CLARISSA
Child Labour Action Research Innovation in South & South Eastern Asia

EMERGING EVIDENCE REPORT 4

MODERN SLAVERY PREVENTION AND RESPONSES IN MYANMAR: AN EVIDENCE MAP

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ABOUT THIS REPORT

This Emerging Evidence Report describes the availability of evidence on modern slavery interventions in Myanmar presented in the interactive Evidence Map and Rapid Evidence Assessment on **modern slavery in Myanmar**. This report uses the same methodology and complements the Evidence Map and Rapid Evidence Assessment on **modern slavery in South Asia**.

The Evidence Map provides an outline of where evidence is concentrated and where it is missing by mapping out existing and ongoing impact evaluations and observational studies exploring different types of modern slavery interventions and outcomes for specific target populations (survivors, employers, landlords, service providers, criminal justice officials) and at different levels (individual, community, state). It also identifies key 'gaps' in evidence.

Both the Evidence Map and this report foremost target the UK Foreign, Commonwealth & Development Office (FCDO) and its partners in the CLARISSA research programme to support evidence-informed policymaking on innovations to reduce the worst forms of child labour. We hope that it is also useful to academics and practitioners working to address modern slavery, or in the intervention areas and locations described.

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Photos
Page 9: Myanmar Tamils sort metal and handle sharp materials without protective equipment.
Page 34: Girl in Hlaing Tharyar township, Yangon, Myanmar. Children are employed in various forms of hazardous work in this large township. For further research on hazardous labour present in this township, see CLARISSA Emerging Evidence Report 2. Photographer (all photos): © Pauline Oosterhoff.

The Child Labour: Action-Research-Innovation in South and South-Eastern Asia (CLARISSA) is a consortium of organisations committed to building a participatory evidence base and generating innovative solutions to the worst forms of child labour in Bangladesh, Myanmar, and Nepal.

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ACKNOWLEDGEMENTS

ACRONYMS

ACTIPI Action for Cooperation against Trafficking in Persons

ANOVA analysis of variance

CLARISSA Child Labour: Action–Research–Innovation in South and South-Eastern Asia

COMMIT Coordinated Mekong Ministerial Initiative against Trafficking

CSO civil society organisation

CSR corporate social responsibility

DID difference-in-differences

EMDR eye movement desensitisation and reprocessing

ETIP End Trafficking in Persons

ICT information and communications technology

ILO International Labour Organization

IPV intimate partner violence

OBC Other Backward Class

OLS ordinary least squares

OSH Occupational Safety and Health

IV instrumental variable

LMICs low- and middle-income countries

MGNREGA Mahatma Gandhi National Rural Employment Guarantee Act

MoU memorandum of understanding

MRC Migrant Worker Resource Centre

MS modern slavery

NGO non-governmental organisation

PRLP Promoting Rule of Law Project

PSM propensity score matching

RCT randomised controlled trial

RDD regression discontinuity design

SBC Special Backward Classes

SDG Sustainable Development Goal

SME small and medium-sized enterprise

SOP standard operating procedure

SRB self-regulatory board

SRHR sexual and reproductive health and rights

TIP trafficking in persons

UNDP United Nations Development Programme

UNIAP United Nations Inter-Agency Project on Human Trafficking

WFCL the worst forms of child labour

Section 1:

INTRODUCTION

1 INTRODUCTION[1]

The Asia Pacific region has the highest numbers of both 'modern slavery' (MS)[2] and child labour victims in the world. The International Labour Organization (ILO) estimates that 16.5 million and 8.4 million persons were in situations of forced labour and forced marriage respectively in Asia Pacific, among 40.3 million in modern slavery globally (ILO and Walk Free Foundation 2017). Although there is a growing body of research and evaluations on specific sub-sectors and interest in the worst forms of labour exploitation, there has not yet been a systematic scoping or synthesis of studies that would help policymakers understand 'what works' to reduce the incidence and prevalence of MS in different Asia Pacific countries, including Myanmar.

Situated in Southeast Asia, Myanmar (Burma) is a lower-middle-income economy with a population size of approximately 53 million (World Bank 2019), of which roughly 32 per cent lives below the national poverty line (ADB 2015). Decades of war and political conflicts in ethnic minority regions have led to mass displacement, breakdown of education and health systems, militarisation, and destruction of infrastructure (Kramer 2015). These circumstances have rendered hundreds of thousands vulnerable to human trafficking and various forms of exploitation (Chan 2018). Additionally, it is reported that forced labour is state-imposed by the military regime in Myanmar (Horsey 2016). In 2018, the Global Slavery Index estimated that around 575,000 Burmese live in modern-day slavery, which is equivalent to approximately 11 in every 1,000 people in Myanmar (Walk Free Foundation 2018).

For almost half a decade, the ability of researchers and journalists to study and write about Myanmar has been very limited (Selth 2018). Despite the instalment of a quasi-democratic government in Naypyidaw in 2011, which has brought relatively greater freedom of movement and expression, numerous formidable challenges in conducting research in Myanmar remain to this day (*ibid.*). The government's ongoing restrictions – not only on researchers but also journalists, activists, and foreign officials – have resulted in difficulty to obtain reliable statistical data and information that is free from political bias and propaganda (Larkin 2010; Lewis 2017). One example of how official statistics have been skewed was the 2014 national census in which the government excluded the Rohingya ethnic minority (Heijmans 2014; Associated Press 2014).

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

In this Evidence Map, we address this gap in evidence for Myanmar specifically, scoping the range of modern slavery interventions and outcomes for specific target populations (including survivors, employers, landlords, services providers, and criminal justice officials) at different levels (individual, community, and state). A similar evidence gap map and report were previously published on South Asia, focusing on four countries: India, Pakistan, Bangladesh, and Nepal (Oosterhoff *et al.* 2018).

Foremost, this map targets academics and practitioners working to address modern slavery and the worst forms of child labour (WFCL), or in the intervention areas and locations described. The work was undertaken by the Institute of Development Studies (IDS) as part of the Child Labour: Action–Research–Innovation in South and South-Eastern Asia (CLARISSA) research programme funded by the UK Foreign, Commonwealth & Development Office (FCDO) – previously the Department for International Development (DFID). There is an overlap between MS and WFCL – with the latter commonly considered as a form of MS.

This systematic evidence mapping exercise – as with any method – has specific strengths and limitations, which are described in more detail in Section 3. We suggest that readers use the evidence in this map in conjunction with other sources and forms of evidence and knowledge that are available.

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1   The authors would like to thank all the people who supported this work by sharing information and responding to our queries.
2   'Modern slavery' is a concept that is defined differently depending on the context and includes various extreme forms of labour exploitation. In this document we use the term 'modern slavery' (MS) as a working term reflecting its use in UK policy documents.

Section 2:

OBJECTIVES

2 OBJECTIVES

The aim of this study is to produce an Evidence Map[3] to support evidence-informed programming on WFCL and modern slavery (MS) in Myanmar. Key research questions for the Evidence Map include:

1   What interventions exist to prevent, mitigate, or respond to WFCL and modern slavery?

2   Where are interventions clustered, and where are they missing?

3   Which populations are interventions mostly targeted at (survivors, employers, landlords, service providers, criminal justice practitioners)?

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3   Definitions of the nature and forms of evidence can vary across disciplines and contexts. We explain our approach in Section 3.

Section 3:

METHODS

3 METHODS

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

3.1 Definitions

Definitions of the nature and forms of evidence vary widely within and between disciplines that are working on WFCL and modern slavery, such as law, political science, public health, and development studies. Some of these differences in definitions reflect fundamental differences of views about child labour and MS, which range from those who argue for an eradication of all child labour to harm reduction approaches to reduce WFCL.

The United Kingdom's Modern Slavery Act of 2015 defines **modern slavery** as including slavery, servitude, forced and compulsory labour, and human trafficking. These crimes involve holding a person in a position of slavery or forced labour, or facilitating their travel with the intent of exploiting them (TSO 2015). There is an overlap between modern slavery and WFCL – with the latter generally being seen as a form of MS.

As per DFID's (FCDO) conceptual framework, we use 'modern slavery' as an umbrella term for various situations where a person is exploited by others for various forms of gain. Modern slavery includes: bonded labour, forced labour, debt bondage, human trafficking, sexual exploitation, domestic servitude, and WFCL. We have also included 'labour exploitation – trafficking' as a form of MS.

Definitions of the **forms of child labour** have been guided by ILO *C138 – Minimum Age Convention, 1973 (No. 138)* and *C182 – Worst Forms of Child Labour Convention, 1999 (No. 182)*. These specify that child labour includes: (a) all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; (b) the use, procuring, or offering of a child for prostitution, for the production of pornography, or for pornographic purposes; (c) the use, procuring, or offering of a child for illicit activities, in particular for the production and trafficking of drugs; and (d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children.

Trafficking in persons is a form of modern slavery that targets individuals for the purposes of sexual and labour exploitation. The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, also known as the Palermo Protocol, defines **trafficking** as:

a   The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

b   The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means set forth in subparagraph (a) of this article;

c   'Child' shall mean any person under eighteen years of age (OHCHR 2000).

We included the above terms in our search string in order to comprehensively search for studies and evaluations on interventions addressing all forms of MS in Myanmar. We are aware of political sensitivities that affect the use of the term 'modern slavery' – for example, researchers and non-governmental organisations (NGOs) may avoid using it altogether. Furthermore, in some countries, there is a legal conflation of sex work and trafficking, where all sex workers are seen as trafficked, and this inflates the number of trafficked women. We are not able to be exhaustive in interpretations of all the definitions. We take a pragmatic approach to the recognition of local diversity by not placing restrictions on how the different forms of slavery are measured and defined in the search strategy.

