

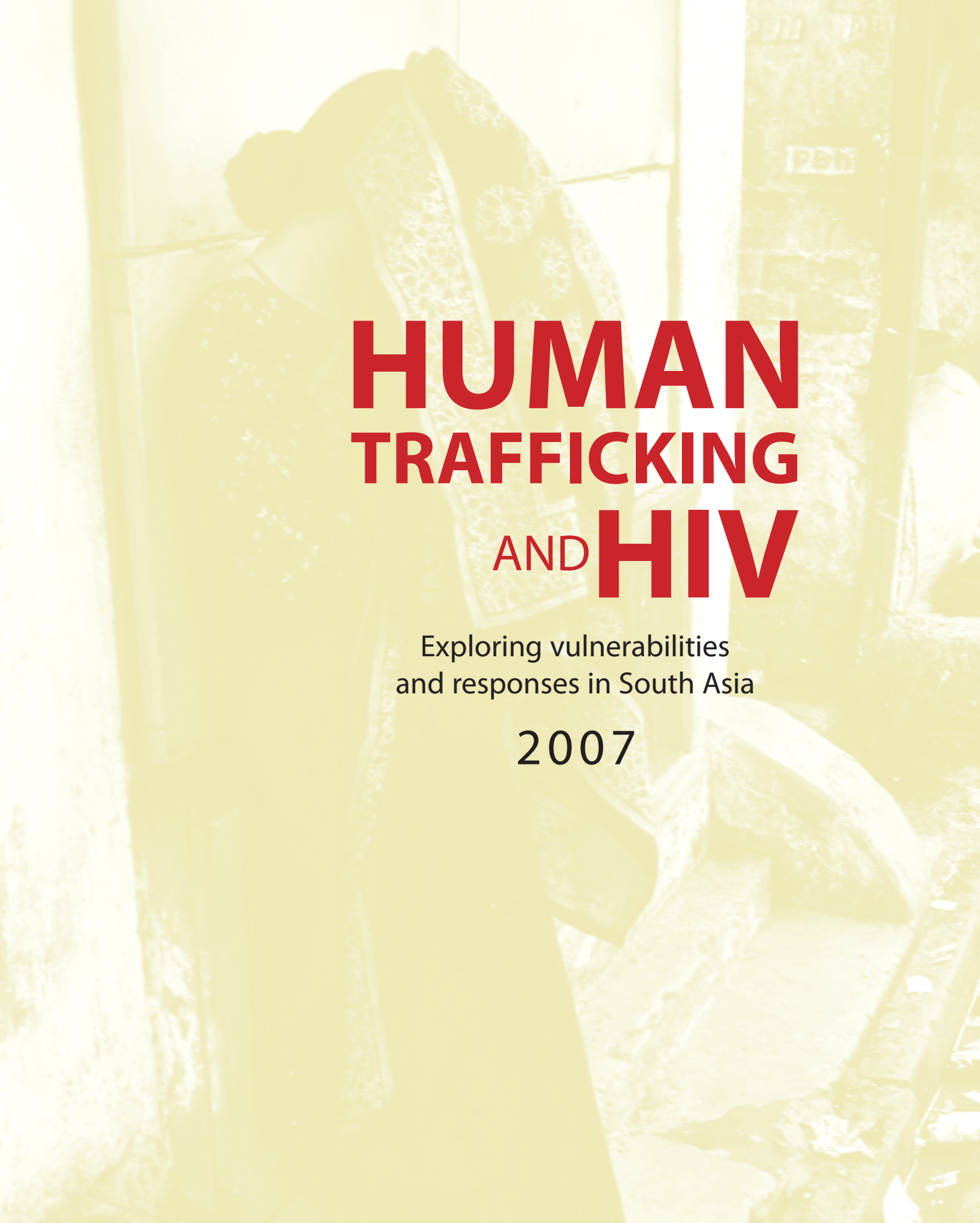
HUMAN TRAFFICKING AND HIV

Exploring vulnerabilities
and responses in South Asia

2007



JAPAN

The background image is a photograph of a person, likely a woman, wearing a patterned headscarf and a dark, patterned garment. She is looking down, and her face is partially obscured by the fabric. The setting appears to be a cluttered, possibly outdoor or semi-outdoor, environment with various items and structures visible in the background. The entire image is overlaid with a semi-transparent yellow filter.

HUMAN TRAFFICKING AND HIV

Exploring vulnerabilities
and responses in South Asia

2007

ACKNOWLEDGEMENTS

This publication was put together by Javita Narang, an independent consultant from New Delhi, India, under the supervision and guidance of Caitlin Wiesen, UNDP Regional HIV/AIDS Team Leader & Regional Programme Coordinator for Asia & the Pacific. We are grateful to Javita for her depth of knowledge, unwavering dedication to the issue and strong commitment to quality.

We would also like to express our gratitude to the authors of the country studies that constitute the basis and backbone of this publication: Hangama Anwari (Afghanistan); Ishrat Shamim (Bangladesh); Balaji Pandey, Bharti Ali, Sunitha Krishnan, Shamla Natrajan, Shobhita Rajgopal, Priti Patkar, Manebendra Mandal, Frank Krishner, Geetha Menon, Dharmendra Rai, and Abhijit Das (India); John Frederick (Nepal); Arshed Bhatti (Pakistan); and Bhavani Fonseka and Shalindra Mylvaganam (Sri Lanka).

In addition, this publication contains substantial contributions from Kazuyuki Uji, Kristjana Sigurbjornsdottir, Angela Ison, Pramod Kumar and B. Bhamathi. Additional inputs were provided by Ivana Lohar, Ian Macleod, Mini John, Nashida Sattar and Yusei Uji. We are also grateful for quality editing provided by Richard Simon.

Lastly, we would like to extend our appreciation to the Government of Japan, which funded our three-year regional project on human trafficking and HIV under the United Nations Trust Fund for Human Security. This publication is one of the many results of that project.

Published by UNDP Regional HIV and Development Programme for Asia Pacific
© UNDP Regional Centre in Colombo, 2007

Layout and design by Harish Bhardwaj
Cover photo by Aman Mahajan
Photographs by Agnimirh Basu and Samrat Mukherjee

The opinions expressed in this publication are those of the authors and do not necessarily represent the opinions of UNDP.

ABBREVIATIONS & ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ARV	Anti-retroviral medicine
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
FSW	Female sex worker
FTZ	Free trade zone
HIV	Human immunodeficiency virus
IDP	Internally displaced person
IDU	Injecting drug user
IEC	Information, education and communication
LTTE	Liberation Tigers of Tamil Eelam
MSM	Men who have sex with men
MSW	Male sex worker
NGO	Non-governmental organization
PLHIV	People living with HIV
PPP	Purchasing-power parity
RAS	Rapid assessment study
SAARC	South Asian Association for Regional Cooperation
STI	Sexually-transmitted infections
U.A.E	United Arab Emirates
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP RCC	United Nations Development Programme – Regional Centre in Colombo
UNICEF	United Nations Children’s Fund
WHO	World Health Organization



FOREWORD

HIV/AIDS and human trafficking threaten human security and human development. Millions of women and girls have been trafficked across borders and within countries in recent years, making human trafficking a global industry that generates an estimated five to seven billion U.S. dollars each year. It is estimated that 300,000 to 450,000 people are trafficked within Asia each year, of which more than half take place in South Asia. Women and children, particularly girls, are trafficked within country boundaries, to other countries within the region and across regions and continents beyond South Asia. The growing trafficking problem in South Asia has been recognised and has become a serious concern over the last decade.

However, the links between human trafficking and HIV/AIDS have only been identified fairly recently. Neither HIV/AIDS nor human trafficking have been integrated or mainstreamed adequately, either at policy or programmatic level. This is despite the fact that HIV and human trafficking share many causal and consequential factors, including gender inequalities, poverty, lack of economic opportunities for women, stigma and discrimination, rights violations and a life without dignity. The dual vulnerabilities of women and girls in the region to trafficking and HIV demand urgent attention.

One of the fundamental weaknesses in explaining and exploring the linkages between trafficking and HIV is a lack of adequate data. This is attributable to the historical absence of a systematic approach to examining dual vulnerabilities, the highly sensitive nature of both issues and the strong stigma attached both to survivors of trafficking and to people living with HIV. The mixture of these intricate and delicate factors has deterred efforts to examine critically and act proactively on these two closely-intertwined issues in the region.

In an effort to reduce the dual vulnerabilities of trafficking and HIV among women and girls through greater understanding of the issues and the current state of play in the region, the UNDP RCC convened a Rapid Assessment Studies (RAS) in six South Asian countries: Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. The RAS highlights the magnitude, dimensions, causes, consequences and key interventions on HIV/AIDS and human trafficking. The emphasis was on exploring the linkage of the two issues and mainstreaming at different levels of interventions – policy, legislation and programming. A compilation of findings from the RAS is presented in this publication, which highlights the critical links between the two issues and the paucity of data and concerted efforts to address the two together. A number of areas of convergence and joint initiatives have also been identified and recommended.

We hope this publication will inspire policymakers and key stakeholders to explore further the links between human trafficking and HIV/AIDS and of initiatives addressing the two in a coherent, integrated and sensitive manner at local, national and regional levels.

Caitlin Wiesen-Antin

Regional HIV/AIDS Team Leader
& Programme Coordinator for Asia & the Pacific
UNDP Regional Centre in Colombo, Sri Lanka



CONTENTS

Acknowledgements [2]
Abbreviations & acronyms [3]
Foreword [5]

1

Introduction [9]

- 1.1 Human trafficking in South Asia [10]**
- 1.2 Migration and human trafficking: the nexus in South Asia [13]**
- 1.3 HIV/AIDS in South Asia [14]**

2

A rapid assessment in the region [17]

- 2.1 Human trafficking and HIV/AIDS: a brief summary of country situations [19]**
 - Afghanistan [19]**
 - Bangladesh [22]**
 - India [26]**
 - Nepal [30]**
 - Pakistan [34]**
 - Sri Lanka [37]**
 - A common factor [42]**
- 2.2 Vulnerability factors: human trafficking and HIV in South Asia [42]**
- 2.3 Current programming: approaches, gaps and needs in South Asia [55]**

3

Conclusions and recommendations [61]

Annexure: Rapid Assessment Study on Human Trafficking and HIV in South Asia [68]

“HIV/AIDS AND HUMAN TRAFFICKING
THREATEN HUMAN SECURITY
AND HUMAN DEVELOPMENT”

1

CHAPTER ONE

INTRODUCTION

INTRODUCTION

“Trafficking is a complex development issue. It is an economic problem, as the vast majority of women seeking to escape poverty are lured into trafficking by the false promise of economic gain. Trafficking is a health problem, as trafficked women and children are most at risk from HIV infection. It is a gender problem, as unequal power relations reinforce women’s secondary status in society. Lastly, it is a legal problem, as its victims are stripped of their human rights and lack any access to redress for the crimes committed against them.”¹



1.1 Human trafficking in South Asia²

Human trafficking generates billions of dollars for organized crime. It is considered the third largest source of funding, preceded only by drugs and guns.³ In South Asian countries, trafficking has increased drastically over the past several decades.

Due to its clandestine nature, there are no precise statistics on the extent of the problem. However, it is reported that South Asia has the second-largest number of internationally trafficked persons in the world. It is assumed that millions of women, in particular, have been trafficked across borders and within countries. Overall, it is estimated that 150,000- 200,000 people from South Asia are trafficked annually.

Among countries in the region, Bangladesh, Nepal and Sri Lanka are the major centres of origin. India and Pakistan are destinations or transit countries to other regions, in particular the Middle East.⁴

Activists and governments are increasingly

¹ ‘USAID Strategic Treatment for the Asia Regional Anti-Trafficking Initiative.’ May 25, 1999 (draft). Washington, D.C., 1999, USAID.

² This document is based on results from a regional rapid assessment study (RAS) conducted in Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka between 2004 and 2006 and is compiled by Javita Narang, Consultant, India.

³ Miko, F.T. & G. Park, ‘Trafficking in Women and Children: The U.S. and International Response’. Congressional Research Service Report 98-649C. Washington, D. C., 2000: United States Department of State.

⁴ *Ibid*

acknowledging that human trafficking takes place both within the borders of a country and across regions and continents beyond South Asia. For instance, India is a source, transit and destination. Receiving children from Bangladesh and Nepal and sending women and children to countries in the Middle East is a common occurrence. India and Pakistan are the main destinations for children under 16 who are trafficked in South Asia.

According to the 2002 SAARC (South Asian Association for Regional Cooperation) Convention on Preventing and Combating Trafficking in Women and Children, "Trafficking is the illegal moving and selling of human beings across and within countries and continents in exchange for monetary and/or other compensation." While the Convention focuses on trafficking for sex work, there are many other reasons for human trafficking in South Asia: forced marriage, forced labour, domestic service, organized begging, camel jockeying, circus work, illicit adoption, pornography production and organ trafficking for the transplant market. As noted, most of those trafficked are women and girls, but boys are also trafficked, in particular as camel jockeys or forced labour, for adoption and in some areas as sex workers.

Though women and girls in South Asia are trafficked for other purposes besides sexual exploitation, this remains the single largest category of exploitative trafficking crime throughout the world. The majority of victims are

young girls and women from poor, illiterate families. The clandestine nature of the trade makes it impossible to obtain accurate data, but conservative estimates available from NGOs and other international sources make grim reading. For example, thousands of Nepalese women and girls are trafficked into India every year. The Asian Development Bank estimates that between one and two hundred thousand Nepalese women and girls, roughly a quarter of whom are less than eighteen years old, are held against their will in Indian brothels.⁵ An estimated 9,000 girls are trafficked annually within South Asia from Nepal to India and from Bangladesh to Pakistan; a little over half of all girl sex workers in India are from

Nepal or Bangladesh.⁶ The children of these sex workers, especially girls, are often either pushed into the trade or is taken as a substitute for their mothers.

"Overall, it is estimated that 150,000 - 200,000 people from South Asia are trafficked annually."

Sri Lanka has a growing sex tourist industry, especially along its coastal belt, where the demand from European tourists for young male sex workers or 'beach boys' is high. Such workers comprise a large proportion of children whose sexual exploitation leaves them vulnerable to HIV infection.

Other countries in the region are similarly affected: UNICEF reports that 40,000 children from Bangladesh are involved in sex work in Pakistan.⁷ Generally in South Asia, child trafficking is of particular concern as "an extension of a serious child labour problem", which includes the exploitation of girls for domestic work.⁸

⁵ *State of World Population 2006, A Passage to Hope: Women and International Migration*; UNFPA

⁶ 'Combating Trafficking of Women and Children in South Asia', Regional Synthesis Paper for Bangladesh, India, and Nepal. 2003: Asian Development Bank.

⁷ 'Combating Trafficking of Women and Children in South Asia', Regional Synthesis Paper for Bangladesh, India, and Nepal; 2003: Asian Development Bank

⁸ *Unbearable to the Human Heart: Child Trafficking and Action to Eliminate It*, p. 17. Geneva, 2002: ILO.

Another source of demand driving the trafficking in young women arises from the prevailing gender inequalities in densely populated countries like India: namely, the perception that a girl child is an economic liability. Sources in India report an emerging pattern of trafficking in girls from West Bengal and Assam to the more prosperous states of Punjab and Haryana, where 'gender gaps' are most acute. The trafficked women and girls are sexually exploited and forced to give birth to a male child. The woman is either abandoned or passed on to another man after the birth of the child.

The trafficking and exploitation of African and South Asian children as camel jockeys has burgeoned in the Gulf States. Here, the discovery of oil and the associated surge in wealth has transformed camel racing from a traditional Bedouin sport into a multi-million dollar commercial activity. Today, thousands of children from Bangladesh, Pakistan and eastern Africa, some no more than two years old, are trafficked into slavery to serve as camel jockeys.

A form of coercion popular with traffickers is the use of a bond or debt to keep victims in subjugation. This is referred to in law and policy as 'bonded labour' or 'debt bondage' and is identified in the UN Protocol on Trafficking in Persons as a form of human trafficking. Many workers around the world fall victim to debt bondage by assuming an initial debt as part of their terms of employment – or 'inherent debt' in more traditional systems of bonded labour. They are then compelled to remain in service 'until the debt is worked off', but meanwhile the terms of service mutate, the debt grows and the employer-employee relationship becomes exploitative. Bonded workers are generally forced

to work for many years, well beyond what might be considered a reasonable repayment period, before their debts are regarded as settled.

