TRUST, COLLABORATION AND PATIENCE: HOW JICA AND THE ROYAL THAI GOVERNMENT STRENGTHENED CAPACITY TO COMBAT TRAFFICKING IN PERSONS IN THAILAND

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Abstract

Human trafficking is a serious human rights violation that can destroy lives, undermining families and communities while weakening the rule of law and strengthening transnational organized crime networks. Thailand is a source, destination, and transit country for men, women, and child victims of forced labor and sex trafficking.[1] In recognition of the seriousness of the problem and the scope for increasing vulnerability in the context of both global and ASEAN community economic integration, the Royal Thai Government, local and international NGOs, and international organizations have made efforts to address human trafficking problems in a variety of areas and industries. The Thai Government has established a national legal framework that addresses many of its international commitments under U.N., ILO and ASEAN instruments. Still, there are documented gaps in the implementation of the legal framework around the identification and provision of services to trafficking victims, and Thailand faces a situation in which the "policy, prevention, prosecution, protection, and partnership"[2] related to human trafficking is complex. As additional supply chain investigations and other reports continue to uncover systemic human trafficking, Thailand must find a way to fulfill these commitments to support victims with appropriate services.

The Thai Government has worked to protect victims using a multi-disciplinary approach since 1997, and in the early 2000s, this approach coalesced into more formal Multi-Disciplinary Teams (MDTs). However, MDTs have encountered various difficulties in providing effective services related to coordination, capacity, and political incentives. Thus JICA and the Royal Thai Government agreed to collaborate through the 2009-2014 "Project on Strengthening of Multi-Disciplinary Teams (MDTs) for Protection of Trafficked Persons in Thailand". Given the project's successful evaluation and the interest of JICA in scaling the strategies used to other countries in the region, JICA selected this project to pilot the World Bank's Global Delivery Initiative (GDI)[3] case study methodology. This case study, based on fieldwork and desk research conducted February – June 2017, is not an evaluation of project or programs, and does not track or validate outcomes of projects, or make conclusions about projects' successes or failures in reaching results. Instead, the purpose of this unique qualitative methodology is to understand and document the strategies project participants used to overcome non-technical obstacles, which the GDI calls "delivery challenges", so that other development practitioners can learn from their experiences. This paper reports the findings of this pilot, including the methodology used, with the hope that it will support the management and implementation of future anti-trafficking projects while also allowing JICA to assess the usefulness of the GDI methodology in the context of other monitoring, evaluation and learning efforts it already supported by the JICA Evaluation Department.

Per the methodology outlined in *Annex 4*, this study is based on 58 interviews: 23 semi-structured interviews with individuals involved with the project and MDTs, including JICA staff in Tokyo and Thailand, Royal Thai Government officials, and representatives of non-government organizations, and 35 interviews conducted prior to the project with individuals from each of these groups. While information presented in the report is based on a combination of project documents and these interviews, these findings do not represent the official views of the Government of Thailand or JICA.

Introduction

In 2005, the Japan International Cooperation Agency (JICA), began researching how to best support anti-human trafficking efforts in the Mekong Sub-Region, which was a primary source area for trafficking victims in Japan.[4] Based on a three-year research program and a 2007 fact-finding mission on human trafficking in Japan and the Mekong Sub-Region, JICA and the Royal Thai Government agreed to collaborate through the 2009-2014 "Project on Strengthening of Multi-Disciplinary Teams (MDTs) for Protection of Trafficked Persons in Thailand". Given the project's successful evaluation and the interest of JICA in scaling the strategies used to other countries in the region, JICA selected this project to pilot the World Bank's Global Delivery Initiative (GDI)[5] case study methodology. This case study is not an evaluation of project or programs, and does not track or validate outcomes of projects, or make conclusions about projects' successes or failures in reaching results. Instead, the purpose of this unique qualitative methodology is to understand and document the *strategies* project participants used to overcome non-technical obstacles, which the GDI calls "delivery challenges", so that other development practitioners can learn from their experiences. This paper reports the findings of this pilot, including the methodology used, with the hope that it will support the management and implementation of future anti-trafficking projects while also allowing JICA to assess the usefulness of the GDI methodology in the context of other monitoring, evaluation and learning efforts it already supported by the JICA Evaluation Department.

