimination of hazardous child labour: Practices with good potential.

Islam, A., Choe, C., 2013. Child Labor and Schooling Responses to Access to Microcredit in Rural Bangladesh. Economic Inquiry 51, 46–61. https://doi.org/10.1111/j.1465-7295.2011.00400.x

Jamali, D., Lund-Thomsen, P., Khara, N., 2017. CSR Institutionalized Myths in Developing Countries: An Imminent Threat of Selective Decoupling. Business & Society 56, 454–486. https://doi.org/10.1177/0007650315584303

Jana S., Dey B., Reza-Paul S., Steen R., 2014. Combating human trafficking in the sex trade: can sex workers do it better? J Public Health (Oxf) 36, 622–628. https://doi.org/10.1093/pubmed/fdt095

Jeddere-Fisher/ILO, K., 2009. Sustainable Elimination of Child Bonded Labour in Nepal. ILO.

Jensen, 2018. Towards Evidence-Based Anti-Human Trafficking Policy: A Rapid Review of CSE Rehabilitation and Evaluation of Indian Legislation.

Jersild/ILO, A., 2017.

Fair recruitment and decent work for women migrant workers in South Asia and the Middle East -Global Component – Midterm evaluation. ILO.

Johnson, 2015. Business Lawyers Are In a Unique Position to Help Their Clients Identify Supply-Chain Risks Involving Labor Trafficking and Child Labor.

Jones, 2015. Evaluation of Norway's Support to Women's Rights and Gender Equality in Development Cooperation.

Kaletski, E., Prakash, N., 2016. Does Political Reservation for Minorities Affect Child Labor? Evidence from India. World Development 87, 50–69. https://doi.org/10.1016/j.worlddev.2016.06.003

Kanesathasan, A., Cardinal, L.J., Pearson, E., Das Gupta, S., Mukherjee, S., Malhotra, A., 2008. Catalyzing change: Improving youth sexual and reproductive health through DISHA, an integrated program in India.

Kant, 2013. Current Status of Victim Service Providers and Criminal Justice Actors in India on Anti Human Trafficking.

Kapadia-Kundu N ; Storey D ; Safi B ; Trivedi G ; Tupe R ; Narayana G ;, 2014. Seeds of prevention: The impact on health behaviors of young adolescent girls in Uttar Pradesh, India, a cluster randomized control trial. Social science & medicine (1982) 120C, 169–179.

Kaufman, M.R., Crawford, M., 2011. Sex trafficking in Nepal: a review of intervention and prevention programs. Violence Against Women 17, 651–665. https://doi.org/10.1177/1077801211407431

Konstantopoulos, W., Ahn, R., Alpert, E.J., Cafferty, E., McGahan, A., Williams, T.P., Castor, J.P., Wolferstan, N., Purcell, G., Burke, T.F., 2013. An International Comparative Public Health Analysis of Sex Trafficking of Women and Girls in Eight Cities: Achieving a More Effective

Health Sector Response. J Urban Health 90, 1194–1204. https://doi.org/10.1007/s11524-013-9837-4

Kotiswaran, P., 2014. Beyond the allures of Criminalization: Rethinking the regulation of sex work in India. Criminology & Criminal Justice 14, 565–579. https://doi.org/10.1177/1748895814542533

Laing, A., 2015. 'Music in the Dark': A Reflective Case Study on Music Therapy Work with One Woman in a Red-Light District in Kolkata, India. British Journal of Music Therapy 29, 21–30. https://doi.org/10.1177/135945751502900204

Landmann, A., Frölich, M., 2015. Can health-insurance help prevent child labor? An impact evaluation from Pakistan. Journal of Health Economics 39, 51–59. https://doi.org/10.1016/j.jhealeco.2014.10.003

Larmar, S., O'Leary, P., Chui, C., Benfer, K., Zug, S., Jordan, L.P., 2017. Hazardous child labor in Nepal: The case of brick kilns. Child Abuse Negl 72, 312–325. https://doi.org/10.1016/j.chiabu.2017.08.011

LeBaron, G., 2018. The Global Business of Forced Labour.