In South Asia, the phenomenon of traditional bonded labour is common and widespread. Millions of people are enslaved from generation to generation. They seldom know the amount or terms of their debt, a fact that increases the coercive power of their employers – or slavemasters – and ensures their continued servitude. Cultural practices, illiteracy and unequal power relationships make this traditional form of slavery for low-skilled work particularly hard to eliminate.

Conflicts, crises and natural calamities have led to a rise in unsafe mobility and human trafficking. For example, the aftermath of the December 2004 tsunami saw sporadic reports from affected countries of rape, sexual abuse, kidnapping and trafficking in persons. Thousands of orphaned

children became vulnerable to exploitation by criminal elements seeking to profit from their misery. In response, governments, international organizations and NGOs made the prevention of human trafficking, particularly

child trafficking, an integral component of disaster-relief planning.

In South Asia, trafficking routes are fluid. New routes replace old ones as traffickers seek to avoid detection. Many traffickers operate with police connivance. Their networks are numerous, spanning countries and crossing borders. The trafficking chain connects a variety of criminal types: small-time hoodlums, local crime lords or 'godfathers', national and international gangs, corrupt police and border security officers,

“Trafficking is the illegal moving and selling of human beings across and within countries and continents in exchange for monetary and/or other compensation.”

debauched members of local elites, procurers, pimps and other agents, together with brothel-keepers and other employers who obtain direct or indirect financial benefits from the trade.

Porous borders aid traffickers. Between Bangladesh and India, checkpoints and security personnel are widely dispersed and few in number, while Nepal and India share an open border. Such factors make it difficult to maintain strict vigilance against human trafficking, though border forces are usually knowledgeable about illegal crossings by traffickers and their victims.

1.2 Migration and human trafficking: the nexus in South Asia

Countries in the South Asian region are experiencing rapid economic, political and demographic changes. These often contribute to widening economic disparities. The resulting diversity of labour and population profiles encourages migration, both legal and illegal, in response to the dynamics of supply and demand.

Migration and human trafficking, though separate and distinct processes, are connected. The pressing need for work and life opportunities has turned migration into a common livelihood strategy in South Asia, creating a fertile field for traffickers and unscrupulous 'employment agents'.

Today, trafficking can no longer be viewed outside the context of labour migration. The line between the two is fluid, shifting easily between what might be seen as voluntary migration for legitimate work and what can clearly be recognized as exploitation. Understanding the

connection between migration and human trafficking is therefore critical to the development of counter-trafficking strategies.

Migration and human trafficking are often distinguished from one another by the notion that migration is characterized by choice and trafficking by coercion, deception or force. In practice, the distinction is not so clear. People often migrate in expectation of a well-paid job, only to find themselves forced to work

“It is essential that HIV and anti-trafficking prevention and intervention strategies be directed at reducing the vulnerability of migrants, not at restricting migration itself.”

under exploitative conditions in a plantation, in a sweatshop, in domestic service or in sex work. A lack of available information on safe migration practices, coupled with socio-cultural conditions that discourage many South Asian women from actively seeking such information, results in many women being duped into coercive situations. Those involved in their recruitment and transportation may or may not be involved in the final stages of exploitation.

It is no coincidence that the growth in trafficking has taken place during a period of increasing national and international demand for migrant workers that has not been adequately acknowledged or facilitated. The process of migration involves particular risks for women and children, who may end up being trafficked into an exploitative situation (often but not necessarily in the sex trade) and at risk from HIV and other health problems. Short of preventing migration altogether, the primary issue is how to make the process safe for women and children and how to protect their rights before, during and after migration.

The links between migration and trafficking are complex and disputed. Migration itself does not

make a person more vulnerable to trafficking. Neither is trafficking simply ‘forced migration’, a term that also covers flight from armed conflict, natural disasters, poverty or domestic violence. Even so, there are several relevant points of intersection between trafficking and migration. ‘Willingness to migrate’ is an important potential vulnerability factor in trafficking. Whatever its cause – family problems, poverty or flight from armed conflict – uninformed and unconsidered willingness to migrate can result in a person accepting a situation that can result in a trafficking outcome.

Another factor making migrants vulnerable to trafficking is ‘unprotected migratory process’, in which a girl or woman travels unaccompanied or with unknown persons. ‘Non-secured migratory destination’ constitutes a third vulnerability factor of this kind. This refers to a girl or woman travelling for a purpose that is uncertain, or for which she has made no preparatory contact or correspondence, and for which she has no confirmed place of arrival (addresses of friends, family, workplace).

While these vulnerability factors are addressed through ‘safe migration’ activities, other vulnerability factors, such as a personal lack of resilience or the direct aggression of traffickers, must also be addressed by anti-trafficking interventions.⁹

The right to mobility for employment is an important human right, especially where local economies offer limited livelihood alternatives. It is thus essential that HIV and anti-trafficking prevention and intervention strategies be directed at reducing the vulnerability of migrants, not at restricting migration itself. Strategies need to be developed to enhance

social and economic opportunities at the source. These issues require a great deal more research if we are to develop a clearer understanding of the motivations and processes involved.

1.3 HIV/AIDS in South Asia

HIV/AIDS threatens human security and human development in South Asia. There are currently some 2.8 million people in the region living with HIV.¹⁰ Infection rates and the presence of high-risk behaviours are both growing. Unless vigorous and timely action is taken, some South Asian countries run the risk of experiencing the devastating social and economic impacts as witnessed in some sub-Saharan African countries.

Overall prevalence remains relatively low, but the region’s large populations mean that the absolute number of those affected is high. Currently, it is estimated¹¹ that about 2.5 million people in India are infected with HIV; this is one of the largest populations of people living with HIV in the world. A mere 0.1 percent rise in the prevalence would thus increase the national total of adults living with HIV by about quarter a million. The epidemic has progressed to the ‘generalized state’ (prevalence higher than 1 percent among women attending ante-natal clinics) in six of India’s 28 states.

The rest of India and other countries in the region such as Bangladesh, Nepal, Pakistan, and Sri Lanka are characterized by low HIV prevalence but have significantly higher rates among people who are highly vulnerable and socially marginalized, such as injecting drug users and sex workers. Nepal exemplifies this type of concentrated epidemic: it was reported that about 68 percent of the 5,000-

⁹ Hausner, S., *The Movement of Women: Migration, Trafficking, and Prostitution in the Context of Nepal's Armed Conflict*. 2005

¹⁰ UNAIDS Update, 2006 (The figure of 2.8 million reflects the current revision of the Indian figure.)

¹¹ NACO, 2007

6,500 injecting drug users in Kathmandu had been infected with HIV¹² at one point. Although the figure is reported to have decreased to 52 percent in 2005¹³, it remains disturbingly high.

Afghanistan, Bangladesh, Pakistan, and Sri Lanka have nascent epidemics, but the threat of HIV spread is significant due to the high prevalence of vulnerability factors. The concentrated epidemics in South Asia are extensive, affecting a large fraction of vulnerable populations. As a result, HIV/AIDS is spreading rapidly in some parts of the region, often masked by low national HIV prevalence.

Gender, age and transmission via sex are key elements of this fast-growing HIV epidemic in South Asia. An increasing number of people living with HIV are women of prime reproductive age, many of them less than eighteen years old. Transmission is predominantly through unprotected sexual intercourse. Out of six million HIV-infected people in the region, women constitute over 30 percent of the cases and the figure is growing alarmingly. There are noted shifts in the spread of the epidemic towards girls and young people, with 50 percent of new HIV infections now occurring in people under the age of 25.¹⁴

The issues of stigmatisation and discrimination are common to both HIV/AIDS and human trafficking. Like trafficking, stigma and discrimination associated with HIV and AIDS in South Asia are often gender-related. A woman's in-laws may blame her for infecting their son with HIV, despite the fact that in the overwhelming majority of cases transmission is from husband to wife. An HIV positive woman is more likely to take care of her husband, neglecting her own health

BOX 1: STRUCTURAL AND SOCIOECONOMIC FACTORS THAT INCREASE HIV VULNERABILITY IN SOUTH ASIA

- large numbers of poor people (35 percent of the region's people live below the poverty line)
- low levels of literacy
- porous borders
- rural-to-urban and intrastate migration of male populations
- human trafficking
- stigmas related to sex and sexuality
- structured commercial sex and casual sex with non-regular partners
- male resistance to condom use
- high prevalence of sexually-transmitted infections (STIs)
- low status afforded to women, leading to an inability to negotiate safe sex
- high mobility within and between countries in the region
- prevailing gender norms, values and practices that disempower women and girls
- weak public health infrastructure

in the process, than *vice versa*.

Then, when the husband eventually dies, the woman is often forced out of the marital home and denied her right to inheritance and property, despite having acted as primary caregiver to her late husband during his illness. Because of such gender-related stigma and discrimination, one must be cautious in highlighting the link between human trafficking and increased HIV risk with regards to returning female migrants or trafficked survivors; otherwise they may suffer increased discrimination as a result.

The trafficking of women and girls is a gross violation of human rights, including the right to live with dignity, the right to free mobility and self-determination and the right to justice. When burdened with HIV/AIDS, the stigma, discriminatory treatment, segregation and abuse of women are further aggravated.

12 Family Health International (FHI) Responds: 'Expanding Prevention, Care, and Mitigation Programs During a Decade of Work in Nepal': January 1994-December 2004

13 Resource from the World Bank website: <http://web.worldbank.org/>

14 Report on the Global AIDS Epidemic. 2004: UNAIDS

“Like trafficking, stigma and discrimination associated with HIV and AIDS in South Asia are often gender-related”

2

CHAPTER TWO

A RAPID ASSESSMENT IN THE REGION

A RAPID ASSESSMENT¹⁵



A rapid assessment study (RAS) commissioned by the UNDP Regional Centre in Colombo (UNDP RCC) examined the magnitude, dimensions, causes and consequences of HIV/AIDS and human trafficking in six countries of South Asia: Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. The study, which was carried out between 2004 and 2006 by local researchers with extensive experience in the topic, attempted to explore the links between human trafficking, migration and HIV/AIDS in these countries and to review existing national laws, policies, strategies and responses addressing the dual epidemics.

It highlights an increasing level of unsafe mobility and trafficking in persons, especially women and children, in all six countries, both within and across national borders. It also indicates a clear link between unsafe mobility, human trafficking and HIV infection, reinforcing the conclusion that trafficked persons are highly vulnerable to the risk of HIV infection. The brief summary of key findings of the RAS is indicated below.

¹⁵ See Annexure for details

2.1 Human trafficking and HIV/AIDS – a brief summary of country situations

AFGHANISTAN*

Afghanistan is a country of origin for women and children trafficked for purposes of sexual exploitation and labour. Women and girls are kidnapped, lured by fraudulent marriage proposals or sold into forced marriage and commercial sexual exploitation in Pakistan. Very little information is available on trafficking to Afghanistan; however, reports exist of forced sex work and false marriage. The country lies across one of the two primary routes for Iranian women allegedly being transported from Iran to Pakistan.¹⁶ There is no reliable data on the prevalence of HIV and little is known about factors influencing the spread of HIV/AIDS in the country.

There are many vulnerability factors in Afghanistan that could fuel the epidemic and which consequently demand further investigation. For example, there is a vast disparity between officially-reported HIV infections in the country and UNAIDS estimates: while 61 HIV cases (18 women and 43 men) have been reported through blood bank branches, UNAIDS and WHO estimate that the number of people living with HIV could be between one and two thousand.¹⁷

According to a recent study, 4 percent of injecting drug users (IDUs) in Kabul are living with HIV.¹⁸ Almost one-third of IDUs participating in the study said they used contaminated injecting equipment. In addition, large proportions of these (male) drug users also engaged in other high-risk behaviour. For

example, 32 percent had sex with men or boys, while 69 percent bought sex. Only about half of IDUs surveyed knew that using unclean syringes carries a high risk of HIV transmission or that condoms can prevent HIV infection. Four deaths due to HIV-related illnesses have been registered in Afghanistan so far.¹⁹

The Government of Afghanistan has taken steps to tackle HIV/AIDS and human trafficking. Still, there is a need for in-depth, coordinated action research on both issues that will make it possible to address them in a concerted, strategically planned manner.

National response to human trafficking and HIV/AIDS

Anti-trafficking initiatives

The Government of Afghanistan has initiated various activities to prevent human trafficking, such as improved security in certain provinces, increased access to education, cessation of war and conflict, improved border controls and measures to improve the general standard of living.

Currently, Afghanistan has no specific anti-trafficking law and does not explicitly criminalise trafficking in persons in its Penal Code. An inter-ministerial commission has been established to review the issue and draw up domestic legislation to make trafficking in persons illegal. The commission consists of officials from the Ministries of Defence, Foreign Affairs, Justice, Interior, Frontier Affairs and National Security. Meanwhile, other laws can be used to address trafficking in persons and related crimes.

In 2004, Afghanistan completed a study on child trafficking and approved, translated and

* This section is based on the report by Hangama Anwari.

¹⁶ *An Analysis of Afghanistan*. 2004: International Organization for Migration, Trafficking in Persons.

¹⁷ UNAIDS 2006; and *HIV/AIDS in South Asia*. 2006: World Bank Resources (www.worldbank.org)

¹⁸ UNAIDS update, 2006

¹⁹ UNAIDS 2006; and *HIV/AIDS in South Asia*. 2006: World Bank Resources (www.worldbank.org)

distributed a national action plan to combat trafficking in children in all provinces.

Other Afghan initiatives in this area include:

- a task force focusing exclusively on child trafficking;
- improved services and activities for the survivors of trafficking, including a transit centre in Kabul to assist children deported from destination countries and innovative family tracing and reunification systems that are used to facilitate the return and reintegration of children;
- a procedure by means of which parents or guardians are required to certify their children's safe return, thus reducing the risk of child victims being re-trafficked;
- reintegration projects in Baghlan and Takhar provinces for returnee children from Saudi Arabia and Iran (these projects were started in 2004 with the assistance of UNICEF and International Organisation for Migration (IOM));
- anti-trafficking training for officials in frontline agencies (in collaboration with UNICEF);
- temporary shelters for survivors of trafficking established by NGOs.

Initiatives to address HIV/AIDS

- The Government of Afghanistan has established a National HIV/AIDS/STI-Control Department, developed a five-year (2003-2007) strategic plan and drawn up an annual plan of action to combat HIV/AIDS.
- 'Focal persons' for HIV/AIDS have been assigned by the Ministries of Religious Affairs, Education, and Women's Affairs.

- The government has agreed to incorporate HIV/AIDS in school curricula, which are under revision. Information, education, and communication materials targeting the general population have been developed and widely distributed throughout the country.

- Subject to availability of funds, it is planned to conduct sero-prevalence studies among drug users and tuberculosis patients and to carry out behavioural surveys among these and other vulnerable groups.

- According to the National Strategic Plan for HIV/AIDS/STI, the eight priority areas are:

1. surveillance;
2. advocacy and multisectoral response;
3. risk and harm reduction among vulnerable populations;
4. reducing the vulnerability of young people to HIV/AIDS/STI;
5. raising general public awareness;
6. STI prevention;
7. provision of safe and screened blood;
8. voluntary counselling and testing, care, and support.

- Afghanistan has international and national NGOs active in the area of health promotion and health care. Eighty percent of existing health facilities are either operated or supported by NGOs. Their support is critical and includes drug supplies, supervision, training, and incentives.

HIV/AIDS and human trafficking: linkage

There is no reliable data on the prevalence of HIV and the magnitude of human trafficking. However, the vulnerability factors to human trafficking indicate a high risk of HIV infection, especially in women and children.



BANGLADESH*

Bangladesh has a narrow window of opportunity in which to act decisively to prevent the spread of HIV among vulnerable groups. The country's sixth round of sentinel surveillance (2004-2005) showed an overall HIV prevalence of 0.6 percent. The surveillance was carried out among five groups: injecting drug users, female sex workers (FSWs), men who have sex with men (MSMs), male sex workers (MSWs) and bridge population groups (mobile men including rickshaw drivers, truckers and dockworkers). Significant underreporting of cases occurs due to the country's limited voluntary testing and counselling capacity and the social stigma attached to HIV and AIDS.²⁰

Despite the low national HIV prevalence, behaviours such as injecting drug use, unprotected sex with an overlap between vulnerable and bridging populations, and high rates of sexually-transmitted infections (STIs) all increase the country's vulnerability. Thus, Bangladesh is beginning to witness a spread of the HIV/AIDS epidemic against a backdrop of extreme poverty and low socio-economic and human development indicators.