The Development Challenge: Human Trafficking

Human trafficking is a serious human rights violation that can destroy lives, undermining families and communities while weakening the rule of law and strengthening transnational organized crime networks.[6, 7] While human trafficking is a development challenge that affects almost all countries in the world, there is insufficient data on the true scope of human trafficking. The best proxy to give a general idea of the size of this issue is probably the most recent International Labor Organization and Walk Free Foundation (in partnership with the International Organization on Migration) estimate that 40.3 million people were victims of modern slavery in 2016; 25 million in forced labor, and 15 million in forced marriage.[8]

Less is known about the prevalence and nature of trafficking in persons (TIP) in Thailand itself. Thailand is a source, destination, and transit country for men, women, and child victims of forced labor and sex trafficking. Foreigners, Thai persons and non-Thai residents are exploited in commercial fishing and related processing industries, factories, agriculture, domestic work, and street begging. Women, men, boys and girls from Thailand, Laos, Cambodia, Vietnam and Myanmar are victims of labor and sex trafficking in Thailand.[9, 10] In 2015, the Thai Government identified 720 victims of trafficking, and reported investigating 317 trafficking cases prosecuting 242 traffickers.[11] Multi-disciplinary teams inspecting fishing boats and seafood processing facilities found 430 cases of labor violations in 2015, including some human trafficking cases. [12] In 2016, of the 333 trafficking cases the Thai Government reported investigating, 244 were related to sexual exploitation, and of the 75 cases in labor exploitation, 43 involved with workers in fishing sector.[13] The Thailand Office of Anti-Trafficking in Persons Committee reported assisting 1,973 trafficking victims between 2012 and 2015.[14]

However, reports of Thai Government official and police complicity and corruption in trafficking and forced labor cases, as well as high-profile investigations into forced labor and human trafficking in the fishing industry[15], in combination with the known difficulties of identifying victims in general, indicate that the scope of the issue in Thailand is much larger than indicated by identification and prosecution efforts.[16, 17, 18] At the same time, as the ASEAN Economic Community looks to increase integration by removing barriers to labor movement between countries, including in the services industry, Thailand's wealth relative to neighboring countries means that the potential for trafficking vulnerable individuals into Thailand also increases.[19, 20, 21]

Addressing Human Trafficking: Context and Delivery Challenges

In recognition of the seriousness of this Development Challenge, the Thai government, local and international NGOs, and international organizations have made efforts to address human trafficking problems in a variety of areas and industries where it is known to occur. Human trafficking creates complex delivery challenges that require cooperation across international borders and, internally, between a variety of national and local government agencies and organizations who otherwise have separate responsibilities. To tackle this, the Government of Thailand uses a "5Ps" paradigm to combat TIP: policy, prevention, prosecution, protection, and partnership.[22]

It is important to note that the basis of all of the Ps is a legal and policy framework. In terms of laws and policies, Thailand has ratified a number of U.N., ILO, and other international organization instruments focused on prohibiting, protecting, and preventing human trafficking and forced labor.[23] Domestically, Thailand's legislative framework related to human trafficking covers all forms of trafficking outlined in the UN Trafficking in Persons Protocol.[24, 25, 26] In addition to legal commitments, Thailand has a number of bilateral and regional agreements (Memorandums of Understanding, or MOUs) with other source and destination countries, and (domestic) policies and regional and inter-agency MOUs to smooth collaboration in fighting TIP. [27, 28, 29] Finally, in 2015 the Thai Government "declared zero tolerance to human trafficking and its nurturing conditions, including corruption and complicity of state officials."[30]

