

Guidance Note for Service Providers Working with Victims of Human Trafficking during COVID-19 in Myanmar

Purpose and Use

The purpose of this document is to provide a reference tool to support service providers, including civil society organisations, directly working with victims of human trafficking to adapt their case management service provision in the context of COVID-19. This guidance note will not cover the details of human trafficking case management and it assumes that users of this note already understand and are familiar with human trafficking case management and the case management guiding principles.¹

Human Trafficking and COVID-19

The COVID-19 pandemic is impacting communities worldwide, disrupting State functions, economic activities, and livelihood options, as well as family and social networks, including in areas already impacted by crisis prior to the outbreak of the pandemic. People previously less at risk of trafficking may become victims as a result of the pandemic while vulnerabilities of persons already at risk of trafficking may be further exacerbated.

Increased Risks of Human Trafficking due to the COVID-19 Pandemic

- ▶ The socio-economic impacts of the pandemic are exacerbating vulnerabilities in our societies, including systemic issues related to health care, social security, security of employment or working conditions. As in times of economic crisis, increased insecurity, poverty and marginalization induced by disease outbreaks can be key drivers of human trafficking. Vulnerability may increase among existing victims, vulnerable groups (including trafficking survivors) and those who were previously less vulnerable to human trafficking.
- ▶ Increasing rates of unemployment which will likely worsen in the forthcoming months will add additional pressures on workers and increase jobs competition, while reducing flows of international remittances to countries of origin, thereby exposing more families to poverty.
- ▶ Migrants (both men and women) may find themselves without employment, including without being paid their dues, working without payment, or forced or compelled to work in high risk situations without the required protective measures being recommended for COVID-19.
- ▶ There may be more opportunities for criminals to exploit in informal sectors due to increased supply of vulnerable groups. Coronavirus-induced economic crisis may incentivize businesses to exploit workers to remain viable.
- ▶ Organized criminal groups are likely to take advantage of the reduced capacities of State agencies and increased numbers of people vulnerable because of job losses and/or reduction of income generating opportunities.

¹ The case management guiding principles include ensuring: Do no harm; respect for and protection of human rights; survivor-centred approach; confidentiality and right to privacy; informed consent; ensuring safety, security and comfort; self-determination and participation; non-discrimination; comprehensive continuum care; and ensuring best interest of the child.

- ▶ Therefore, human trafficking is likely to occur during the pandemic and victims of trafficking and exploitation may be among the many migrants returning to Myanmar from neighboring countries.
- ▶ The crisis would increase illegal and irregular migration flows. More people will be forced to move irregularly, and irregular migrants would be likely to experience increased human trafficking risks.
- ▶ Traffickers have many profiles. They can be men or women, young or old, or even minors. They may be total strangers or friends or relatives of the trafficked person.
- ▶ Restrictions on movement and gatherings may also shift methods or forms of exploitation. For example, exploitation may shift to online platforms such as trafficking through social media or online sex trafficking of children.
- ▶ The crisis may be multifaceted impact on children such as rising in online child sexual exploitation, depriving many children of one or both parents and/or caregivers, thus increasing their vulnerability to trafficking, increasing rates of child labour and marriage.

The Impact of COVID-19 on the Prevention, Protection of and Response to Victims of Trafficking

Prevention

- ▶ During COVID-19, information on safe, regular migration may be limited, outdated or irrelevant as restrictions on movement, border closures, and closures of businesses and other services impacts the available options for individuals to migrate regularly and safely.

Protection and Response

- ▶ Identifying victims of trafficking (VOT) is difficult, even under normal circumstances, but COVID-19 is making the task of identifying victims of trafficking and the subsequent referral to protection services even more difficult. This is due to measures of confinement, shifting priorities of law enforcement and local authorities, and the closure of social services which play an important role in identifying trafficking victims.
- ▶ Lockdowns and confinement could reinforce the isolation of victims and reduce their opportunities to report exploitative or abusive conditions and the chance of being identified by others and removed from such exploitative situations.
- ▶ Overwhelmed resources and the need for isolation/quarantine measures may mean that vulnerable groups such as victims of trafficking may not immediately be accommodated in a shelter or other protection services. Moreover, measures to prevent the spread of the pandemic, such as prolonged quarantine, isolation and social distancing may also have a negative impact on victims' mental health.
- ▶ Due to their vulnerable position, victims are more likely to be compelled to continue working in high risk environments and therefore they may be more exposed to contracting the virus, less equipped to prevent it, and have less access to healthcare to ensure their recovery.
- ▶ Victims are also exposed to heightened violence and abuse at the hands of traffickers who are less able to make a profit from them due to labour market disruptions or who are stressed during the lockdown.
- ▶ There may be disruption in victim assistance and support services. The service providers have been dramatically limited in their anti-trafficking response, including cancelling victim rescue missions, shelters, in-person counselling and legal assistance services. VOTs also have higher risks of re-exploitation when they cannot benefit from assistance and care.