A large number of women from Bangladesh are forced to enter the sex industry in India, particularly in Mumbai and Kolkata, as a consequence of trafficking. These women are extremely vulnerable to HIV. Bangladeshi women and girls are also trafficked to Pakistan, Bahrain, Kuwait and the United Arab Emirates (U.A.E.) for purposes of sexual exploitation, involuntary domestic servitude and debt bondage. Internal trafficking in Bangladesh is also rampant, as women and children – both girls and boys from

rural areas – are trafficked to urban centres for commercial sexual exploitation and forced labour.²¹ Prompt and vigorous action is needed to strengthen the quality and coverage of HIV and human trafficking prevention programmes.

National response to human trafficking and HIV/AIDS

Anti-trafficking initiatives

- In its efforts to combat human trafficking, the Government of Bangladesh has established an inter-ministerial anti-trafficking committee to oversee national efforts to combat human trafficking.
- A national anti-trafficking police monitoring unit has been created, with presence in all 64 districts. An increased number of prosecutions have taken place in trafficking and trafficking-related corruption cases.
- The Government of Bangladesh has launched a multi-faceted anti-trafficking public awareness campaign and increased its cooperation with NGOs involved in the fight against human trafficking. The Ministry of Women and Children's Affairs has initiated a campaign of 'road marches' to raise awareness of the dangers of human trafficking.
- The government relies primarily on NGOs for shelter, medical care, counselling, repatriation and reintegration services. However, it also runs safe houses, which provide shelter to the survivors of trafficking.
- Various NGOs provide training to government officials on victim assistance and protection techniques for the survivors of trafficking. Many civil-society organizations are involved in the rescue

* This section is based on the report by Ishrat Shamim.

²⁰ *Report on the Global AIDS Epidemic*. 2006: UNAIDS

²¹ 'Victims of Trafficking and Violence Protection Act of 2000', *Trafficking in Persons Report*. 2005: USAID

and recovery, repatriation, rehabilitation and reintegration of survivors throughout the country.

Initiatives to address HIV/AIDS

- In late 1996, the Directorate of Health Services in the Ministry of Health and Family Welfare outlined a National Policy on HIV/AIDS. A high-level National AIDS Committee (NAC) was formed, together with a Technical Advisory Committee and a National AIDS/STD Programme (NASP) unit in the ministry. The NAC includes representatives from key ministries, NGOs and a few parliamentarians. Action has been taken to develop a multi-sector response to HIV/AIDS.
- Strategic action plans for the national AIDS/STD programme set forth fundamental principles, with specific guidelines on a range of HIV/AIDS issues including testing, care, blood safety, prevention among youth, women, migrant workers and sex workers, and STIs.
- Bangladesh has recently strengthened its programmes to improve its response. The Government of Bangladesh has prepared the National Strategic Plan for HIV/AIDS for the period 2004-2010 under the guidance of NAC and with the involvement and support of different stakeholders.
- Numerous NGOs working in the area of STI/HIV/AIDS have formed networks and are actively engaged in preventive activities in the country, particularly in relation to marginalized and hard-to-reach groups. Building the capacity of NGOs, especially small ones, and combining their reach with the resources and strategic programmes of the government is an effective way to change behaviour in high-risk groups and to combat the spread of the virus to the general public.

HIV/AIDS and human trafficking: linkage

The linkage between the spread of HIV and trafficking remains a grey area regarding which more information is needed. Even so, there are valid reasons for concern. Available data indicate that HIV infection is higher among females in the age group 15-24 years, that younger women are mostly trafficked because of high demand from the sex trade, and that such women are easily lured by false promises of a marriage or job offer either within Bangladesh itself or in neighbouring countries.²² This proximity between the ages of those infected and those trafficked is an indicator of the high vulnerability of trafficked women and girls to HIV.

While several recent studies have found that children in general are at risk of sexual harassment, exploitation and abuse, street children are particularly vulnerable.²³ Such children generally end up on the streets due to poverty-related migration or trafficking. It is difficult to ascertain their number, but in 1990 the Department of Social Services estimated that there were 1.8 million such children in urban Bangladesh, rising to a projected 3-4 million by 2000.²⁴ Studies indicate that a significant proportion of both boys and girls (about 20-30 percent aged 10-15 years) have had sexual experience through choice or force or are sold for sex work, but their low levels of awareness and lack of access to facilities make them particularly vulnerable to HIV infection.²⁵

However, the linkage between HIV and human trafficking has not been well established either at policy or programmatic level. A few NGOs have made attempts to address the two in

22 Data from media coverage of trafficking. 1998-1999: (Centre for Women's Development Studies)

23 Government of Bangladesh: 2001; Kabir, R., 2001; Saidel, T. *et al.*, 2003; Ahammed, I. *et al.*, 1998

24 Department of Social Services, 1999

25 Department of Social Services, 1999

tandem (with respect to raising awareness in communities for prevention of human trafficking and HIV infection and in particular reference to care and protection to trafficked survivors in

shelter homes, including those living with HIV). Overall, there is a need to expand and strengthen integrated and coordinated efforts to address human trafficking and HIV/AIDS.



INDIA*

India faces the greatest challenge in the region in terms of sheer numbers of people living with HIV. With approximately 40% of Asia's population, India has the largest number of people living with HIV (PLHIV) in the region, or approximately 2.5 million. The country has a high rate of human trafficking, both internal and international. The Indian situation is complex: India is simultaneously a source, transit, and destination country for women, men, and children trafficked for the purposes of sexual and labour exploitation.²⁶

Growth in both HIV and human trafficking requires urgent, multi-faceted responses. Earlier phases of the National AIDS Control Programme adopted 'targeted interventions' that singled out a few groups as 'high risks', including sex workers (who are often victims of trafficking). Today, the government is implementing more sensitive responses to HIV/AIDS at all levels.

However, while the Ministry of Women and Children and many national and international NGOs are carrying out anti-trafficking initiatives, a more coordinated and multi-sectoral approach is required. UNDP has initiated a National Programme on Prevention of HIV and trafficking in women and girls in eleven states of India (UNDP TAHA Project).²⁷

National response to human trafficking and HIV/AIDS

Anti-trafficking initiatives

■ The Immoral Trafficking Prevention Act (ITPA) criminalizes the offences of selling, procuring, and exploiting any person for sex work as well as profiting from it. However, Section 8 of ITPA also criminalizes the act of solicitation for sex work, which has been used in the past to arrest and punish women and girls who are victims of trafficking. In addition, Section 15 of ITPA authorises a mandatory HIV testing on arrested sex workers without consent or counselling. The Inter-Ministerial Committee on Trafficking in Persons has drafted revisions to ITPA and has

submitted these revisions to Parliament for consideration. However, due to non involvement of sex workers and AIDS service organisations in the draft development process, the amendment met a strong resistance and was sent

to the Parliamentary Standing Committee on Human Resource Development. As of early 2007, the amendment is currently under review by the Department of Women and Child Development.²⁸

■ The Juvenile Justice Act of 1986, amended in 2001, provides modest criminal penalties for sexual offences committed against minors, including the prostitution of children, but provides strong protections for child survivors of trafficking through the oversight of Child Welfare Committees in every state and

"Most anti-trafficking organisations have responded to HIV/AIDS in crisis terms rather than in a planner manner."

* This section is based on the report by Balaji Pandey, Bharti Ali, Sunitha Krishnan, Shamlam Natrajan, Shobhita Rajgopal, Priti Patkar, Manebendra Mandal, Frank Krishner, Geetha Menon, Dharmendra Rai, and Abhijit Das.

26 'Victims of Trafficking and Violence Protection Act of 2000', *Trafficking in Persons Report*. 2005: USAID

27 <http://www.traffickingandhiv.org/>

28 Lawyers Collective www.lawyerscollective.org

mandatory care provided in state-approved protection homes.

- The Department of Women and Child Development (DWCD) – the central government’s nodal anti-trafficking office – ensures support services delivery through greater coordination with corresponding departments at state level as well as with civil society organizations.

- In late 2004, India’s National Human Rights Commission released a lengthy two-year assessment of the trafficking situation in India, including recommendations to government in relation to human trafficking prevention. The Human Rights Commission also undertook a study of the sex tourism phenomenon in Goa, a popular international tourist destination.

Initiatives to address HIV/AIDS

- Shortly after reporting the first AIDS case in 1986, the Government of India established a National AIDS Control Programme (NACP), managed by a small unit within the Ministry of Health and Family Welfare.

- A semi-autonomous body, the National AIDS Control Organization (NACO), was established under the Ministry of Health and Family Welfare to implement this programme. This ‘first phase’ of the National AIDS Control Programme lasted from 1992 to 1999. It focused on initiating a national commitment, increasing awareness and addressing blood safety.

- Under the second phase of the NACP (1999 to March 2006), India continued to expand the programme at state level. Greater emphasis was placed on targeted interventions for high-risk groups, preventive interventions among the general population, and the involvement of NGOs and other sectors and line departments, such as education, transport and police.

- The design of NACP 3 (2007-2012) includes a complex consultative process including state-specific and nationwide consultations with Indian national stakeholders such as PLHIV networks, local and international NGOs, experts and practitioners of HIV control initiatives, and international development partners.

- The ‘HIV/AIDS Bill 2005’, finalised and presented to NACO in August 2005, addresses discrimination, informed consent, confidentiality, working environment safety, access to treatment, risk reduction, IEC and special provisions for women and children, as well as effective and innovative avenues for grievance redress and implementation. The bill is currently under consideration by NACO and the Health Ministry.

- There are numerous NGOs working on HIV/AIDS issues in India at the local, state, and national levels. Projects include targeted interventions with high-risk groups; direct care of people living with HIV; general awareness campaigns; and care for children orphaned by AIDS. Funding for NGOs comes from a variety of sources, including the federal or state governments of India, international donors and local contributions.

HIV/AIDS and human trafficking: linkage

The patriarchal system widely prevalent in the country and the resulting unequal status of women render the latter vulnerable to exploitation, trafficking and HIV. Unequal gender relations leave girls and women with little choice or decision-making power regarding education, occupation and marriage. It also means that they have no power to negotiate safer sex practices, which increases their risk of HIV infection.

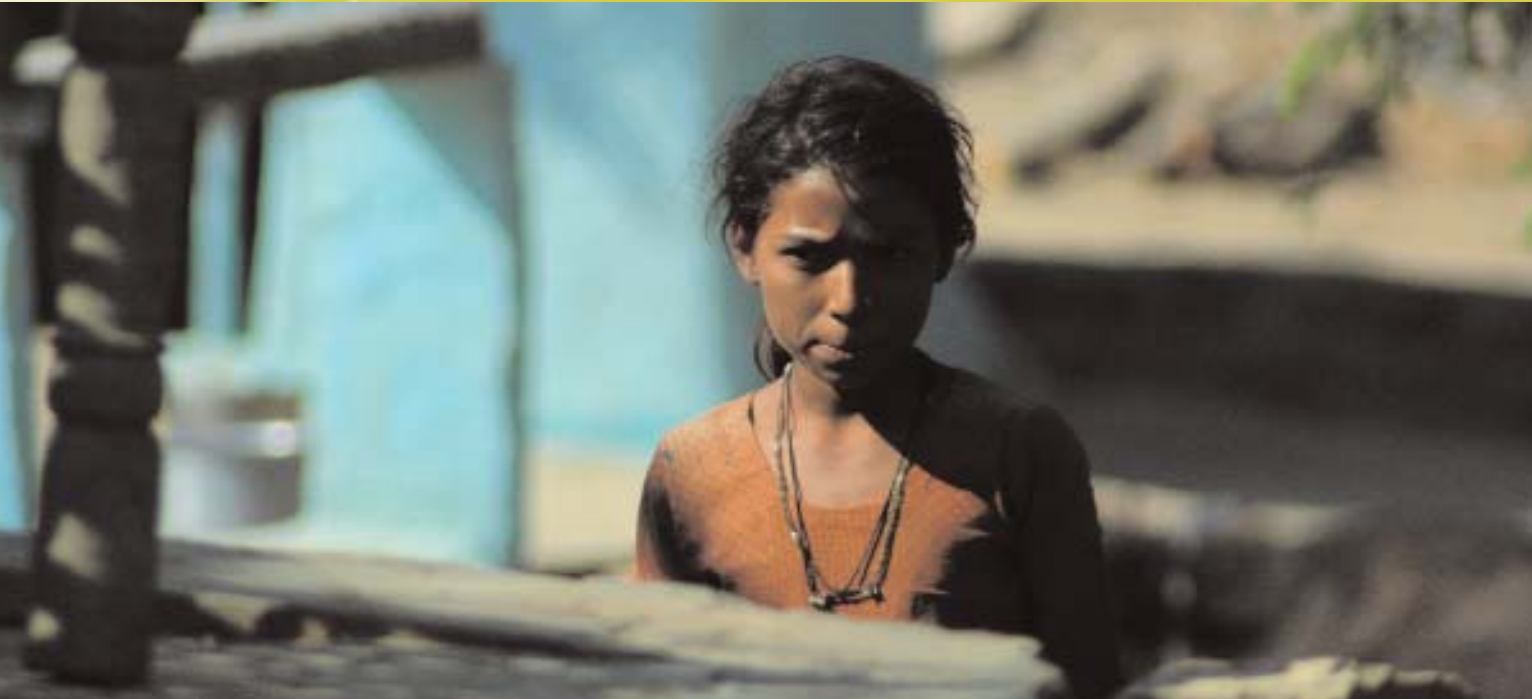
NGOs active against trafficking increasingly face the reality of HIV/AIDS, with one out of every three rescued victims testing HIV-positive. A few NGOs run programmes for the care and support

of HIV positive survivors of trafficking. Such programmes include the treatment of opportunistic infections, referral services and the provision of temporary shelters. Additionally, in some states, preventive messages on human trafficking and HIV/AIDS have been integrated and endorsed by celebrities.

Some recent, state-level pre-project assessments of trafficking and HIV/AIDS through consultations and workshops with NGOs have been noted. UNDP has started a project in 11 states of India, the 'Trafficking and HIV/AIDS Project' (TAHA), in collaboration with NACO and the Department of Women and Child Development. The main component of the

project is to mainstream HIV/AIDS and trafficking and strengthen the linkage between the two to support a coordinated response by NGOs and GOs involving prevention, care and support and advocacy, including policy formulation and change.

Most anti-trafficking organizations have responded to HIV/AIDS in crisis terms rather than in a planned manner. There is a need to look beyond present interventions, which only seek to create greater awareness of HIV/AIDS and/or provide care and support services in communities like sex workers or migrants. These responses need to be expanded to reduce overall social, economic and gender inequality and violence.



NEPAL*

Nepal is severely affected by both human trafficking and HIV/AIDS. Both issues are addressed in policy and through multiple interventions by local non-governmental organizations, donor partners and government. Nepal is primarily a source country for girls and women trafficked for sex work, domestic servitude, forced labour, and work in circuses. Thousands of Nepalese women and girls are assumed presently trafficked for sex work in India.²⁹ The most commonly published figure of the number estimated to be trafficked annually is 5,000-7,000. Another figure of 12,000 has also been suggested, though without verification through adequate research.³⁰ These discrepancies in the estimated number of trafficked women and girls illustrate the difficulty in obtaining data and also imply the absence or lack of systematic data collection and research on the subject.

Though little is known about the trafficking of Nepalese to destination areas outside India, other destination countries include Saudi Arabia, Malaysia, Hong Kong, the United Arab Emirates and other Gulf States.³¹ Internal trafficking is also on the rise due to the insurgency and high rates of internal displacement, as rural women and children leave their homes and seek employment and security in urban centres. This clearly increases their vulnerability to HIV, as they can be easily tricked into false promises.

In Nepal, HIV prevalence in the general adult population remains at 0.5 percent at present. However, AIDS is projected to become one of the leading causes of mortality in people between 15 and 49 years of age by the year 2010.³²

* This section is based on the report by John Frederick.

29 Asmita, *Writing against Trafficking: Media Activism for Support to Prevention of Trafficking in Girls and Women in Nepal*, 2005.