Project Background

To support the implementation of this legal and policy framework, the Government of Thailand has tried to address prevention and protection by providing comprehensive services through the development of multi-disciplinary teams (MDTs).[31] MDTs in Thailand began with an initial MDT-like approach the Thai Government established in 1997 as a key strategy to provide TIP-related services.[32] With the Ministry of Social Development and Human Security (MSDHS) serving as the lead agency and secretariat of Thailand's anti-trafficking efforts, MDTs are now used to provide protection services to foreign, Thai, and non-Thai resident trafficked persons at each step of the protection process, including: rescue operations, victim identification, legal assistance, rehabilitation, repatriation and reintegration. MDTs include both government and non-government actors. For example, a MDT may be "composed of public prosecutors, police, administrative officers, social workers, psychiatrists (from GOs and/or NGOs), physicians, interpreters and other concerned personnel to rescue trafficked victims…".[33] In practice, MDTs also include collaborating individuals, like lawyers, as well as NGO staff who provide services similar to those of the government, although their ability to collaborate within MDTs at the beginning of the project were reported to be limited, for a number of reasons outlined below.[34] There appears to be little empirical data on the efficacy of MDTs in the provision of services to trafficking victims.[35] However, the MDT model is widely recognized by practitioners in the international community and Thailand, and, given the complex nature of human trafficking, it is considered a best practice both internationally and domestically in a number of countries. [36, 37, 38, 39, 40, 41, 42]

Prior to the project, and despite the MOUs outlining further guidance, there was a widespread recognition from the public and private sector that the MDTs were still building towards full functionality. The primary goal of the project was therefore to contribute to addressing the delivery challenge of human trafficking by improving the capacity of MDTs to provide effective services for trafficking victims through both central and provincial MDTs. These protection services were defined by the project as "intake, rescue, victim identification, bio-social

assessment, social service, recovery, education, vocational training, repatriation and reintegration for trafficked persons. Services also included legal assistance, investigation, court hearing and legal remedy for trafficked persons."[43] A summary of the project is shown in *Table 1,* below.

Table 1: Summary of Project on Strengthening of Multi-Disciplinary Teams (MDTs) for Protection of Trafficked Persons in Thailand, 2009-2014[a]

Intervention: Improve intra-government coordination mechanisms and MDT capacity to allow for Thai Government to provide satisfactory/ effective services to TIP victims in Thailand.

Intervention goal: Thai Government provides effective protection for TIP victims at central and provincial levels through MDTs
 	
Sub-goals:
    1) Functions (coordination, management, operations, capacity) of the central MDT are strengthened
    2) Functions of provincial MDTs in selected provinces are strengthened
    3) Lessons learned from MDT approaches are shared among selected countries

Specifically, the project planned to reach the above goals by: developing operational and practical guidelines for the MDTs at central and provincial levels; holding a series of trainings, workshops, and peer-to-peer exchanges to build the capacity of case managers and MDT members; assessing MDT members' and case managers' practices, and sharing lessons learned from the MDT approach with other Mekong Region countries and Japan. The annexes contain a more detailed graphic of these activities (*Annex 1*), a graphic and narrative of the project stakeholders (*Annex 2*), and a timeline table and narrative of activities surrounding project implementation (*Annex 3*).

In order to work properly, the MDTs need sufficient political clout, resources to collaborate across agencies, member staff capacity (including language abilities) and the ability to provide services even in areas where the collusion of authorities with traffickers occurs. Adding an additional organization (JICA) to these efforts resolved some of these issues but also brought other delivery challenges related to project design and management. The primary challenges of the study can be roughly broken into three groups: coordination, capacity, and project design and management issues, as described below. *Annex 4* outlines the minimum requirements for evidence support that had to be met in order for a delivery challenge to be included in this study, and *Annex 5* summarizes the detailed delivery challenges in each area as they existed at the beginning of the project.

In the following discussion, "JICA staff" refers to any JICA employees, including those not solely assigned to the project in Thailand and/or based in Bangkok or Tokyo; "JICA MDT project staff" refer to those JICA employees directly assigned to the project in Thailand, including the project expert/chief advisor (also referred to as "JICA project management", project coordinator, support staff, etc.); "Thai Government MDT project staff" refers to staff from the Thai Ministry of Social Development and Human Security (MSDHS) and the Bureau of Anti-Trafficking in Women and Children (BATWC, which is now the Division of Anti-Trafficking in Persons, or DATIP) officials (BATWC Director, project focal point, etc.) assigned at various levels of oversight of the project; "MDT project staff" includes both JICA and Thai Government staff directly assigned to the project; and "MDT staff" refers to MDT members, usually front-line practitioners.