We did not place restrictions on the method of measuring the incidence or prevalence of MS in the outcomes of included studies. For example, if participants are defined as 'victims of forced labour' in a report, restrictions were not placed on the indicators used (ILO, national law, local constructions). Definitions may be based on the local referral system. Whether participants in a study are MS victims or survivors can therefore be defined by participants themselves, service providers (where

applicable), or researchers. We have also not placed restrictions on methods used to measure outcomes – for example, health outcomes.

3.2 Search strategy

A multi-stage search strategy was followed, comprising electronic searches of academic and non-academic databases and websites (see Annexe A for complete list), using keywords (see Annexe B for search terms) for studies published between 2008 and 2019. In addition, one reviewer consulted experts and colleagues working in NGOs delivering services in Myanmar to collect NGO reports on modern slavery that are consistent with the inclusion and exclusion criteria. Relevant studies known to the study team were retrieved and considered at the full text stage.

We tailored the search terms by type of resource or database being searched. We opted for a sensitive search in OVID databases (Annexe A) as, from preliminary searches, several relevant studies were not coming back in the more specific search, and these studies could not easily be scoped via another method (e.g. purposive search or citation tracking). We conducted more specific searches in Web of Science and Scopus databases. For websites, search terms were amended according to what the search functions permitted, where some websites allowed short keyword search terms rather than multi-search strings (e.g. EPPI DoPHER). In cases where there were no search functions on a website, a manual search of all publications in a list or on that particular website was conducted (e.g. IOM External Evaluations, 3ie, and Freedom Fund websites).

3.3 Selection criteria

For the Evidence Map, the inclusion/exclusion criteria listed below apply.

Inclusion criteria

- **Published between 2008 and 2019;**
- **Studies conducted in English;**
- **Peer- or non-peer-reviewed research based on experimental or quasi-experimental studies,[4] or evaluations of interventions to prevent modern slavery, and observational studies where they**

include an intervention. Quantitative and qualitative observational research studies eligible for inclusion include: cohort, longitudinal, case/control, cross-sectional studies/evaluations, qualitative studies or case studies (featuring interviews or focus groups), including post-evaluation-only assessments and participatory approaches;

- **Studies/intervention evaluations conducted internally (by the implementing organisation) or externally (by an external organisation or consultant);**
- **Studies/intervention evaluations completed or ongoing (mid-term and final project evaluations were included); and**
- **Reviews or systematic reviews which focus on or include Myanmar.**

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

Exclusion criteria

- **Theoretical or conceptual papers, comments, letters, and correspondence;**
- **Observational research which does not include an intervention;**
- **Studies which examine broad poverty reduction or similar interventions, unless specific types of MS (bonded, feudal, trafficked labour) are mentioned in the abstract report or summary;**
- **Studies which collected data on the study population as part of a larger sample, but do not present disaggregated data for the study population of interest (see outcome categories for study populations). For example, where MS survivors are included in a sample of migrant returnees but disaggregated data are not available for MS survivors only, the study would be excluded.**

Safer migration intervention evaluations were included at the abstract screening stage but were excluded at the full text stage if they did not explicitly mention reductions in MS or MS-related outcomes in the full report. In other words, to be included, a safer migration intervention had

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

to be aimed at reductions in an MS-related outcome. Studies which included MS as an exposure, rather than as an outcome – for example, the health consequences of child labour in Myanmar, or the impact of child labour on educational attainment – were excluded unless it was clear that an intervention to prevent or reduce MS was included in the study. Studies which included interventions that were not designed for MS prevention or response explicitly, but that reported effect sizes for MS outcomes considered in our Evidence Map framework, were included.

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

3.4 Quality appraisal/risk of bias in included studies

We did not conduct risk of bias assessments of studies meeting the inclusion criteria for the Evidence Map. See Annexe C for the coding tool which was used to code the studies. While study design (observational, quasi-/experimental) offers some indication of study quality at this stage, we cannot definitively comment on the risk of bias of studies included in the map.

3.5 Data extraction

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

Two reviewers extracted data separately, using a piloted data extraction form. Data for 5 per cent of included studies was extracted by the second reviewer to check for consistency in data coding, with disagreements resolved

by discussion. There were no significant differences in coding. Data were extracted on: bibliometric information, study design, type of MS, type of interventions included in the study, and type of outcomes for the study. See Annexe C for the coding tool used in data extraction.

3.6 Data management

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

After all abstracts were screened and relevant abstracts identified, two reviewers retrieved the full text papers, which were again screened against the inclusion criteria. Records on full texts included/excluded were noted. Included studies were input to a group 'DFID Evidence Map'[5] folder in Zotero.

3.7 Reporting

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

3.8 Study limitations

- **The search terms, criteria, and definitions of concepts that are fluid and subject to multiple interpretations, including definitions of MS, may reduce some of the local socio-political and historical complexity and richness. Narrow definitions of MS, evidence, and criteria might exclude promising and relevant pioneering interventions.**

- **Given the restriction imposed in Myanmar on researchers, journalists, and activists, and the complexity of its political situation, our review has been limited by the small number of available studies.**

- **Academic research and evaluations tend to be costly, requiring a programme scale and duration that are outside the capacities and budgets of**

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5   Now the Foreign, Commonwealth & Development Office (FCDO).

many NGOs working to eradicate or otherwise address the causes and effects of modern slavery.

- We can only include publicly available documents that can be accessed electronically, thus excluding internal reports of organisations on interventions, older non-scanned hard copies of documents such as those in archives, or audiovisual materials.

- Differing operational definitions of MS may hinder interpretation of findings. We did not make our own assessments of MS type; instead, we relied on the authors' statements on the type of MS investigated in their reports.

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Section 4:

EVIDENCE MAP FRAMEWORK

4 EVIDENCE MAP FRAMEWORK

4.1 Outcome categories and subcategories

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

4.2 Intervention categories and subcategories

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

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

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

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

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

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

Section 5:

FINDINGS

5 FINDINGS

Figure 1 shows the results of the search and screening process for studies meeting inclusion criteria for the Evidence Map. The process resulted in the inclusion of 18 studies which reported findings for a modern slavery-related intervention and/or assessed changes in a modern slavery-related outcome. The complete list of included studies can be found in Annexe F.

No systematic reviews focusing on MS as a whole in Myanmar were found. However, reviews were found on specific types of MS, most commonly including labour and sex trafficking and forced labour. Reviews include studies that use secondary data and external literature to the intervention and are not explicitly evaluations. We conducted backwards citation tracking of five systematic reviews which addressed subjects related to MS interventions in LMICs (listed in Annexe G), from which one study was identified for inclusion in the map.

After coding all the studies identified through the search and screening process, we mapped them under the Evidence Map framework. Figure 2 shows the static Evidence Map for the studies included. Evidence maps

only show where the evidence is – not what the evidence says, or what the quality of included studies is (Picon *et al*. 2017). On the map, each number indicates how many studies evaluate an intervention category for each outcome category, as is standard in evidence maps (*ibid*.). However, the evidence is widely distributed and there are few clusters of evidence by intervention and outcome.

The pink cells represent more instances of evidence (n=5 studies or more), orange represents fewer studies (n=1–2), and blue cells represent evidence gaps (n=0). Yellow cells are neutral, representing a fair number of studies for that intervention and outcome (n=3–4). Studies may find positive, negative, or null effects for an intervention. For example, the trade sanction by the European Union as a response to forced labour in Myanmar was found to have no significant impact (Zhou and Cuyvers 2011). The map provides a visual overview of where research on interventions has focused and where it has been neglected. Looking at studies in more detail in each cell allows the reader to discern for themselves the circumstances in which interventions were implemented.
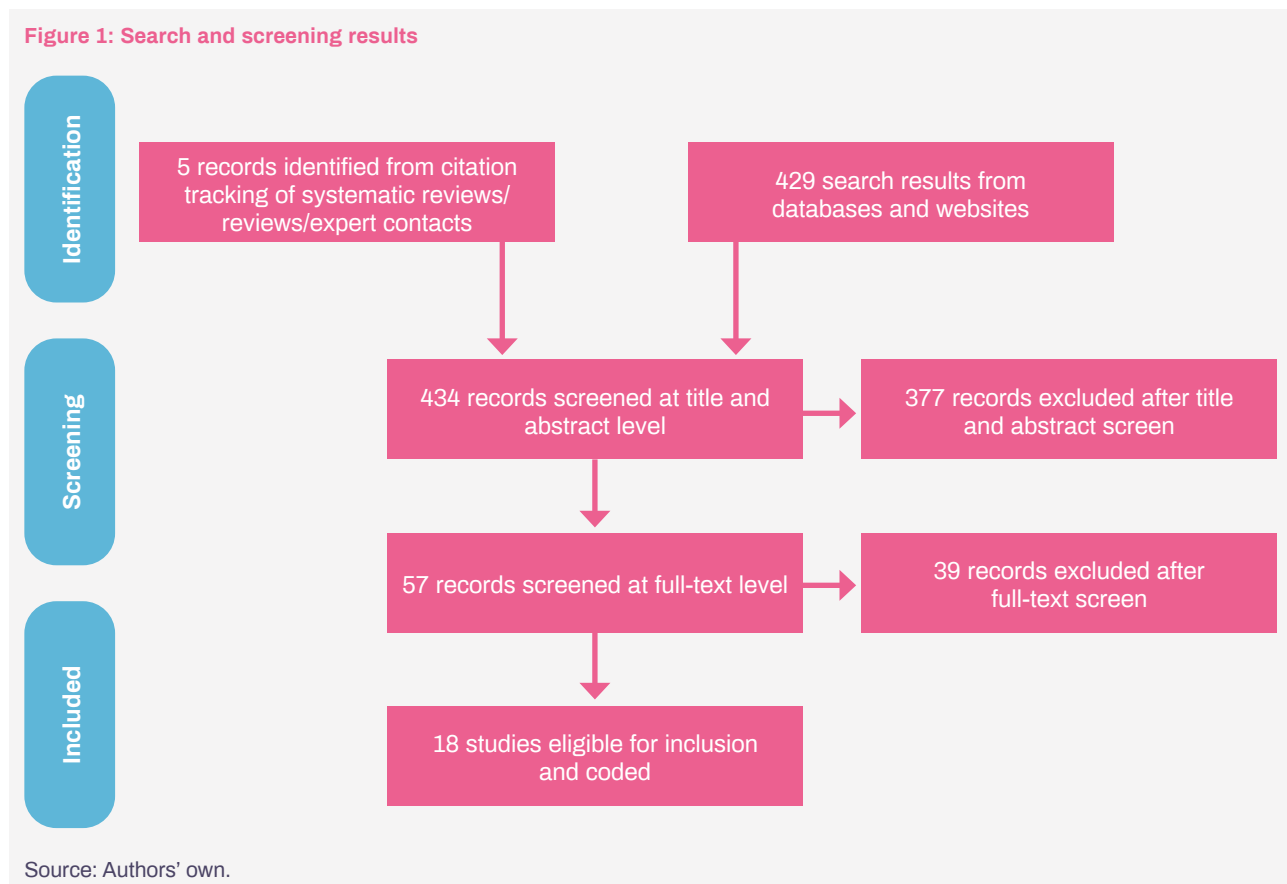
Figure 1: Search and screening results

Source: Authors' own.