30 *Trafficking in Girls with Special Reference to Prostitution: A Rapid Assessment*. Nepal, 2001: ILO-IPEC.

31 'Victims of Trafficking and Violence Protection Act of 2000', *Trafficking in Persons Report*. 2005: USAID.

32 *Nepal: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections*. Revised 2000: UNAIDS, WHO.

National response to human trafficking and HIV/AIDS

Anti-trafficking initiatives

- Nepal has a National Plan of Action to combat trafficking, a draft Human Trafficking Control Bill to strengthen its 1986 anti-trafficking law, and a National Rapporteur on trafficking.
- In January 2005, the country negotiated and signed an extradition treaty and an Agreement on Mutual Assistance on Criminal Matters with India.
- The national Documentation and Information Centre tracks trafficking cases at district level, albeit there is a need for strengthening.
- The Government of Nepal collaborates with NGOs to provide protection and assistance to victims of trafficking.
- The government has identified 26 high-priority districts as source areas of trafficking and established anti-trafficking 'Vigilance Committees' in these districts. It also requires all workers travelling abroad to attend orientation sessions on safe migration and conducts national and regional information campaigns on trafficking.
- Many NGOs are involved in preventive activities in source areas and/or liaison with international NGOs for the rescue and repatriation of trafficked women and girls. NGOs also provide training and livelihood alternatives to returning migrants and trafficking survivors.

Initiatives to address HIV/AIDS

- In 1988, the Government of Nepal launched the

country's first national AIDS prevention and control programme.

- Nepal established a multi-sector National AIDS Coordinating Committee (NACC) chaired by the Minister of Health in 1992.
- In 1995, a national policy was formulated that emphasized the importance of multi-sectoral involvement, decentralized implementation and partnership between the public and private sectors (including NGOs).
- Current coordinating mechanism is as follows: - A high-level National AIDS Council (NAC), chaired by the Prime Minister for multisectoral policy and guidance; a National AIDS Coordination Committee (NACC) under the Health Minister for guiding the implementation of the national plan; a Steering Committee, chaired by the health secretary for program monitoring and review; National Centre for AIDS and STD Control (NCASC) for the overall implementation coordination and management; and District AIDS Coordination Committees (DACC) in all 75 districts for coordinating the HIV response at local level.³³
- The main governmental agency responsible for HIV/AIDS and STD is the National Centre for AIDS and STD Control (NCASC) under the Ministry of Health and Population. The NCASC developed a National Strategy on HIV/AIDS 2002-06, subsequently translated into a five-year HIV/AIDS Operational Plan for 2003-07 and involving a wide array of key stakeholders. The Operational Plan has been translated into yearly Action Plans commencing in 2004, with the last plan being developed to cover a multi-year period, 2006-08. The National Action Plans serve as the common reference point for the national HIV/AIDS response. The NCASC has

recently submitted the National Strategy 2006 – 2011 for approval.

- An institutional reform task force, established in May 2005, has produced an option paper, whose recommendations the Government is actively considering.
- An antiretroviral treatment protocol has been endorsed by the Ministry of Health and Population and treatment has commenced on a limited basis. There are presently 10 ART sites in the country.³⁴ UNICEF has also supported the government for piloting of preventing mother-to-child transmission in seven sites, with plans for expansion.
- Numerous private and voluntary organizations implement donor-funded HIV/AIDS activities.

HIV/AIDS and human trafficking: linkage

Measures aimed at preventing trafficking and HIV infection at source target both at-risk and general populations with awareness activities (and in the case of HIV/AIDS, condom promotion). While the general populations for both are similar, the at-risk population differs.

Measures to prevent trafficking at destination (restricted at present to Indian cities) comprise brothel raids and 'self-regulation' of incoming trafficked persons conducted by local sex-worker organizations. HIV prevention at destination (restricted at present to Mumbai) includes awareness activities and condom promotion in areas with a high density of Nepalese labour migrants. The National Network against Girls' Trafficking, a coalition of approximately 40 NGOs originally established to tackle the problem of girl trafficking, has also begun to address the issue of HIV/AIDS.

³³ National HIV and AIDS Strategy 2006 - 2011

³⁴ National Center for AIDS and STD Control

However, there is little union of effort between the 'anti-trafficking community' and the 'HIV/AIDS community' to address the two issues simultaneously. This is largely due to a lack of conceptual clarity regarding the linkage between HIV and trafficking, compounded by the lack of credible data. While the primary

agendas of the two communities are discrete, analysis shows that there are significant areas of convergence between trafficking and HIV, areas in which the anti-trafficking community and the HIV/AIDS community in Nepal can support one another for the benefit of Nepalese affected by both trafficking and HIV/AIDS.



PAKISTAN*

Pakistan is known to be a source, transit, and destination country for victims of human trafficking. It is a source for the Middle East trade, in which women and children are trafficked for sexual exploitation, bonded labour, domestic work and as camel jockeys; a transit point for the trade with East Asian countries and Bangladesh; and a destination for women from Bangladesh, Myanmar, Afghanistan and Central Asia. The trafficking in children, particularly boys, is reported to be high; such boys are trafficked to Gulf States for use as camel jockeys. Children are also trafficked internally for forced begging and bonded labour. Girls and women from rural areas are trafficked within Pakistan to urban centres for commercial sexual exploitation and involuntary domestic servitude.³⁵

According to UNAIDS estimates, some 70,000-80,000 persons, or 0.1 percent of the adult population of Pakistan, are infected with HIV. The number of cases reported to the National AIDS Control Programme is, however, lower.³⁶ The majority of such cases are men in the age group of 15-49. The male-to-female ratio of PLHIV is 7:1. There is growing evidence of substantial groups exhibiting high-risk behaviour that could contribute to locally-concentrated epidemics.

The challenges of HIV/AIDS and trafficking in Pakistan have grown parallel to each other while the interventions with respect to the two issues have remained independent and isolated. Without vigorous and sustained action, Pakistan risks experiencing the rapid increase in HIV/AIDS and human trafficking seen elsewhere among vulnerable groups.

* This section is based on the report by Arshed Bhatti.

³⁵ International Organization for Migration, 2004; and 'Victims of Trafficking and Violence Protection Act of 2000', *Trafficking in Persons Report*. 2005: USAID.

³⁶ *Global AIDS Report*. 2006: UNAIDS; and You and AIDS, *HIV/AIDS in Pakistan* (<http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Pakistan/index.asp>)

National response to human trafficking and HIV/AIDS

Anti-trafficking initiatives

- Pakistan has strengthened implementation of its 2002 Prevention and Control of Human Trafficking Ordinance, established an Anti-Trafficking Unit (ATU) within the Federal Investigation Agency (FIA) and co-sponsored several public awareness campaigns.
- In cooperation with IOM, the government is establishing a new model shelter for trafficking victims in Islamabad. It has further committed itself to setting up similar facilities in other parts of the country.

Initiatives to address HIV/AIDS

- The Federal Ministry of Health initiated a National AIDS Prevention and Control Programme (NACP) in 1987. In its early stages, the programme focused on the diagnosis of cases presented at hospitals but later began shifting towards a community focus. The programme's objectives are the prevention of HIV transmission, safe blood transfusions, reduction of STI transmission, establishment of surveillance, training of health staff, research and behavioural studies, and development of programme management. The NACP has been included as part of the government's general health programme with support from various external donors.
- As the government has indicated by the recent scaling-up of its response to HIV/AIDS, more needs to be done. A special focus on reducing the exposure of high-risk groups is urgently required. Improved skills, increased capacities,

stronger advocacy and increased participation are needed not only in the area of health, but in several sectors, including education, labour, law and order.

- In early 2001, the Government of Pakistan, through a broad consultative process, developed a national HIV/AIDS Strategic Framework that sets out strategies and priorities for effective control of the epidemic.

- Many NGOs are involved in HIV/AIDS public awareness and in the care and support of people living with HIV. These NGOs also work on education and prevention interventions targeting sex workers, truck drivers and other high-risk groups. NGOs serve as members of the Provincial HIV/AIDS Consortium, which has been set up in all four provinces to coordinate HIV prevention-and-control activities. Although NGOs are active in HIV prevention, it is believed

that they are reaching less than 5 percent of the vulnerable population.

HIV/AIDS and human trafficking: linkage

The challenges of HIV/AIDS and trafficking in Pakistan have developed parallel to one another. As in other countries surveyed in this RAS, however, the interventions have been quite independent and isolated. Only one organization has been reported to address both human trafficking as well as HIV/AIDS concerns and risks in its work.

Awareness-raising and advocacy initiatives carried out so far have been instrumental in highlighting the vulnerability of trafficked persons to HIV, particularly women, young girls and boys. Such responses need to be expanded and strengthened beyond one organization, broadening their reach to multiple stakeholders.



SRI LANKA*

As with the other countries surveyed in RAS, it is difficult to evaluate the scope and extent of the problem in Sri Lanka because of a lack of concrete data on the number of women and children who have been trafficked. However, several studies and reports indicate that trafficking in both women and children occurs. From what is known, the nature and forms of human trafficking in Sri Lanka seem to be different from those of its South Asian neighbours and the nexus between migration and trafficking is much stronger. Many Sri Lankan women start out as consenting migrants, whose exploitation (often including sexual harassment) begins either *en route* or at their destination.

Women make up 70 to 90 percent of the labour force in the top three foreign-currency generating industries of Sri Lanka, one of which is the export of migrant labour. According to Labour Ministry officials, 851,000 Sri Lankans are employed in the Gulf States alone, 70.6 percent of whom are women. In 2002, the total outflow of migrant workers from Sri Lanka was 203,710, of whom 132,984 were women.³⁷ Overall, the ratio of male to female migrant workers during the period 1986-2004 is reported to have been 38 to 63.³⁸

Sri Lanka has become a country of origin,

“Many Sri Lankan women start out as consenting migrants, whose exploitation (often including sexual harassment) begins either en route or at their destination.”

transit and destination for human trafficking, in which trafficking occurs both internally and externally.³⁹ It is a source country for women and children trafficked to the Middle East, Singapore, Hong Kong and South Korea for forced labour and sexual exploitation. Small numbers of women from Thailand, China, Russia and other former Soviet states are reportedly trafficked to Sri Lanka for sexual exploitation. There are also reports of young boys and girls being used for providing sexual services to tourists. Human trafficking takes place in areas controlled by the government as well as in areas claimed to be controlled by the Liberation Tigers of Tamil Eelam (LTTE).⁴⁰

Although the official figures from the Sexually Transmitted Diseases Clinic in Sri Lanka are much lower, the actual number of people living with HIV is estimated by UNAIDS to be 3,500. UNAIDS/WHO has classified Sri Lanka as a low HIV-prevalence country in the South Asia region, with an estimated adult prevalence rate of less than 0.1 percent.⁴¹ The Western Province (where the largest city, Colombo, is located) accounts for 60 percent of HIV infections, with the Central and Northwestern Provinces each accounting for 8 percent and the Northeastern Province for 7 percent. Nearly 90 percent of reported HIV infections are seen in the age group of 15-49.⁴²

However, Sri Lanka has a narrowing window of

* This section is based on the report by Bhavani Fonseka and Shalindra Mylvaganam.

37 'Female Migration from Sri Lanka'. *The South Asian*, December 23, 2003

38 *Annual Statistical Report of Foreign Employment*. 2004: Sri Lanka Bureau of Foreign Employment.

39 Dias, M. and R. Jayasundere, 'Good practices to prevent women migrant workers from going into exploitative forms of labour', June 2001; Neumuller, M., 'The Legal Framework on Trafficking in Persons in Bangladesh, Nepal and Sri Lanka', submitted to ILO/IPEC, Kathmandu, October 2000

40 'Victims of Trafficking and Violence Protection Act of 2000', *Trafficking in Persons Report*. 2005: USAID.

41 S. Samarakoon, *Current HIV/AIDS Situation in Sri Lanka and its Impact on the World of Work*. as cited at

http://www.ungasshiv.org/index.php/en/ungass/shadow_reports_2006/panos/sri_lanka

42 *Ibid.*

opportunity to forestall the spread of HIV among high-risk groups. Although the number of people living with HIV is small, high-risk behaviours that contribute to the spread of HIV are prevalent. In this context, there have been many useful initiatives by government and non-governmental organisations. In particular, the Sri Lankan Bureau of Foreign Employment has a well-designed pre-departure training programme, including awareness components on HIV/AIDS and on living and working conditions in destination countries.

National response to human trafficking and HIV/AIDS

Anti-trafficking initiatives

■ Sri Lanka passed legislation in September 2005 to fulfil its obligations under the SAARC Convention. The Convention on Preventing and Combating Trafficking in Women and Children for Prostitution Act⁴³ (The SAARC Act) contains many provisions for the prevention of trafficking and for the rehabilitation and extradition of trafficked women and children. It also strengthens international co-operation on the investigation of cross-border trafficking and prosecution of traffickers with Commonwealth countries under the Mutual Assistance in Criminal Matters Act⁴⁴ and with non-Commonwealth countries with which the government has entered into an agreement in terms of the Act.

■ Sri Lanka also hosted the Ad Hoc Expert Group 1 meeting in March 2002, following the Bali Conference on People Smuggling, Trafficking in Persons and Related Transnational Crime. The Ad Hoc meeting was attended by officials from 38 different countries to discuss ways to strengthen regional and international efforts to combat trafficking⁴⁵

■ Nationally, the offence of trafficking in women and children and other related offences can be prosecuted mainly under the new offences introduced in February 2006, the SAARC Act, 1995 and 1998 amendments to the penal code not repealed by the 2006 amendment, and other supplementary laws.

■ The government of Sri Lanka uses various means to monitor and apprehend traffickers, which include making effective use of its CyberWatch Project, which relies on a 'watch list' database of suspected sex offenders.

■ Sri Lanka established a new Child Protection Unit within the Attorney-General's Office in 2004 to combat child trafficking. It also allocated additional funds and resources to the Anti-Human Smuggling and Investigation Bureau and continues to assign welfare officers to assist victims in destination countries.

■ The Sri Lanka Bureau of Foreign Employment (SLBFE) was mandated in 1985 by Act of Parliament and set up under the Ministry of Labour. The bureau specifies procedures to be followed in the recruitment of migrant workers in order to ensure safe migration, thereby helping to reduce trafficking.

Initiatives to address HIV/AIDS

■ In 1992, the Government of Sri Lanka initiated HIV prevention and control efforts through the National STD and AIDS Control Programme (NSACP) of the Ministry of Health under the Director-General of Health Services. In addition, the national blood transfusion services (NBTS) and the national programme for tuberculosis and chest diseases (NPTCCD) are strengthening their responses to reduce transmission and pre-

43 Act No. 30 of 2005.

44 Act. No. 25 of 2002

45 *Sri Lanka: State of Human Rights*. 2004: Law and Society Trust

vent the further spread of HIV. These services are provided in collaboration with eight provincial directors of health services and the respective district staff.

- The NSACP, in collaboration with the provincial authorities, has made progress in institutionalising HIV-prevention activities and providing care and treatment to people living with HIV. Activities include a mass-media communications strategy to improve knowledge and awareness of HIV among the general population.

- Sri Lanka has a well-established sero-surveillance system and work is underway to establish second-generation (behavioural) surveillance among vulnerable groups.

- A management information system is currently being established, linking all STI clinics in the country to the central NSACP based on a monitoring-and-evaluation framework for HIV.

- The NSACP has also engaged 12 line ministries including the National Institute of Education, Ministry of Labour, Foreign Employment Bureau, Vocational Training Authority, Ministry of Fisheries, National Child Protection Authority, National Youth Services Council, as well as the army, navy, air force and police. This work includes advocacy, improving HIV prevention awareness and knowledge of facilities available, encouraging condom use in the military and introducing VCT facilities.

- In addition, the programme has helped ensure blood safety by increasing voluntary blood donation rates towards a goal of 100 percent, and upgrading blood banks and transfusion screening for HIV.

- The NSACP has now established care and treatment resources needed to make treatment available to people living with HIV.

- The work of both local and international NGOs in the area of HIV/AIDS prevention in Sri Lanka has been limited compared with such work in neighbouring countries like India, Bangladesh, and Nepal. NGO work remains largely uncoordinated and its programme coverage of high-risk populations is estimated to be less than 10 percent. Efforts are being undertaken to improve NGO collaboration and coordination with the government. Key actions needed are to increase the capacities of NGOs to work with vulnerable groups and of the government to contract and fund NGOs systematically.