Locke, 2010. Rescued, Rehabilitated, Returned: Institutional Approaches to the Rehabilitation of Survivors of Sex Traficking in India and Nepal.

Lund-Thomsen, P., Coe, N.M., 2015. Corporate social responsibility and labour agency: the case of Nike in Pakistan. J Econ Geogr 15, 275–296. https://doi.org/10.1093/jeg/lbt041

Lund-Thomsen, P., Nadvi, K., 2010. Clusters, chains and compliance: Corporate social responsibility and governance in football manufacturing in South Asia. Journal of Business Ethics 93, 201–222. https://doi.org/10.1007/s10551-010-0561-7

Lux, K., Mosley, J.E., 2014. Cross-sectoral collaboration in the pursuit of social change: Addressing sex trafficking in West Bengal. International Social Work 57, 19–26. https://doi.org/10.1177/0020872813505628

Mehra, D., Sarkar, A., Sreenath, P., Behera, J., Mehra, S., 2018. Effectiveness of a community based intervention to delay early marriage, early pregnancy and improve school retention among adolescents in India. BMC Public Health 18, 732. https://doi.org/10.1186/s12889-018-5586-3

Menon, N., Rodgers, Y. van der M., 2018. Child labor and the minimum wage: Evidence from India. Journal of Comparative Economics 46, 480–494.

Mitra, J., 2017. Evaluation Summary: Fair Recruitment and Decent Work for Women Migrant Workers in South Asia and the Middle East - Global Component - Midterm Evaluation. ILO.

Morrow, G., 2010. The dynamics of girls' involvement in agricultural work in Andhra Pradesh, India: combining work and school 16.

Musa, 2018. Bonded Child Labour in South Asia: Building the Evidence Base for DFID Programming and Policy Engagement. DFID.

Nadvi, K., 2008. Global standards, global governance and the organization of global value chains. J Econ Geogr 8, 323–343. https://doi.org/10.1093/jeg/lbn003

Nawaz, Salahuddin Ahmed, 2009. The Effectiveness of Adolescent Development Program of Bangladesh Rural Advancement Committee (BRAC) in Strengthening Awareness Regarding Social Issues among Rural Adolescent Girls in Bangladesh: An Empirical Study.

Oonk, G., Overeem, P., Peepercamp, M., Theuws, M., 2012. Maid in India - young Dalit women continue to suffer exploitative conditions in India's garment industry. Centre for Research on Multinational Corporations (SOMO)/ India Committee of the Netherlands.

Oosterhoff, P., 2016. Mid-term review of the Freedom Fund Southern India bonded labour hotspot. IDS Sussex.

Pandey, S., 2017. Persistent nature of child marriage among women even when it is illegal: The case of Nepal. Children and Youth Services Review 73, 242–247. https://doi.org/10.1016/j.childyouth.2016.12.021

Pathfinder International, 2013. PRACHAR: Advancing Young People's Sexual and Reproductive Health and Rights in India.

Pervin/IOM, S., 2014. Addressing Health Issues of Survivors of Human Trafficking in Jessore and Satkhira in Bangladesh, IOM/ANESVAD, by S. Pervin, July 2014. IOM.

Premchander/ILO, S., Kanneganti, S., Pandey, B., 2012. Convergence Against Child Labour: Support for India's Model–Midterm Evaluation. ILO.

Rosy, S.Y., 2016. Bangladeshi Women Trafficking Survivors Situation in Family and Society: NGO Response towards Their Reintegration. Multidisciplinary Journal of Gender Studies 5, 911–928. https://doi.org/10.17583/generos.2016.1572

Schurmann A.T., 2009. Review of the Bangladesh female secondary school stipend project using a social exclusion framework. J. Health Popul. Nutr. 27, 505–517.