Figure 2: Evidence gap map of MS interventions against outcomes

		OUTCOME CATEGORIES	MS SURVIVORS/PERSONS AT RISK					COMMUNITY/SOCIETY			EMF
			AX	AY	AZ	BA	BB	BC	BD	BE	BF
			1	2	3	4	5	6	7	8	9
		INTERVENTION CATEGORIES	Economic factors	Life skills	Awareness and attitudes MS	Access/ take-up response services	Health status	Economic factors	Awareness and attitudes MS	Incidence or prevalence MS	Aware and attitu MS
RISK-BASED PREVENTION	1	Z	Economic interventions	1	1	0	1	0	0	1	0	0
	2	AA	Social and health protections and care	0	0	0	0	0	0	0	0	0
	3	AB	Education and training (targeted)	1	1	1	1	0	0	2	1	1
	4	AC	Awareness raising (wider community)	1	2	3	3	2	0	5	2	1
	5	AD	Awareness raising (targeted)	0	0	2	2	0	0	2	1	0
	6	AE	Social norms/ empowerment (other)	0	1	2	1	1	0	2	0	0
SERVICE RESPONSES	7	AF	Legal services/ assistance	1	0	0	3	0	0	0	1	1
	8	AG	Health services	2	1	0	4	2	0	2	0	0
	9	AH	Reintegration and rehabilitation	1	2	1	3	1	0	2	1	0
	10	AI	Training with NGO, government welfare providers	1	1	1	4	1	0	3	1	1
	11	AJ	Community-led services	0	0	0	2	2	0	1	0	0
	12	AK	Victim identification	0	0	0	2	0	0	0	1	1
	13	AL	Documents/ regularisation	1	0	0	1	0	0	0	0	0
INDUSTRY	14	AM	Training with employers, SMEs	0	0	0	1	0	0	0	1	2
	15	AN	Supply/value chain interventions	0	0	0	0	0	0	0	1	1
	16	AO	Employer-led interventions	0	0	0	0	0	0	0	0	0
LEGAL AND POLICY	17	AP	Legislative or policy change	2	1	1	3	0	0	2	2	1
	18	AQ	Training/support to improve criminal justice response	1	1	1	3	0	0	2	1	1
	19	AR	Coordination and partnerships	2	1	0	3	0	0	1	2	1
	20	AS	Community-based legal initiatives	0	0	0	0	0	0	0	0	0
	21	AT	Targeted advocacy	0	0	1	1	1	0	2	0	0
TRENDS	22	AU	ICT-based interventions	0	0	0	0	0	0	0	0	0
	23	AV	Multicomponent interventions	2	1	1	4	1	0	3	2	1

This table shows the number of studies included in this review that addressed each combination of interventions and outcomes.
Blue: 0; **orange**: 1–2; **yellow**: 3–4; **pink**: 5 or more.
Source: Authors' own.

	…PLOYERS/LANDLORDS/BROKERS			SERVICE PROVIDERS			CRIMINAL JUSTICE/LEGAL/POLICY					CROSS CUTTING
…F	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR
	10	11	12	13	14	15	16	17	18	19	20	21
…ness d des S	Regulatory compliance	Working/ living conditions	Incidence or prevalence MS	Awareness and attitudes MS	Quality of service/ care	Victim ID	Awareness and attitudes MS	Victim ID	Anti-corruption	Criminal justice response	Incidence or prevalence MS	Cost-effectivness
	0	0	0	1	0	1	1	1	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	0	2	1	1	2	1	0	0	0	0
	0	0	0	3	2	1	2	1	0	0	0	0
	0	0	0	2	2	0	2	1	0	1	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	2	3	2	2	2	0	3	0	0
	0	0	0	2	3	1	1	1	0	0	0	0
	0	0	0	3	2	1	2	2	0	1	0	0
	0	0	0	6	5	2	4	3	0	2	0	0
	0	0	0	1	2	0	0	0	0	0	0	0
	0	0	0	2	2	1	2	2	0	2	0	0
	0	0	0	0	1	0	0	0	0	0	0	0
	1	1	0	1	1	1	1	1	0	1	0	0
	1	1	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	0	3	3	1	3	2	0	1	0	0
	0	0	0	5	4	2	4	3	0	2	0	0
	1	1	0	3	3	3	3	2	0	2	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	1	1	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	0	4	4	1	3	2	0	1	0	0

Section 6:

FEATURES OF THE EVIDENCE BASE

6 FEATURES OF THE EVIDENCE BASE

Between 2008 and 2019, almost 80 per cent (n=14/18) of studies which included an MS-related intervention were published from 2013 onwards (see Figure 3). This is unsurprising given the rise in international and donor interest in MS and trafficking in the past few years. Prior to that, the number of published studies was low, fluctuating between zero and two per year. Overall, the amount of research conducted in MS in Myanmar which describes or addresses interventions is small (n=18).
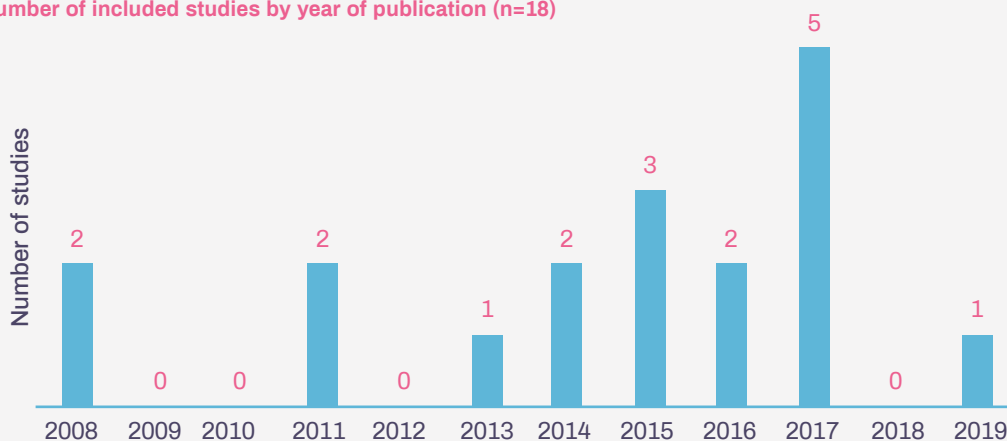
6.1 Modern slavery type

Two thirds (n=12/18) of included studies examined labour trafficking interventions (see Figure 4). This is followed by sexual exploitation (trafficking) (n=8/18) and forced labour interventions (n=8/18). A third (n=6) of studies reported the outcomes of child labour interventions. Studies related to child labour (including child soldiers) provide evidence of its prevalence in Myanmar and discuss a broad political consensus in many countries on the rights of children to be protected from child labour.[6] This consensus makes it possible to fund and develop interventions and research, from which some included studies have been produced.

No study reporting on interventions of other types of MS – bonded labour, debt bondage, domestic servitude, and child marriage – was found. This implies the existing research gap and dearth of evidence. However, it is important to note that we coded studies based on authors' stated focus on a type of modern slavery, and not our

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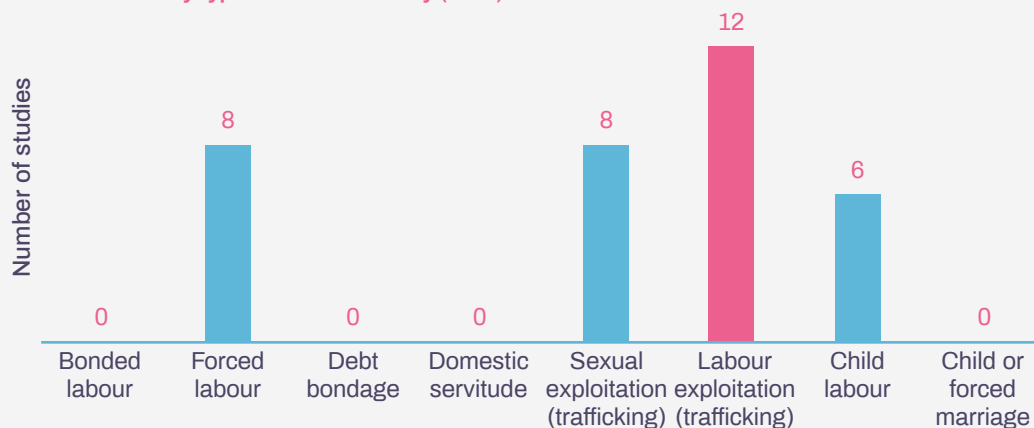6   The Convention on the Rights of the Child is signed by almost all UN member states, which commits them to implementing this international human rights legislation in national legislation.