Key Actions for Service Providers

- ▶ Ensure that protection services, particularly immediate/emergency support (including emergency medical care, shelter, food, psychological first aid, clothing, hygiene/dignity kit, transportation), are available for VOTs during the COVID-19 context.
- ▶ Where victim identification and follow-up support cannot be done through in person interview, replace such activities with other channels of identification and reporting, i.e. a helpline, online or social media options.
- ▶ Team up with health practitioners, community-based and facility-based quarantine managers, and law enforcement to ensure they understand/identify signs of trafficking and detect potential cases.
- ▶ Distribute your organisations contact details, social media platform or helpline number to quarantine facilities and communities with high numbers of returning migrants.
- ▶ Arrange emergency distribution of COVID-19 prevention information, sanitizer materials, hygiene/dignity and non-food item (NFI) kits, personal protective equipment (masks and gloves) and tools for garbage disposal to counter the risk of infection for victims and staff at VOT shelters.
- ▶ In addition, arrange distributions of COVID-19 prevention information, sanitizer materials, WASH consumables and tools for garbage disposal where trafficked persons are likely to live and work (e.g. for workers/staff at massage parlours, karaoke bars, brothels, factories, farms, construction sites and other context specific areas where labour exploitation might occur).
- ▶ Review existing in/formal referral mechanisms and see how referral and service provision, and up-to-date communication around these, can continue considering social distancing measures and possible scale-down of activities.
- ▶ Make sure your organisation has updated lists of the referral pathways and contact details for new online/remote services such as case management due to the COVID-19 crisis.
- ▶ Given the stress level and impact of isolation on victims' mental health, make sure your organisation has updated lists of the referral pathways to mental health and psychosocial support services.

Practical Guidance for Case Workers

The following practical guidance is intended for case workers during each stage of support to VOTs, including the return, shelter stay, repatriation, and reintegration. Case workers should also ensure that VOTs and their families are informed and follow the COVID-19 preventative measures.

COVID-19 Preventative Measures

- ▶ According to the current government recommendations, people should wear a mask outside, but this measure can also be taken to avoid the risk of transmission during your meetings with VOTs to protect yourself and the VOT.
- ▶ Wash your hands frequently using soap and water. If soap is not available, alcohol-based hand gel may be used to wash away germs
- ▶ When coughing or sneezing, cover your mouth or nose with your bent elbow, or a tissue. Throw the tissue into a bin. If you cough/sneeze into your hand, do not touch anything and immediately wash your hands with soap and water.
- ▶ Avoid close contact with anyone who is coughing, sneezing, or shows other signs of illness including fever. Encourage the person to seek healthcare advice and call a nearby healthcare center.
- ▶ Maintain at least 2-meters (6 feet) distance.
- ▶ Avoid touching eyes, nose, and mouth to avoid contamination and transmission of the virus.
- ▶ Seek healthcare if you have a fever, cough or if you have difficulty breathing. This is the best way to look after yourself and stop the infection spreading to your family and others. Make sure to first call the doctor and let them know your symptoms so you do not infect other people.

1. Prior and during quarantine at shelters or facility quarantines

After receiving VOTs from other countries, according to the current COVID-19 measures, the victims must stay at a quarantine facility which may be a VOT shelter or other facilities.

- ▶ Prior to the VOT entering a quarantine facility, the case worker need to explain the following points to the VOT: Why the VOT has to stay at the quarantine facility instead of returning back to their home, what they need to do, how long they have to stay and if known, who will be the care giver at the quarantine facility.
- ▶ To inform about the above mentioned COVID-19 preventative measures which should be followed.
- ▶ To immediately inform the shelter staff if the VOT has a fever, cough or feel that it is difficult to breathe.
- ▶ If the VOT displays any symptoms of COVID -19 or tests positively for COVID -19, there is no need to be panic, they will be sent to the hospital to receive medical treatment and there are many patients who recover from COVID- 19.
- ▶ Provide contact details or a hotline number to the victim.
- ▶ During quarantine, the case worker will not be allowed to meet the VOT, during this time, the case worker will have to conduct follow-ups on the phone (please see below for guidance on conducting follow-ups with VOTs on the phone).

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- ▶ Shelter staff are required to be trained on how to provide key messages on COVID-19 risk reduction to VOT. They are required to wear protective equipment, monitor the situation of VOT's health and refer the victim to the designated hospital/place for further treatment in case VOT has any suspected symptom.

2. Reunifying with the family

During this stage, the case worker should explain the following points to the family member or caregivers:

- ▶ Explain and follow COVID-19 preventative measures as mentioned above.
- ▶ Inform about the local authority's COVID-19 prevention measures.
- ▶ If the VOT needs to continue with home quarantine or self-isolation, explain to the family members and VOTs to follow the instructions which were given by the local authorities, hospital, and/or medical staff.
- ▶ Provide contact details or a hotline number to the family as well as the victim.

3. During the follow up visit

One or two weeks after the VOT has returned to their place of origin, reunified with their family or moved to a new area, the case worker is advised to meet the VOT again, in-person, to assess the situation of the victims and their family and to discuss their reintegration plan with the victim. In-person meetings with vulnerable people in need of protection are always preferred. Particularly with a VOT, it is important to gain the trust of the victims, assess their mental and health condition and provide psychosocial support and other emergency support. However, due to COVID-19, in-person meetings may be challenging due to restrictions and measures that need to be taken to limit the risk of infection.