Shah, M., Steinberg, B.M., 2015. Workfare and Human Capital Investment: Evidence from India (Working Paper No. 21543). National Bureau of Economic Research. https://doi.org/10.3386/w21543

Shrestha/UN Women, 2013. Final Evaluation of Sustaining the Gains of Foreign Labour Migration through the Protection of Migrant Workers' Rights Programme.

Singh, S., Tripathi, R.C., 2010. Why do the bonded fear freedom?: Some lessons from the field. Psychology and Developing Societies 22, 249–297. https://doi.org/10.1177/097133361002200203

Sinha, N., Yoong, J., 2009. Long-Term Financial Incentives and Investment in Daughters Evidence from Conditional Cash Transfers in North India.

Stanton, M.C., Ghose, T., 2017. Community-Led Economic Initiatives with Sex Workers: Establishing a Conceptual Framework for a Multidimensional Structural Intervention. Sex Res Soc Policy 14, 454–466. https://doi.org/10.1007/s13178-017-0275-z

Stavropoulou, 2017a. Adolescent girls' capabilities in Bangladesh: The state of the evidence on programme effectiveness. ODI.

Stavropoulou, 2017b. Adolescent girls' capabilities in Nepal: The state of the evidence on programme effectiveness. ODI.

Suarez, P.A., 2018. Child-bride marriage and female welfare. Eur J Law Econ 45, 1–28. https://doi.org/10.1007/s10657-017-9562-7

Swendeman, D., Fehrenbacher, A.E., Ali, S., George, S., Mindry, D., Collins, M., Ghose, T., Dey, B., 2015. "Whatever I have, I have made by coming into this profession": the intersection of resources, agency, and achievements in pathways to sex work in Kolkata, India. Arch Sex Behav 44, 1011–1023. https://doi.org/10.1007/s10508-014-0404-1

Tripathi, R.C., Singh, S., 2017. Psychosocial Pathways Towards a Sustainable Society: The Role of Greed, Altruism and Social Capital. Psychology and Developing Societies 29, 200–220. https://doi.org/10.1177/0971333617721761

UNICEF, 2014. Child labour and UNICEF in action: Children at the centre.

UNICEF, 2008. UNICEF Programme for the Reintegration of Children Associated with Armed Forces and Armed Groups in Nepal. UNICEF.

U.S. Department of Labor, 2016. 2016 findings on the worst forms of child labor.

USAID, 2016. Reducing Vulnerability to Human Trafficking: An Experiental Intervention Using Anti-Trafficking Campaigns to Change Knowledge, Attitudes, Beliefs, and Practices in Nepal. USAID.

USAID, 2013. Midterm performance evaluation of the actions for combating trafficking in persons (ACT) project.

Uzma, Fatima, A., 2008. International Trade, Foreign Direct Investment and the Phenomenon of Child Labor: The Case of Pakistan. International Journal of Social Economics 35, 809–22.

Warner/ICRW, 2014. More Power to Her: How Empowering Girls Can Help End Child Marriage.

Wilson, D., 2015. HIV Programs for Sex Workers: Lessons and Challenges for Developing and Delivering Programs. PLOS Medicine 12, e1001808. https://doi.org/10.1371/journal.pmed.1001808

World Education, 2014. Naya bato naya paila: Combatting exploitative child labor through education in Nepal.

World Education, 2009. Improved family livelihoods to address child labor: Child labor strategies report 2009.

Zegers/ILO, M., 2013. Combating Abusive Child Labour II (CACL II) – Final Evaluation. ILO.

Appendix G. List of systematic reviews citation tracked for primary studies

Camp, M.A., Barner, J.R., and Okech, D. 2018. Implications of human trafficking in Asia: A scoping review of aftercare initiatives centered on economic development. *Journal of Evidence-Informed Social Work* 15(2), pp. 204-214.

Dammert, A.C. et al., 2018. Effects of public policy on child labor: Current knowledge, gaps, and implications for program design. World Development, 110, pp.104–123. Available at: https://www.sciencedirect.com/science/article/pii/S0305750X18301499 [Accessed August 31, 2018].

