



Endline Evaluation of the U.S.-Jamaica Child Protection Compact Partnership

U.S. Department of State, Office to Monitor and Combat Trafficking in Persons

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Acronyms

Table 1: Acronyms

Acronym	Description
CFS	Child-friendly space
CPC	Child Protection Compact
CSO	Civil society organization
CTOC	Counter Terrorism and Organized Crime Investigations Branch
GOJ	Government of Jamaica
CISOCA	Centre for the Investigation of Sexual Offences and Child Abuse
CPFSA	Child Protection and Family Services Agency
FDG	Focus group discussion
IOM	International Organization for Migration
JCF	Jamaican Constabulary Force
KII	Key informant interview
MDA	Ministry, department, and agency of the Government of Jamaica (for this evaluation, not including the Jamaica Constabulary Force)
MLSS	Ministry of Labour and Social Security
MNS	Ministry of National Security
MOEY	Ministry of Education and Youth
MOH	Ministry of Health and Wellness
MOU	Memorandum of Understanding
NATFATIP	National Task Force against Trafficking in Persons
NCR	National Children's Registry
NRM	National Referral Mechanism
NMS	National Minimum Standards
OCA	Office of the Children's Advocate
ODPP/DPP	Office of the Director of Public Prosecutions
ONRTIP	Office of the National Rapporteur on Trafficking in Persons

Acronym	Description
PATH	Programme of Advancement Through Health and Education
PICA	Passport, Immigration and Citizenship Agency
PRCJ	Pregnancy Resource Centre of Jamaica
Rise	Reaching Individuals through Skills and Education Life Management Services
SACDA	St. Catherine Community Development Agency
SDC	Social Development Commission
SOP	Standard operating procedure
TIP	Trafficking in Persons
UWI	University of West Indies
VSD	Victim Services Division
WG	The Warnath Group
WI	Winrock International

Executive Summary

In May 2018, the U.S. Department of State and the Government of Jamaica (GOJ) signed the U.S.-Jamaica Child Protection Compact (CPC) Partnership. Applying the TIP Office's "3 P's" approach, the CPC Partnership seeks to build on the Jamaican government's and civil society's efforts to investigate, prosecute, and convict child traffickers and provide comprehensive specialized **protection** services to child trafficking victims, and **prevent** child trafficking. The TIP Office awarded the International Organization for Migration (IOM), the Warnath Group, and Winrock International \$6.7 million to implement the CPC through July 2023. Warnath focuses on building the capacity of Jamaican law enforcement and victim services providers and strengthening data collection on child trafficking. Winrock and its partners focus on strengthening government and civil society capacity and raising community awareness. IOM and its partners are researching the nature and prevalence of child trafficking in Jamaica.

Because key activities remain to be implemented before the Partnership ends in July 2023, this mixed-methods evaluation considers changes from baseline (2020) through early 2022. The methods included individual and group key informant interviews; focus group discussions; surveys of key GOJ stakeholder groups, community leaders, and community members; and document review. The evaluation sought to understand how the U.S.-Jamaica CPC Partnership affected the ability of key stakeholders to appropriately identify and refer child trafficking victims for investigation and protection services; the quality, availability, and use of victim protection, care, and reintegration services; the capacity of Office of the National Rapporteur on Trafficking in Persons (ONRTIP) and the National Task Force against Trafficking in Persons (NATFATIP) to report trafficking-related data; and the number of cases identified, investigated, prosecuted, convicted, and sentenced as child trafficking cases.

Recommendations¹

1. Increase training and sensitization to expanded groups, including in communities.

Trained ministry, department, and agency (MDA) and judicial staff showed improved knowledge and awareness of child trafficking in Jamaica, and stakeholders expressed interest in additional training. GOJ and its partners should expand the reach of child trafficking identification and referral training to more staff, including frontline workers, and to community members, including younger children, parents, teachers, school youth ambassadors, peer educators, and school health personnel. Increased community outreach by government agencies could increase trust around child trafficking cases.

2. Increase opportunities for networking among stakeholders.

Networking opportunities strengthened stakeholder coordination and deepened awareness and knowledge around child trafficking issues. GOJ and its partners should continue to encourage communities of practice regarding child trafficking identification and referral.

3. Address gaps related to awareness, identification, and management of male and

LGBTQ TIP victims, and bridge the cultural divide perpetuating stigma against male

and LGBTQ victims. Some interventions include: increasing understanding of male and LGBTQ child trafficking issues through studies and research; continuing training and sensitization to clarify misconceptions about male and LGBTQ victims; and tailoring care and case management guidelines to male and LGBTQ victims.

4. Address gaps in familiarity with and use of resources and tools to identify, refer, and manage TIP victims for investigation, protection, and care.

Provide information about resources in training and staff orientations, schedule regular in-service and refresher training, spot check to improve consistent use of procedures, and complete updates to the centralized web-based database to improve standardization.

5. Establish additional child-friendly spaces (CFSs). The CPC Partnership made inroads by launching the first comprehensive CFS in Jamaica. Jamaica's Ministry of National

¹ The CPC implementation plan includes activities that will address recommendations #3, #4, #5, #8, and #9 over the subsequent 1.5 years of the project.

Security is committed to having and using more CFSs and should continue to engage with additional donors to expand CFS access throughout Jamaica so that they are accessible to more people, including those living in rural areas.

6. **Further improve short and long-term shelter options and expand trauma-informed and victim-centered training to include all service providers.** While the CPC Partnership improved the availability of age and sex-appropriate shelter options, shelters are not available for girls under 12 or boys under 18. CPC partners should assess and address any significant sustainability challenges for the supported shelters, expand shelter options for all groups, and increase sensitization of the public to expand community- and family-based shelter options. The GOJ should ensure continued training in trauma-informed and child victim-centered approaches for personnel involved in victims' care.
7. **Address gaps in quantity, quality, and access of services provided, especially for long-term psychological care and financial support.** The CPC Partnership exposed the need for a client-centric, integrated case management system. CPC partners should complete planned updates to the case management system. GOJ should complete, pilot, and socialize NATFATIP and all service providers to the Child Protection and Family Services Agency (CPFSA) case management system and collaborate with service agencies to ensure timely and ongoing access. The National Minimum Standards can serve as a launching point for improving comprehensive care for victims. The Office of the Director of Public Prosecutions (ODPP), in collaboration with the Jamaican Constabulary Force and CPFSA, should work to expedite TIP-related legal cases. The GOJ and civil society organizations should collaborate with the private sector to increase support for the basic needs of victims and guardians.
8. **NATFATIP should complete improvements to database systems with CPC support and provide appropriate permissions to ONRTIP and other GOJ entities for monitoring and timely reporting.** NATFATIP should ensure that all relevant agencies sign and adhere to the data-sharing MOU with ONRTIP. Both ONRTIP and NATFATIP should clarify to government staff and the public how their roles are separate and complementary.

9. **Expand training of ODPP prosecutors and judges, prioritize child trafficking cases to reduce lag times, increase court acceptance of audio or audio-visual testimony from child victims, and continue using victim and witness care services.** Stakeholders should identify challenges to investigating suspected child trafficking cases and ways to overcome these barriers. ODPP should meet quarterly with NATFATIP and OCA to discuss and determine ways to overcome challenges in prosecuting and convicting child trafficking perpetrators and use the media to increase public awareness.

Background, Evaluation Purpose, and Questions

Since 2015, the U.S. State Department Office to Monitor and Combat Trafficking in Persons (TIP Office) has launched bilateral Child Protection Compact (CPC) Partnerships to reduce child trafficking in multiple countries, with the U.S.-Jamaica CPC Partnership, launched in October 2018, the first in the Caribbean region. Jamaica is a source, transit, and destination country for trafficking in persons. Of 76 trafficking victims removed from trafficking in Jamaica and reported by the Jamaican Constabulary Force (JCF) between 2006 and 2017, more than half were children, and most were between 13 and 17 years old. Child trafficking occurs in rural and urban Jamaican communities and affects residents in all 14 Jamaican parishes. The TIP Office awarded three implementing partners—the International Organization for Migration (IOM), the Warnath Group, and Winrock International—an initial \$5 million, which later increased to \$6.7 million, and extended the partnership through July 2023. Partners will continue to implement activities after the completion of this evaluation.

Because these partnerships are new, limited evidence exists regarding their effectiveness. Evaluative work conducted for CPC partnerships in Ghana and the Philippines shows promising results. The TIP Office contracted EnCompass LLC to conduct an impact and performance evaluation of U.S.-Jamaica CPC Partnership activities to inform and improve this strategy and future partnerships supporting government and civil society efforts to eliminate child trafficking. This evaluation assessed changes from baseline through early 2022 for U.S.-Jamaica CPC Partnership interventions for the program's prosecution, protection, and prevention objectives. Based on the scope of work (Annex 1) and through additional document review and design consultations with the TIP Office and implementing partners, the evaluation team addressed four main topic areas and evaluation questions, shown below, and 24 sub-questions, listed in Annex 2:

1. How has the U.S.-Jamaica CPC Partnership affected the ability of key stakeholders to appropriately **identify and refer child trafficking victims** for investigation and protection services?
2. How has the CPC Partnership affected the quality, availability, and use of victim **protection, care, and reintegration** services to support child trafficking victims?
3. How has the CPC Partnership affected the **capacity of the Office of the National Rapporteur on Trafficking in Persons (ONRTIP) and the National Task Force against Trafficking in Persons (NATFATIP)** to report data related to trafficking, including monitoring the adequacy of victim-centered approaches to child trafficking cases?
4. How has the CPC Partnership affected the **number of cases identified, investigated, prosecuted, convicted, and sentenced** as child trafficking cases?

By exploring these evaluation questions, this evaluation aims to generate evidence to help determine whether projects funded by the CPC could achieve the partnership's objectives and identify the interventions that worked and why. The evaluation team collected primary data between December 2021 and February 2022 (Annex 3). The report also generates lessons that the TIP Office, the U.S. Embassy in Jamaica, the Government of Jamaica (GOJ), implementing partners, and civil society stakeholders can use to refine programming to further combat child trafficking in Jamaica and beyond.

Evaluation Design, Methods, and Limitations

Design and Methods

Evaluation design

This performance evaluation builds on the baseline assessment and used a pre-post design², assessing changes at the level of institutions and communities before and after the beginning of CPC implementation. The evaluation used a mixed-methods approach, including in-depth, semi-structured **key informant interviews (KIIs)**, **group interviews**, and **focus group discussions (FGDs)** with a broad range of stakeholder groups using open-ended questions tailored for each respondent group (Annex 6) to gather information on respondents' perspectives and understanding of child trafficking; **surveys** of key GOJ stakeholder groups and community members and leaders; and **document review**. Surveys also included knowledge tests that use common scenarios that either fall within or outside the types of TIP cases in the Jamaican context and examples from an international context. The U.S. Department of State TIP experts and a local TIP legal expert extensively vetted and edited the wording. During the baseline assessment, EnCompass LLC collected data for a planned quasi-experimental design with six parishes with the expectation that only three would receive CPC-funded interventions. However, CPC partners ultimately implemented activities supporting Jamaican Constabulary Force (JCF) and ministry, department, and agency (MDA) staff throughout Jamaica, limiting this evaluation to pre-/post- analysis of government staff. CPC partners also implemented activities designed to improve community members' and community leaders' awareness, attitudes, and behavior nationwide but concentrated these activities more heavily in some parishes.