Figure 3. Number of included studies by year of publication (n=18)
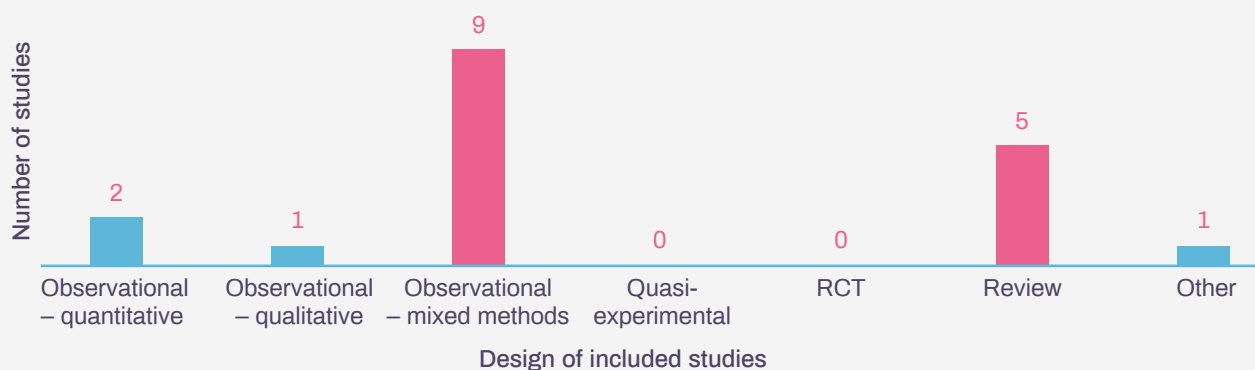

Source: Authors' own.

Figure 4: Included studies by type of modern slavery (n=34)*
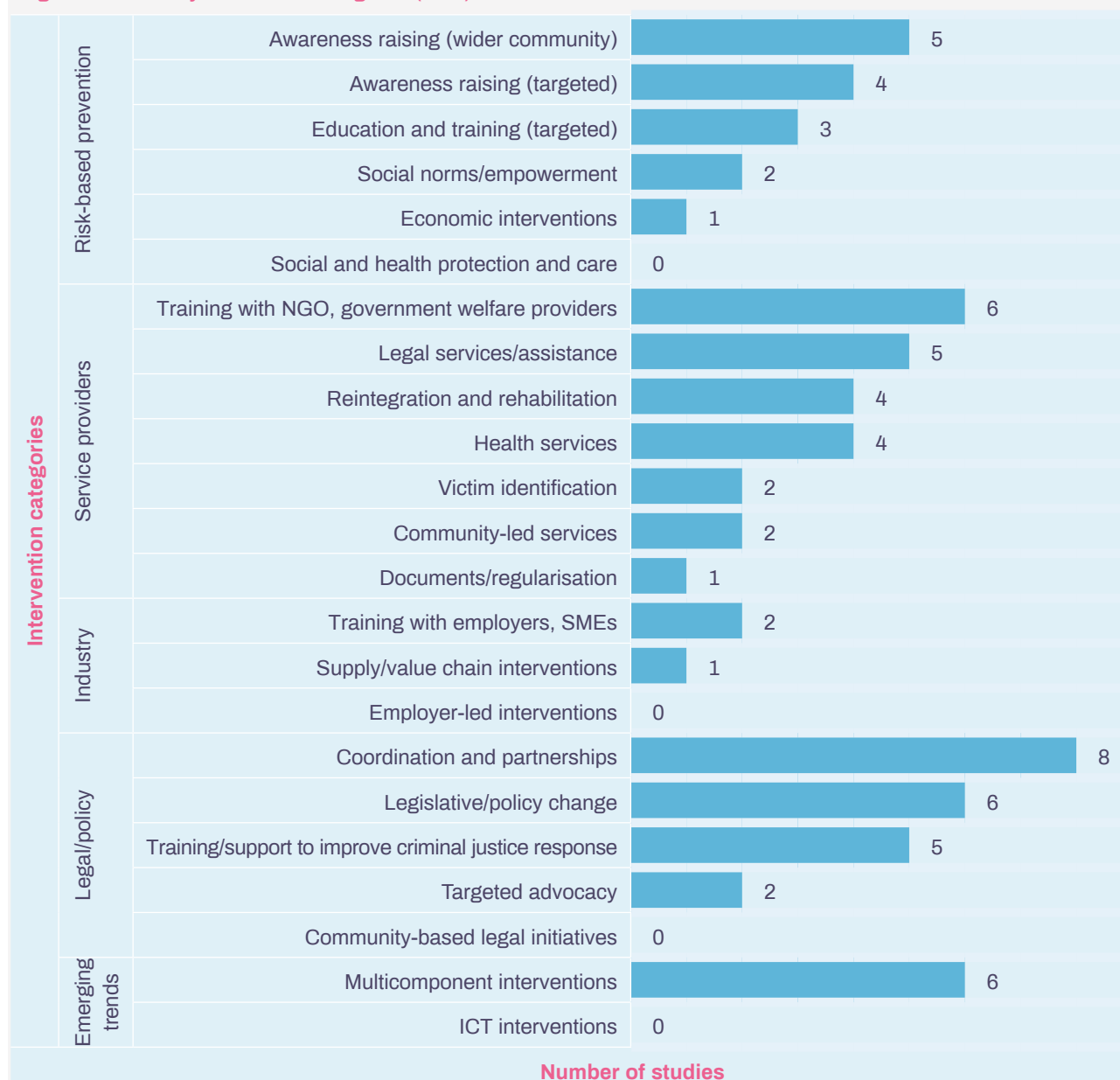

*Multiple responses, totals sum>18
Source: Authors' own.

Figure 5: Included studies by study design (n=18)

Source: Authors' own.

Figure 6: Studies by intervention categories (n=69)*

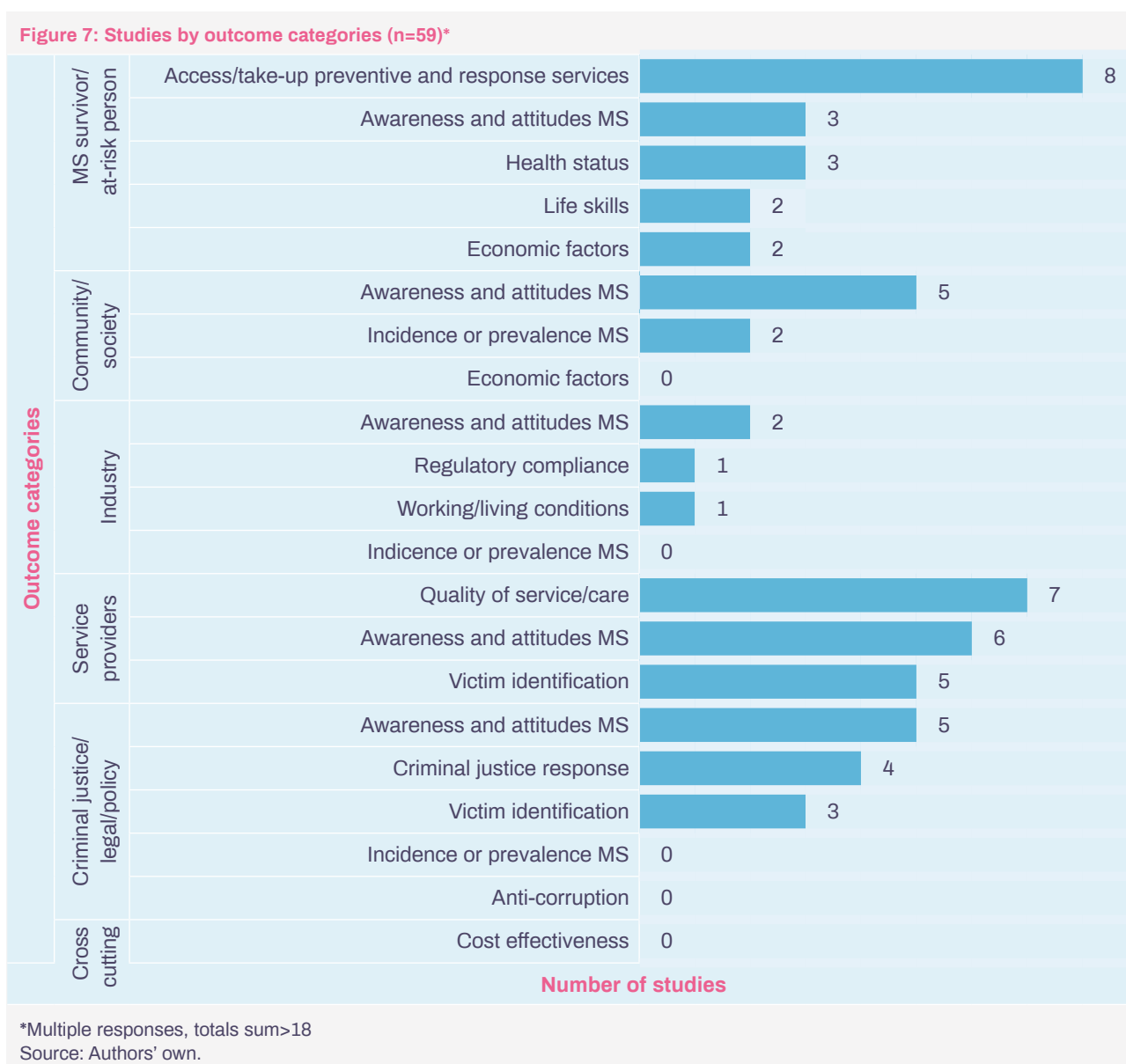| Intervention categories		Number of studies
Risk-based prevention	Awareness raising (wider community)	5
	Awareness raising (targeted)	4
	Education and training (targeted)	3
	Social norms/empowerment	2
	Economic interventions	1
	Social and health protection and care	0
Service providers	Training with NGO, government welfare providers	6
	Legal services/assistance	5
	Reintegration and rehabilitation	4
	Health services	4
	Victim identification	2
	Community-led services	2
	Documents/regularisation	1
Industry	Training with employers, SMEs	2
	Supply/value chain interventions	1
	Employer-led interventions	0
Legal/policy	Coordination and partnerships	8
	Legislative/policy change	6
	Training/support to improve criminal justice response	5
	Targeted advocacy	2
	Community-based legal initiatives	0
Emerging trends	Multicomponent interventions	6
	ICT interventions	0

*Multiple responses, totals sum>18
Source: Authors' own.

own assessment – it may be that the term 'domestic servitude' has been less frequently used, or that alternative conceptions/terms are preferred (e.g. domestic work falling under labour exploitation) during the past ten years. The low number of studies on domestic servitude could also reflect the invisibility of unpaid care.