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[a] Per revised Project Design Matrix agreed upon during the mid-term review on page 77 – Version 5, June 2011.

Implementation process: strategies to overcome delivery challenges

With a variety of strategies, MDT members (MDT front-line practitioners) and MDT project staff were able to navigate, and in many cases, address, most of the key delivery challenges shown in the process mapping graphic below (*Figure 1*). In addition, the JICA approach to collaboration with partner governments is built around not only developing strategies to address the delivery challenges around combating human trafficking, but is meant to address the foundational challenges outlined in *Figure 1*. Thus, this section outlines the delivery challenges and strategies used by a variety of actors during project implementation to address these challenges. However, the overall process of getting from delivery challenges to results is summarized in *Figure 1*, below, which should be read from right to left to trace project progress.

Figure 1: Process Mapping Graphic
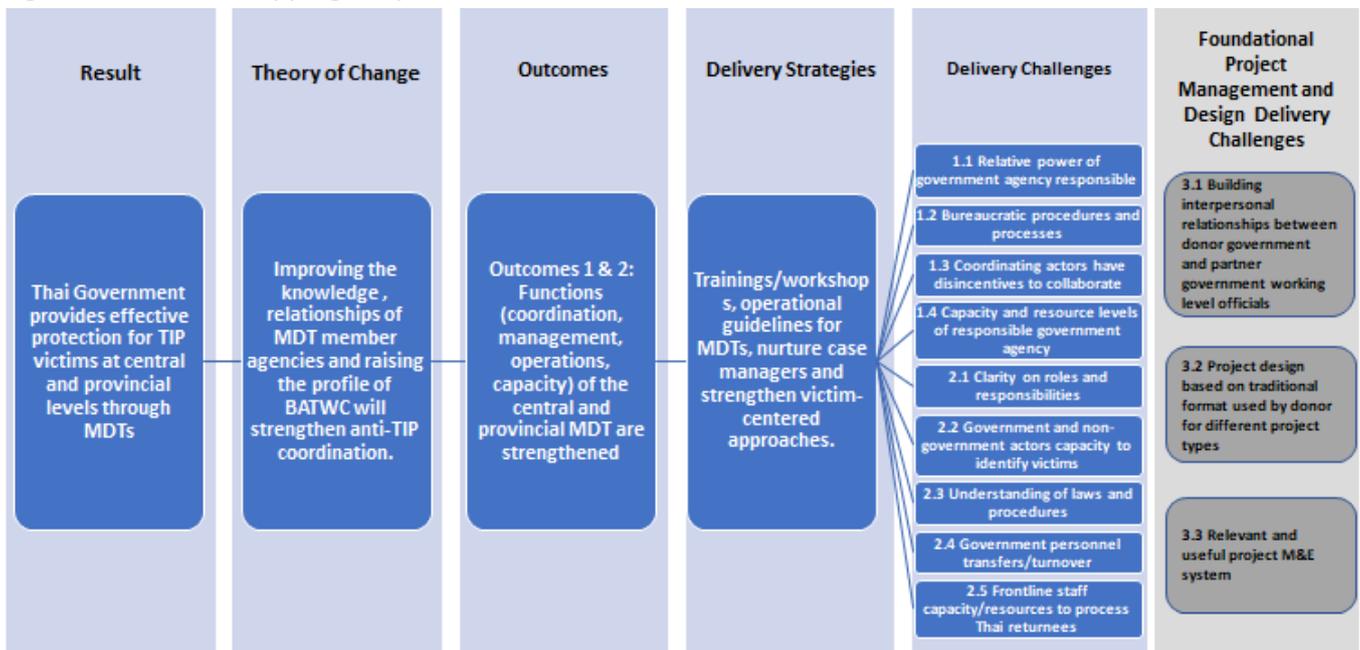
In the course of conducting the research for this case study, many of the delivery challenges outlined above were found to overlap in significant ways. When questioned about key turning points that altered the implementation process or addressed specific challenges, respondents reported that incremental, simultaneous changes in many areas led to project success. Still, it became apparent that smaller delivery challenges related to the area of "Delivery Challenge 3: Project design and management: partner relations, external experts and M&E issues" enabled or impeded progress in delivery challenge areas 1 and 2 (coordination and capacity). Thus, as shown in the *Figure 1 Process Mapping Graphic* above, these delivery challenges are labeled as "Foundational Project Management and Project Design Delivery Challenges". Addressing these challenges was critical to enabling further progress towards project results.