² Pre-post design compares the differences in outcomes of interest for participants from a baseline/pre-intervention period to a follow-up/post-intervention period. Because pre-post design does not include a counterfactual, change in outcomes may be due to an intervention or some other cause.

Accordingly, this assessment uses pre-post and difference-in-differences analysis³ to assess the impact on community members and community leaders in St. Catherine as a high treatment parish, St. James and St. Ann as medium treatment parishes, and Westmoreland as the control parish.

Qualitative data

The team conducted 87 individual KIIs, 5 group KIIs with 16 total participants, and 4 FGDs with 18 participants (Annex 3). The identification of stakeholder groups and distribution of data collection events was informed by the importance of each stakeholder group to efforts to combat child trafficking; groups that CPC activities targeted; the number of individuals within each stakeholder group who work with child trafficking victims; whether the information was captured through other methods (e.g., survey, document review); and input from implementing partners, the TIP Office, and EnCompass subject-matter and context experts. The leadership of each stakeholder group referred specific individuals for interviews in the form of convenience sampling.

Surveys

We conducted surveys of JCF, Child Protection and Family Services Agency (CPFSA), Victim Services Division (VSD), Ministry of Labour and Social Security (MLSS), Ministry of Health (MOH), and Office of the Children's Advocate/Office of the National Rapporteur on Trafficking in Persons (OCA/ONRTIP) employees, and of community members and leaders. The team surveyed 101 JCF officers across 6 parishes, 130 other government employees across 5 parishes, 302 community members across 4 parishes, and 69 community leaders across 4 parishes (Annex 3). The community member survey used systematic random sampling of community members in targeted parishes, and communities with the same sampling

³ Difference-in-differences analysis is a quasi-experimental approach that includes a counterfactual and compares the changes in outcomes of interest over time between a population participating in a program (the treatment group) and a population that is not (the control group).

procedures used at baseline and endline (Refer to Annex 3, Table 5). Community leaders and government surveys used different sampling approaches at baseline and endline because of the COVID-19 pandemic. At baseline, the team visited selected government offices to survey the available staff. At the endline, the team mainly contacted government agencies and requested contact information for a broad range of staff in selected offices. Because of the different procedures, the team carefully controlled for significant demographic differences in the baseline and endline samples in the analysis.

Data analysis

This evaluation builds on the baseline assessment, using the same survey data collection instruments to compare quantitative measures of interest with baseline, and similar KII and FGD tools to facilitate comparison. For qualitative analysis, the evaluation team updated the baseline codebook and definitions before coding and analyzed the data in Dedoose using a combination of deductive and grounded coding.⁴ Quantitative analysis of survey data was performed in Stata and controlled for relevant sociodemographic factors and confounding variables. The team used logistic regression for binary dependent variables; ordered logistic regression for categorical dependent variables; and linear regression for continuous variables. The evaluation team calculated the knowledge scores by aggregating each survey taker's total number of correct answers to 32 independent survey questions about defining and identifying child trafficking. The evaluation team conducted an internal participatory data analysis and interpretation session to organize, summarize, and synthesize data from interviews, focus groups, surveys, and document review into themes to identify emergent findings. The team then grouped emergent finding statements to support broader conclusions. These conclusions and findings formed the basis for recommendations, which feedback from stakeholders validated.

⁴ Grounded theory coding consists of at least two main phases: an initial phase involving naming each word, line, or segment of data followed by a focused, selective phase that uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data.

Ethics

An internal Institutional Review Board reviewed the evaluation design to ensure application of strong methodological and ethical standards (Annex 7).

Limitations

Timeline

CPC programs were not complete at the time of the evaluation, and some aspects of the CPC, including training and technical assistance programs, addition of child-friendly spaces, completion of prevalence research, and the institutionalization of the NRM and standard operating procedures (SOPs) can only be fully evaluated at a later date when the interventions have been completed.

Challenges with access

JCF St. James Parish leadership explained that a recent crime wave demanded the time and attention of officers, who were therefore unavailable for the survey. The team completed only two surveys in St. James and compensated by collecting additional data in St. Thomas, St. Ann, Kingston, and Westmoreland parishes to increase the sample size. The analysis needed to account for the limited surveys in St. James (refer to Annex 5). Further, the surveys did not include members of the Judiciary, which were a core focus of Warnath's training efforts in the first half of the CPC.

Selection bias

The data collection team conducted KIIs primarily with individuals referred by the leadership of the sampled organizations using convenience sampling. The data collection team asked organizations to refer individuals in relevant key positions and/or individuals knowledgeable about efforts to combat child trafficking. Organizations may have used other, unknown criteria in nominating individuals for KIIs.

Conclusions and Findings

Evaluation Question 1: Identification and Referral

How has the U.S.-Jamaica CPC Partnership affected the ability of key stakeholders to appropriately identify and refer child trafficking victims for investigation and protection services?

Conclusion 1: Knowledge for Identification and Referral

CPC partnership-supported training significantly increased the ability of MDA and JCF staff and community leaders to identify and refer child trafficking victims. However, community outreach and sensitization efforts led to limited gains in the knowledge of community members regarding the identification and referral of child TIP victims. Increased public knowledge regarding trusted local voices for reporting suspicions (e.g., church, school) and anonymous helplines and reporting options supported increased referrals of child trafficking to the National Children's Registry (NCR). However, continuing fears of reprisal for providing information to authorities, persistent social and cultural norms that are tolerant of child trafficking, and an ongoing lack of trust and confidence in the justice system to investigate and punish criminals limited progress. *Based on Findings 1, 2, and 3.*

Finding 1: Evaluation data showed an overall increase in knowledge of identification and referral processes among government stakeholders since baseline. JCF and MDA staff demonstrated being better able to differentiate between trafficking and other crimes (e.g., child and sexual abuse) on the knowledge test portion of the survey and reported gains in interviews. Agency staff associate training conducted by Winrock and Warnath with these knowledge gains. Overall, staff across MDAs indicated seeing increased reports of suspected cases.

CPC partners provided training to a wide range of government stakeholders, including the Jamaican Judiciary, prosecutors, internal corruption investigators, police, immigration officials, labor inspectors, victim services providers, MOH medical professionals, and the Ministry of Education and Youth (MOEY) frontline workers. Training typically extended across all units/departments and geographical locations, providing all levels of MDA staff with standardized information. Some agencies (e.g., the Judiciary, Justice Ministry, CPFSA, and VSD) participated in a training of trainers program facilitated by Warnath and Winrock, which aimed to institutionalize and extend the reach of CPC training.

GOJ respondents across all agencies interviewed found that the range of topics and practical, context-specific examples covered in training clarified previous gaps in understanding of child trafficking overall, especially victim identification. They identified CPC-provided training as integral to improving their practical knowledge and understanding of the child trafficking context in Jamaica and increasing confidence in staff abilities to identify potential child trafficking victims successfully. Numerous officials noted that topics centered around elements constituting child trafficking (e.g., it does not have to include “movement”) were particularly impactful. In the survey, 75.2 percent of JCF staff and 79.2 percent of other MDA staff self-assessed their knowledge of human trafficking when the victims are children as medium or high, compared with 37.6 percent and 33.1 percent, respectively, at baseline, and reported similar gains in knowledge of human trafficking generally (Annex 4, Exhibits 1 and 2).

Government staff scores on the child trafficking knowledge test portion of the evaluation survey improved, substantiating the increases in self-reported knowledge. While the absolute knowledge scores increased slightly (Annex 4, Exhibit 3), adjusted scores that controlled for key differences between baseline and endline samples (education level and parish for JCF staff, and parish for MDAs), showed statistically significant improvement for most agencies: JCF increased by 1.15 points ($p = 0.036$), CPFSA by 2.1 points ($p = 0.001$), VSD by 2.5 points ($p = 0.002$), MOH by 0.9 points ($p = 0.022$), MLSS by 1.3 points ($p = 0.086$), and OCA/ONRTIP by 0.6 points ($p =$

0.780).⁵ The smaller agencies (CPFSA and VSD) in which a high percentage of staff were exposed to CPC activities appear to have achieved the largest gains. Large agencies (JCF and MOH) and ONRTIP saw smaller gains, and scored higher than other agencies at baseline, given its focus on human trafficking. KII data supported the evidence of these gains. Most interviewed officials readily provided examples of sex and labor trafficking in different sectors; discussed different ways in which children can be trafficked, such as domestic servitude, forced begging, and forced labor; and showed awareness of the role a child's family members, peers, and other personal relationships can play in child trafficking.

While gains were widespread, some stakeholders expressed concern that staff members' ability to appropriately identify potential child trafficking cases varied depending on their unit, division, or department in large agencies. They also noted that many frontline workers had limited understanding of trafficking crimes, reducing their likelihood of identifying and referring cases. Law enforcement officials in units with direct responsibility for handling trafficking cases (i.e., the Anti-TIP unit, Counter Terrorism and Organized Crime Investigations Branch [CTOC], and CISOCA) were generally confident in their ability to correctly identify the elements of child trafficking. However, despite receiving training, some members of the more expansive police force seemed challenged in differentiating between elements of child trafficking and other offenses, particularly those involving sexual exploitation. MOH stakeholders noted the main reason they were ill-equipped to appropriately identify victims was the lack of exposure and requested more training and sensitization. A MOEY stakeholder noted that Winrock targeted training to regional and central-level officials, guidance counselors, deans of discipline, and social workers, rather than classroom teachers—a frontline group likely to encounter suspected cases but not yet equipped to identify and refer them.

⁵ p = probability of obtaining test results at least as extreme as the results observed, under the assumption that the null hypothesis (that there is no difference between baseline and endline) is correct using a logistic, ordered logistic, or linear regression test (refer to Annex 5)

Many government officials noted that they gained a clearer understanding through CPC training of their and other organizations' roles in identifying and referring potential child trafficking cases. Surveyed MDA staff were more likely than at baseline to say they were familiar with SOPs for identifying suspected child trafficking victims. Far fewer said that there were no standard procedures. Changes since the baseline for JCF staff responses were not statistically significant (Annex 4, Exhibit 4). Although the interview script included explanations, surveyed government staff may have had varying interpretations of what was meant by an SOP. Winrock worked with GOJ stakeholders to establish a new National Referral Mechanism (NRM) to help clarify identification and referral pathways within and across MDAs, which were previously unstructured (Annex 4, Exhibit 5). CPFSA respondents praised the NRM as an integral reference for clarifying roles. With a formalized process, there is evidence of greater coordination between MDAs to support more effective case management. For example, a CPFSA officer explained that:

"I think before, when it comes down to child trafficking, it was mostly a CTOC matter, a police matter. The police were hands-on and so on. But now we are their partners. Whenever a case comes up, we are there with them. We are called and we're there from the get-go. I think personally, the more you are acquainted with a case or a situation, you become better at it." – KII, GOV

Nevertheless, some evidence of uncertainty of the referral process remains for a few stakeholders. Another CPFSA officer explained that:

"[A need remains] to just streamline all this properly, so ... JCF ... CISOCA, CTOC—everybody just needs to know their roles where we fall, so we don't have overlapping duties, and you don't have two agencies doing the same thing, because that can further traumatize or re-traumatize the victim. We need to know what Victims Support does; when do you make the referral? When is your cut-off point? That kind of a thing. The other thing too, in terms of the identification of the case, because one agency may think this is trafficking and another agency might say, 'Oh, no. We're not thinking this is trafficking.'" – KII, GOV

By this evaluation, NATFATIP posted the NRM on its website. When asked, most key informants, both within and outside government agencies, even if they did not know of the NRM by name, correctly identified appropriate referral mechanisms and who was likely to refer to their agency for investigation or protection and care—an improvement over baseline.