Dell, N.A. et al., 2017. Helping Survivors of Human Trafficking: A Systematic Review of Exit and Postexit Interventions. Trauma, Violence, & Abuse, p.152483801769255. Available at: http://www.ncbi.nlm.nih.gov/pubmed/29333961 [Accessed April 7, 2018].

Kaufman, M.R., and Crawford, M. 2011. Sex trafficking in Nepal: A review of intervention and prevention programs. *Violence Against Women* 17(5), pp. 651-665.

Larmar, S., O'Leary, P,. Chui, C., Benfer, K., Zug, S., and Jordan, L.P. 2017. Hazardous child labor in Nepal: The case of brick kilns. *Child Abuse & Neglect* 72, pp. 312-325.

Ottisova, L. et al., 2016. Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review. Epidemiology and Psychiatric Sciences, pp.1–25. Available at: http://www.ncbi.nlm.nih.gov/pubmed/27066701.

Szablewska, N. & Kubacki, K., 2018. Anti-Human Trafficking Campaigns: A Systematic Literature Review. Social Marketing Quarterly, 24(2), pp.104–122. Available at: http://journals.sagepub.com/doi/10.1177/1524500418771611 [Accessed August 31, 2018].

Zimmerman, C., McAlpine, A. & Kiss, L., 2016. Safer labour migration and community-based prevention of exploitation: The state of the evidence for programming, The Freedom Fund & London School of Hygiene and Tropical Medicine. Available at: http://freedomfund.org/wp-content/uploads/FF_SAFERMIGRATION_WEB.pdf.

References

Agarwal, S., Araujo, P. 2012. On the association between HIV knowledge and unsafe sexual behaviour in India. *International Journal of Development Issues* 11(3), pp. 227-234.

Braunstein, E., 2015. *Economic Growth and Social Reproduction: Gender inequality as cause and consequence*, Available at: http://www.unwomen.org/en/digital-library/publications/2015/9/dps-economic-growth-and-social-reproduction.

Bryant, K. & Joudo, B., 2018. *Promising practices: what works? A review of interventions to combat modern day slavery*, Available at: https://www.walkfreefoundation.org/news/resource/promising-practices/.

Cannon, A.C. et al., 2018. Trafficking and Health: A Systematic Review of Research Methods. *Trauma, Violence, & Abuse*, 19(2), pp.159–175. Available at: http://www.ncbi.nlm.nih.gov/pubmed/27189733 [Accessed May 9, 2018].

Cockbain, E., Bowers, K. & Dimitrova, G., 2018. Human trafficking for labour exploitation: the results of a two-phase systematic review mapping the European evidence base and synthesising key scientific research evidence. *Journal of Experimental Criminology*, pp.1–42. Available at: https://link.springer.com/article/10.1007/s11292-017-9321-3 [Accessed April 14, 2018].

Dell, N.A. et al., 2017. Helping Survivors of Human Trafficking: A Systematic Review of Exit and Postexit Interventions. *Trauma, Violence, & Abuse*, p.152483801769255. Available at: http://www.ncbi.nlm.nih.gov/pubmed/29333961 [Accessed April 7, 2018].

Doherty, S. et al., 2016. Suitability of measurements used to assess mental health outcomes in men and women trafficked for sexual and labour exploitation: a systematic review. *The lancet. Psychiatry*, 3(5), pp.464–71. Available at: http://linkinghub.elsevier.com/retrieve/pii/S2215036616300475 [Accessed May 19, 2017].

Durojaiye, O.C. 2011. Knowledge, attitude and practice of HIV/AIDS: Behavior change among tertiary education students in Lagos, Nigeria. *Annals of Tropical Medicine and Public Health* 4, pp. 18-24.

Hemmings, S. et al., 2016. Responding to the health needs of survivors of human trafficking: a systematic review. *BMC health services research*, 16(1), p.320. Available at: http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1538-8 [Accessed May 9, 2018].

ILO & Walk Free Foundation, 2017. *Global estimates of modern slavery: forced labour and forced marriage*, Geneva, Switzerland.