HIV/AIDS and human trafficking: linkage

As in the case of HIV/AIDS, there is a lack of concrete data on the number of Sri Lankan women and children who have been trafficked. It is therefore difficult to evaluate the scope and extent of the problem. There are, however, several common factors linking HIV and human trafficking in Sri Lanka. Both issues share common vulnerability factors such as low or absent awareness of the issues involved, poverty, gender inequality and situations arising out of the ongoing ethnic conflict in the North and East and the 2004 tsunami. As highlighted in the study, migrant workers, sex workers, refugees and internally-displaced persons (IDPs) and young people are considered high-risk groups, vulnerable to both HIV infection and trafficking.

Prevention activities in both HIV and trafficking also share common features. With regards to the former, there has been an increase in awareness-raising programmes targeting both the general population and especially-vulnerable segments. Similarly, the government has stepped up preventive efforts on human trafficking, targeting migrant workers. Several initiatives and plans related to care and support have been introduced by the government and NGOs. These include counselling and support mechanisms.

A sensitive approach is required to address both HIV and human trafficking, which share many common underlying issues, in a way not to aggravate stigma and discrimination among women and girls. Some sensitisation work has

been carried out, largely through NGO activism, but a well-coordinated, concentrated effort involving all stakeholders is needed. In this regard, comprehensive multi-stakeholder responses are urgently needed.



2.2 Trend & vulnerability factors: human trafficking and HIV in South Asia

A COMMON TREND

The six countries studied reveal rising trends and concerns related to both HIV/AIDS and human trafficking. However, there are large differences between them concerning the extent of commitment and the resources available to tackle these issues. Though concerted and systematic efforts are under way in some countries, levels, strategies and approaches to address them vary considerably.

A common trend in all countries surveyed is that there is little union of effort among anti-trafficking and HIV/AIDS stakeholders to address the two issues in an integrated way. Most anti-trafficking organisations have responded to HIV/AIDS as a crisis, rather than in a planned manner. The linkage between HIV and human trafficking has not been well established either at policy or programmatic level. These shortfalls are mainly due to a lack of conceptual clarity regarding the links between HIV and human trafficking, as well as to a lack of systematic research and credible data. The link between human trafficking and the spread of HIV remains a grey area, concerning which a great deal more information is wanted.

Nevertheless, a number of NGOs have made attempts to address the two issues together, particularly under the UNDP regional project on HIV and human trafficking in South Asia (2003-2006), which focused on an integrated approach.

The project helped raise awareness in communities regarding the prevention of human trafficking and HIV infection, in particular with reference to the care and protection of trafficked survivors in shelter homes, including those living with HIV. Many models of good practice, addressing both HIV and trafficking in an integrated and sensitive manner, emerged from this project.⁴⁶

Human trafficking and HIV/AIDS are connected to a wide range of development issues: socio-economic inequality, migration, education, rights and health. The factors that increase a woman's risk of being trafficked are also the factors that increase her vulnerability to HIV. While there is a need for in-depth analytical studies entailing socio-cultural investigation of individual trafficking processes and HIV risk factors in order to establish 'linked vulnerabilities', the broad factors of vulnerability commonly noted in the countries of South Asia are clear. They are discussed below.

(This section is based on information and findings contained in RAS country reports.)

COMMON VULNERABILITY FACTORS

Poverty

Over 500 million South Asians live in absolute poverty, on an income of less than a dollar a day.⁴⁷ Not surprisingly, poverty is usually listed first on any list of trafficking vulnerability factors in all South Asian countries.

Bangladesh has large percentages of young people and people living below the poverty line. The country ranked 102nd on the UNDP Gender Development Index for 2004 with an estimated earned income, calculated by the purchasing-power parity (PPP⁴⁸) method, of US\$1,170 for

46 'From Challenges to Opportunities: Responses to Trafficking and HIV/AIDS in South Asia.' 2003: UNDP.

47 World Bank estimates; and <http://www.youandaids.org/Themes/Trafficking.asp>

48 Purchasing-power parity figures are calculated by assuming that \$1 has the same purchasing power in the domestic economy as it has in the United States.

females and US\$2,540 for males.

In Bangladesh, the total number of poor women is higher than that of poor men. Women wage-earners in poor households eat only 1.3 meals a day, compared to 2.4 meals for men.⁴⁹ Female-headed households are the poorest of the poor: over 95 per cent fall below the poverty line and one-third are classified as 'very poor'.⁵⁰ Nearly 76 percent of women fall into the category 'poor' in terms of income and resource endowments.⁵¹

In India, a correlation has been noted between poorer states and districts and the source areas for human trafficking and unsafe migration.

Nepal ranks 69th on the Human Poverty Index, with 37.7 percent of its people living below the poverty line and earning less than \$1 a day, while 82.5 percent earn less than \$2 a day.⁵²

Pakistan, with a population of over 152 million, is the sixth most populous country in the world. It ranks 135th on the Human Development Index and 65th (out of 94 developing countries) on the Human Poverty Index.⁵³ In the country's most populous region, over 35 percent of people live below the poverty line.

In Sri Lanka, 19.2 percent of the population lives

below the poverty line and though poverty has been declining since the 1980s, the rate of decline has been slowing.⁵⁴ Moreover, there is a sharp contrast between the poverty rate in urban (6.2 percent), rural (20.8 percent) and 'plantation' areas (24.3 percent).⁵⁵ An absence of gender-disaggregated data makes it difficult to assess the extent of the feminisation of poverty in Sri Lanka; the only existing data concerns 'income receivers', a category that excludes the majority of women earning their living in the informal

sector. With respect to this variable, the gender gap is fairly large and has been increasing, with the mean income ratio of men to women standing at 1.79 in 2002.⁵⁶ Poverty is exacerbated among women due to their lack of access to resources such as land and capital and also because women's participation in the domestic labour force is often relegated to the informal sector.

“Human trafficking and HIV/AIDS are connected to a wide range of development issues: socio-economic inequality, migration, education, rights and health. The factors that increase a woman's risk of being trafficked are also the factors that increase her vulnerability to HIV.”

Such trends are evidence of underlying patterns of poverty, marginalisation and disempowerment in these South Asian countries. The number of women living in poverty and the number of female-headed households living below the poverty line have increased over the last decade in the region, significantly affecting the well-being and human security of children and often leading to situations of trafficking. Poverty is

49 *New Age*. Bangladesh, 2005.

50 *Bangladesh Human Development Report*. 1998: UNDP

51 *Fifth Periodic Report to the UN CEDAW Committee*. Jan 2003: Government of Bangladesh

52 *Human Development Report 2004: Cultural Liberty in Today's Diverse World*. 2004: UNDP.

53 Perveen, R., *Fighting HIV/AIDS in Pakistan*. India, Jan-Feb 2005: D4 Development (p.27).

54 *Millennium Development Goals Country Report*. 2005: National Council for Economic Development of Sri Lanka & UNDP. 'Plantation' areas are parts of the country given over to commercial tea and rubber cultivation.

55 *Ibid.*, page 27

56 *Ibid.*, page 48

certainly a 'root cause' of trafficking, although it cannot stand alone; it is linked with other vulnerability and resilience factors.

Lack of employment opportunity

The shortage of decent income-earning opportunities among people in South Asia is closely linked with poverty as a root cause of trafficking. Driven by poverty, the demand for employment and secure livelihood options is an important contributor to trafficking vulnerability. For example, structural changes in many sectors in Bangladesh are leading to the dislocation and unemployment of thousands; in the country's industrialized sector, the proportion of casual workers has increased.

Such conditions lead to increasing numbers of women and men migrating, often in distress, in order to seek alternative livelihood options and hence becoming more vulnerable to being trafficked. An example of this is seen in the northern districts of Bangladesh, where women can find only seasonal work at very low wages. Under these conditions, parents tend to accept offers of marriage or employment for female children eagerly, especially when there is a promise of payment.⁵⁷ Here, as elsewhere, promises of marriage or employment are key entrapment strategies resorted to by traffickers.

Likewise, an extreme lack of employment opportunities in Nepal makes girls and women (and their families) pursue insecure and unreliable employment. This may result in a girl being sent to work in a city factory far from the protection of family or friends, or in the acceptance of an offer of employment in a

neighbouring country (usually India). In some cases, it has also led to girls choosing to enter sex work as their only survival option.

In Pakistan, too, it is reported that people with meagre or no economic resources, lured by the dream of a better livelihood outside their country, are easily trapped by traffickers. Unaware of the possible consequences, such people will often consent to travel via undocumented migration routes to affluent parts of neighbouring cities and countries and are thus caught up in domestic and international human trafficking.

In Sri Lanka, though women's access to education and health is comparable to that of men, they fare less well in the labour market, with the rate of female unemployment (14.8 percent) almost double that of male unemployment (7.3 percent).⁵⁸ This relative lack of access to employment opportunities for women contributes to their vulnerability to trafficking.

Gender-based discrimination and violence

In all South Asian countries, discrimination and violence against girls and women is perpetuated and institutionalized in the family and community. Patriarchal social systems and gender stereotypes reinforce women's lower status, leading to dependency, feelings of helplessness and low levels of self-esteem and resilience in women and girls and making them most vulnerable to exploitation, trafficking and HIV.

In these countries, a woman's position is usually one of subordination and dependency. Women

“Driven by poverty, the demand for employment and secure livelihood options is an important contributor to trafficking vulnerability.”

⁵⁷ Hussain 2000

⁵⁸ *Vide* Note 110

are characterized in terms of their relationships to men – as daughters, wives or mothers – and these roles are what ultimately determine their position in the family, which is never equal to that of male family members. Such unequal gender relations create conditions that leave girls and women highly vulnerable to HIV and trafficking as they have little control over their lives.

Additionally, violence against women and children heightens their vulnerability. Violence against women is on the increase in Bangladesh, where there is a wide gap between the number of actual incidents and the number reported to the police. The gap is wider in the case of sexual offences, mainly because the shame of public admission makes victims reluctant to report it and also because of long delays in bringing the guilty to book.

India manifests severe gender disparities and an adversely declining sex ratio (949 females for every 1,000 males⁵⁹). Low literacy levels and increasing maternal mortality rates reflect the poor status and vulnerability of women in South Asia's biggest country. Indian women have limited access to education and suffer high dropout rates, often due to 'family reasons' – factors that help perpetuate their poor status in society. As various forms of inequality continue to be reinforced through social control, violence against women (including domestic and sexual abuse) has increased.

Similarly, gender-based discrimination and violence is widely prevalent in Nepal and is a key

root cause of the trafficking in Nepalese girls and women. One of the primary elements in this pattern is the low value placed on girl children, who are considered a burden on the family.

“Patriarchal norms legitimise gender violence while stigmatising female victims of sexual abuse.”

Although the incidence of families directly selling their girl children to traffickers has not been adequately documented by research, family complicity is clearly

indicated in existing studies: trafficked girls tend to belong to families with a greater number of girl children.⁶⁰

Gender discrimination, resulting in inequalities in health care, workload, education and decision-making power, undermines the strength and resilience of both the girl child and the female relatives who might protect her. She is 'less cared for' than the boy child and thus more vulnerable. Lack of care not only increases vulnerability because of a weak family 'safety net' but also affects the personal resilience of the child: on the one hand, she may be more naïve and less able to protect herself from abuse and trafficking, while on the other, some girls may react against gender oppression by 'running away', *i.e.* choosing to migrate from their place of origin. In a recent study in Nepal, a number of returned trafficked women stated that "they themselves were rebellious, reacting against the strictures of their families and community, and got trapped into a situation that unfortunately ended up in them being trafficked."⁶¹

Patriarchal norms in Nepalese culture legitimise gender violence while stigmatising female victims of sexual abuse. This double bind can contribute to a person being trafficked.

59 Census of India, 2001

60 *A Situation Analysis of Sex Work and Trafficking in Nepal, with Reference to Children*. 1998: UNICEF and New ERA.

61 Frederick, J., Tamang, A. and Terre des hommes, 'Summary of Findings: A Study of Trafficked Nepalese Girls and Women in Mumbai and Kolkata, India.' 2005.

Numerous studies have recounted trafficked girls' testimonies of discrimination and rejection by their families and communities as a result of having been seduced or raped, which caused them to become socially and physically alienated and consequently to fall into the hands of traffickers or voluntarily to enter sex work.⁶² Unofficial reports indicate that a high percentage of women involved in local sex work in Nepal have previously been sexually abused in the family or community.⁶³

Another form of gender-based violence, forced marriage, is also a method of trafficking in women and girls. In Bangladesh, India and Nepal, young girls are procured through false marriage. It has been reported that an organized network exists, by means of which a man employed outside the country returns to his village to marry 'by arrangement' a girl procured against her will. The young wife is then compelled to accompany her husband to his country of work, where she vanishes without trace, following which the man may return and remarry again after some time. These so-called husbands are immune to arrest, since they are travelling with their legally married wives.

In all these South Asian countries, the main cause of increased demand for younger girls is the myth that intercourse with a virgin can cure a man of sexually-transmitted diseases. It is also a widely though erroneously believed that sex with a girl child does not expose the man to sexually-transmitted infections, including HIV.

Caste, ethnicity and social marginalization

It is frequently stated that poverty in South Asia is characterized by social exclusion based on gender, ethnicity and caste. In the case of Bangladesh, these characteristics are reinforced by tradition and institutionalized in areas such as politics, education, health and access to development resources. Many states in India have a semi-feudal politico-economic structure, with rampant discrimination along caste lines. For instance, there are villages in Andhra Pradesh where scheduled castes are not allowed to wear leather slippers. These marginalized communities are most vulnerable to trafficking.

Human Rights Watch has estimated that 40 million people, including 15 million children, work as bonded labourers in India. The report notes that the majority of bonded labourers are Dalits⁶⁴ and that bondage is passed on from one generation to the next.⁶⁵ More than 90 percent of all women and girls trafficked or engaged in

commercial sex activity in the Indian state of Andhra Pradesh belong to impoverished families, scheduled castes, scheduled tribes and other 'backward' castes.⁶⁶

Caste and ethnic segregation and the monopoly of power by higher castes remain very sensitive topics in Nepal.

Landholding, wealth, opportunity, education and development resources have been and remain unequally distributed among castes and ethnic groups, resulting in the continuing marginalization of certain castes and almost all

“Rural-urban economic disparities, a lack of employment opportunities, an absence of adequate livelihood options and the effect of natural calamities are major factors promoting distress migration.”

62 Frederick, J. and Kelly, T., *Fallen Angels: The Sex Workers of South Asia*. 2000.

63 Personal communication, Dr Pushpa Bhatt, Director, Partnership Nepal; and personal communication, Sarmila Shrestha, Director, WATCH.

64 'Dalit' is the term used for 'scheduled castes' - those at the bottom of the Hindu caste hierarchy in India.

65 *Country Reports on Human Rights Practices*, 1999. 25 February 2000: US Department of State

66 *Trafficking in India Report 2004*. 2004: Shakti Vahini

ethnic communities in Nepal. At the same time, evidence indicates that the victims of human trafficking are increasingly drawn from a very wide range of castes and ethnicities, including the highest castes.

While caste and ethnic segregation remain a political and social problem in Sri Lanka, there is no evidence to indicate that women and children from any particular caste, ethnic or religious group are disproportionately trafficked. However, caste and ethnicity do have an impact on education and literacy levels and traffickers tend to target poorly educated or illiterate victims. This is evident in the case of members of the indigenous Vedda community as well as that of plantation workers, who are all of Indian Tamil origin.

Lack of education

Lack of education is another factor that could increase vulnerability to human trafficking. Most trafficked persons in South Asia have been found to be either illiterate or minimally educated. It has been reported, in all six countries selected for the rapid assessment study on which this section is based, that low levels of literacy, lack of legal knowledge and a derisory worldview tend to increase individuals' vulnerability to trafficking and to reduce the likelihood of their benefiting from measures taken to prevent the practice.

There are also some exceptions. In Nepal, for example, some recent findings suggest that girls with a moderate level of education are more vulnerable to traffickers than girls with no education. A study in Kathmandu among female sex workers (not trafficked persons) found that 41.3 percent had received education between Class 6 and 10 (about 11-15 years).⁶⁷ It is suggested that because education expands the horizons of girls and increases their access to the media, it leads them to desire alternatives to

village life and thus to seek employment in urban areas though lacking information, awareness and reliable sources of employment. This makes them more vulnerable to traffickers, whose common ruse is the promise of employment.