Likewise, compared to baseline, 13.8 percent more JCF and 24.9 percent more MDA staff said that if they suspected a child has been or is being trafficked, they would refer the case and make a report. The percentage of MDA staff who said they would do nothing dropped from 3.4 percent at baseline to 1.5 percent (Annex 4, Exhibit 6). Compared to baseline, MDA staff were more likely to make the first referral of suspected trafficking cases to the Anti-TIP unit or other police personnel, which aligns with NRM guidance that the first referral is to the JCF Anti-TIP Unit/CTOC for investigation (Annex 4, Exhibit 7). The evaluation team also asked the government staff about whom they believe has the authority to decide child trafficking victim referrals. Compared to baseline, significantly more JCF and MDA staff recognized the roles of VSD, the Office of the Director of Public Prosecutions (ODPP), and CISOCA (Annex 4, Exhibits 8 and 9).

Compared to baseline (11.2 percent), a higher percentage of JCF staff (24.8 percent) stated that they did not know of available SOPs for referring cases to relevant authorities for investigating the cases or caring for victims but that they had an informal understanding of how to refer cases. MDA staff more frequently said they were familiar with such guidelines (34.6 percent compared to 22.4 percent at baseline) (Annex 4, Exhibit 10). JCF staff were also more likely at endline to say they never used these procedures in practice, while there were no significant changes in how often MDA staff claimed to use them. As noted above, JCF staff may have interpreted this question differently compared to baseline when there was no established NRM. JCF staff were more confident that they could correctly identify and refer child trafficking victims to appropriate authorities (97.0 percent very or somewhat confident) compared to baseline (90.6 percent). The same was true for MDA staff (93.1 percent at endline versus 88.5 percent at baseline). MDA staff were also significantly more likely to say that they rarely, sometimes, or often come across child labor trafficking and child sex trafficking (57.4 percent) compared to baseline (43.5 percent, $\chi^2 = 0.007$). The percentage of JCF staff who said they come across child labor trafficking cases decreased from 79.3 percent at baseline to 70.3 percent, although the change was not significant ($\chi^2 = 0.109$) (Annex 4, Exhibits 11 and 12).

Finding 2: Quantitative and qualitative data showed that training and targeted community outreach and sensitization sessions through the CPC Partnership led to only small improvements in knowledge, awareness, and recognition of child trafficking among community members and leaders. While these interventions somewhat reduced myths around trafficking, communities' understanding of the trafficking law did not improve.

CPC community outreach activities

The CPC Partnership implemented various activities to reach and sensitize communities and community leaders on issues related to child trafficking. However, school closures and limitations on public gatherings during the COVID-19 pandemic frequently limited the Partnership to online activities. All categories of respondents cited examples of GOJ, civil society organization (CSO), and community outreach and awareness-raising activities occurring through the CPC Partnership. GOJ agencies and groups (e.g., NATFATIP, ONRTIP, and JCF) and CSOs (e.g., University of the West Indies [UWI], Reaching Individuals through Skills and Education Life Management Services [Rise], and Pursued International) targeted a wide range of community members and leaders—faith-based organizations, youth groups, teachers, guidance counselors, other CSO leaders, and others—for child trafficking training, sensitization, or outreach. Standardized training sessions focused on clarifying the definition of trafficking and identifying its different forms in Jamaica, reinforcing the idea that it is everyone's responsibility to look out for children, explaining risk factors including relationships that make children more susceptible to trafficking, and familiarizing the public with the channels they can use to report suspected trafficking cases, including anonymous options.

Sensitization training in school communities occurred in St. James, St. Ann, Clarendon, St. Catherine, and Kingston/St. Andrew parishes. Activities in schools (e.g., anti-trafficking clubs and sensitization sessions) focused on children in Grade 7 and above, with at least one CSO interviewee and one CPFSA respondent noting that they should include younger students. CPC implementing partners and sub-partners were able to reach some parents through PTA meetings but said that conducting training during standing meetings proved problematic

because of the competing needs of attendees. Based on these experiences, Winrock and CSO respondents described two key lessons learned: first, messaging needs to be targeted to different groups and to what type of trafficking those groups are most likely to experience based on their socioeconomic status; and second, more outreach should be designed to reach younger kids, for example through billboards targeted at parents or stickers and decks of cards for children.

The CPC Partnership leveraged and expanded previously initiated outreach activities, including CPFSA's annual anti-bullying poster campaigns; 15 NATFATIP and JCF-supported anti-TIP school clubs with students trained as peer educators; and short videos, updates, and information bursts circulated on social media platforms.

Implementing partners and sub-partners also targeted faith-based and specific vulnerable communities. Rise implemented livelihood initiatives in rural and lower-income communities, noting that poverty contributes to child trafficking vulnerability. Winrock supported the West Indies' Sir Arthur Lewis Institute of Social and Economic Studies collaboration and UWI's Centre for Disability Studies. They planned and delivered two half-day virtual workshops to 20 educators from four education institutions teaching children with disabilities. UWI followed up on stakeholder suggestions and developed communication materials and tools for sensitizing children with disabilities so that educators teaching children with disabilities would be able to identify, screen, and refer children with disabilities.

Improvement in community awareness of child trafficking over time

Overall, community member survey knowledge test scores were similar at baseline (22.8) and endline (22.9). However, because women performed better than men by an average of 0.9 points ($p = 0.006$), accounting for the smaller number of women in the sample at endline, there was a statistically significant increase in the scores of community leaders (+1.6 points, $p = 0.008$) and an increase in the scores of community members (+0.5 points, $p = 0.142$). However, knowledge test scores increased in both intervention and control parishes. There were no

statistically significant differences between gains in intervention and control parishes, implying that the data do not attribute these improvements to CPC intervention in St. Catherine Parish. One of the reasons could be the contamination of control and treatment groups; because CPC training often included individuals from parishes outside the specific training location, and because some interventions were intended to work nationally, these results are inconclusive. True intervention and control parishes were not available.

The survey responses to other questions showed that community awareness of child trafficking increased slightly. Community members and leaders stated at higher rates than at baseline that they had observed situations in their communities, especially children being forced to beg for money, that could be indications of child trafficking (Annex 4, Exhibit 13). Fewer community members and leaders said that child sex and labor trafficking are “not at all a problem in their community” and that there were no child sex or labor trafficking cases in their community (Annex 5). Increased awareness appeared to increase confidence in the knowledge of child trafficking for some community members and decreased confidence for others (Annex 4, Exhibit 14). Community members and leaders increasingly said that they know of resources available to identify and refer child trafficking victims and that they are helpful (15.6 percent compared to 9.0 percent at baseline).

“A lot more people are aware of trafficking now ... more schools know about what's happening. I have been on social media from the Pursued [International] page. I've never seen so many groups talking about trafficking ..., I see it now on social media with their projects. I feel like people are a whole lot more aware and knowledgeable.” – CSO, Kingston

Many MDA and CSO interview respondents also noted that sensitization sessions helped community members identify child trafficking victims. CSO respondents felt that more people were talking about trafficking and were more aware of how to identify and prevent it. However, the evaluation conducted by UWI after its workshops suggests that a gap remains between increased knowledge and that knowledge resulting in behavior change and that refresher courses would be of value.

Remaining gaps

According to CSOs, some common misconceptions remain among the public regarding child trafficking in Jamaica; for example, the belief that trafficking must involve movement within or outside of the country, only involves sexual exploitation and does not include labor, and happens only to girls and not boys. Labor trafficking was the area where community members and leaders exhibited the most misconceptions. Several community leaders mentioned that before training, they did not understand that some labor activities children in their community were engaged in constituted labor trafficking. Cultural norms that children often work and assist the family financially add confusion (refer to [Conclusion 3](#)). In addition, knowledge of the Jamaican law that deals with human and child trafficking seems to have declined (10.5 percent of community members and leaders, down from 23.3 percent at baseline [$\chi^2 < 0.001$]).

Finding 3: Some evidence suggests that community members are more likely to report cases now than at baseline. However, barriers to reporting child trafficking cases continue and include fear of retribution, belief in minding one's business, and a lack of confidence that reporting will remain confidential or lead to a successful investigation. Jamaican groups likely to encounter cases (e.g., teachers, faith leaders and members, parents) may be more willing to report to people within familiar organizations than to the NCR or JCF.

Community leaders and MDA staff agreed that public awareness of child trafficking is and will continue to be a key driver to increasing community reporting. An ODPP respondent reported that police officers are receiving increased reports of suspected cases, which they attributed to increased awareness.

“I do know that the police officers have been getting more reports. Some of them don't really amount to TIP offenses, but because of the awareness being brought out ... island-wide, more persons, when they see some suspicious activities, they do call the police.” – KII, GOV

Fear of reporting

Fear remains the most significant barrier to the public reporting suspected cases of child trafficking because of the “informer fi dead” culture in Jamaica, according to community leaders and MDA and CSO respondents.

“Culturally, we have this issue, that the ‘informer fi dead’ kind of thing. You don't want to be involved lest [you] have to go to court. Nobody wants to go to court. If I report, my name is going to be called, and then I have to go to court, and I'm afraid of going to court, and I don't want no mix-up, that kind of a thing. People fear for their lives and people fear being identified that, ‘Yes. ... She is the one that called.’ You're afraid. You don't want to be identified as being an informant.”
 – KII, GOV

A CPFSA representative explained that this fear is sometimes twofold: fear of reprisal by perpetrators or those with power and fear that the reporter’s identity will not remain confidential, because of a substantial lack of trust in police. MDA respondents described improvements in anonymous reporting options as a positive measure for mitigating this fear. A few MOEY personnel mentioned concerns that reports would not be investigated and lack of awareness of alternate reporting channels (instead of JCF) as barriers to public reporting. At least two CSO representatives felt that public members would feel safer reporting potential cases to the respondents’ organizations, since they are seen as trustworthy entities and are not affiliated with government agencies. Several MDA officials agreed with this opinion.

Community referrals

The evaluation found no statistically significant improvements in surveyed community members’ responses to what they would do if they suspected a child was or is being trafficked. The survey also found an increase in the percentage of community leaders who said they would do nothing (16.2 percent) compared to baseline (2.3 percent, $\chi^2 = 0.002$)—an unexpected result (Annex 4, Exhibit 15). The main reasons for doing nothing in both periods were, “If I do, I will put myself or my family at risk” and “It is none of my business.” When asked who community members and leaders would contact if they suspected a case of child trafficking, the most common answer was that they would walk into or call a police station. Community

members most often cited the JCF and CPFSA as the primary actors in protecting child trafficking victims (Annex 4, Exhibit 16).

Conclusion 2: Increased Collaboration and Networking

Inter-agency collaboration and network opportunities, some of which CPC partners provided, played an important role in improving stakeholders' awareness about child trafficking issues.

Based on Findings 4 and 5.