6.2 Study design

Figure 5 shows that half of included studies (n=9/18) employed observational mixed method designs. Reviews comprised slightly more than a quarter of the total studies (n=5/18). No randomised controlled trial (RCT) or quasi-experimental studies were found, indicating a

lack of high-quality and robust evidence with regard to MS interventions in Myanmar. Most of the studies with observational mixed method designs addressed sexual and labour trafficking interventions, while most studies on forced labour were reviews (refer to Figure 2 or the *online interactive Evidence Map*). Note that studies may have examined more than one type of modern slavery, therefore the figures may sum above the number for each type of study design displayed in Figure 5. Overall, the small number of studies gathered reflects the continued difficulty of conducting research among hidden, marginalised, geographically fragmented, and mobile populations in highly diverse and dynamic settings in Myanmar in which multiple forms of slavery exist.

Figure 7: Studies by outcome categories (n=59)*

*Multiple responses, totals sum>18
Source: Authors' own.

6.3 Intervention categories

Figure 6 shows the distribution of evidence by intervention categories. There is a clear concentration of studies examining interventions at the service provider level (n=24/69), followed by legislative and policy level (n=21/69). The majority of interventions at the service provider level involve training of NGOs and government welfare personnel, followed by provision of legal assistance and services. On the other hand, programmes at legislation and policy level mostly focus on establishing high-level, international partnerships and coordination between various stakeholders (e.g. interagency coordination across government ministries, NGOs, and international organisations), followed by driving new policies and regulations in Myanmar to address MS.

There are fewer studies reporting risk-based interventions (n=15/69), among which awareness-raising programmes for wider communities are the most common (n=5/15), followed by awareness-raising initiatives that are targeted towards specific populations. Evidence is least seen at the industry level, where the number of interventions that address employers and enterprises or value chain interventions is clearly inadequate (n=3). This is likely to change in the coming years, as supply chain interventions such as corporate social responsibility (CSR) audits are increasing with new legislation in countries that import labour mandating that companies make efforts to demonstrate slavery-free supply chains (e.g. the UK Modern Slavery Act and the California Supply Chain Transparency Act). However, little is known about the impact of such initiatives, nor the extent of industry-imposed forced labour compared with state-imposed forced labour in Myanmar.

Six studies evaluated multicomponent interventions, which we defined as including one or more interventions across our four main intervention categories. We did not find any study reporting programmes related to social and health protection of MS victims or those vulnerable to MS (risk-based prevention), employer-led initiatives (industry-level intervention), community-based legal initiatives (policy/legislation level), and information and communications technology (ICT)-based intervention.

6.4 Outcome categories

Figure 7 summarises the outcomes reported across the evidence base. The most frequently mentioned outcomes were at the service provider level (n=18/59), which comprise provision of service and increase of service quality (n=7), improvement of awareness and attitude among service providers towards MS (n=6), and victim identification (n=5). Outcomes at the level of MS survivor or those at risk are equally common (n=18), among which access to, and uptake of services occupy the top position. This is rather expected, given the fact that most interventions cluster at the service provider level.

Twelve studies reported outcomes at the criminal justice/legal/policy level. This can be considered relatively low, taking into account the high number of interventions in this category. It may indicate that despite the concentration of effort at the legislation/policy level, outcomes have been limited or are difficult to measure. Indeed, there is a general lack of outcomes measured as a result of national-level policies and regulations for criminal justice agencies in any country. As previously mentioned, Myanmar presents a unique situation with limited opportunities for foreign implementation or evaluation, which exacerbates the difficulties in measuring outcomes of large-scale national policy reforms. Very few instances of evidence were reported on industry-related outcomes, which include awareness and attitude towards MS (n=2), regulatory compliance (n=1), improvement of working/living conditions (n=1), and decline in MS incidence or prevalence (n=0).

There were no studies reporting outcomes related to reduced corruption or bribery among criminal justice officials or cost-effectiveness of intervention programmes.

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Section 7:

GAPS IN EVIDENCE AND OPPORTUNITIES FOR SYNTHESIS

7 GAPS IN EVIDENCE AND OPPORTUNITIES FOR SYNTHESIS

7.1 Gaps in evidence – interventions

Industry interventions

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

There were only two studies which mention training of employers as part of interventions addressing forced and child labour, while one study addressed supply/value chain interventions. No study was found reporting on employer-led or consumer-oriented interventions. One reason for the lack of adequate studies on industry-level interventions could be the fact that the common form of MS in Myanmar – forced labour – is largely state-imposed. This is in contrast to the situation in other countries where forced labour is most often imposed by private agents and companies. Thus, interventions at the industry level have not been prioritised in the Burmese context.

Economic interventions

There is only one study reporting on an economic intervention. This study focuses on income-generating activities conducted among children and youth rescued from army recruitment, as part of rehabilitation and reintegration efforts. No other instance of evidence was reported on any other forms of economic interventions relating to MS. There is a lack of studies on credit systems (e.g. microcredit, microfinance), unlike in South Asia in which credit system interventions are widespread and have been widely studied.

Similarly, we know little about the impact of slavery-specific versus general poverty alleviation economic interventions on change in MS risk. There are critical studies on the effects of microcredit on poverty alleviation from different parts of the world, including research from

Guatemala arguing that microcredit and other cheap credit has fuelled loan-taking for trafficking (Stoll 2012).

Social and health protection

In risk-based prevention, social and health protection interventions were poorly represented. We do not know much about whether enrolment in social protection or health insurance schemes reduces the incidence or prevalence of MS, or mitigates risk factors for MS in Myanmar. While social protection schemes (e.g. health and life insurance) are reported to reduce the risk of MS in other settings, it is difficult to compare to the Burmese context as there was no study which included social and health protection programmes.

Community-based services

There is a gap in research on community-based services, particularly on community-based legal and accountability initiatives. This may be because there are simply few such initiatives in existence or because it is difficult for researchers to work in rural and conflict-affected areas of Myanmar. Studies addressing community-based initiatives are generally health-related or facilitate the social and economic reintegration of victims.

ICT interventions

There is a large gap in ICT intervention research despite increasing evidence of the linkages of digitally mediated and offline violence, including gender-based and sexual violence (Ojanen *et al*. 2015; Thakur 2018). This area will be increasingly important given the growing importance of linking the digital world with physical life and the rise of mobile applications for information about rights and migrant services (e.g. Shuvayatra Safe Migration App for Nepali migrants) (The Asia Foundation 2016), information on 'good vs bad' employer ratings apps (e.g. ITUC's Migrant Worker Recruitment Advisor App) (ITUC 2018), victim identification apps for use by first responders (e.g. Apprise app, piloted in Thailand and with interest from stakeholders in South Asian countries) (Thinyane 2017), and tracking trafficked children (Spotlight and BEFREE Apps).[7]

Few of these interventions have been evaluated to date. Mobile apps have huge potential, but practitioners must be wary about prioritising 'easy' individual-level digital interventions focusing on knowledge and awareness at the expense of more structural interventions.

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7   Spotlight is a web-based tool that helps to detect child victims of human trafficking; see **Thorn**.

7.2 Gaps in evidence – outcomes

Community-level outcomes

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

Industry-related outcomes

Very few studies document industry-related outcomes, with none reporting on incidence or prevalence of MS. This is expected, given the low density of interventions targeting industries and enterprises in our map. Workplace interventions have significant potential to directly improve and reduce MS risks. Incidence or prevalence of MS at industry level are among the most useful type of prevalence estimate, as workplaces or sectors can be targeted when we know more about where MS is concentrated.

Corruption

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

Cost-effectiveness

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

Outcomes at multiple levels

There was also a significant gap on prevalence or incidence of MS as an outcome at multiple levels. Many studies suggest the need for data collection and the creation of a database on cases and characteristics of MS. It will be difficult to assess progress towards MS reductions for Sustainable Development Goal (SDG) target 8.7 without more concerted efforts to produce estimates for MS as an outcome of interventions. However, as many interventions are implemented in smaller geographical locales for which national estimates are not necessarily relevant, there is a need for measuring outcomes more specifically in intervention areas.

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Section 8:

EVIDENCE ON CHILD LABOUR

8 EVIDENCE ON CHILD LABOUR

Six studies report on interventions (programmes or policies) relating to child labour. Two employed observational quantitative design, one used observational qualitative design, and one used a mixed method approach. The remaining two were reviews. All were published after 2013. The most common forms of interventions reported were those addressing policies and regulations, usually implemented through collaboration and partnerships with the government and other stakeholders in order to advocate and push for greater reforms. These reforms can either specifically target labour-related exploitations (including military use of children) or broader issues pertaining to democratic transitions which are expected to affect children's welfare and protection in the long term.

A relatively distinct form of exploitation in Myanmar is child soldiers – defined as individuals under the age of 18 who are used for any military purpose (Child Soldiers International 2016). Children can be recruited into the army for various functions; some are used as combatants while others are used as cooks, messengers, informants, spies, or for sexual purposes (*ibid*.). The child soldier, therefore, is a form of child labour. Given that this is a common phenomenon, especially in the conflict-affected areas in Myanmar, four of the six studies reported on initiatives to tackle this problem.