For this case study, the delivery challenges were identified through a review of project documents, and then had to be validated by a minimum number of individuals from the Thai Government, JICA, *and* external MDT members in order to be included in this report. This study relies on 23 semi-structured in-person interviews conducted in Japan and Thailand in 2017, and 35 interviews conducted in Thailand by a project consultant during the project

formulation phase in 2008 and 2009.[44] Notes from these 58 interviews were coded for validation (or rejection) of the hypothesized delivery challenges, and delivery challenges that passed the validation test are included in this report with additional contextual information provided by interviewees. Please see *Annex 4* for more information on validations by delivery challenge, and *Annex 5* for more information on the methodology and validation thresholds used.

The consent process included the right to anonymity in the final report. Thus each section cites, as a group, all interviewees who contributed information about factors of success and challenges in order to protect their identities.

Below, the strategies used to overcome each delivery challenge outlined in *Figure 1* are discussed in detail.

Delivery Challenge 1: Building coordination across agencies, organizations, and individuals with geographic dispersion and differences in capacity, incentives, and power.[45, 46]

Coordinating to address a problem as complex as regional and international human trafficking is complicated. It not only involves many organizations and agencies within Thailand, but requires international coordination to address trafficking flows from the entire Mekong Region. In addition, individual MDT members are dispersed between the national ministries, the "central MDT" level (in Bangkok), and the "provincial MDT" level (in this project, in Phayao and Chiang Rai), and districts and communities within provinces. Each actor in the MDT has their own objectives, incentives, will, and relative power. This made it difficult to coordinate, including in the identification of victims, information sharing, protection service provision, and reintegration or repatriation.[47, 48, 49, 50] In addition, interviewees reported that the Ministry tasked with leading MDTs, the Bureau of Anti-Trafficking of Women and Children (BATWC) at the Department of Social Development and Welfare (DSDW) in the Ministry of Social Development and Human Security (MSDHS), traditionally had a lower profile relative to other MDT members, such as the Royal Thai Police, the Ministry of Justice, Ministry of Labor, etc.[51] For example, interviewees reported that social workers who serve as case managers for the victims have less social standing in Thailand than police and prosecutors, making it difficult for them to initiate contact or lead processes even when the actions were within the scope of their legal responsibilities.   Interviewees stated that MSDHS efforts to hold learning and exchange events often suffered from low attendance or early departures of officials from other ministries, making overall coordination more difficult. In addition, the formal bureaucratic processes required for inter-agency collaboration common to all ministries (formal letters sent and processed through the hierarchy from the top-down) often made timely and practical communication on individual cases unrealistic.[52]

Some MDT government agency members also had disincentives to identify certain categories of TIP victims, leading to a lack of mutual understanding between MDT partners (and lack of mutual understanding was a further disincentive to coordinate).[53]   For example, some local police were complicit with traffickers, had negative attitudes towards victims, and, prior to the project, did not see a role for themselves in combating TIP in general so were not helpful to social workers.[54, 55, 56, 57, 58] Pre-project interviewees stated that Ministry of Labor officials have incentives to protect the economic interests of industries, including those that contain labor TIP victims (like the fishing sector, which contains many powerful stakeholders given its economic importance to Thailand). Lastly, while NGOs were often those closest to victims because they provide protection services, their role as MDT members in reality was mostly on paper, and actual input from NGOs or victims to the coordination of MDT protection services was limited. This was reported to be at least partially due to the need for knowledge capacity-

building as well as human and financial resources at the provincial MSDHS office level, which made engagement and coordination difficult.[59] For example, at the beginning of the project, stakeholders identified lack of feedback, follow-up, response, collaboration, and professional capacity, including serious errors in victim documentation, as issues in trying to work with provincial MSDHS offices.[60]

Strategies to address Delivery Challenge 1: Building coordination across agencies, organizations, and individuals with geographic dispersion and differences in capacity, incentives, and power.