Finding 4: Government staff increasingly cited professional training, conversations with colleagues in other agencies, conversations with coworkers, and research papers, articles, and reports as key sources of information for gaining knowledge about child trafficking.

While JCF and MDA staff cite news and media as a source of information for gaining knowledge about child trafficking more than any other source, there were some significant changes in other sources of information compared to baseline. All government staff more often cited conversations with coworkers; conversations with colleagues in other agencies and organizations (a possible indication of increased cross-agency collaboration); and research papers, articles, and reports (potentially connected to efforts by ONRTIP to place more research-backed information on its new CPC-supported website) as sources of information. Compared to baseline, a significantly larger percentage of MDA staff cited professional training while employed at their current agency. JCF staff frequently cited the importance of professional training at their current agency at baseline (61.5 percent) and endline (63.4 percent) (Annex 4, Exhibits 17 and 18). Training that included stakeholders from multiple agencies may have contributed to increased networking.

Finding 5: Winrock and Warnath provided training to CSOs on child trafficking issues, conducted training of trainer sessions, established an interagency communication network between CSO grantees, and provided networking opportunities between CSOs and government

agencies that proved valuable avenues for mentoring, information sharing, and capacity-strengthening, even though some gaps remain.

The CPC Partnership was designed to facilitate collaboration and networking opportunities between partner CSOs and MDAs. At baseline, it was difficult to identify any CSOs involved in anti-trafficking work; CSOs working on children's or abuse issues typically said trafficking was outside of their purview. The CPC Partnership changed this. Winrock conducted a CSO needs assessments and consultations with stakeholders in 2020, collaborated with MOEY, and identified and trained 31 MDA champions in 2020 who conducted training of trainers sessions with CSOs, including Lasco Chin Foundation, Rise, Pursued, and St. Catherine Community Development Agency (SACDA). Winrock also provided a standard curriculum for all CSOs, focusing its support on referral mechanisms and screening tools for child trafficking victims, project management, and monitoring and evaluation.

Most importantly, Winrock strengthened CSO capacity by establishing an interagency communication network between Lasco Chin Foundation, Rise, Pursued, and SACDA, allowing for regular idea exchange between peers and peer support in troubleshooting the delivery of CPC activities. One example of this network in action was the willingness of Lasco Chin Foundation, an established awardee, to formally mentor and provide programmatic, managerial, and financial management support to Pursued—a relatively new nonprofit inexperienced in the grant application process—which appreciated this support.

CSOs highlighted the opportunity to meet, engage with, and work alongside other MDAs involved in the project. One example given by SACDA was integral support from MOEY in helping it gain access to schools. Other CSOs provided examples of collaboration with the police when referring cases for investigation and with CPFSA for protection and care services. Nevertheless, one CSO's representatives reported communication challenges (with CISOCA in particular). Another asked for more information sharing, noting that coordination could strengthen if government agencies viewed CSOs as partners willing and able to assist and working toward a common goal.

“I think definitely more sharing is needed. I find that in the trafficking space more than other social spaces, [government officials] are very cagey with the information. I'm not sure why. I don't know if it's because of the whole legal ramifications of it or it has to do with more culture. Different civil society organizations are willing to help, are equipped to help, have professionals that can help, but if they don't have the information in terms of prevalence and all of these things, then they can't help. ... The [agencies] need to give us more insight into what's happening as it relates trafficking in Jamaica instead of just the broad brushes, and let us really be more active in providing the solution to this issue.” – FGD, CSOs

Conclusion 3: Jamaican TIP Awareness and Cultural Issues

Jamaicans across stakeholder groups agreed that boys and girls are vulnerable to child trafficking and viewed poverty as the primary risk factor. Stakeholders noted that trafficking cases involving boys might be underreported because strong social stigma can inhibit boys from reporting or being seen as possible victims, especially of child sex trafficking. Various partner agencies also recognized heightened risks faced by members of the LGBTQ community. *Based on Findings 6 and 7.*

Finding 6: Jamaicans across stakeholder groups viewed poverty as the primary risk factor for child trafficking while some stakeholders also recognized those in higher socioeconomic classes as at-risk for cyber and other online forms of trafficking.

Overwhelmingly, all stakeholder groups cited poverty as the principal factor that makes children vulnerable to trafficking. Respondents described low or limited access to employment, causing desperation to find ways to make money, child shifting to offset the financial burden of having another person in a household, and lack of formal education as key factors.⁶ Child shifting was also noted among middle-class parents when parents believe their child will have access to better opportunities by going to live with a relative. Additionally, all groups cited weak family structures, especially neglectful, abusive, or otherwise inadequate parenting, with some noting that this included affluent communities where some may not think trafficking occurs.

⁶ The practice of shifting the responsibilities of childrearing from the biological mother or parents to relatives, close friends, or neighbors is an established pattern of family life in the Caribbean, and is known as child shifting.

Some noted that the pandemic has exacerbated poverty and unattended children, increasing the risk for child trafficking.

Winrock staff pointed out that children from a lower socioeconomic background are more likely to experience trafficking on an interpersonal level (related to organized crime, gangs, etc.). In comparison, children of a higher socioeconomic background may have greater exposure and risk from online or cyber trafficking. A CSO interviewee noted that this difference was an eye-opener among the more “well-resourced” youths who participated in sensitization sessions, who did not think they were at risk of being exposed to child trafficking. Children in lower socioeconomic communities have a greater likelihood of seeking access to government services if exposed to trafficking. In comparison, those in more well-resourced communities might be less likely to report to the police or access social services.

Respondents considered Montego Bay, Kingston, Westmoreland, St. James, Hanover, Clarendon, Negril, Ocho Rios, and St. Andrews high-risk locations. Some respondents, such as those from CPFSA and MOH, perceived tourist and fishing areas as high risk. Respondents described urban and rural areas as high-risk—urban areas because of limited access to alternative means of support and food, and rural areas because of unemployment. However, some respondents felt that cultural norms of looking out for one another and being wary of unknown people better protected rural areas.

Finding 7: Stakeholders agreed that both boys and girls are vulnerable to trafficking. Some noted that girls are more vulnerable, while others noted that trafficking cases involving boys may be underreported because of cultural beliefs about masculinity and existing laws that define rape as a crime that only affects females. Stakeholders from key partner agencies perceived that individuals from the LGBTQ community were at high risk for trafficking, though data about LGBTQ individuals are lacking. Only two agencies reported special considerations for managing LGBTQ victims. MDA and CSO respondents suggested giving more consideration to

increasing awareness among MDAs and CSOs regarding LGBTQ-related TIP vulnerabilities and needs and opportunities for engagement to improve targeted efforts for this group.

Stakeholders from key partner agencies and CSOs agreed that all children (boys and girls) are vulnerable. Some respondents noted that girls were more often trafficked for sex and boys for labor, although some noted that “boys aren’t safe anymore” and that boys were increasingly being trafficked for sex, as noted in the quote below.

“Boys perhaps would have been exploited on the farm and the physical labor to go outside and sell and hustle a living and then girls would be more typically for somebody's pleasure sexually, but as I said, the paradigm is shifting” – KII, GOV

CPFSA, MLSS, and JCI respondents singled out females as most vulnerable but pointed out potential underreporting of child trafficking cases involving boys because of cultural beliefs about masculinity that see boys as being at no or less risk. A JCF respondent noted that the Jamaican law that only considers females as victims of rape adds to the challenges for boys. The actual situation is unknown. IOM is conducting research that can increase understanding of male and female experiences. This work has been delayed by team restructuring, Institutional Review Board delays, and COVID-19-related adaptation and delays, given the sensitive topic and vulnerable target groups for data.

Other social and cultural norms affecting child trafficking across respondent groups included attitudes about norms that assume men’s high libido means they “need” multiple partners and that it is normal to start sexual activity at a young age. Stigma and belief that being trafficked/exploited/sexually abused is one’s fault led to reluctance for victims to come forward or for people to report child trafficking cases. Although a broad range of respondents mentioned these beliefs, many MDA staff noted that they needed to change.

“When I think of some of the factors that would encourage [child victims], they are to have them understand that what happened to them is not really their fault. Don't be judgmental.”
– KII, GOV

LGBTQ individuals

Almost all stakeholder agencies responded that individuals from the LGBTQ community, particularly young males, were at a high risk of trafficking. LGBTQ individuals are greatly stigmatized and discriminated against in Jamaica, including being thrown out of their homes. Many LGBTQ youths seeking acceptance outside their homes become victims after being lured by adults who promise to provide love, belonging, and other basic needs. Respondents shared that these factors increase risks for LGBTQ individuals.

“... in our society, I think that [LGBTQ] is something that is frowned upon, so if they feel that they can't really speak to their parents or speak to any other adults in their family in relation to their sexual orientation, they might decide to talk to outside elements or said persons, and then these persons might more than likely take advantage of that situation and offer them a shoulder to cry on, offer them a kind listening ear, and then turn around and exploit them in that way.” – KII, GOV

Little is known about or done to address LGBTQ victims' (especially male victims') needs. Respondents from JCF and the Anti-TIP unit indicated that they attempted to provide extra privacy and confidentiality for LGBTQ victims. Other agencies agreed that gender and sexual orientation are important considerations but did not offer solutions. Limited disaggregated data around LGBTQ people, including around TIP, exist in Jamaica, according to CSO and MDA respondents. Fear of further stigmatization of victims may be influencing data disaggregation decisions. A respondent from MLSS indicated that the LGBTQ community is the most vulnerable because it represents a hidden population. A respondent from UWI stated, “we are dealing with a group of persons who are still hiding and who are invisible.”

“We don't have enough data on that group of children. I suspect we will never get a full estimation of the incidents among them because of the cultural obstacles. We are really dealing with a group of persons who are still hiding and who are invisible. Because they are invisible, you don't even know where to begin in terms of targeting them.” – KII, CSO

Conclusion 4: Resources for Identification and Referral

During the CPC Partnership, implementing partners and GOJ agencies including NATFATIP and ONRTIP facilitated the increased availability and use of improved, customized, and standardized processes and resources for identification, referral, protection, and care of child trafficking

victims. Implementing partners supported MDA development of cross-agency and agency-specific child trafficking screening tools, including: a National Referral Mechanism adopted by all agencies that expands and clarifies stakeholder roles and responsibilities; a National Minimum Standards (NMS) document, under review for adoption; and a TIP handbook providing guidance on the referral process and care of victims. However, many frontline staff across MDAs are unaware of, unfamiliar with, or have not been trained in using the available resources. *Based on Findings 8 and 9.*

Finding 8: The CPC Partnership supported the collaborative design, creation, review, and adoption of resources to improve the capacity of the JCF, MDAs, CSOs, and community members and leaders to appropriately identify and refer suspected cases of child trafficking for investigation and care.