Among the interventions/programmes/policies/initiatives that have been implemented to combat child labour are:

a International collaborations between ILO and governments in the Mekong Subregion (including Myanmar) to revise regulations, mandating a minimum age of 18 years old in the Thai fishing industry. This was relevant to Myanmar because many migrant workers in the Thai fishing industry are Burmese.

b Promotion of good governance, democracy, and human rights through the 'Responsible Business Project', which was run by the ILO in collaboration with the Danish government. This project engaged employers and employees of fishing and garment industries in training, capacity building, and social dialogues. Outcomes reported were creation of jobs, greater gender equality in recruitment, improvement of working conditions, and decline in child labour. However, there were no quantitative descriptions on child labour reduction.

c Implementation of memorandums of understanding (MoU) and action plans to eliminate forced labour, which includes child labour. The action plans comprise activities such as training of NGOs and service providers, awareness raising, and issuing instructions to all military units against recruitment of those below the age of 18 years.

d Establishment of a nationwide complaint channel and mechanism – through a deal between the ILO and the Government of Myanmar – to enable people to come forward and inform the authorities about illegal practices of forced labour. In addition, the ILO worked with the police and military to establish age-verification procedures and to address underage recruitment and arrest of deserters. As a result, a number of underage recruits were discharged, runaway underage recruits were saved from arrest and imprisonment, and perpetrators were charged and punished.

e Support for peace agreements and facilitation of political dialogues, whereby international organisations such as ILO, UNICEF, and the United Nations Development Programme (UNDP) engaged various stakeholders (government officials, NGOs, and the military) to raise awareness, advocate for, and provide training on issues related to child soldiers. Activities include monitoring visits to military units, workshops on age verification, and continuous dialogue with the Tatmadaw (the military regime). Outcomes reported were release of underage recruits, prosecution of perpetrators (recruiters), and documentation of new cases of grave violations against children. Some of those who were rescued received psychosocial and medical services, and reintegration support. However, it was also mentioned that the impacts were limited by the deterioration of the political situation in Rakhine State and the slowdown of the peace process.

f The formation of UNICEF's Child Protection programme can be considered a broad-based, comprehensive protection framework for children, having three focus areas: childcare and protection, justice for children, and child protection in emergencies (including children in armed conflict). Through initiatives at multiple levels, the programme aims to safeguard children from risk of exploitation.

Across six studies, impacts of interventions showed mixed results; most reported positive outcomes, while some implied that outcomes were not easy to measure due to either the complex political situation or the ongoing status of the programme.

Effectiveness of interventions is also difficult to ascertain and compare (among the studies) due to the heterogeneous methods used. Studies employing observational quantitative designs often presented the results in a merely descriptive manner. None of the studies utilised inferential statistics or tried to quantify the relationships between a programme/policy and the outcome or use comparator groups.

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Section 9:

EVIDENCE ON LABOUR AND SEXUAL TRAFFICKING

9 EVIDENCE ON LABOUR AND SEXUAL TRAFFICKING

Twelve studies report on interventions that address trafficking for the purpose of labour and sexual trafficking. Four studies focus specifically on labour trafficking interventions and eight studies focus on interventions addressing both labour and sex trafficking. There are no included studies that focus exclusively on sex trafficking interventions. Seven studies utilise a mixed methods design, one study is quantitative (observational), and one qualitative (observational). Three studies are reviews. The most common type of interventions are policy coordination and partnerships (n=5), legal services and assistance to victims (n=5), targeted awareness raising (n=4), and training for criminal justice response (n=4).

Interventions on policy interventions consist primarily of coordination and partnership between countries and international agencies. These interventions include the Tripartite Action to Protect the Rights of Migrant Workers within and from the Greater Mekong Subregion (the GMS TRIANGLE project), which resulted in policy discussions around forced labour and the implementation of targeted awareness-raising interventions (ILO 2015a). Two studies focus on bilateral agreements between Thailand and Myanmar (among other countries) and between ILO and Myanmar for the purpose of improving labour migration standards and regulations. MoUs resulted in the implementation of awareness-raising activities, the introduction of more formal channels for verifying migrants' nationality, and provision of migrants with identification documents (ILO 2015b, 2014).

A report on a Supplementary Understanding between ILO and the Government of Myanmar that established a nationwide forced labour complaint mechanism notes that complaints have been submitted regarding forced labour, including underage recruitment, forced adult recruitment, other forced labour (military), forced labour by civilian authorities, forced labour by the private sector, and internal and external trafficking for forced labour. As a result of the complaint mechanism, victims of forced labour have been identified and returned to their home communities and perpetrators have received judicial punishment (ILO 2013).

The United Nations Inter-Agency Project on Human Trafficking (UNIAP) implemented trainings for government agencies and NGOs and established coordination and partnership activities with neighbouring countries through its project, Action for Cooperation against Trafficking in Persons (ACTIPI). The project reports increased

cross-country collaboration, improved service quality, and increased awareness of human trafficking amongst service providers (UNIAP 2013; UNDP 2018).

Additionally, cross-border cooperation between law enforcement in Myanmar and Thailand, established by the Coordinated Mekong Ministerial Initiative against Trafficking (COMMIT, an alliance initiated by UNIAP), has resulted in greater information sharing and legal action taken against traffickers (AFPPD 2016).

Other interventions established by international NGOs include UNICEF and World Vision programmes. UNICEF's programmes to improve child protection with the goal of reducing the incidence of child trafficking include the promotion of alternative care options for child victims, development of legal and policy reforms, and social welfare services. The programme reports improved victim identification (Hamilton, Yarrow and Apland 2017). The End Trafficking in Persons (ETIP) programme implemented by World Vision conducted awareness-raising interventions and community-based clubs, and it reports that awareness and attitudes towards MS have improved in targeted communities (Murphy 2017).

Two studies focus on domestic entities addressing human trafficking. One study discusses trade unions in Myanmar that implement Migrant Worker Resource Centres (MRCs), which provide safe migration training for workers and their families. The study concludes that trade unions can reduce vulnerability to trafficking (Marks and Olsen 2015). A study on the outcomes of public and private actors addressing MS in Myanmar lists actions taken by relevant entities, including awareness raising and targeted advocacy, and their outcomes, which include improved awareness and attitudes towards MS from survivors or persons at risk as well as wider communities (InterAction 2017).

One report evaluates MS programmes as part of a larger humanitarian and regulatory intervention project: the USAID Promoting Rule of Law Project (PRLP). It describes how engagement with civil society and justice sector stakeholders, and trainings for prosecutors on handling human trafficking cases resulted in increased representation of victims in court (Russel-Einhorn and Tun 2017).

Studies and evaluations of interventions that address trafficking for the purpose of labour and sexual exploitation generally report positive outcomes. Effectiveness of these interventions is difficult to determine due to the overall low quality of methodologies. Most studies are observational, and no included studies utilise comparison groups. Many studies do not adequately describe their evaluation methodologies.

Section 10:

CONCLUSION

10 CONCLUSION

The body of evidence on interventions on MS and their outcomes – in the context of Myanmar – is small and inadequate. There is a clear need for more research into 'what works' in tackling MS in this country. Circumstances in Myanmar that result in different forms of MS can be considered different from those in other settings in Asia and the Pacific. Many cases of MS in Myanmar are caused or exacerbated by the ongoing conflicts between the military regime and ethnic minorities, which have led to mass displacement and increased vulnerabilities to MS. Similarly, forced labour in Myanmar is described as being state-imposed and systematic (Horsey 2016). It is thus important for the reader to understand the evidence presented in this map in the light of the wider context.

Most included studies are published from 2013 onwards. This may be due to increased interest in and funding for the subject, or the recent political changes taking place which are slowly and gradually allowing more freedom in Myanmar. The majority of studies are observational, with no RCTs or quasi-experimental studies found. Interventions most commonly cluster at the service provider and policy/legislation levels, and most reported outcomes cluster at the service provider level. Specific gaps include interventions pertaining to social and health protection, industry-based interventions, community-based legal initiatives, and ICT interventions. With regard to outcomes, gaps consist of incidence and prevalence of MS at multiple levels, economic impact of interventions at the community level, anti-corruption, and cost-effectiveness of MS initiatives.

Documenting existing interventions using innovative evaluation approaches, learning from the literature on behaviour change of other complex socioeconomic and political problems combined with funding for implementing and documenting innovative approaches could help to move our understanding of 'what works' to reduce the incidence and prevalence of modern slavery.