Unsafe migration

Migration is on the rise in all South Asian countries – and in the last decade, women have outnumbered men in the migrant labour market. Nowhere is the feminization of labour migration more felt than in the Asian region, but the demand for female labour from Asia is severely gender-tracked and often low-status: women are largely employed in the domestic and entertainment spheres. They suffer not only from their low status as 'women from a poor country', but also simply from their status as foreign women living outside the social and legal protection of their own systems.

International migration from Bangladesh has been a significant source of foreign exchange for the country and of disposable income for migrant households.⁶⁸ This gives foreign-employment brokers credibility, facilitating the recruitment of women and children who may then be trafficked. National policies on external migration exclude many unskilled people, particularly women, from legal migration processes, obliging them to seek alternative livelihood options through illegal means.

Human traffickers then enter the picture, offering to forge documents, arrange transport to other countries and link migrants with job opportunities. They then coerce their victims into work that creates debt-bondage conditions or deny them the freedom to return home through intimidation or the confiscation of their passports. Bangladeshis working in illegal and

⁶⁷ *Behavioural Surveillance Survey of Sex Workers and Clients in the Kathmandu Valley: Round I*. 2003: Family Health International and New ERA

⁶⁸ Ahmed 1997

undocumented situations are obviously more susceptible to coercion by traffickers.

Similarly in India, rural-urban economic disparities, a lack of employment opportunities, an absence of adequate livelihood options and the effect of natural calamities are major factors promoting distress migration. West Bengal is a host state for migrants from neighbouring Indian states as well as from Bangladesh and Nepal. A large number of West Bengalis move to Maharashtra and Gujarat to work in industries like fabric design and finishing, diamond-cutting and jewellery manufacture. Andhra Pradesh is another state in which a variety of socioeconomic factors similarly drive trafficking and the spread of HIV.

The recent armed conflict in Nepal likewise stimulated emigration by women (as well as men) to countries outside India.

Incidents of trafficking may occur at any point in the migration process. In Sri Lanka, most migrant workers who have fallen victim to traffickers originally chose to migrate voluntarily but were deceived about the type and conditions of work at their point of destination.⁶⁹ Many Sri Lankan women recruited to work in garment factories are confined to their dormitories after work and are not allowed to leave unless accompanied by a supervisor or member of the management, though male employees may wander about freely after working hours.⁷⁰ There are also reports of migrant women from the Vedda community being trafficked to Saudi Arabia for sex work.⁷¹

Consultations across the region have shown

clearly that the expectations of migrants are generally mismatched with the reality of their experience at the place of destination.⁷² The countries of South Asia have weak records of rights protection for undocumented migrants and trafficked persons. The conditions that offer profits to opportunistic traffickers are thus perpetuated. Currently, there is no safe migration policy in place in any of the South Asian countries studied, though such a policy has been drafted in Bangladesh and is now under consideration by the national legislature. Such policies could address the adverse impacts of unsafe migration while simultaneously promoting the development benefits of safe migration.

Conflict

Conflicts force communities to move, often *en masse*, to seek safety and meet basic needs. When individuals within such communities have no skills or education and are exposed to health risks, their capacity to secure sustainable livelihoods is reduced and their vulnerability to trafficking heightened.

Across Afghanistan, armed militias perpetuate kidnapping and trafficking through their direct involvement as well as by creating a general climate of insecurity and using their influence and authority to obstruct efforts to protect and assist victims. Military and political oppression in Afghanistan has led to an increase in migration, making Afghan women and children extremely vulnerable to trafficking for sex work.⁷³

Some parts of India have witnessed unending conflict. A study⁷⁴ across eight states in the north-eastern region of India has highlighted

69 From various organization sources based on case studies of returnee migrants and trafficking survivors

70 Gunasekera, S., 'The real situation of Sri Lankan Garment Factory workers in the Middle East', 8th National Convention on Women's Studies. March 23-26, 2002: CENWOR.

71 Kamal Wickremasinghe, 'Trafficking in Women', *Sri Lanka Country Report*. 1999: Economic and Social Commission for Asia and the Pacific (pp. 113, 114).

72 *Ibid.*

73 Sinha, I., 'Paper on Globalization & Human Rights', SANLAAP

74 *Human trafficking and HIV/AIDS in Northeast*. Assam: NEDAN Foundation



rising vulnerability to human trafficking, mostly of women and girls, due to prevailing unrest for many years. The study also indicates the potential of trafficking to hasten the spread of HIV.

The impact of the armed conflict in Nepal on the trafficking of girls and women to India and elsewhere is unknown. The presence of the Maoists is reported to have reduced trafficking in some areas, but the extensive internal displacement of families and individuals is likely to have increased the vulnerability of girls and women to trafficking by reducing the protective power of their natal families or husbands.

A recent study of conflict-induced migration showed no significant increase in the trafficking vulnerability of girls and women migrating from Nepal to India.⁷⁵ At the same time, there is abundant evidence that the conflict has raised the incidence of internal trafficking in Nepal –

that is, the transportation of minors into local sex work – as well as increasing the ‘voluntary’ entry of adult women into local sex work. Some of these ‘volunteers’ end up in involuntary labour situations as a result of psychological, physical or economic coercion.⁷⁶

The last two decades in Sri Lanka have witnessed ethnic conflict between the government and the LTTE. This ethnic conflict has affected economic development and reconstruction in Sri Lanka to the detriment of socioeconomic conditions. Tens of thousand people have been killed and even greater numbers displaced as a direct result of the conflict; as of late 2006, more than half a million people are believed to have been displaced.⁷⁷

Much of the infrastructure in the northeast of Sri Lanka has been affected by the conflict, which has destroyed roads, railways,

⁷⁵ *Ibid.*

⁷⁶ *A Study on the Influence of the Conflict on Girls and Women Entering the Sex Trade*. Norway, 2005: Save the Children Norway.

⁷⁷ <http://www.internal-displacement.org>

telecommunications, electricity-supply infrastructure, houses, hospitals and schools. The conflict has also aggravated the poverty situation in Sri Lanka. All these factors have heightened the vulnerability of Sri Lankans, in particular women and children, to unsafe migration, trafficking and HIV.

Environmental factors

Drought, river flooding, landslides and other natural calamities destabilize communities and families, making women and children more vulnerable to trafficking. This has been especially the case in parts of India and Pakistan. In the main cotton-growing Indian states of Andhra Pradesh and Punjab, three consecutive years of drought added to the misery of the rural poor, leading to the suicides of hundreds of farmers and large-scale migrations from the villages to the cities.

The majority of these victims come from drought-prone locations and coastal areas where natural disasters are common. It has been noted that, following the 2001 earthquake in Gujarat, the number of child workers increased.⁷⁸

Similarly, persistent drought conditions in parts of Pakistan such as Sindh and Balochistan have increased the vulnerability of people, especially women and children. People migrating in distress, unprepared and uninformed about conditions in transit and at their intended destinations, are vulnerable to various forms of exploitation, trafficking and HIV infection.

These factors have not, however, been stated as significant in the trafficking of Nepalese. Most significant in the case of Nepal is environmental degradation, resulting in increased poverty and rural emigration, which in turn weaken community and family safety nets and increase

the vulnerability of girls and women. The tsunami disaster of 2004 further compounded development and reconstruction efforts in Sri Lanka, where 31,000 people died and much property and infrastructure was damaged or destroyed. The worst-affected area was the northeast of the island, which had already experienced the ravages of two decades of ethnic conflict. Many instances of shortcomings in the provision of basic services and breakdowns in community cohesion and security were observed in the wake of the tsunami, resulting in heightened vulnerability among various groups, including women.

Internally displaced women and children

Internally displaced persons (IDPs), in particular women and children, are also highly vulnerable to being trafficked. Conditions such as violence, human rights violations, environmental degradation, natural calamities, political unrest and loss of land and property displace families by forcing them to seek out places of refuge. As they are generally without resources, official residence or government recognition, their status makes them more susceptible to dangers such as trafficking.

Massive internal and cross-border displacements resulting from conflict and armed militia activity in Afghanistan render women and children vulnerable to trafficking. As of December 2002, there were approximately 3.5 million Afghan refugees and asylum seekers worldwide, together with an estimated 700,000 IDPs.⁷⁹ In many parts of India, in particular the northeastern states, people are made vulnerable to trafficking through internal displacements arising from continued ethnic conflict, while the recent armed conflict in Nepal resulted in numbers of internally displaced children entering the urban labour force, putting them at high risk from trafficking as

⁷⁸ *Trafficking in India Report*. 2004: Shakti Vahini

⁷⁹ *Trafficking in Persons: An Analysis of Afghanistan*. January 2004: International Organization for Migration.

well as sexual and physical abuse.⁸⁰

In Sri Lanka, the long-standing ethnic conflict and the tsunami disaster of December 2004 have led to breakdowns of the local economy in affected areas and caused massive human displacement. Additionally, many women have been widowed, children orphaned and family members separated. According to informed sources, 23 percent of the internally displaced families living in Sri Lanka's welfare camps are headed by women.⁸¹ This disintegration of family and community networks makes these women and children easy prey for traffickers.

Most IDPs have lost property and other income-generating resources, leaving them impoverished and forced to depend on aid to survive. Additionally, many have lost their birth certificates (which are often the only documents recognizing their existence), making it easier for them to 'disappear'. There have been some reports of women being forced into sex work in the conflict areas of northern and eastern Sri Lanka.⁸² It has been reported that schoolgirls have been trafficked for sex work in some areas and children abducted from IDP camps.

Following the tsunami disaster in Sri Lanka, there were many unsubstantiated reports of child trafficking. No firm evidence of such activity was discovered, however, although it is possible that some unverified trafficking incidents did take place.

Globalization

The impacts of globalization and increasing urbanization include the spread of modernization with greater access to transport, resources and the media, but also, for many, the disappearance

of traditional income sources and rural employment. This often drives poor or unskilled people to migrate in order to survive. In the process of globalization, Asia has become a centre for low-cost, labour-intensive manufacturing. Competition among countries in South Asia and elsewhere has put pressure on manufacturers' profit margins, encouraging some employers to use illegal practices such as bonded labour to drive down costs.

Thus globalization has caused rapid growth in the informal labour sector, which includes such occupations as street vending and unregulated work in factories, for example in the Bangladeshi garment industry. Workers, especially women, have become more vulnerable and subject to abusive working conditions in these marginalized and unregulated occupational areas, which are not officially visible and thus not subject to labour laws and regulations.⁸³

Another factor increasing trafficking vulnerability is the erosion of traditional livelihoods with the advent of globalization and liberalization and the growing presence of multinational companies. India, for example, has witnessed a rise in suicides among traditional weaving communities and cotton farmers, with reported cases peaking between 2002 and 2004. The situation facing these communities in their native locales has prompted 'distress migration', particularly from the coastal regions of Andhra Pradesh.

Often, men migrate in search of livelihoods, leaving women and children behind to fend for themselves. Under such conditions, families are rendered vulnerable to exploitation, trafficking and HIV. In Pakistan, the free flow of capital

80 Frederick, J., Tamang, A., Save the Children Alliance and Terre des hommes, *A Study of Children in Forced Labour or Slavery-like Situations as a Direct or Indirect Consequence of the Armed Conflict in Nepal* (preliminary draft 2005).

81 Human Rights Commission, Sri Lanka

82 *Human Rights Reports*. 2000: U.S. State Department; and Sri Lanka, February 2001

83 Shamim, *Rapid Assessment Study Report*, 2005

combined with a restricted flow of labour has put an increasing number of workers in weak and vulnerable positions, leaving them vulnerable to traffickers.

With the liberalisation of the Sri Lankan economy at the end of the 1970s, free trade zones (FTZs) were created in several parts of the country. This led to an influx of thousands of women from rural areas in search of employment, creating a predominantly female workforce in the FTZs. Along with this voluntary movement have come accounts of women being duped, raped, taken advantage of⁸⁴ and being trafficked in and out of the FTZs. Most of the trafficked women are reported to be forced into sex work.

The low salaries, haphazard methods of recruitment and the very nature of the social fabric in and around the FTZs all contribute to making women who work or seek work in the FTZs susceptible to traffickers. Additionally, the large influx of women into these zones creates a high demand for accommodation. Many such women, arriving from distant locations, seek assistance from strangers in their search for accommodation and are sometimes referred to brothels.

Globalization has also driven growth in tourism, which has given rise to large-scale trafficking operations in connection with the industry.⁸⁵ Children in many tourist destination areas are susceptible to sexual exploitation, often forced into sex work by family or community members. Children who are impoverished, orphaned or from broken homes are the most susceptible to this exploitation.⁸⁶ For instance, in Sri Lanka, the

tourism-driven demand for sexual services fuel the trafficking and exploitation of children, mainly from the poor areas of the country. However, it is important to note that the children involved in the sex tourism industry in Sri Lanka are predominantly male.

Family and community factors

Very little attention has been given to family and community factors that contribute to the vulnerability of girls and women to being trafficked. Although family stability (or contrarily, family dysfunction) is widely accepted as a primary factor in a child's social resilience and protection (or contrarily, his or her social problems), absence or lack of family integrity has been little considered as a vulnerability factor in trafficking. Recently, some studies have shown a link between the incidence of trafficking or entry into sex work and family alcoholism, physical or sexual abuse, the family's alienation from the local community, the death of one or more parents or the presence of step-parents or second wives.⁸⁷

Some familial and customary practices in Afghanistan constitute their own form of trafficking. Women and girls are in some cases used as tradeable objects in the settlement of family disputes and are also internally trafficked to settle other disputes and debts.⁸⁸ In Bangladesh, globalization has contributed to the breakdown of the traditional family structure in many rural households. Each member of the family then becomes "a separate and independent unit of labour" to be plugged into the modern labour market.⁸⁹

84 Interview with Friendship House personnel, "Review of Sri Lanka laws on Trafficking of Women". Colombo, May 2004: Centre for Policy Alternatives (p.12)

85 'Organizations Working Against Trafficking of Women and Children in South Asia', *Resource Directory: Asia*, 2005: Asia Partnership for Human Development

86 *Ibid.*

87 *A Situation Analysis of Sex Work and Trafficking in Nepal with Reference to Children*. 1998: New ERA; and Sangroula, Y., *Trafficking of Girls and Women in Nepal: Building a Community Surveillance System for Prevention*. 2001: Kathmandu School of Law; and Frederick, J., Tamang, A. and Terre des hommes., *Summary of Findings: A Study of Trafficked Nepalese Girls and Women in Mumbai and Kolkata, India*. 2005.

88 *Trafficking in Persons: an Analysis of Afghanistan*. January 2004: International Organization for Migration.

89 Shamim, *Rapid Assessment Study Report*, 2005

Similarly, women who move from rural to urban areas in search of better jobs in FTZs are often less educated and make easy prey for traffickers. They are, moreover, socially isolated and in unfamiliar surroundings, far from the social safety-nets of family and community.

Weak governance and legal frameworks

The absence of effective legislation and/or poor enforcement mechanisms for fair labour practices, together with corruption, the breakdown of law-and-order structures and ineffective border controls, are some of the factors commonly cited as contributing to or accelerating the traffic in women and children in South Asia, both nationally and regionally.

In particular, weak governance makes the poor vulnerable to the risk of being trafficked. Contributing factors in this respect include the absence of effective legislation, policies and institutional structures to address women and child trafficking; poor law enforcement combined with corruption, which can lead to police, border officials and politicians being bribed by traffickers; and the exclusion of poor and vulnerable groups, including women, indigenous peoples and members of 'low' castes, from basic social and economic services. If these people seek redress or protection from the authorities, they may be subjected to an insensitive 'pushback policy'. Cultural and linguistic barriers also heighten their lack of access to such services as exist.

Vulnerabilities of children

Children, especially those who migrate, run away or wander the streets alone, are in greatest danger of being trafficked. Even when they migrate with parents, the pressures of urban life on new migrants can rupture family ties,

causing them to end up fending for themselves on the streets.