CPC Partnership implementing partners supported the collaborative development of standardized and agency-specific child trafficking screening and referral tools to assist with identifying victims and standardizing procedures for investigation and referrals to relevant services, which agencies have since adopted and, to a degree, socialized within and across agencies. CPC-supported resources include the NRM screening tools; the National Minimum Standards of care for TIP victims by various service providers as they move to reintegration, including referrals; and ongoing development of a child trafficking curriculum to assist in the identification of victims at the school level. Winrock collaborated with CPFSA to develop and implement a CPFSA capacity assessment tool to determine CPFSA's strengths and gaps as a key partner in victim identification, referral, protection, and care. Winrock developed and socialized customized screening tools for agencies, CSOs, and community leaders in collaboration with Lawyers Without Borders, UWI, and GOJ to improve standardized victim identification and streamline access to service providers. ONRTIP, with Winrock's support, developed a human trafficking e-learning tool supporting the first responder early and ongoing victim care. Warnath worked with ONRTIP to build a new website from scratch that several MDA and CSO

respondents cited as a key resource for data on child trafficking. By early April 2022 the website had more than 8,000 pageviews.

Interview and survey respondents across MDAs and CSOs were increasingly aware of SOPs, including screening tools and other guiding documents to assist with child trafficking victim identification compared to baseline (Annex 4, Exhibit 4 and 10). An MDA official cited this example:

“I know that recently a trafficking person's handbook was developed. It is something that came to my attention just this week, but I have not even gotten a chance to go through it, but I know that there's contact information for various agencies, indicators in terms of being able to identify child trafficking. I know that there is a handbook and I would want to confidently say that it would outline all of what you're asking me” – KII, GOV

Finding 9: The establishment of the NRM expanded and clarified roles and responsibilities among most stakeholders, while reducing clarity for a few agency staff (e.g., some in VSD, MLSS). However, some stakeholders are not fully aware of the NRM and remain unclear about their roles. The TIP handbook and NMS provide further guidance in the application of the referral process, although some stakeholders suggest the process is too complex.

MDAs and implementing partners collaborated to produce the NRM to ensure referral of suspected or identified victims for investigation, protection, and care services appropriately and in a timely manner. The NRM includes a flowchart, also posted on the ONRTIP and NATFATIP websites, identifying referral roles for respective agencies. Respondents from CPFSA noted that, even with an established relationship with JCF and VSD, the NRM helped clarify their expanded role in the referral process. Additional stakeholders were aware of the NRM and its value, while others were aware of their roles, even if unaware of the mechanism. A VSD respondent pointed out:

“Well, from where I sit, the system works well in that there are clear parameters for each agency and what they do, that is known across the board. There's a vibrant referral system. In terms of people being referred to and from agencies, that mechanism is a vibrant and very strong one. From where I sit, I know that it works.” – KII, GOV

Additionally, both VSD and CPFSA staff highlighted the NATFATIP handbook developed through the CPC for directing collaborated efforts for managing victims. However, some stakeholders were unclear of their role in identification and referral, including some frontline workers (e.g., teachers, MLSS, SDC) and others suggested that the process was too complex.

Evaluation Question 2: Protection, Care, and Reintegration

How has the CPC Partnership affected the quality, availability, and use of victim protection, care, and reintegration services to support child trafficking victims?

Conclusion 5: Expanding Child-Friendly Spaces and Shelter Options

The first designated child-friendly space (CFS) in Jamaica launched in 2022, with CPC support, adjacent to a Trelawny CISOCA unit. The NMS includes recommendations for institutionalizing victims' ethical, child-centered, and trauma-informed care. The Ministry of National Security (MNS) plans to continue to fund CFSs after CPC funding ceases. CPC partners expect more CFSs, with the Independent Commission of Investigations (INDECOM) and other MDAs selecting locations and having approved budgets. While no new shelters for child trafficking victims were built through the CPC Partnership, renovations to improve safety, security, and capacity at two shelters show potential to improve shelter safety, security, and capacity. GOJ staff showed higher awareness of shelter inadequacies at endline. Availability of preferred housing for child trafficking victims remains an issue, although the "tiered approach" for sheltering victims has been well-received by JCF and CPFSA. Respondents expressed concern that no TIP-specific institutional shelter options exist for child trafficking victims, particularly boys of all ages and girls under the age of 12. *Based on Finding 10 and 11.*

Finding 10: MNS and CFS supported the construction and launching of one CFS in Trelawny Parish. INDECOM and other MDAs expressed strong interest in additional CFS facilities; CPC

partners plan to create 6–8 more CFSs under the existing partnership, which they expect to improve access throughout Jamaica. MNS identified CFSs as a priority and publicly stated its commitment to the sustainability of CFSs through continued funding post-CPC.

Perceptions of CFS needs

VSD, ODPP, CPFSA, MOH, and JCF respondents agreed that CFSs should feel safe and comfortable for victims and have the necessary materials for effective engagement between victim and service provider so that providers can assist child victims and refer them for appropriate care and services. MDA respondents were knowledgeable about CFS locations and other “safe spaces”—CFS precursor spaces, as some described. MDA respondents noted that existing safe spaces were inadequate to meet child victims' needs because they do not have safe, child-friendly physical spaces and trained staff. Further, CPFSA and INDECOM respondents highlighted that limited CFS locations mean they are not accessible to people who do not live near them, including people in rural communities.

CFS progress

In March 2022, the U.S. Embassy in Kingston and MNS publicly launched Jamaica’s first CFS to assist child trafficking victims and others involved in serious crimes. During the launch, MNS expressed its commitment to expanding CFSs and funding them post-CPC. The space, which includes a room for interviewing child victims, was created in Falmouth Police Station in Trelawny and designed to address four standard tenets: space, staff, standards, and sustainability. To ensure the space was appropriate, Warnath researched and collaborated with enforcement agencies and site managers to identify a location and agree on the design. After completing the first comprehensive CFS, Warnath collaborated with INDECOM to complete enhancements and expansions for CFSs in Kingston and Montego Bay, with INDECOM stating that these spaces will “increase detection and timely response to child trafficking.” Warnath is collaborating with working group members and MDAs to identify 6–8 additional CFS locations expected to open before the CPC ends in 2023.

Beyond CFS spaces, it is still incumbent on the service provider to create a non-intimidating atmosphere and adhere to child protection standards. MDA respondents had mixed views about the adequacy of trained staff to complement CFS spaces. To address these needs, Warnath efforts also focused on other tenets including: standards, such as developing ethical guidelines and protocols for interacting with child trafficking victims, proper use of audio-video equipment, confidential storage and destruction of recordings (when necessary), and planning for affordable and available equipment maintenance and repair; resources for staff training and capacity development, including SOPs, online training modules, and technical assistance for appropriate referrals and ongoing treatment for victims; and sustainability, by establishing a 20-member CFS working group including NATFATIP, law enforcement officials, ODPP, MOH, child welfare officers, and ONRTIP. Warnath provided CPFSA staff serving the Trelawny CFS training in the first quarter of 2022, and plans to launch an online, on-demand training on interacting with child victims of trafficking in partnership with the Justice Ministry's training arm, the Justice Training Institute, in 2022. Justice Training Institute will host the training that will be widely available to a range of GOJ officials and, potentially, to members of the CSO community.

Finding 11: Limited availability of spaces and limited housing options remain major determining factors in the placements of child trafficking victims, forcing CPFSA and JCF to place victims in residential facilities or hotels. While CPC partners initially planned to build a new shelter for trafficking victims, ultimately, they could only provide support to two existing shelters, neither of which serve boys. To aid in deciding where to house victims when enough shelters are not available, CPC partners have developed a standardized “tiered” approach for determining placements, which is popular among various agencies.

While child trafficking victim housing is ideally determined by safety needs and the child's preferences, according to CPFSA respondents, limited availability of spaces and limited housing options remain major determining factors. A VSD respondent said: “There are simply not enough spaces [for child trafficking victims].” While CPC partners initially planned to build a new shelter for trafficking victims, CPFSA and NATFATIP revealed that building and sustaining a

new shelter was not financially feasible. Winrock adapted its goals and worked with them to assess gaps in the availability of existing shelter spaces for child trafficking victims and focus on building the capacity of designated foster care parents to receive child trafficking victims.

The CPC Partnership supported improvements to two shelters: the Pregnancy Resource Centre of Jamaica (PRCJ) and MNS's NATFATIP shelter. PRCJ operates a shelter for women that provisionally takes girls aged 12–18 (pending full licensing as a residential care facility by the state). PRCJ was “the only institution that did not express reservations about accommodating child trafficking victims” and had already been engaged in an extensive licensing process that would allow it to provide this service. PRCJ received a Winrock in-kind grant for renovations to house female child trafficking victims. PRCJ shelter renovations included a washing machine, fire safety system, bunk beds, chest of drawers, and computer tables. Winrock conducted site visits focused on fire safety, a business plan, and an emergency preparedness response plan.

Winrock also supported renovations to the NATFATIP shelter, including upgrades to security and other infrastructure changes that were part of the requirements to obtain a formal license to house children in residential care. NATFATIP shelter does not take any child trafficking victims (only female children of adult victims). Neither shelter accepts boys.

There is a widespread perception that the availability and access to shelters needs improvement. Survey data showed that JCF and MDA staff had reduced confidence since baseline in shelter adequacy to accommodate child trafficking victims, likely because of increased awareness of inadequacies (Annex 4, Exhibits 19 and 20). Respondents from CPFSA, VSD, JCF, and MLSS explained that there are no TIP-specific shelter spaces, particularly for boys.

“I think there should be something for boys and there is really nothing there for them. There is a women's center. Apart from sending them to a juvenile place and they basically spend time there until they are 18 and are the same when they are back into society. If there was a center for boys, this would be a great improvement.” – KII, GOV

As a result, CPFSA still places child trafficking victims in whatever spaces are available. CPFSA respondents noted that they preferred to house child trafficking victims in home environments. However, they sometimes need to place child victims, particularly teenagers, in institutional care because of limited options. CPFSA, in coordination with NATFATIP, has, in the past, sometimes housed victims in hotels, where the child, a police officer, and a social worker could reside over time, for protection. Because of long-delayed court processes, time in these temporary shelter options is sometimes extended to months or more than a year.

In the absence of enough shelters, CPC partners held numerous discussions about using a standardized tiered approach to identifying which child trafficking victims need high-security shelter, which need hotel housing, and which could be housed in community-based foster, kinship, or home care. Most respondents across agencies were familiar with the tiered approach. CPFSA had the lead coordinating role in identifying appropriate shelter options to move children, as a CPFSA respondent noted, “out of institutional facilities and into family environments, like foster care placements,” when possible. CTOC investigations and NATFATIP helped determine initial security needs. Child victims subjected to sexual abuse would have an additional referral to CISOCA. In cases where home options are not possible, CPFSA assigns children a social worker and the family court makes the final decision for housing needs based on a social inquiry report, sometimes taking months to complete.

GOJ staff from multiple agencies raised concerns about the quality of shelter care. CPFSA licenses and operates residential child care facilities across the country that can be used as shelters, but are not specifically designed to support victims of trafficking or similar trauma. A VSD respondent said that for several clients housed in a child residential facility, “it was a nightmare for them. It was like a hell experience for them. Instead of getting better, they went there and they were victimized again or abused—not by staff, but by other children.” CPFSA officials reported that supervisors and managers of these potential shelter spaces received case management and service provision training. Still, most did not think this training was specific to child trafficking victims or used a child-centered, trauma-informed, rapport-building, and trust-

building orientation. Some respondents noted that specialized care and training for people working with child trafficking victims is urgently needed.