4. During an in-person visit

During the first in-person visit to a victim and/or their family, the case worker needs to:

- ▶ Ensure that the victim is in good health, safe, comfortable and on their own before initiating the conversation.
- ▶ Allow the beneficiary to speak more than you speak, and use skills based in reflective listening or Psychological First Aid. Engage calmly and patiently with the beneficiary and speak slowly and clear.
- ▶ Explain the COVID-19 preventative measures as mentioned above.
- ▶ Ask how the victims and their family is feeling after being reunified.
- ▶ Plan for a follow-up visit or a phone call with the VOT and their family.

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- ▶ Explain to the VOT and their family that the number of visits will be reduced due to COVID-19. However, if needed, victims and their family can call the case worker.
 - ▶ In cases where the family asks the case worker not to conduct a home visit due to concerns related to the transmission of COVID-19, case workers should postpone the visit and try to arrange appropriate follow up over the phone.
 - ▶ Provide contact details or a hotline number to the victim.
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5. Remote follow up via phone calls

- ▶ Always ensure availability via phone for extremely vulnerable persons and if the victim has given consent, families they can call the case workers when needed.
 - ▶ Ensure that the victim is in good health, safe, comfortable and on their own before initiating the conversation.
 - ▶ Allow the beneficiary to speak more than you speak and use skills based in reflective listening or Psychological First Aid. Engage calmly and patiently with the beneficiary and speak slowly and clear.
 - ▶ Build trust and confidence by using video chat if the network allows and the beneficiary is comfortable and in a safe space to do so.
 - ▶ When video calls are not available, use empathetic language when engaging with the victim. Empathetic language means using language that shows you understand and can share the feelings of the other person. For example, assure them that you are listening to them and hear what they are concerned, worried or anxious about. Make sure to manage expectations and do not make promises that you are unsure of.
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6. Key considerations for data protection and information sharing during remote support

- ▶ Make sure to finish the phone call by explaining the next steps, for example by booking the next call/appointment.
- ▶ Case workers must still obtain consent from victims via phone. To obtain consent, the case worker must note down that consent was provided, or the case worker can audio record the consent on the phone. For this, the beneficiary would need to be read the consent text (and date/time) and he/she should say that he/she understands the text and agrees with it. Recording consent, does not mean it would be necessary to record the whole counseling session.
- ▶ The space in which caseworker is conducting phone calls with victims must allow safety and privacy measures needed to ensure confidentiality.
- ▶ Assure the victim that only the case worker and the victim is on the call, ensuring it is safe and confidential. If an interpreter is necessary, obtain the consent of the victim and ensure the interpreter is aware of data protection principles.
- ▶ Ensure no confidential information is written down or shared via phone messages.
- ▶ Only use case number when information is shared with case supervisors or other service providers via phone.

- ▶ Phone conversations should not be recorded / if recording is necessary the victim must be informed and consent to recording and approval must be obtained from case supervisor and valid justification is necessary.
- ▶ Modes of communication or information sharing on cases should not be done openly on social media platforms (such as facebook); where possible use private messaging applications such as WhatsApp or VIBER or other communication applications.
- ▶ As much as possible, caseworkers should document information by using case forms in a timely manner and try to remove chat history and text messages on their phones as soon as possible.

7. If the victim of trafficking is under 18, case manager need to follow not only above mention points but also need to make sure the following points are applied

- ▶ To consider “the best interest of the child” in every situation.
- ▶ To explain above mentioned COVID-19 preventative measures to the children in age-appropriate language.
- ▶ To inform & provide regular update to their caregiver or parents about the child victim of trafficking when they are in quarantine facility.
- ▶ To have regular communication with child victim of trafficking and their caregiver or parents when they are in quarantine facility.
- ▶ To ensure the child victim of trafficking has access to mental health and psychosocial support services when they are in quarantine facility.
- ▶ To ensure child friendly quarantine facility center by putting toys, colouring books, etc.
- ▶ To support any psychological preparation for the children before family reunification.
- ▶ To have consent from the children and their family before the meeting or interview or phone call.
- ▶ To ensure family reunification immediately when the child is released from the quarantine centers.

References

- ▶ Guidance on TIP considerations during the COVID-19 pandemic, March 2020, Global Protection Cluster
- ▶ Impact of the COVID-19 Pandemic on Trafficking in Persons, Preliminary findings and messaging based on rapid stocktaking, UNODC, available here: <https://reliefweb.int/report/world/impact-covid-19-pandemic-trafficking-persons-preliminary-findings-and-messaging-based>
- ▶ COVID-19 Analytical Snapshot #14: Human trafficking, IOM
- ▶ Child Protection Case Management Guidance during COVID-19 developed by UNICEF, Myanmar
- ▶ Aggravating circumstances: How coronavirus impacts human trafficking