Factors of Success in Addressing "*Delivery Challenge 1.1: Relative power of government agency responsible for action is low compared to other government agencies*"[61]

The Ministry of Social Development and Human Security (MSDHS) is the leading agency responsible for MDT coordination, but interviewees within and external to the Thai government cited lack of power at both the national level (Bureau of Trafficking in Women and Children, or BATWC, which is now the Division of Anti-Trafficking in Persons, or DATIP) and the provincial/ district levels (the Provincial Operation Center on Prevention and Suppression of Human Trafficking (POCHT) and Provincial Social Development and Human Security (PSDHS)'s social workers as secretariat). A number of strategies helped the project raise MSDHS's profile and increase their leverage to bring together stakeholders. Three factors of success included: MSDHS's role in building interpersonal interagency relationships, leveraging JICA's presence to create urgency, credibility and bring other agencies together, and using MSDHS central leadership staff attendance at events to pressure provincial MDT members to participate (see also addressing Delivery Challenge 1.3).

The project, including MSDHS, built interpersonal relationships via workshops, meetings and even social events. After initial issues with stakeholders leaving early, the project was careful to choose isolated locations outside of towns to encourage attendance for the entirety of a given event.   Interviewees cited the Thai-Japan workshops in Japan as successful in building close and robust interagency relationships, with some groups still having active texting groups at the time of interview, 6 years after the workshop occurred. Provincial MSDHS members organized dinners, drinks, and even karaoke outings to support open communication. They also used the project's strategy of holding events in isolated places, including on boats, to encourage full event attendance. Rather than one pivotal event, interviewees reported that repeated exposure over a number of years created a common understanding of TIP and a space for dialogue about disagreements, including the ability to make a quick and easy phone call to MDT partners. As one interviewee reported, "Now when we speak, we speak the same language," meaning that there is mutual understanding of each other's work, concerns, and approaches.[62]

These meetings and events also raised the profile of the MSDHS and the POCHT generally, so that they were well-recognized as the leadership for anti-TIP action. Thai officials reported that the JICA project enabled central and provincial coordinators to call meetings and push action on anti-TIP assignments with actors, like police and prosecutors, who before would not have responded to invitations. This improved relative power then allowed the BATWC to place top-down pressure on provincial MDT members to collaborate with provincial MSDHS staff.

Factors of Success in Addressing *"Delivery Challenge 1.2: Challenging procedures, processes and inter-agency coordination"*[63]

Project and MSDHS officials used the same interpersonal relationship-building strategies outlined above to navigate the administrative procedures and processes required for formal inter-agency collaboration. These

interpersonal relationships also allowed MDT members to ensure that the 'right people' were in the room so that decisions could be made on the spot, and built enough mutual understanding of each other so that MSDHS social workers could initiate or lead victim protection processes. In other words, as various project stakeholders learned more about who in each partner organization was authorized or willing to make decisions about specific topics, it was easier to ensure that these individuals were brought together to have productive meetings. In developing the MDT practical guidelines and training sessions, both the collaborative process of development and the output itself clarified roles and responsibilities with buy-in from all MDT members. The written guidelines also allow for direct inter-agency collaboration that bypasses traditional bureaucratic communication pathways (please see more on this in Addressing Delivery Challenge 2.1).

Factors of Success in Addressing "*Delivery Challenge 1.3: Coordinating actors (MDT members) have disincentives - institutional, cultural and social - to collaborate*"[64]

The project again used some of the same strategies – leadership support to strengthen collaboration, and interpersonal relationships and trust-building through repeated exposure – to overcome some of the disincentives to collaborate. For example, BATWC's raised profile and leadership support for the JICA project (cultivated by MDT project staff) allowed them to use two new strategies to move the project forward. First, they built national-level support for anti-TIP collaboration within other ministries using new personal contacts, and then other agency leadership pressured their own front-line (provincial) staff to coordinate with provincial MSDHS and other MDT members in project training and other anti-TIP activities. Second, when, at the first few training workshops, the wrong staff from other agencies were assigned to attend, and some came for only a half-day then left (the 2-day workshop), the BATWC director began to attend the workshops for the full duration to encourage other staff to attend.[65] The leadership-driven culture of the government system meant that lower-ranking staff from other agencies could not leave the workshops while the BATWC director was in attendance. In addition, BATWC and JICA MDT project staff identified specific individuals in other agencies responsible for anti-TIP measures and used personal contacts and follow-up from leadership to ensure that the 'right' people came to project workshops. In essence, the project was able to harness a system characteristic (hierarchy) often considered as an obstacle as a useful tool to address that same delivery challenge.