MDA and CSO respondents viewed decision-making SOPs around shelter/housing decisions for child trafficking victims as less clear for boys. They expressed that, without SOPs, cultural norms that prioritize placing victims with family may have influenced decision-making. New referral resources will support decisions, but at the time of this evaluation, key resources were still undergoing review for adoption and not socialized to MDA staff. CSO partners are willing to use resources to identify solutions and participate in implementing initiatives; however, they stated that increased sensitization and awareness about LGBTQ TIP was needed to reduce negative stereotypes and misconceptions in messages.

“As you can see here, different civil society organizations are willing to help [LGBTQ communities], are equipped to help, have professionals that can help, but if they don't have the information in terms of prevalence and all of these things, then they can't help. That would be my last thing is just that they need to give us more insight into what's happening as it relates to trafficking in Jamaica instead of just the broad brushes, and let us really be more active in providing the solution to this issue.” – FGD, CSO

Conclusion 6: Victim Service Provision Quality and Resources

CPC partners trained all MDAs and CSOs involved in victim care and protection on trauma-informed care and developed new resources, including a Witness Care Unit, a National Minimum Standards of care document, and agency-specific SOPs for some roles in some agencies (e.g., CPFSA). These efforts increased victim protection, care, and legal service—competencies, improved role clarity—and improved collaboration among some service providers (e.g., CPFSA and MOEY, CPFSA and JCF). Key challenges remain, though, most notably, sustainability of improvements in trauma-informed care, limited quantity and quality of service provider agency and role-specific SOPs, insufficient training on and use of SOPs and other existing resources (such as the NMS) by service providers, limited data sharing, a limited case management system within and across agencies to facilitate holistic case management of victims, and insufficient staffing quantity to manage the multilayered and long-term care needs of child trafficking victims. Nearly all MDA and CSO respondents requested additional training in

trauma-informed care. Implementing partner and MDA respondents familiar with the NMS believed at endline that, once reviewed, adopted, socialized, and incorporated into MDA SOPs, the NMS will support the institutionalization of trauma-informed training. Implementing partners and sub-partners are also developing interactive Learning Management System master class training options for some MDAs (e.g., JCF, DPP) and training for social services students at UWI to address sustainability gaps post-CPC funding. *Based on Findings 12 and 13.*

Finding 12: The quantity and accessibility of both medical and psychological services offered to victims increased since baseline, including through the establishment of a Witness Care Unit that supports legal assistance, protection, and care through the justice process. However, the quality, referral, and case management of these services for child trafficking victims remain inadequate, as evidenced by inconsistent results in knowledge gains regarding resources and inconsistent use of SOPs to deliver care; inadequate documentation and system of care for holistic management; long waiting periods for victims resulting in inconsistent care at public health facilities; and inadequate financial and staffing support for the Witness Care Unit and other services.

Changes in perceptions of the availability, quality, and accessibility of services for victims

Respondents from both JCF and MDA perceived an increasing need to address gaps in the availability and quality of legal services. Survey data indicated that JCF staff perceptions about the quality of services for child trafficking victims were mostly unchanged since baseline, except that respondents were more likely to say that legal services and services for day-to-day necessities were inadequate. Similarly, MDA respondents were likelier to say that they did not know whether legal services and day-to-day necessities services were adequate than at baseline. (Annex 4, Exhibits 19 and 20)

Psychological and medical care

Key informants were more positive than at baseline about some service provision for victims. Across MDAs and CSOs, respondents indicated that NATFATIP, various GOJ agencies, and partnering CSOs offered a wide range of psychosocial and mental health care to victims from intake through reintegration. The support included routine counseling, preparing victims mentally for court, and managing psychiatric disorders (either in-house or via referrals). Though accessible, many respondents continued to lament the inadequacy and poor quality of psychological services, long waiting periods for scheduled care, shortage of psychiatrists and other professionals, and staff burnout—common for the type of care provided. One new intervention reported from the ODPP was the establishment of a Witness Care Unit focusing on witness care and well-being (refer to [Legal Assistance section](#) below). Government respondents confirmed that medical professionals work at facilities such as CISOCA to provide immediate care to victims. VSD and CPFSA stated they lacked medical doctors on-site and coordinated with public and private facilities to provide victims with medical care. Consistent with baseline, CSO and CPFSA respondents believed the quality of care provided to victims in some public hospitals and health centers was substandard for child trafficking victims because of the stigmatization of victims and further compounded the long waits for medical care at these facilities.

“When the social worker takes the children to the medical facilities, there's no understanding or arrangement there with timely processing. Just as though someone else might come, I have to wait seven, eight, nine, or fifteen hours. Unless we know somebody there, which we try to encourage through networking, the [victims] go through the same rigors as all the other situations, which is not timely. To have [a victim] stay here, sitting and waiting ... can even become more frustrating and traumatizing.” – KII, GOV

Several CSO staff stated they would refer clients to the Jamaica AIDS Support for Life for proper care and treatment. CPFSA and CSO staff noted that they sometimes use government funds to pay for more timely, comprehensive, and higher quality private care for high-needs victims.

“...if it's referring to the Ministry of Health, it is not adequate. ... If you're looking at a client who is abused when they go to these facilities, when it comes to getting evidence and all of that ... They may have an elderly lady who does not understand what is happening to these young ladies. They don't know how to converse with this age-group ...” – FGD, CSO

Legal assistance

Respondents at endline from JCF, VSD, CPFSA, and other agencies indicated legal assistance was available to victims for prosecution, facilitating protection via change of identity or relocation to safe environments. Some CPC partners assisted in preparing victims for court appearances. Organizations like CPFSA had in-house legal teams making services readily available to victims. Key partners, including VSD, CPFSA, and MOH, counseled victims and prepared them for court, sharing information on court processes. Social workers typically accompanied victims in court. Respondents from various agencies highlighted improvements in legal services since baseline. Some improvements include the availability of agencies like NATFATIP and VSD that respond specifically to cases of human trafficking; greater opportunities provided at VSD for children to participate in their own care decisions during the investigation and prosecution process; summer intervention programs for youth, including TIP victims, hosted by MOEY to support psychological well-being, improve social skills, and develop self-esteem during the legal process; training of social worker personnel by Winrock to improve the quality of psychological services provided to victims to improve opportunities for successful prosecution; and an increase in specialists responding specifically to trafficking victims in legal, protection, and care service agencies. One significant remaining challenge to prosecutions is the repeated postponement of court cases, leading to cases extending for years and causing victims to become frustrated and dropping their case. A VSD respondent stated:

“Well, the challenges there would really be as it relates to the court or court system. For example, you will do a court orientation now in May, but because of the savviness of the ... defendant’s lawyers and the whole court system, the child might not even be called until five, six, seven months down the road, and there are cases that are going on for three, four years. The timeframe is really an issue here.” – KII, GOV

Resource use for protection and care

Compared to baseline, agencies more frequently identified tools for conducting various assessments to direct appropriate care and placement of victims in safe housing. Implementing partners supported the development and use of resources among partner agencies, including a risk assessment tool JCF’s Anti-TIP unit uses to assist in determining the appropriateness of

returning victims to family and a CPC-developed Placement Decision Tool CPFSA uses to assess key indicators relating to the child, family, and offender to determine the best environment for placing the child in safe housing. VSD used Bailey's Feelings Perception Indicator to assess victims' level of emotion associated with trauma to inform appropriate care for victims. Many agencies, including the Passport, Immigration and Citizenship Agency (PICA), CISOCA, MLSS, and MOH, used the NRM and the case management form for collaboration across agencies. However, across multiple service provider agencies, some respondents suggested they still followed unwritten protocols or were unaware of any written protocols, indicating the need for continued training on and sharing of SOPs across service provider groups.

Case management system

During the endline evaluation period, CPFSA was transitioning to an expanded leadership role for victim case management. The CPC supported collaboration between implementing partners and CPFSA to increase the clarity of roles and capacity in fulfilling them, including developing relevant SOPs. The CPC also supported implementing partner-agency collaboration and research to develop a more directed case management system using Sohema integrated case management software. During the evaluation period, however, the CPC had not yet finished supporting updates, which partners plan to complete before the end of the CPC, to create a secure, online, standardized database supporting victim case management, which has faced delays associated with the contracted IT firm to finalize, test, and train staff on the database.

Finding 13: CPC implementing partners focused trauma-informed care support on the enforcement and justice sectors, care service providers in CPFSA, VSD, MOH, and MOEY, and foster parents and CSOs involved in victim care and protection (e.g., PRCJ). MDA respondents expressed strong concern for the sustainability of capacity-strengthening improvements, and nearly all respondents requested additional training and felt capacity needs remained unmet. Implementing partners worked to address potential post-CPC sustainability gaps by developing interactive Learning Management System master class training options for some MDAs (e.g.,

JCF, DPP) and by supporting UWI to increase trauma-informed care and TIP awareness training for social services students. Implementing partner and MDA respondents aware of the NMS shared that once reviewed, adopted, socialized, and incorporated into MDA SOPs, the NMS will support the institutionalization of trauma-informed training and a victim-based case management system of care.

Caregivers and care providers

At baseline, respondents thought there was insufficient focus on ethical, victim-centered, and trauma-informed interview approaches among child trafficking victim service providers. In 2020 and 2021, Winrock worked with lead agencies to develop three curricula, deliver workshops on trauma-informed case management and the NMS, and trained 145 relevant GOJ officials, including shelter staff. Respondents from CPFSA and VSD reported receiving specialized training in trauma-informed care by Winrock. However, respondents indicated that only a limited number of service providers have participated in the training. One respondent from CPFSA mentioned managers, social workers, and counselors receiving formal training, but the need remained for social worker aides to have the requisite competencies. VSD sought to address this issue by conducting consistent in-house training for staff. CPFSA, VSD, and MOEY respondents indicated a need for further improvements in aspects of victim care under the CPC's mandate. Most service provider agency respondents, especially in CPFSA, MLSS, MOEY, and MOH felt the level of training received to date was insufficient and requested additional training to serve the child trafficking population appropriately. In contrast, others (VSD) felt that they had sufficient training but that it might be underutilized.

Winrock trained the PRCJ shelter manager and staff on trauma-informed care and conducted training for MOH and relevant MOEY staff (e.g., guidance counselors) where possible. However, the COVID-19 pandemic restricted access to MOH and MOEY staff. Winrock also trained 20 foster parents in child trafficking and psychosocial care for child trafficking victims. Other respondents noted that they urgently need further training to be able to provide specialized care for child trafficking victims. For example, a CPFSA respondent explained that while they

feel that 95 percent of CPFSA staff are trained, they needed training in trauma-informed and victim-centered care “immediately,” and specified that staff need to be trained regarding “confidentiality and disclosing identities or whereabouts of children who come into the facilities.” Another service provider MDA respondent gave additional context that shelters currently provide caregiver training but not what is needed for child trafficking victims—trained counselors:

“The caregivers... should be trained counselors because ... [the victims are] going to be acting out, so they would need persons who would understand these things in order to work with them. They need to live in a way that allows the whole change that needs to happen with them.” – KII, GOV

Trauma-informed care use

A key aspect of trauma-informed care is providing opportunities for child victims to have a say in managing their care. A few respondents from CPFSA mentioned that the agency takes a family approach to care; it prioritizes placing children with families instead of institutions and collaborates with other partners to address the holistic needs of family members. Included in that approach are opportunities for children to have a say in the planning and implementation of their care.