There have been a few studies of children most at risk in Bangladesh. One, on urban street children⁹⁰, revealed that nearly 70 percent of those already involved in the sex industry migrated to Dhaka from rural areas, and about 57 percent of these arrived with one or both parents. Nearly all the children interviewed said that they moved in search of jobs, triggered in 40 percent of cases by sudden disasters such as the loss of land or the death or divorce of their parents.

In India, street children can be seen across the country. Their exact numbers, however, are unknown. For the capital, Delhi, estimates range from 50,000 to 500,000. According to one such estimate⁹¹, there are 200,000 street children in the city, of whom only a few thousand receive shelter and care at children's homes. There are several of the latter, run by the government or by NGOs, but no accurate count of their numbers is available, either from government agencies or voluntary groups.

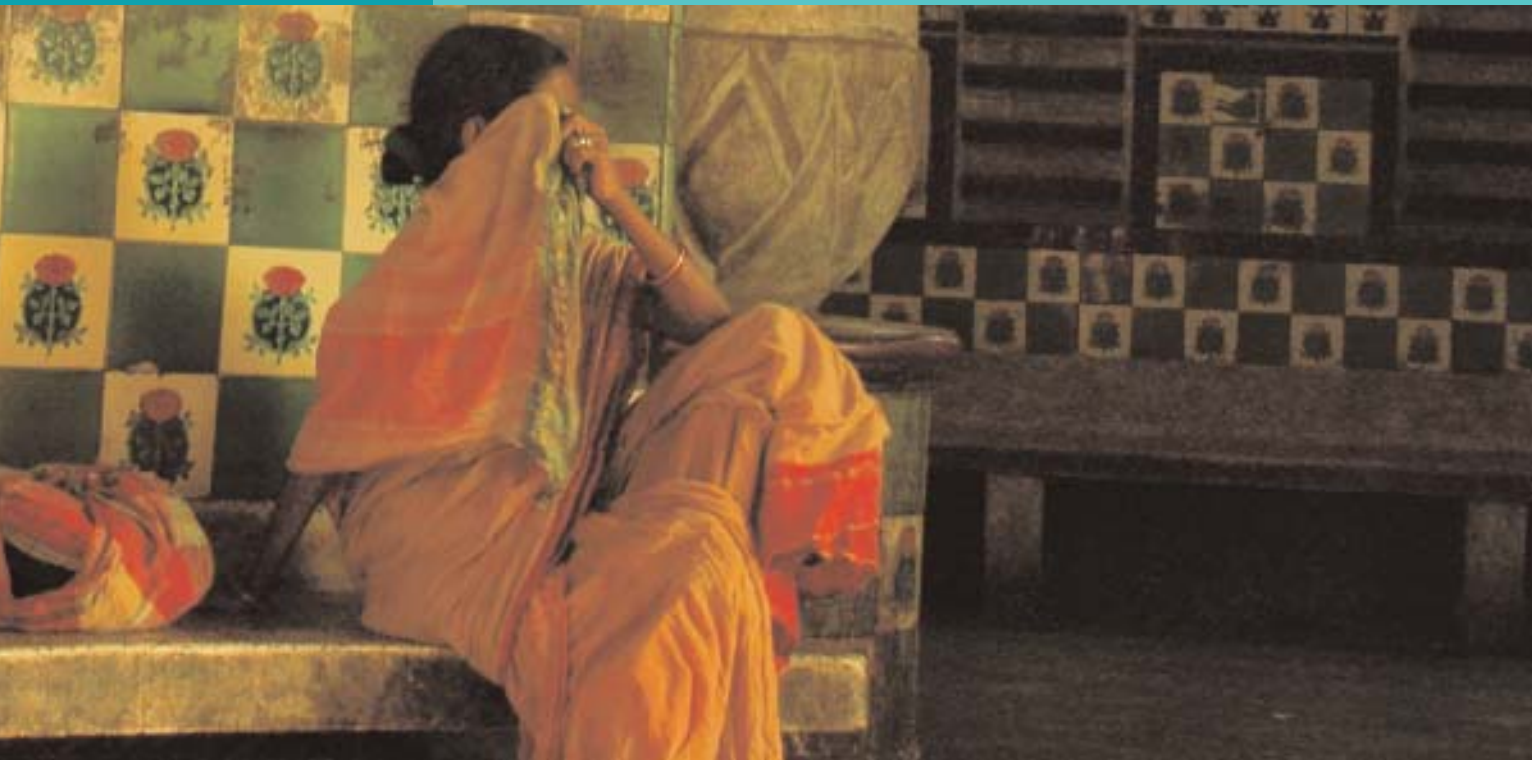
Many street children form a floating population, on the move from one place to another. Thousands can be seen scampering around at major intersections, begging or selling an assortment of wares. Some work at railway and bus stations, tea stalls and eateries. The vulnerability of children living at Delhi railway station to sexual exploitation, drug abuse or crime has been studied.⁹² Some are runaways, while others have been sold to organized criminal groups, which mutilate them before putting them to work as beggars.

Similarly in Nepal, street children are found in all

⁹⁰ INCIDIN, 1997

⁹¹ According to A. Aggarwal of *Social Jurist*

⁹² Dutt, K.B., *IANS*, 19 May 2002



urban areas, primarily the Kathmandu Valley. Although their exact number is uncertain, it is said to have grown rapidly over the last five years as a result of the armed conflict. Abandoned or orphaned children are found in rural and urban areas alike. There are few facilities available to serve as shelters or temporary homes for them and persistent problems with the quality of care provided, especially at long-term homes where a child may end up being institutionalized for years. With limited and often substandard facilities available, many trafficked adults and children prefer to remain in exploitative or abusive living conditions under the control of traffickers, or return to life on the streets.

The institution of child marriage contributes to the vulnerability of girls. In most cases their husbands are much older than they are. Such men may already have had sex, sometimes with multiple partners. This makes their young wives vulnerable to STIs, including HIV.

Children without birth certificates are especially

vulnerable to traffickers. According to UNICEF, a birth certificate not only represents recognition of a child's existence and hence his or status in law, but also ensures access to vaccination, treatment at health centres and enrolment in school. Many traffickers' victims come from remote villages where poverty is high and birth and marriage registration rates low.

Trafficking in children may be for sex or cheap labour. Helpless in a rapidly shifting, disorienting environment, young boys may end up working 14 hours a day in sweatshops or hazardous occupations like tanning, explosives and fireworks manufacture, carpet-making or the garment industry. Repeated, monotonous activity with little reward or monetary gain leaves the child physically and mentally devastated and powerless to resist physical or sexual abuse. A young boy may run away from home in search of a better life or a future in films, or be lured by older boys, only to end up on the streets or find himself sold into labour. Other runaways may end up as sex workers at popular tourist destinations.

In Sri Lanka, there are reports of children being drafted into ethnic conflicts. UNICEF estimates that there have been 1,385 under-age recruitments as of 31 January 2006. Tamil children in the northeast are thought to be vulnerable to recruitment from the age of eleven or twelve. It has been reported by UNICEF that more than 40 percent of such young recruits are girls.⁹³

Similarly, extremist outfits in India have reportedly begun recruiting boys aged between eight and 15 years in India. The People's War Group founded these organizations in an attempt to train children to resist police interrogation more effectively. Tribal girls are reportedly used as couriers in areas of Adilabad and Dandakarnya. Organisations such as the PWG also reportedly use children to provide food and deliver ransom notes without arousing the suspicions of the police.⁹⁴

HIV infection is mediated by almost the same set of factors that causes vulnerability to human trafficking: namely, that it is increasingly seen in people aged between 15-24 years, people with low literacy levels and occupation skills and people from 'lower' castes; among women and girls; in environments where violence and alcohol and drug use are high and where poverty prevails; and among young entrants forced into sex work. Studies show that brothel-based sex workers are most likely to become infected with HIV in the first six months of work⁹⁵, during which time they have the least bargaining power and are forced to service more clients.

No single vulnerability factor can be identified as a cause of human trafficking and/or HIV. Instead, these factors are closely intertwined with one another in complex and intricate ways, often

reinforcing one another. Sometimes one factor, such as poverty, increases the likelihood of another, such as forced migration, creating a chain of vulnerability. It is important to note that the mere presence of one or more vulnerability factors does not mean that a person will be trafficked. Many people in highly vulnerable situations do not end up trafficked due to mitigating factors such as community 'safety nets', while some in situations of lower vulnerability are nonetheless trafficked. Therefore, while it is important to identify local-specific vulnerability factors in order to determine appropriate policy and programmatic interventions against trafficking, it is necessary to keep this in mind.

HIV/AIDS and human trafficking present similar determinants and consequences, and require similar rights-based responses with sufficient focus on underlying development factors. Both affect vulnerable and disempowered populations often associated with poverty and gender inequality. Both are associated with unsafe migration and sex work. Finally, both involve stigma and discrimination against affected or infected persons.

Research is needed on the HIV/AIDS experience in order to improve the trafficking control movement. The increased risk of HIV infection as a result of human trafficking, in particular, should be minimised at various levels.

2.3 Current programming: approaches, gaps and needs in South Asia

International instruments

There are several international and regional instruments dealing with the suppression of trafficking in persons, dating back as early as the

93 As cited in Human Rights Watch report "Living in Fear: Child Soldiers and the Tamil Tigers in Sri Lanka" (<http://hrw.org/reports/2004/srilanka1104/index.htm>)

94 *Trafficking in India Report*. 2004: Shakti Vahini

95 *Analyzing the Dimensions: Trafficking and HIV/AIDS in South Asia*. January 2002: STOP

United Nations Slavery Convention of 1926. Most of these instruments were formulated to suppress slave trafficking and trafficking for forced labour and commercial sexual exploitation, including sex work.

The SAARC Convention, ratified by all member states in November 2005, has often been criticised for being too narrow in its definition of trafficking in persons. Unlike the UN Protocol, it restricts the purpose of trafficking to sex work only, ignoring other forms of exploitation such as forced labour, slavery and organ removal. This is problematic for some countries in South Asia such as Sri Lanka, in which a significant amount of trafficking is related to migrant labour. The definition needs to be expanded to take note of this. The SAARC Convention also limits trafficking to the “moving”, “selling” and “buying” of human beings, ignoring other aspects of trafficking such as recruitment, harbouring and confinement, which are also part of the process.

Governments in every country of the region are making local, national, regional and international

efforts to combat trafficking in persons, mainly women and children. These countries are signatories to a number of relevant conventions, including the ‘Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children’ supplementing the United Nations Convention against Transnational Organised Crimes introduced in 2000, as well as the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Family, the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution.

Lack of integration and mainstreaming

National and international initiatives on human trafficking and HIV/AIDS apart, there exist few holistic, comprehensive interventions in the field. The issues are largely being addressed in isolation, with little effort made to mainstream and integrate the two. None of the national

		Afghanistan	Bangladesh	India	Nepal	Pakistan	Sri Lanka
SAARC Convention	Signature	X	X	X	X	X	X
	Ratification, Accession (a)	X	X	X	X	X	X
CRC	Signature	X	X		X	X	X
	Ratification, Accession (a)	X	X	X(a)	X	X	X
CEDAW	Signature	X		X	X		X
	Ratification, Accession (a)	X	X(a)	X	X	X(a)	X
Protocol to Prevent, Suppress and Punish Trafficking in Persons	Signature	X					X
	Ratification, Accession (a)						
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Family	Signature		X				
	Ratification, Accession (a)						X(a)

Based on International Conventions Matrix, U.S. State Department Trafficking in Persons Report 2006 <http://www.state.gov/g/tip/rls/tiprpt/2006/65993.htm>

AIDS-control authorities in countries of the region highlight or address the vulnerability of trafficked women and girls to HIV infection. Gender dimensions and gender-based violence are not dealt with adequately, either in HIV interventions or as a counter-trafficking strategy. Training and user-friendly educational materials for police and judicial officers, covering and integrating the issues of HIV/AIDS and human trafficking, are also lacking.

Several government and non-governmental agencies operating at national and regional levels have focused on establishing the development linkages with gender, poverty, trafficking issues and HIV/AIDS. Though responses to trafficking and to HIV/AIDS have been pursued in isolation from one another throughout South Asia, interventions in both areas seem to address the full spectrum of response, from prevention through care and support to advocacy for policy change. There are a number of NGOs working to prevent trafficking in women and girls, while networks of PLHIV exist both regionally and nationally and have been a major force in moving the agenda forward.

Lack of conceptual clarity and reliable data

There seems to be a lack of conceptual clarity on issues related to human trafficking and its links with migration and HIV infection. There is no reliable data concerning trafficking, since perpetrators go to great lengths to conceal their activities from any form of monitoring. Prosecutions are rare and fraught with difficulty. The use of official crime statistics to ascertain the scope of trafficking gives a very low estimate of its incidence.

Consequently, figures arrived at without much scientific evidence tend to be picked up and quoted (or misquoted) in many reports. Current interventions are based instead on anecdotal

evidence concerning the magnitude and process of human trafficking. The shortage of reliable information has contributed to a lack of conceptual clarity among some organizations, which have confused trafficking with issues such as documented or undocumented migration and sex work.

Migration and trafficking: understanding the nexus

The anti-trafficking programmes of some organizations appear to be focused on 'protecting' women by preventing their movement within or outside the country. This does not take into account the hardship of rural women's lives, which may make migration a key and often only alternative livelihood strategy. In addition, freedom of mobility is the right of every citizen and should be protected. Efforts are needed not to restrict migration but to provide information, skills, and services to help women migrate safely.

Absence of effective policies, legislation and law enforcement

None of the countries covered in the RAS have comprehensive laws and policies on human trafficking. Existing legislation is negligible, focusing mainly on trafficking for sex work. The absence of effective legislation and law enforcement, combined with corruption, are important facilitators of human trafficking, since they make women and children afraid to identify themselves readily as victims of trafficking from fear of their captors or of being treated as illegal immigrants.

Also, due to similarities in language and appearance, the identification of victims is often difficult. It is hard to distinguish a Bangladeshi from a Bengali in India and Pakistan, or to tell a Nepali woman or child from one originating from the north-western states of India. Though information about a trafficker may exist, he or she



cannot be apprehended because the crime was committed in one country while the trafficked people are now in another country where the laws do not permit extraterritorial prosecutions.

Targeted interventions

Most HIV-prevention programmes in the countries surveyed have tended to approach the epidemic through ‘targeted interventions’ that create greater awareness and empowerment in marginalized communities or high-risk groups like sex workers. This has had its impact, but it does not address the root causes of the situations of vulnerability in which women find themselves. Many women and girls in sex work, for example, are trafficked into it without their informed consent. If and when they return home, they suffer stigma and are often rejected by their own families or communities. As a result, they are often forced into situations that are still more harmful and exploitative.

An effective way to deal with trafficking and its

underlying causes, such as gender inequality or poverty, is therefore to raise vulnerable women’s ability to make informed decisions, leading to their empowerment and enabling them to protect themselves from sexual exploitation and HIV infection. This insight underlines the need to integrate and mainstream HIV issues in programmes that address the issues of trafficking and unsafe migration, as well as *vice versa*. There is a similar need to integrate trafficking issues into programmes that address the problems of migrant workers.

Responses in South Asia: limitations and shortfalls

The following is a summary of common limitations and shortfalls in the response among South Asian countries to the related problems of human trafficking and HIV/AIDS:

- Systematic, comprehensive, and reliable research into human trafficking is lacking. Reliable data on HIV is also lacking in some countries.

- Current interventions are therefore based on anecdotal evidence about the magnitude and process of human trafficking.
- Some anti-trafficking programmes focus on 'protecting' women by restricting their movement within or outside the country.
- A lack of policies (or implementation) and legislation on human trafficking, safe migration and HIV is seen, together with weak law enforcement, administrative structures and systems.
- For many countries, HIV/AIDS is a development crisis and not solely a health issue, but interventions seem to be haphazard and health-oriented.
- There is a lack of conceptual clarity on issues related to human trafficking and its linkages with migration and HIV.
- There is a similar lack of efforts to address and mainstream human trafficking and HIV/AIDS in an integrated way.
- Gender dimensions and gender-based violence are not dealt with adequately as a counter-trafficking or anti-HIV strategy.
- Police forces and judiciaries lack training that addresses and integrates the issues of HIV/AIDS and human trafficking.
- The double or triple victimization and stigmatization of trafficked female survivors living with HIV requires systematic interventions.