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ANNEXES

ANNEXE A: LIST OF DATABASES/SOURCES

Econlit EMBASE Global Health MEDLINE PsychINFO Social Policy and Practice	OVID
Scopus	Elsevier
Web of Science	Thomson Reuters
Sociological Abstracts Theses and Dissertations Criminal Justice Database	ProQuest
British Library E-Theses Online Service (ETHOS)	ETHOS
EPPI *Trials Register of Promoting Health Interventions (TRoPHI)*	EPPI Centre
3ie *Impact Evaluation Repository*	3ie
JPAL *Evaluation Database*	JPAL
Innovations for Poverty Action – *Search studies* Innovations for Poverty Action – *Search publications*	IPA
Overseas Development Institute – *Search publications*	ODI
POPLINE	POPLINE
University of California Center for Effective Global Action (CEGA) – *Search Research*	CEGA
Sexual Violence Research Initiative – *Search website*	SVRI
BRIDGE Global Resources *ELDIS*	IDS Sussex
UNODC *Publications*	UNODC
IOM *Publications* IOM *External Evaluations*	IOM
ILO *Publications* ILO *Project Evaluations*	ILO
UNFPA *Evaluation Database*	UNFPA
UN Women *Global Accountability and Tracking of Evaluation Use (GATE)* UN Women *Gender Equality Evaluation Portal*	UN Women

DAC Evaluation Resource Centre	OECD
World Bank *Poverty Impact Evaluations Database*	World Bank
World Bank *Impact Evaluations in Education*	
World Bank *Research and Publications*	
USAID *Development Experience Clearinghouse*	USAID
UNDP *Evaluation Resource Centre*	UNDP
Research for Development Outputs	DFID (FCDO)
US Department of Labor	*USDOL*
SYSTEMATIC REVIEW DATABASES	
3ie *Systematic Review Database*	3ie
EPPI *Systematic Reviews*	EPPI Centre
EPPI *Database of Promoting Health Effectiveness Reviews (DoPHER)*	
Cochrane Database of Systematic Reviews (CDRS)	Cochrane
Campbell Collaboration Library	Campbell Collaboration
Freedom Fund *Monitoring and Evaluation*	Freedom Fund
Walk Free Foundation *Resources*	Walk Free
Free the Slaves *Monitoring and Evaluation*	Free the Slaves
Child Soldiers International – *Search*	Child Soldiers International

ANNEXE B: SEARCH TERMS

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

OVID databases

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

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

3   (Myanmar OR Myanmarese OR Burma OR Burmese)

4   1 AND 2 AND 3

5   Limit 7 to yr= '2008 – 2018'

Web of Science

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

AND

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

AND

(Myanmar OR Myanmarese OR Burma OR Burmese)

ANNEXE C: DATA EXTRACTION FORM

Bibliometric information

- **First author**
- **Year of publication**
- **Title**
- **URL**

Study design: (please select ONE)

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

Modern slavery type: (please select ALL that apply)

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

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

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

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

1 MS survivors – Economic factors
2 MS survivors – Life skills
3 MS survivors – Awareness and attitudes MS
4 MS survivors – Access/take-up preventive and response services
5 MS survivors – Health status
6 Community – Economic factors
7 Community – Awareness and attitudes MS
8 Community – Incidence or prevalence MS
9 Employer/landlord/broker – Awareness and attitudes MS
10 Employer/landlord/broker – Regulatory compliance
11 Employer/landlord/broker – Working/living conditions
12 Employer/landlord/broker – Incidence or prevalence MS
13 Service providers – Awareness and attitudes MS
14 Service providers – Quality of service/care
15 Service providers – Victim identification
16 Criminal justice/legal/policy – Awareness and attitudes MS

17 Criminal justice/legal/policy – Victim identification

18 Criminal justice/legal/policy – Anti-corruption

19 Criminal justice/legal/policy – Criminal justice response

20 Criminal justice/legal/policy – Incidence or prevalence MS

21 Cross cutting – Cost-effectiveness

22 Other – specify

Data extraction guidance note

Study design – explanation

Observational categories include:

Post-evaluation-only assessments, pre/post-assessments with no control/comparison group, and pre/post-assessments with control/comparison groups but not randomly allocated (i.e. not a quasi-experimental or experimental design). Participatory approaches (where not quasi-experimental, experimental, or as part of a review) should also be included in one of these observational categories.

Quasi-experimental designs include:

- **Regression discontinuity design (RDD) is a pretest–posttest design that elicits the causal effects of interventions by assigning a cut-off or threshold above or below which an intervention is assigned.**

- **Propensity score matching (PSM) involves forming matched sets of treated and untreated subjects which share a similar value of the propensity score. The propensity score is the probability of treatment assignment conditional on observed baseline characteristics. PSM is most commonly done using one-to-one or pair matching, in which pairs of treated and untreated subjects are formed, such that matched subjects have similar values of the propensity score. Or, studies using other matching methods may be used (as well as synthetic controls).**

- **Difference-in-differences (DID) uses panel data to measure the differences, between the treatment and control group, of the changes in the outcome variable that occur over time, usually using data from natural experiments. DID is commonly used to measure the effects of policy changes; or for studies that use a fixed or random effects model with an interaction term between time and intervention for baselines and follow-up observations can be included under this category.**

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

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

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

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

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

MS type – explanation

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

ANNEXE D: OUTCOME CATEGORIES AND SUBCATEGORIES

MODERN SLAVERY SURVIVOR OUTCOMES

1	**Economic factors**	Includes outcomes related to reduced economic risk of incidence or recurrence of bonded labour or trafficking (protective factors), e.g. little/no debt, enrolment and use of social and health protection schemes, wage recovery (if exited exploitation).
2	**Life skills**	Includes outcomes considered protective factors, e.g. work/job decision-making and planning. Includes marriage decision-making. Includes improvements in self-esteem and confidence of survivors.
3	**Awareness and attitudes towards MS**	Includes reports on improved awareness and attitudes towards MS specifically.
4	**Access/take-up of preventive and response services**	Includes outcomes such as availability and effective use of shelters, health/psychological and legal services (including services to obtain documentation/legal status). Includes enrolment in and/or completion of set level of schooling.
5	**Health status**	Includes outcomes related to improved health/wellbeing status of survivors (health protection/insurance is under economic factors, where health-related impoverishment is a risk factor for MS). Includes reduced risk of HIV. Includes increased age of sexual initiation and increased age of marriage. Includes self-care practices among survivors.

COMMUNITY/SOCIETAL-LEVEL OUTCOMES

6	**Economic factors**	Interventions that improve material wellbeing of wider family or community of potential MS victims or MS survivors. Includes interventions that link wider family or community to government schemes that provide financial incentives, e.g. for girls' education, or connecting families/communities to government anti-poverty grants, etc.
7	**Awareness and attitudes towards MS**	Includes reports on awareness and attitudes towards MS in the wider community (at home or destination, if trafficked), including towards child marriage and gender roles. It also includes attitudes towards survivors returning to home communities/families and their acceptance back into communities/families (reintegration).
8	**Incidence or prevalence of MS**	Any reports on prevalence of MS at the community or sub-national level will be included here.

EMPLOYER/LANDLORD/BROKER OUTCOMES

9	**Awareness and attitudes towards MS**	Includes reports on improved awareness and attitudes towards MS.
10	**Regulatory compliance**	Includes compliance with Occupational Safety and Health (OSH), labour, anti-trafficking legislation, and legislation related to use and role/responsibilities of labour intermediaries or brokers (e.g. mandatory broker registration).
11	**Working/living conditions**	Outcomes related to working conditions (beyond minimum regulatory compliance with relevant legislation), which may be brought about by (non-binding) regulations such as CSR audits, value chain interventions. May involve employer-facilitated worker wellbeing initiatives.
12	**Incidence or prevalence of MS**	Any reports on prevalence of MS by industry or sector will be included here.

	SERVICE PROVIDER OUTCOMES: Includes both NGO and government service providers (includes labour officials, excludes criminal justice officials)	
13	Awareness and attitudes towards MS	Includes reports on improved awareness and attitudes towards MS.
14	Quality of service/care	Includes outcomes related to improved service quality resulting from better case management practices, trauma-informed care, etc.
15	Victim identification processes	Studies measuring outcomes related to victim-centred identification processes (e.g. implementation of interpreter systems, following best practice guidelines for victim-centred interviews) and effective service provider responses to potential cases of MS (e.g. reported via hotlines, referrals).
	CRIMINAL JUSTICE/LEGAL/POLICY OUTCOMES: Includes criminal justice officials and related legal/policy-level outcomes.	
16	Awareness and attitudes towards MS	Includes reports on improved awareness and attitudes towards MS among criminal justice officials.
17	Victim identification processes	Studies measuring outcomes related to victim-centred identification process (e.g. implementation of interpreter systems, following best practice guidelines for victim-centred interviews) and effective service criminal justice responses to potential cases of MS (e.g. reported via hotlines, referrals).
18	Anti-corruption	Outcomes related to reducing corruption/bribery linked to MS among criminal justice officials.
19	Criminal justice response	Outcomes related to criminal justice responses (e.g. investigative capacity leading to timely case turnarounds, higher prosecution rates for MS offenders, number of prosecutions or convictions secured for MS offences).
20	Incidence or prevalence of MS	Any reports on prevalence of MS at the national level will be included here.
	CROSS-CUTTING THEMES: For important themes such as cost-effectiveness of an intervention across the main outcome categories. Cost-effectiveness can illuminate important insights on an intervention's value for money in a given context.	
21	Cost-effectiveness	Any reports on prevalence of MS at the national level will be included here.

ANNEXE E: INTERVENTION CATEGORIES AND SUBCATEGORIES

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

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

2	**Social and health protections and care**	Interventions related to social and health protection schemes and care. Examples include: • Enrolment in social protection schemes; • Enrolment in health insurance schemes; • Improving access and quality of health care; • Interventions related to alcohol and drug consumption; and • Intimate partner violence (IPV) response interventions.
3	**Education and training interventions (targeted)**	Training that is targeted mainly at potential at-risk groups for MS, but can also include training with health or education providers. Examples include: • Vocational or job skills training (including IT skills); • Literacy and numeracy training, including financial literacy; • Life skills or leadership training (including negotiation, communications skills, problem-solving, teamwork); • Life goals/core values coaching and planning (including migration planning); • Rights-oriented training (including reducing caste-based discrimination, enforcing labour rights, SRHR, and gender rights); and • Programmes targeting increased school enrolment.