“We encourage child participation in whatever sphere. We think that children, as long as they're able to communicate, we speak to them about the things that will be happening, the kind of interventions that they will be receiving, where they will be going, et cetera, et cetera. While we are informing them of what will be happening, they too have an opinion on their own lives and what will be happening with them. Their opinions are counted.” – KII, GOV

Enforcement and justice providers

The Justice Training Institute plans to launch an online, asynchronous course in 2022 with support from Warnath. The course covers trauma-informed care and will be widely available to GOJ employees, including law enforcement and other criminal justice professionals. Warnath worked with JCF to develop an eight-module, victim-centered, trauma-informed course and is also developing a course for police on vicarious trauma, which CISOCA highlighted as a training need. Warnath supported other training on trauma-informed care, which GOJ stakeholders perceived as a CPC strength. Because much of the planned training by CPC partners had not yet

happened at the time of this evaluation, key informants had mixed responses about their training on trauma-informed care to date. One respondent said they had last received training in 2017, while another noted that training only happened during initial staff hiring.

Conclusion 7: Victim Reintegration

Child TIP victim reintegration in communities is a multi-layered process and is affected by both cultural (e.g., family or guardian support) and material factors (access to education and livelihoods). While access to education and, in some cases, livelihoods improved as a result of CPC activities, cultural barriers hampered these gains. Stakeholders also noted the insufficiency of psychosocial resources for child TIP victims. *Based on Finding 14.*

Finding 14: Respondents identified education, family or guardian support, long-term psychological care, and financial stability as essential for the successful reintegration of child trafficking victims. Improved agency coordination (e.g., between CPFSA and MOEY) supported victim access to schools, continuing education, and/or vocational training, and improved the livelihood initiatives available and accessible to child trafficking victims as part of reintegration. However, some schools remained hesitant to accept child trafficking victims as students. Further, long-term psychosocial resources remain insufficient for child trafficking victim reintegration because of limited staffing and insufficient access to long-term financial resources for housing and other needs. Data suggest that unsupportive community attitudes toward child TIP victims also hamper reintegration.

JCF, MOEY, CPFSA, MLSS, and VSD respondents cited four main factors critical to successful reintegration: the family or guardian's psychological preparation and understanding of what the process will entail; the quality of the family or guardian's role in supporting the process; the victim's willingness to accept support provided; and sufficient financial resources on the part of the victim or the family or guardian to support the victim throughout the reintegration process. A MOH respondent explained:

“I want to say, there are social issues that would constrain the reintegration. A lot of the families may not have the emotional intelligence to be able to accept the child back into regular life. If the child is not, themselves, able to accept the psychological support, they themselves might not be able to manage reintegration, so to speak. It's going to take a lot of support and it's going to take them accepting the support.” – KII, GOV

Respondents from CPFSA, MOEY, VSD, and MOH noted that a lack of sufficient follow-up **psychological services** to monitor emotional changes could lead to re-trafficking. A victim's emotional fragility associated with concerns of stigma, re-trafficking, or retribution also interfere with the reintegration process. Respondents from CPFSA, MOH, VSD, MOEY, and one CSO noted that unmet financial and resource needs could leave child victims vulnerable to being re-trafficked. A CSO respondent estimated that only one in four or five victims would likely be successfully reintegrated for these reasons.

Education for victims

VSD, CPFSA, and MLSS respondents described an established process for school-age victims to continue their education as part of the reintegration process. In most cases, MOEY and CPFSA relocated victims to schools in new communities to minimize stigma and discrimination. However, CPFSA noted that many principals hesitate to accept victims as students, believing they might be less well-behaved or “bring down scores.” Compared to baseline, CPFSA, MOEY, VSD, MOEY, MLSS's Programme to Advance through Health and Education (PATH), and other partners felt that they worked more collaboratively to ensure victims' enrollment in schools. Respondents described CPFSA's relationship with MOEY as instrumental in addressing victims' challenges accessing educational programs. Respondents from PRCJ and MLSS stated that victims also had access to vocational and on-the-job training through established programs such as the Human Employment and Resource Training Trust, a technical vocational education and training provider in Jamaica, and labor exchange programs.

Livelihoods assistance for victims

CPC partners such as Rise provide livelihood assistance to victims and families affected by trafficking during the reintegration process. In addition to vocational skills, more than 20 vocational centers across Jamaica help victims learn life skills such as cleaning and cooking. The PATH program offers financial assistance to victims who meet relevant criteria to remain in school, and grants for entrepreneurship.

Attitudes toward treatment of child trafficking victims

Surveyed community members and leaders were more likely at endline to say ostracization of all types of child victims (male and female, sex and labor trafficking) was not justifiable, less likely to say that boys and girls who are victims are ostracized in their communities, and less likely to say that victims of trafficking should be blamed for succumbing to false promises. However, community members were less likely to say that they would welcome male or female victims in their community than they were at baseline. Community members were less likely to say that they would welcome male or female victims in their community than they were at baseline (refer to Annex 4, Exhibit 21).

Evaluation Question 3: Monitoring and Reporting

How has the CPC Partnership affected the capacity of ONRTIP and NATFATIP to report data related to trafficking, including monitoring the adequacy of victim-centered approaches to child trafficking cases?

Conclusion 8: Monitoring and Reporting Capacity

With CPC support, ONRTIP increased its capacity to meet its accountability, information sharing, and document review mandates, despite the persistence of non-standardized agency-wide data and limited data access. During the CPC, NATFATIP expanded its scope to conducting public awareness, advocacy, media outreach, and other activities. ONRTIP worked on analyzing and

reporting information about TIP in Jamaica. However, GOJ and the public lack clarity on ONRTIP and NATFATIP's roles in reducing child trafficking. *Based on Findings 15 and 16.*

Finding 15: ONRTIP lacks a systematic data collection procedure for reporting and relies on ad hoc data requests. Since the CPC started, ONRTIP has not produced annual reports, though the office has published several multi-year reports and numerous research papers. Although NATFATIP and MDAs have data-sharing agreements, respondents across all MDAs described challenges in sharing data because of lack of standardization, inconsistency in understanding what qualifies as a trafficking case, and lack of timely data available to them to share. Warnath continues to work with NATFATIP and MNS to address current database limitations; with anticipated updates between July and September 2022.

Data collection and sharing

NATFATIP oversees the management of Jamaica's human trafficking response, coordinating with various partners. JCF/Anti-Trafficking unit, CISOCA, and the DPP lead initial investigations and decisions about victims, including court orders for placing victims in safe locations. CPFSA continues to be a key service provider with input from various agencies for specific services. CISOCA, JCF, PICA, CPFSA, and ODPP reported that they collect primary data involving trafficked victims, so data generated from these processes are available. Still, there is no centralized system to collect, analyze, and report quality data for informed decision-making. Stakeholders further expressed challenges with an inconsistent understanding of what qualifies as a trafficking case, conflicting information on suspected cases, and untimely data. The vast number of stakeholders needed to collate information across various contact points within the system exacerbated the challenge. Respondents further perceived that data flowed one way, primarily to Parliament, and did not know of specific sharing of findings directly back to the agencies that provided the data. Relevant MDAs signed a memorandum of understanding (MOU) to strengthen data coordination. MDA and enforcement respondents mentioned a data-sharing MOU frequently but only referred to mild improvements in data coordination, specifically between CPFSA and JCF, under the CPC. An ONRTIP respondent acknowledged

these challenges and mentioned they were strategically collecting and using primary and secondary data, focusing on the four P's—prevention, protection, prosecution, and partnership—and policy and research.

CPFSA respondents stated that their agency did not produce disaggregated data for child trafficking. An ODPP respondent indicated that records specify data on the type of trafficking, but not age and gender. While some agencies could disaggregate data, it was a tedious process:

“When trafficking data is needed, then we disaggregate it. The problem is when we want child trafficking data, then we have to pull each file to see what the child trafficking case is because we don't collect that data uniquely ... If CPC wanted to know how many child trafficking cases were prosecuted by the ODPP in the last two years, that would be a tall ask but it could be accomplished with sufficient motivation. If they wanted to know though, how many convictions are in trafficking cases, full stop, that's much easier to get.” – KII, GOV

Data collection systems and database

Compared to baseline, no GOJ agencies reported an increased ability to provide improved child trafficking data quality, quantity, or timeliness. ONRTIP said it relies on key informant interviews, focus group discussions, and surveys to gather information for reporting, which has affected the time it needs to produce reports. It also limited the extent of data validation and cross-referenced for accuracy. One key partner indicated that data requests from various agencies were also repetitive. ONRTIP described that having access to a centralized database was a resource need in the future to strengthen reporting capacity and that the database within NATFATIP could be strengthened for this purpose.

“There is definitely room for improvement. ... Because of our data collection infrastructure—we don't have a database—we have to depend on others largely for the data that we get to analyze. Not only do we have to depend on them, but we have to depend on them through interviews and surveys. ... It is very time-intensive. With a small team and also being very dependent on people's availability, that certainly affects the pace at which we're able to gather information.” – KII, GOV

During CPC implementation, Winrock and Warnath supported ONRTIP to establish data collection protocols and forms; identify data sources; organize meetings with ODPP, JCF's TIP Unit, MNS, and CPFSA; and ensure other organizations understood their obligation to report data on a regular reporting cycle. Winrock also worked with MDAs to assess gaps in existing

systems at the parish level. Warnath conducted numerous consultation sessions with ONRTIP and NATFATIP on data collection, victim-centered interviewing, ethical procedures in data collection, data entry, cleaning and validation, analysis, presentation, and use. Warnath provided technical assistance to NATFATIP to develop an enhanced TIP database and an overall data collection system.

Varying knowledge about referral protocols further contributes to ad hoc reporting challenges. Independent of the NRM, enforcement and MDA respondents had limited awareness of agency-specific internal protocols for referring child trafficking cases. Respondents assumed that some other unspecified unit documented steps for referring a suspected case were documented or that they were the same as for any other client rather than customized for trafficking cases. A NATFATIP representative noted that the NRM and standardized child trafficking screening tool (on the NATFATIP website) and a victim identification study spearheaded by ONRTIP with support from Warnath could streamline efforts to refer trafficking victims through standardized mechanisms for reporting appropriately. NATFATIP also supported the data-sharing coordination MOUs by developing customized reporting templates for different agencies. There were mild indications that the data-sharing MOUs, drafted in 2020, along with the standardized data collection forms, had improved data flows into NATFATIP's GOJ TIP Database:

“Well, the MoU under the data sharing is a good resource that we know we should have in place, I think, by the end of this year. This creates templates where the different agencies who we rely on to give us the data can just input the data in those templates and share it with us, but sometimes they have the data all over. Just to bring it into one document sometimes can be a challenge. With this, the data sharing, we have different templates that they can put or different agencies underneath data sharing such as the ODPP, the JCF, CPFSC and PIC and so forth can put in their different templates the information.” – KII, GOV

Finding 16: Both NATFATIP and ONRTIP have worked to raise public awareness around child TIP. NATFATIP had greater name recognition among MDA staff and the public than ONRTIP. Still, people seemed unsure or unaware of NATFATIP or ONRTIP's roles in reducing TIP or child trafficking.