“MILLIONS OF WOMEN, IN PARTICULAR,
HAVE BEEN TRAFFICKED ACROSS
BORDERS AND WITHIN COUNTRIES”

3

CHAPTER THREE

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

There is a need to look beyond present interventions that seek only to create greater awareness regarding HIV/AIDS or trafficking and to provide care and support services to communities such as sex workers or migrants. The need is for integrated, coordinated efforts to address human trafficking and HIV/AIDS and to reduce the underlying social, economic and gender inequalities and violence.

Research and evidence

It is important to mention that there is a lack of

reliable data regarding HIV prevalence among women and girls who are trafficked. More information is available with regard to brothel-based sex work, but this reveals nothing about those who practice sex work in other settings. There is a clear need for evidence-based research among trafficked survivors in order to estimate HIV prevalence rates and develop adequate responses. Researchers need to look, not just beyond brothel-based sex work but beyond sex work *per se*, since those who are trafficked for other purposes also find themselves in situations that increase their vulnerability to HIV.

Some evidence is, however, beginning to surface. A recent study⁹⁶ by Harvard researchers revealed high HIV prevalence (22.9 percent) among survivors of trafficking in Mumbai. The researchers are now conducting similar studies in other parts of the region. Data from these studies could help prompt a long-awaited, evidence-based discussion on the nexus between the two issues.

Conceptual clarity on integrating the issues of HIV/AIDS and human trafficking

Conceptual clarity is lacking in both the HIV/AIDS and anti-trafficking communities. Very little discussion between the two has taken place, in part due to the lack of data. There is a need to encourage greater collaboration and to conduct



96 Silverman, J.G. et al., 'HIV Prevalence and Predictors Among Rescued Sex-Trafficked Women and Girls in Mumbai, India', *Journal of AIDS* vol. 45, no. 5. December 15, 2006.

structured, formal, issue-focused conceptual-clarity exercises among all stakeholders on creating linkage between the two issues.

Mainstreaming HIV/AIDS and trafficking

At a broader level, there is a need to integrate and mainstream the issues of trafficking and HIV/AIDS into other sectors such as education, healthcare, labour, infrastructure, agriculture and rural development.

Because primary health care is so closely linked to HIV/AIDS work, it might seem to be a sector in which HIV/AIDS is already mainstreamed. In terms of vulnerability to the impact of HIV/AIDS, however, trafficked returnees and survivors living with HIV rarely have access to or can afford treatment. This problem can be addressed by making anti-retroviral medicines (ARVs) available to them as a priority, for example, under the government of India's new scheme for free ARVs. Care and support programmes should also focus on the nutrition and mental health of trafficked survivors and not simply on the provision of medicines. The aim should be to help survivors live longer and happier lives by providing them with long-term rehabilitation and reintegration support.

Education is another sector that can contribute to reducing vulnerabilities to both sexual exploitation and HIV infection. A girl or woman who has received a basic education is at least theoretically more able to take charge of her life, earn a living, heed health promotion messages and plan for her future. She is also more easily able to claim her rights, for example in terms of access to health care or securing her rightful inheritance.

Laws and policies to address HIV/AIDS and human trafficking

There is very little convergence between the laws and policies related to HIV/AIDS and those relating to human trafficking in South Asia. By and large, the HIV/AIDS concerns of trafficked

persons are not addressed in anti-trafficking law or policy, while trafficked persons are not recognized or specifically targeted in HIV/AIDS law and policy. Besides, in most countries, there is a lack of legislation specifically addressing issues regarding HIV/AIDS, among them the assurance of the rights of PLHIV and the prohibition of discrimination against them.

In most of the countries examined, a number of existing laws and regulations indirectly address issues that affect people infected with or affected by HIV. However, some of these laws and regulations act against the rights and well-being of such people. In contrast, the laws regarding human trafficking are imprecise, discriminatory and mostly abusive of the rights of trafficked persons (i.e. 'victimising the victims'), including those who are also migrants, sex workers and/or PLHIV.

Interventions on HIV/AIDS and human trafficking

Interventions on HIV/AIDS and human trafficking may be divided into three general areas. These are (i) prevention, (ii) treatment, care and support, and (iii) advocacy.

(i) Prevention of human trafficking and HIV infection

The most important area of integrated intervention against human trafficking and HIV infection is prevention by addressing *multiple vulnerabilities*. Preventive activities against human trafficking, as well as those against HIV infection, should be targeted at eliminating the common vulnerability factors shared by the two issues, such as (among others) poverty, gender discrimination, social marginalisation, lack of education and lack of protection within the family and community.

The reduction of social and economic vulnerabilities that are responsible for the spread

of both HIV and trafficking requires long-term strategies but is indispensable. As mentioned earlier, the mainstreaming of HIV/AIDS and human trafficking issues into sectors such as health, education, gender empowerment, poverty (creating livelihoods) and law enforcement is one way of addressing common multiple vulnerabilities consistently, systematically and in a coordinated manner.

Addressing stigma and discrimination

Care needs to be taken when combining prevention activities and messages. There are indications that messages directly linking human trafficking with HIV infection result in increased stigma and discrimination against both formerly-trafficked persons (who are then perceived to be HIV positive) and girls and women living with HIV (who are then perceived to have been trafficked or in sex work). Linking prevention messages could promote further misunderstanding of HIV risk behaviours, leading to increased stigma against trafficked persons and PLHIV.

For example, NGO prevention messages often emphasize trafficking for the purpose of sex work. Many of their IEC materials contain gruesome descriptions of sex work and HIV infection. Rather than giving practical advice on decision-making in difficult circumstances that women may want to escape, they use fear as a means to prevent them from leaving home. Some organizations also associate trafficking with HIV infection without regard for the stigma that this may falsely create against those who migrate.

Such dangers underline the importance of sensitivity and caution and warn against overstressing the link between trafficking and HIV, especially at community level. Still, the commonalities between the two issues indicate that there is good reason to build an understanding of HIV prevention work into anti-trafficking policy and strategy planning. Both

trafficking and HIV/AIDS thrive within vulnerable populations and are linked to unsafe migration and sex work.

Logically and for synergistic reasons, it is imperative to address trafficking issues within HIV/AIDS programmes. Mutual consultations and in-depth discussions need to be promoted between the HIV/AIDS and anti-trafficking communities and stakeholders with regard to the possible linking (or separation) of HIV/AIDS and anti-trafficking messages.

(ii) Treatment, care and support for those trafficked and affected by HIV/AIDS

The second, very broad area of convergence between human trafficking and HIV/AIDS interventions is treatment, care and support, which includes rehabilitation and reintegration.

- Activities for peer support after rehabilitation and reintegration, as well as activities to reduce stigma and discrimination against trafficked persons, are needed but are presently lacking.
- There seems to be considerable lack of conceptual clarity concerning who, among trafficked persons, should be targeted by HIV/AIDS interventions. Current interventions are limited to girls rescued from a 'trafficked situation', usually a brothel – a practice that accounts for only a very small proportion of those trafficked. Many rescued girls and women are found to be HIV positive and require care, support and understanding. To provide it, stakeholders in the HIV/AIDS sector and positive networks need to come together with those planning and implementing activities against trafficking.
- Many survivors of trafficking receive inadequate physical care after rescue. Those found to be HIV positive may not get the necessary treatment and care prior to repatriation. Girls and women evicted from brothels because they are HIV posi-

tive or because they have been released from labour bondage or slavery are not presently targeted for care, support or voluntary repatriation.

- Similarly, neither the anti-trafficking nor the HIV/AIDS community identifies as a target group the significant number of voluntarily returned trafficked survivors, many of whom may be re-trafficked or become involved in local sex work after their return home. The number and geographical distribution of voluntary returnees is unknown, which indicates a vital need for research in this area. Trafficked returnees, including persons evicted from brothels for being HIV positive and those who return home after their period of servitude is over (a group known to have a high rate of HIV infection) have no knowledge of or access to treatment, care and support activities.

- There is a need to establish rights-based procedures and guidelines regarding the withdrawal and exit of trafficked persons and unwilling labourers and of the rights and needs of trafficked persons living with HIV. Minimum standards for the care, support, rehabilitation, repatriation and reintegration of terminated, escaped or rescued trafficked survivors, including PLHIV, need to be formulated and enforced.

- The capacities of government and non-governmental organizations in destination and source countries to provide care and support (including HIV/AIDS treatment and care) based on minimum standards, both before and after repatriation, need to be built up. On the destination side, 'support centres' (including HIV/AIDS treatment and care centres) must be established for rescued or exiting trafficked persons. Likewise, trafficked survivors who wish to return home need to be linked up with care and support services in their countries of origin.

- Current laws and policies do not include guidelines for HIV testing, pre- and post-test coun-

selling, confidentiality or continuing care and support for HIV positive returnees. There is a need to put in place clear guidelines for the HIV testing and counselling of survivors of trafficking and for their return home, as well as for the ongoing care, support and reintegration of HIV positive returnees and survivors.

- Some girls and women who return from trafficked situations who are HIV positive may or may not be aware of their status. They are faced with the double stigma of trafficking and its link to HIV. At the programmatic level there is also the need to address the stigma and discrimination against trafficked survivors and returnees living with HIV by other PLHIV.

- Following residential care, many returnees choose to resume sex work. Existing care facilities do not prepare survivors for the demands and risks of such work, such as the risk of HIV and other STIs. Residential facilities for trafficked persons should help them develop life skills, including the self-protection, HIV prevention and harm-reduction skills that will help prepare those who choose to resume sex work to deal with the attendant risks.

- Finally, there is a need for collaboration, planning and cost-sharing between the HIV/AIDS and anti-trafficking communities to help them exchange information, develop skills, mobilize human resources and generate adequate funding for home and community-based care and support, both for PLHIV and for trafficked survivors.

(iii) Advocacy

The legal frameworks in countries of the South Asian region reflect the gender biases prevalent in those societies. In the absence of laws that ensure their rights of inheritance and their ownership and control over productive resources and assets, many women are economically dependent on their husbands and limited in their

life and livelihood choices.

For example, without laws, policies or social customs that facilitate land ownership or credit regulation for women, they are forced to migrate in search of economic opportunities, thus increasing their vulnerability to trafficking and HIV infection. In fact, a recent large-scale study⁹⁷ conducted in India with a sample size of over 8,000 households revealed that about 79% of the studied women widowed by HIV-related illnesses had been denied their right to property of their husband.

Similar observations can be made regarding laws relating to the age of marriage or sexual consent for women, rape within marriage, economic inequality and violence against women. Laws relating to migration and trafficking also sometimes reflect this gender disparity.

In this situation, the overall objective of advocacy should be to increase women's control over situations that increase their vulnerability and to reduce the risks they currently run. There is no lack of internationally-available best practices on these issues, and some of these could be used as a starting point. The adoption and implementation of these available guidelines, standards and regulations are imperative. There is also an urgent need to protect the fundamental rights of women living with HIV, trafficked women and sex workers.

There is a clear need for gender-sensitive and rights-based programming to address gender disparity and its consequences by examining the role of men – such as agents of trafficking, pimps at brothels and clients of sex workers – and expanding the scope of interventions, programmes and policies to include them. For example, policies and programmes that promote tourism or processes of industrialisation often

result in increased male rural-to-urban migration, which increases the demand for sex workers.

Similarly, migrant men and truck drivers, on the move and separated from their families, also resort to sex workers. Stereotypes of masculinity and femininity that perpetuate male aggression and violence against women need to be challenged in communities at the programmatic level.

In the case of cross-border migration, women often find themselves in situations that make them particularly vulnerable to trafficking and abuse. Even if a woman enters a country legally, she may be considered an illegal migrant if she does not possess the necessary travel and immigration documents, which are sometimes confiscated by employees or agents. Many women, if trafficked, will not seek help or even report to the authorities because their situation exposes them to potential harassment by the police and officials and possibly to the threat of deportation.

Given these realities, it is important for programmes to be structured within an overall framework that promotes and strengthens basic human rights. This means looking beyond a welfare-oriented or 'charity' approach. More specifically, there is a need to protect the rights of all trafficked people, whether trafficked for sex work or for other purposes. There is also a need to develop laws and policies to protect the legal and constitutional rights of stigmatized communities, including those that are living with HIV or engaged in sex work. For a given country, developing a national strategic plan on HIV/AIDS and trafficking that incorporates human-rights principles may be the starting point.

Facilitating Safe Migration

Safe migration advice and support are crucial. NGOs need to give women and other potential

⁹⁷ *Gender Impact of HIV and AIDS in India*. 2006. NACO, UNDP, and NCAER: New Delhi

migrants including men and children advice on what to do if approached by someone suggesting that they leave home for work or marriage. This may include suggestions like obtaining the address of the prospective employer, having a guardian accompany them to their place of work, and simply being wary of strangers.

While such advice contains the tacit

acknowledgement that women and girls migrate, it may not be enough to protect them. In cases where women are trafficked by those known to them, they may trust them and not perceive a risk at all. Equally, it is important to develop programmes and appropriate plans, particularly in the area of providing or facilitating sustained livelihoods, for girls who cannot return home.

ANNEXURE

RAPID ASSESSMENT STUDY ON HUMAN
TRAFFICKING AND HIV IN SOUTH ASIA

A rapid assessment in the region

Based on experiences gained in working on the issues of human trafficking and HIV/AIDS in South Asia, UNDP RCC planned to expand and strengthen comprehensive and multi-sectoral responses for preventing human trafficking, in particular trafficking in women and girls, preventing HIV infection, and promoting care-and-support and safe-mobility initiatives in South Asia.

UNDP RCC commissioned experts and consultants to carry out rapid assessment studies in six South Asian countries, namely, Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. The objectives were to explore the magnitude and dimensions of trafficking and HIV/AIDS, estimate capacities for carrying out potential interventions, assess existing opportunities for intervention and partnership, and to identify needs, priorities and gaps.

Specific objectives of the rapid assessments were:

- to understand the magnitude, dimensions, causes and consequences of HIV/AIDS and human trafficking;
- to explore the linkages of human trafficking, migration and HIV/AIDS;
- to review existing laws, policies and strategies to address HIV/AIDS and human trafficking at the national level;
- to identify innovations and innovative approaches addressing the dual vulnerabilities;
- to raise issues of research.

The study: approach and methodology

The commissioned rapid assessment studies describe the HIV/AIDS and human trafficking situation in six countries of South Asia, along with some indications of gaps, needs and suggested strategies. Each study provides an annexed list of organizations already working in the studied country and relevant data for planning and developing effective responses.

The information was collected from both primary and secondary sources. Primary sources included interviews with individuals and organizations (government bodies, local and international NGOs, donor agencies and private-sector institutions) working on HIV/AIDS, human trafficking or both. Focus-group discussions were also conducted. Secondary sources of data were obtained through a review of the available literature on HIV/AIDS and trafficking.

Existing literature available from various sources – government documents, reports, research studies, commissioned studies, internet documents, books and media reports on HIV/AIDS and trafficking – was reviewed as a first step. Given the objectives of the study, both qualitative and quantitative

approaches were used. Quantitative data is necessary to determine the prevalence and magnitude of HIV/AIDS and trafficking in women and children, while qualitative information reveals the underlying dynamics and complexities. Based on the interviews, focus-group discussions and secondary sources, linkages and common approaches were identified and expanded upon. Both the primary and secondary sources were instrumental in identifying gaps in current approaches to combating HIV/AIDS and human trafficking.

The emerging patterns from the desk study and field interactions were analyzed and compiled separately for each identified country. A consolidated Rapid Assessment Study Report has been prepared based on the analysis and compilation of the six country reports. Additionally, fact sheets on each of the countries have been developed.

Limitations of the rapid assessment study

The following limitations of the commissioned studies and consolidated report need to be mentioned:

- There is a lack of reliable data on human trafficking, and in some countries on HIV.
- Frequently-used sources of data include estimates (taken at point of origin or source area) of the number of women and children reported missing at community level. Of these, a proportion may be assumed to have been trafficked.
- Additionally, data regarding persons moving out of a country (which may be a destination or transit point) is collected at border crossings or at the point of destination.
- Access to people living with HIV, sex workers and trafficked survivors is extremely difficult due to the stigma, secrecy and negative perceptions associated with their experiences.



UNDP Regional Centre in Colombo
23 Independence Avenue
Colombo 07, Sri Lanka
Tel: +94 11 452-6400
Fax: +94 11 452-6410
Email: asiapacific.hiv@undp.org
<http://www.undprcc.lk>