4	**Awareness raising (wider community)**	Awareness-raising campaigns or interventions targeted at the general public, or at the community level broadly (no specified target groups), delivered by CSOs, national or local government. Often includes mass media interventions at the community level on topics including: bonded risks of trafficking, MS indicators, use of intermediaries, migrating with legal documents via formal channels, migrants' rights. Examples include: • Community-based support groups; • Radio programmes; • TV advertisements; • Online videos; • Social media campaigns; • Posters/billboards; • Distribution of pamphlets; • Village drama/street theatre; and • School-based awareness of MS.
5	**Awareness raising (targeted)**	Awareness-raising campaigns or interventions targeted at specific groups (e.g. bonded labourers, prospective migrants in areas of high outmigration, intermediaries, landlords, moneylenders) delivered by CSOs, community leaders, local government. Often includes tailored content delivered in interactive workshops, orientations on topics including: risks of trafficking, MS indicators, use of intermediaries, migrating with legal documents via formal channels, migrant's rights. Examples include: • Information on national bonded and other labour laws targeted at moneylenders and/or landlords; • Information on national bonded and other labour laws targeted at Other Backward Class (OBC), and Special Backward Classes (SBC), bonded labourers, families with a member in local bondage or a trafficked family member; • Information on the laws on lending and borrowing money to moneylenders and/or landlords; • Information on the laws on lending and borrowing money to OBC, SBC, bonded labourers, families with a member in local bondage or a trafficked family member; • Pre-departure orientation on MS indicators, services and precautions; • Migration information exchange sessions between prospective and returnee migrants; • Peer-educators/advocates of safe migration practices with prospective migrants; • Training/workshops on MS indicators with intermediaries in home countries; and • Migrant Worker Resource Centres, providing information on migration channels, migrant rights, emergency contacts, in home countries.
6	**Social norms/ empowerment (other)**	Interventions related to social roles and norm change. Examples include: • Youth empowerment groups; • Youth credit and savings groups; • Social and youth empowerment of marginalised groups (e.g. low-income girls, low-caste); • IPV and child marriage preventive interventions; • Safe spaces; • Family counselling; and • Youth sports groups.

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

7	**Legal services/assistance**	Interventions which involve legal services and assistance to MS survivors or persons at risk for MS. Examples include: • Interventions aiming to improve collective bargaining, increasing trade union membership; • Hotlines/helplines for individuals in distress; • Migrant Worker Resource Centres or CSO outreach/drop-in centres in areas with high concentrations of migrants, providing information on migrant's rights, legal counselling, translation services, wage dispute negotiation; • Legal referral systems; and • Negotiation of wage disputes.
8	**Health services**	Health services which are provided to bonded labourers or trafficked persons still being exploited/not yet exited exploitation phase. Examples include: • Mobile clinics; • Medical screening/check-ups (e.g. at worksites); and • SOPs for handling human trafficking cases identified in health-care settings.

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

10	**Training of NGO/ government welfare providers**	Includes training with NGO and government welfare providers. Criminal justice/police are excluded here. Examples of interventions include: • Case management training with CSOs, government shelter providers; • Training of social workers in trauma-informed care; • Health worker training in victim identification and intervention (trafficking); • Developing inter-organisational referral systems; • Organisational capacity building (project management, M&E); and • Technical capacity building.

11	**Community-led services**	Services led by and for bonded labourers, trafficked persons, etc., such as: • Self-regulatory boards (SRBs); and • Peer group programmes at the workplace.
12	**Victim identification**	Any interventions aimed at improving victim identification rates and processes, overall or in specific sectors, including establishment and use of referral channels to other services. Examples include: • Training on MS indicators and victim identification processes with labour inspectors, police, immigration officials, CSOs (first responders); • Training of self-help and community vigilance groups; • Multidisciplinary teams to conduct victim screening; • Anti-bribery interventions with labour inspectors, police, immigration officials; • Hotlines (to report suspected cases); • Multi-gender law enforcement teams; and • Interpreters.
13	**Documents/regularisation**	Interventions aiming to regularise status of persons, including undocumented migrants, typically during migrant amnesties declared by the host government, where undocumented status is considered a risk factor for trafficking. Interventions may also be related to improving migrant possession of documents. Examples include: • Mobile outreach by NGO to help register for residency permits, identity papers, work permits, passports, etc.; • One Stop Service Centres to register for work permits, passports; • Outreach with employers to provide work contracts, access to passports/work permits (where these are withheld); and • Outreach with intermediaries to provide access to passports/work permits (where these are withheld).

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

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

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

17	**Legislative or policy change**	A legislative or policy change that may affect prevalence of MS. Examples include: • Increased punishment (fines, prison terms) for MS offenders (employers, intermediaries, corrupt officials); • Legislation criminalising use of informal intermediaries; • National Action Plans to combat MS; • Legislation criminalising bonded labour, trafficking, other forms of MS (where these are not already in place); and • OSH and labour protection legislation.
18	**Training/support to improve criminal justice response**	Targeted training to improve criminal justice responses. Examples include: • Training to improve MS investigations among law enforcement (including case management).
19	**Coordination and partnerships**	Interventions which involve establishment or support of partnerships across sectors or government departments to combat MS. Examples include: • Government–private sector partnerships to facilitate detection of offenders and reporting (e.g. tourism industry); • Interventions encouraging inter-agency coordination between key government ministries addressing MS: – Task forces. • Collaboration with international law enforcement (e.g. INTERPOL); and • International judicial cooperation (bilateral or INTERPOL/multilateral);
20	**Community-based legal initiatives**	Interventions involving community-driven legal initiatives. Examples include: • Strengthening local law enforcement via civil vigilance committees; and • Community-based or participatory accountability and governance initiatives.
21	**Targeted advocacy**	Targeted advocacy interventions with policymakers, legislators or service providers. Examples include: • Interventions aiming at harmonisation of definitions for 'trafficking', 'trafficker', 'victim', etc.; • Targeted NGO/CSO advocacy to implement existing regulation; and • Interventions to improve take-up of best practice guidelines, e.g. workshops and briefings with service providers.

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

22	**ICT-based interventions**	Technology-based interventions. Examples include: • Mobile apps for: recruitment agent ratings, employer ratings, rights information (migrant use); • Mobile apps for victim identification (first responder use); • Mobile informal social networks (WhatsApp, LINE, WeChat); • Online informal social networks (Facebook, YouTube); and • Mobile phone awareness messages.
23	**Multicomponent interventions**	Includes studies evaluating interventions that operate across multiple intervention main categories (risk-based prevention, service responses, industry, legal and policy level). For example, an intervention providing pre-departure orientations while also providing reintegration services for returned migrants. We will count multiple component interventions that cover different types of intervention/outcome across the map.

ANNEXE F: LIST OF STUDIES INCLUDED IN THE EVIDENCE MAP

AFPPD (2016) *Parliamentary Good Practices for Effective Implementation of Laws and Policies for Prevention of Trafficking*, The Asian Forum of Parliamentarians on Population and Development

Gunnarsson, G.N. (2011) *Combating Human Rights Violations and Forced Labour in Myanmar: The Approach of the UN and the ILO*, MA thesis, International Human Rights Law and International Labour Rights, Lund University

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ILO (2017) *Prevent the Recruitment and Use of Children by Armed Forces/Groups in Myanmar as an Entry Point for Durable Peace*, International Labour Organization

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ILO (2015a) *GMS TRIANGLE Project Update: January 2015*, International Labour Organization

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ILO (2014) *Report on Progress in the Implementation of the Memorandum of Understanding and Associated Action Plans for the Elimination of Forced Labour in Myanmar*, International Labour Office Governing Body, 321st Session, Geneva, 13 June

ILO (2014) *Update on the Operation of the Complaint Mechanism in Myanmar*, International Labour Office Governing Body, 322nd Session, Geneva, 30 October–13 November 2014

InterAction (2017) *Strengthening Humanitarian Action to Address Protection Issues in Rakhine, Myanmar: Human Trafficking, A Case Example*, Results-Based Protection, InterAction

Mahn, M. *et al*. (2008) 'Multi-Level Partnerships to Promote Health Services Among Internally Displaced in Eastern Burma', *Global Public Health* 3.2: 165–86

Marks, E. and Olsen, A. (2015) 'The Role of Trade Unions in Reducing Migrant Workers' Vulnerability to Forced Labour and Human Trafficking in the Greater Mekong Subregion', *Anti-Trafficking Review* 5: 111–28

Mullany, L.C. *et al*. (2008) 'The MOM Project: Delivering Maternal Health Services Among Internally Displaced Populations in Eastern Burma', *Reproductive Health Matters* 16.31: 44–56

Pugh, I. (2017) *End Trafficking in Persons Programme: Summary Report*, Bangkok: World Vision International East Asia Regional Office

Russell-Einhorn, M. and Tun, A. (2017) *Mid-Term Performance Evaluation of USAID/Burma Promoting Rule of Law Project*, Washington DC: United States Agency for International Development

UNDP (2019) *United Nations Development Programme Region: Asia and the Pacific Project Document*, United Nations Development Programme

UNIAP (2013) *United Nations Inter-Agency Project on Human Trafficking (UNIAP): Phase III [2007–2013]*, Bangkok: United Nations Inter-Agency Project on Human Trafficking Regional Management Office

Zhou, W. and Cuyvers, L. (2011) 'Linking International Trade and Labour Standards: The Effectiveness of Sanctions Under the European Union's GSP', *Journal of World Trade* 45.1: 63–85

ANNEXE G: LIST OF SYSTEMATIC REVIEWS CITATION TRACKED

Spangaro, J. *et al*. (2013) *What is the Evidence of the Impact of Initiatives to Reduce Risk and Incidence of Sexual Violence in Conflict and Post-Conflict Zones and Other Humanitarian Crises in Lower- and Middle-income Countries?: A Systematic Review*, London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London

Morgan, C.; Petrosino, A. and Fronius, T. (2013) *A Systematic Review of the Evidence of the Impact of School Voucher Programmes in Developing Countries*, London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London

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CLARISSA works by co-developing with stakeholders practical options for children to avoid engagement in the worst forms of child labour in Bangladesh, Myanmar, and Nepal.

The participatory processes which underpin the programme are designed to generate innovation from the ground which can sustainably improve the lives of children and their families.

The programme's outputs are similarly co-designed and collaboratively produced to enhance local ownership of the knowledge, and to ensure that our research uptake and engagement strategy is rooted in the direct experience of the people most affected on the ground.