Roles, progress, and perceived progress

ONRTIP's core functions, noted on its website, include: creating a more objective TIP reporting system; conducting independent examinations/ investigations of alleged instances of human trafficking; reporting violations of victims' rights, discrimination, threats or use of violence, harassment, intimidation, or reprisals directed at persons exercising these rights; and providing an analytical overview of the human trafficking situation in Jamaica in an annual report to the GOJ. Since baseline, more MDA staff knew of ONRTIP's annual report and said it was useful either for guidance or as a reference for understanding TIP in Jamaica. ONRTIP, with support from Warnath, developed and collated numerous reports and resources, posted in its online resource library, to facilitate MDA and public access to Jamaica-specific and global trafficking information and resources: the annual report, a handbook for victims, ethical research on trafficking, and screening and referral tools. ONRTIP was involved in training and sensitizing stakeholders to TIP and child trafficking, and contributing to NRM, NMS, and screening tool development. ONRTIP was also directly involved in interviewing victims, which supported capacity-strengthening training and victim empowerment. Several MDA and CSO respondents cited ONRTIP's website, created with support from Warnath, as a key resource for data, research reports, and guides related to trafficking in Jamaica and globally. ONRTIP's website has a page dedicated to up-to-date referral information, listing different agencies and departments and the services they provide. It also links to the NRM and ONRTIP Survivor's Handbook, which outlines guidance and rights for trafficking survivors. It also provides information on trafficking indicators, red flags, the screening tool reporting form, the NRM narrative, and the NRM flowchart.

NATFATIP's website includes the child trafficking screening tool, the NRM, U.S. and Jamaica Annual TIP Reports, and United Nations and Jamaica TIP laws. NATFATIP's website does not post a specific role for itself and refers instead to its role in addressing the 4 P's of responding to trafficking. At baseline, NATFATIP focused on bringing together and supporting practitioners, and this role has since increased to include public awareness-raising campaigns, advocacy, and informing Parliament.

Public awareness of ONRTIP and NATFATIP

MDAs and the public were more aware of NATFATIP than ONRTIP, although knowledge of NATFATIP's role was limited and inconsistent across respondents. NATFATIP was best known for its coordination role and less for its role in reporting or collecting data. NATFATIP expanded its role since baseline. Work during the CPC included supporting policy documents, finalizing Jamaica's National Plan of Action for Combatting Trafficking-in-Persons (2018–2021; approved in March 2019), coordinating sensitization sessions with adults and children in public, training MDAs, and participating in public awareness broadcasts (switching to online spaces during the pandemic). MDA respondents highlighted NATFATIP's role in facilitating access to specialized interventions for cases as needed and serving as an initial notification and referral point for suspected cases. They also mentioned NATFATIP's role in developing a social media strategy, integrating the services delivery mapping into NATFATIP's website, and rolling out NATFATIP's anti-TIP school clubs. These activities occurred at a time when NATFATIP underwent a leadership change. Despite ONRTIP's involvement in activities noted above, detailed and specific knowledge of ONRTIP's role was primarily limited to people who worked directly with them, while others had limited or no awareness. Further, even people familiar with ONRTIP's reporting role had inconsistent awareness of what specific types of data these reports contained.

Evaluation Question 4: Investigation, Prosecution, and Conviction Rates

How has the CPC Partnership affected the number of cases identified, investigated, prosecuted, convicted, and sentenced as child trafficking cases?

Conclusion 9: Child Trafficking Prosecution

Limited data are available to date on how child trafficking investigations, prosecutions, and convictions have changed since baseline. Preliminary data suggest investigations and referrals

have increased, but it is not yet possible to conclude what the CPC's effect has been on increasing prosecutions and convictions. *Based on Finding 17.*

Finding 17: Warnath survey data indicate that investigations of child trafficking have increased since baseline. Because of the lag time in prosecuting cases and reporting data, it is not yet clear if the CPC has contributed to increases in prosecutions or convictions. However, ONRTIP reported two new convictions since baseline.

This evaluation found anecdotal data supporting Warnath survey data showing increased investigation and referrals of child trafficking since baseline. CPFSA staff noted that OCA received more reports of cases than at baseline because of greater awareness. An ODPP respondent noted that they believed JCF was receiving more reports because they were learning that it was no longer okay to “turn a blind eye” to trafficking and that members of the public feel safer about reporting using anonymous reporting options. The National Rapporteur has observed that from 2015 to 2019, before CPC implementation, 18 confirmed victims of child trafficking were identified. Of this number, female child victims were the majority (12 in total). Female child victims were predominantly trafficked for sexual exploitation, while male child victims were trafficked for labor exploitation. The April 2018–March 2020 ONRTIP Annual Report, the most recent available, reported two new convictions in child trafficking since the 2018 report. One of these new convictions related to a case from 2016, demonstrating that the delay between prosecution and conviction can be significant (Annex 4, Exhibit 22). Because of the lag time in prosecuting cases and reporting data, it is not yet clear if the CPC has contributed to increases in prosecutions or convictions.

Recommendations

Recommendation 1

Increase training and sensitization to expanded groups, including in communities.

Trained MDA and judicial staff showed improved knowledge and awareness of child trafficking in Jamaica, and stakeholders expressed interest in additional training. GOJ and its partners should continue expanding the reach of child trafficking identification and referral training to more staff members, including frontline workers, to increase understanding of referral options and specific agency roles as outlined in the NRM. The community-based training should include younger children, parents, teachers, school youth ambassadors, peer educators in school clubs and other venues (e.g., girl guides), and school health personnel. GOJ agency-trained personnel and CSO-trained champions should continue coordinating to reach more staff members through train-the-trainer efforts and on-demand training. To increase awareness and sensitization among community members, the GOJ should increase collaboration and information sharing, using multiple methods and media and with NGOs (e.g., UWI, JTI) so that other school priorities don't drown out anti-trafficking messages. MDAs and CSOs should increase online resources and campaign efforts to further awareness raising across the country. Increased community sensitization and outreach by government agencies can also help increase trust around child trafficking cases. (Refer to [Conclusion 1.](#))

Recommendation 2

Increase opportunities for networking among stakeholders.

The evaluation also highlighted the role of networking opportunities in strengthening stakeholder coordination and deepening awareness, knowledge, and sensitization around child trafficking issues. GOJ and its partners should continue to encourage group conversations, student clubs, and communities of practice regarding child trafficking identification and referral

for investigation, protection, and care. The training platforms should include opportunities for participants to network. The training sessions should also include staff members and CSO partners to allow them to network with each other. (Refer to [Conclusion 2.](#))

Recommendation 3

Address gaps related to awareness, identification, and management of male and LGBTQ TIP victims, and bridge the cultural divide perpetuating stigma against male and LGBTQ victims.

Some interventions that can support this objective include: increasing understanding of male and LGBTQ child trafficking issues through studies and research; continuing training and sensitization among service providers, partners, and community members to clarify misconceptions about male and LGBTQ victims; and tailoring care and case management guidelines to male and LGBTQ victims. Further, the GOJ and NGOs should engage CSOs, community groups, and influential leaders in continuing efforts at shifting stigmatizing cultural beliefs/perceptions about trafficking and seeing male and LGBTQ children. GOJ MDAs should engage the media, private sector, and community role models to support outreach and media campaigns—documentaries, stories, songs, etc.—about male victims and ways in which communities can assist in reducing vulnerability of male and LGBTQ children to trafficking, and to identify victims and perpetrators. ONRTIP, NATFATIP, and ODPP should consider reviewing laws that contribute to the perpetuation of vulnerabilities among male and LGBTQ children and perceptions that seek to diminish male victims. (Refer to [Conclusion 3.](#))

Recommendation 4

Address gaps in familiarity with and use of resources and tools to identify, refer, and manage TIP victims for investigation, protection, and care.

Some interventions include: providing information about resources in training, formalizing staff orientation to include all relevant SOPs, scheduling regular in-service and refresher training,

spot checks to improve consistent use of procedures, and completing updates to the centralized web-based database to improve standardization. (Refer to [Conclusion 4.](#))

Recommendation 5

Establish additional CFSs.

The CPC Partnership made inroads by launching the first comprehensive CFS in Jamaica. GOJ's MNS is committed to having and using more CFSs and should engage with other donors to expand CFSs throughout Jamaica so that they are accessible to more people, including those living in rural areas. (Refer to [Conclusion 5.](#))

Recommendation 6

Further improve short and long-term shelter options and expand trauma-informed and victim-centered training to include all service providers.

While the CPC Partnership improved the availability of age and sex-appropriate shelter options, shelters are not available for girls under 12 or boys. In addition to exploring ways to expand shelter options for all groups, CPC partners should assess and address any significant sustainability challenges for the supported shelters. CPC partners should also increase sensitization of the public to expand community-based and family options for teenage child trafficking victims. Personnel involved in victims' care should be trained in trauma-informed and child victim-centered approaches as part of new staff orientation and routinely as a refresher. (Refer to [Conclusion 5.](#))

Recommendation 7

Address gaps in quantity, quality, and access of services provided, especially for long-term psychological care and financial support.

The CPC Partnership supported some case management processes but laid bare the need for a client-centric, integrated case management system for health and human services programs. CPC partners should complete planned updates to the case management system. GOJ should prioritize, complete, pilot, and socialize NATFATIP and all potential service providers to the CPFSA case management system and collaborate with service agencies to ensure timely and ongoing service access. CPFSA should establish a network of professionals and a process to facilitate comprehensive care. The NMS can serve as a launching point for improving comprehensive care for victims. ODP, in collaboration with JCF and CPFSA, should work to expedite TIP-related legal cases. MOEY should conduct TIP sensitization and training with principals and teachers to address the stigma associated with child victims. The GOJ and CSOs should collaborate with the private sector to increase support for the basic needs of victims and guardians, including financial stability. Agencies providing medical and psychological care should consider ways to have less complex and non-technical aspects of care for patients delegated to other trained staff (e.g., nurses, social workers) without compromising quality and freeing up more time for professionals to handle these more critical cases. They should also establish a network of professionals. The GOJ and CSOs should collaborate with the private sector to increase support to meet basic needs of victims and guardians. (Refer to [Conclusion 6](#) and [Conclusion 7](#).)

Recommendation 8

NATFATIP should complete improvements to database systems with CPC support, and provide appropriate permissions to ODP, OCA, JCF, CPFSA, VSD, ONRTIP, MOH, MOEY, and other GOJ entities for monitoring and timely reporting.

NATFATIP should ensure that all relevant agencies sign the data-sharing MOU with ONRTIP and adhere to case reporting and monitoring guidelines. Both ONRTIP and NATFATIP should clarify to government staff and the public how their roles are separate and complement one another and other agency and CSO work, clarifying ONRTIP's mandate to collect, collate, analyze, and report data with relevant agencies. (Refer to [Conclusion 6](#), [Conclusion 8](#), and [Conclusion 9](#).)

Recommendation 9

Expand training of ODPP prosecutors and judges, prioritize child trafficking cases to reduce lag times, increase court acceptance of audio or audio-visual testimony from child victims, and continue using victim and witness care services.

JCF's Anti-TIP unit, CISOCA, CPFSA, NATFATIP, and OCA should identify challenges to investigating suspected child trafficking cases and ways to overcome these barriers. ODPP should meet quarterly with NATFATIP and OCA to discuss and determine ways to overcome challenges in prosecuting and convicting child trafficking perpetrators and use the media to increase public awareness and attention to child trafficking cases. (Refer to [Conclusion 9](#).)