ITUC, 2018. Recruitment Advisor App. Available at: https://www.ituc-csi.org/ituc-launches-migrant-worker?lang=fr.

van der Laan, P.H. et al., 2011. Cross-border Trafficking In Human Beings: Prevention and Intervention Strategies for Reducing Sexual Exploitation. *Campbell Systematic Reviews*, 9.

Liberati, A. et al., 2009. The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: Explanation and Elaboration. *PLOS Medicine*, 6(7), p.e1000100. Available at: http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000100.

Miles, S., Sophal, H., Vanntheary, L., Phally, S., So. D. 2013. The butterfly longitudinal research project. A chab dai study on (re-)integration: Researching the lifecycle of sexual exploitation and trafficking in Cambodia. Chab Dai Coaliation. https://static1.squarespace.com/static/55a81f9be4b01a30079bb9d3/t/55b951e6e4b06dcee35d6847/1438212093319/Butterfly+2013+Progress

Muraya, D.N. & Fry, D., 2016. Aftercare Services for Child Victims of Sex Trafficking. *Trauma, Violence, & Abuse*, 17(2), pp.204–220. Available at: http://www.ncbi.nlm.nih.gov/pubmed/26025452 [Accessed April 7, 2018].

Ojanen, T.T., Boonmonkon, P., Samakkeekarom, R., Samoh, N., Cholratana, M., Guadamuz, T.E. 2015. Connections between online harassment and offline violence among youth in central Thailand. *Child Abuse & Neglect* 44, pp. 159-169.

Ottisova, L. et al., 2016. Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review.

Epidemiology and Psychiatric Sciences, pp.1–25. Available at:
http://www.ncbi.nlm.nih.gov/pubmed/27066701.

Picon, M. et al., 2017. *Intimate partner violence prevention: an evidence gap map. 3ie Evidence Gap Map Report 8,*

Sosamphanh, B., Senedouangdeth, D., Phouxay, K., Sinsamphanh, K., Simmalavong, P., Huijsmans, R., 2008. 'Whether you go illegally or legally in the end it"s the same, you're cheated' - A study of formal and informal recruitment practices of Lao workers migrating to Thailand. Final report for ILO. Vientiane, Laos.

Stoll, David, 2012. El Norte or Bust!: How migration fever and microcredit produced a financial crash in a Latin American town. Rowman & Littlefield Publishers.

Thakur, D. 2018. How do ICTs mediate gender-based violence in Jamaica? *Gender & Development* 26(2), pp. 267-282.

The Asia Foundation, 2017. Shuvayatra Safe Migration App. Available at: https://asiafoundation.org/2016/05/18/asia-foundation-partners-launch-shuvayatra-safe-migration-app/.

Thinyane, H., 2017. Apprise Victim Identification App.

Thorn, 2017. Spotlight, BEFREE Apps against child abuse.

UNODC, 2011. *The Role of Corruption in Trafficking in Persons*, Vienna, Austria. Available at: http://www.unodc.org/documents/human-trafficking/2011/Issue_Paper_-_The_Role_of_Corruption_in_Trafficking_in_Persons.pdf.

Vasudevan, A. 2018. Report of the national dialogue on gender-based cyber violence. Mumbai: TATA Institute for Social Sciences. https://itforchange.net/e-vaw/wp-content/uploads/2018/03/Event-Report-of-National-Dialogue-on-Gender-Based-Cyber-Violence.pdf

Walk Free Foundation, 2018. Global Slavery Index 2018. *Global Slavery Index*. Available at: https://www.globalslaveryindex.org/ [Accessed August 30, 2018].

Zimmerman, C., McAlpine, A. & Kiss, L., 2016. *Safer labour migration and community-based prevention of exploitation: The state of the evidence for programming*, The Freedom Fund & London School of Hygiene and Tropical Medicine. Available at: http://freedomfund.org/wp-content/uploads/FF_SAFERMIGRATION_WEB.pdf.