MDT members were also able to leverage changes created by the project (upskilling of central MDT members) and the Thai government (creation of anti-TIP police) to overcome coordination challenges. For example, provincial MDT members helped victims avoid being attached to the social stigma of TIP by using services from the Central MDT instead of local MDTs to protect victims' privacy: so no one would know victims' situations in the area where they live. Provincial MDT members also reported coordinating with the newly-created anti-TIP police to avoid local police (local police were reported to sometimes collaborate with traffickers). The Thai government also identified that there may be other reasons for coordinating with anti-TIP division of the Royal Thai Police instead of local police, such as when the case involves influential people (mafia) in the local area or simply relates to a wider geographic area.[66]

Factors of Success in Addressing "*Delivery Challenge 1.4: Capacity and resource levels of government agency responsible to dedicate to outreach and collaboration with partners*"[67]

Factors of success in addressing this delivery challenge included the significant time and resources invested by the project in collaboratively developing the guidelines, which involved bringing together staff from various MDT member agencies to share their internal procedures and to understand each other's work. The project's relationship-building activities were again cited as incredibly important to reduce the burden on provincial

MSDHS staff for outreach and coordination: a phone call is much simpler, faster, and less resource-intensive than drafting an official letter, which must be approved and signed by agency leadership, sent to collaborating agencies, then make its way down through their internal hierarchy to working-level staff. However, this delivery challenge has not been completely overcome; interviewees cited outreach from MSDHS to NGOs as an ongoing challenge.[68]

Delivery Challenge 2: Building capacity to provide complex, multiple services in a manner appropriate for vulnerable (TIP victim/survivor) populations; both Thai/non-Thai resident returnees, and foreign victims.[69] [70]

This delivery challenge has several aspects, all of which are related to barriers to providing tailored services to victims or survivors with diverse needs in complex situations. Addressing capacity-related challenges was a core aim of the project (and is also of much of JICA's technical cooperation efforts worldwide).

The first aspect of this challenge was that while many Thai government MOUs and guidelines developed by external parties, such as the ILO, IOM, and UNIAP, outlined general collaboration principles for anti-TIP and MDT work, there was little clarity at the working level about what these requirements meant in practice prior to the start of the project.[71] For example, there was no clear definition of an "MDT" or a "case manager" prior to the project, and the detailed procedures and steps to take for inter-agency collaboration in processing TIP victims were not clear. Thus, MDT members themselves had either a lack of knowledge about MDT members' roles, or a lack of capacity/guidance for providing effective protection services to both Thai/non-Thai residents and foreign TIP victims. In a baseline survey to understand the needs of victims, both foreign victims in Thailand and Thai/non-Thai victims reported low satisfaction rates with services and the amount of information received about available services.[72] In 2009, UNICEF reported that government-run services, especially for foreign child victims, resulted in "unreasonably long placement in shelters result in children and others sometimes being held against their will, while those who have learned to navigate the 'system' shape their replies to the police to avoid the shelters, which is significant in itself, and opt for quick deportation via the Immigration Detention Center (IDC)."[73]

Also, the Government of Thailand and others have recognized victim identification as a key barrier to delivering protective services.[74] [75] [76] [77] [78] Limited capacity to identify victims creates disparate visions of who a victim may be, impedes collaboration in providing protection services, and impedes the ability of victims to access services. MDT members, including agencies responsible for identification of victims, such as the police and labor inspectorate, also had insufficient capacity to correctly and appropriately identify victims with victim/gender/age-sensitive methods, and in a language understandable to victims from foreign countries.[79] If victims are not officially identified, they do not qualify for a number of services, per the 2008 Act 2551, including access to the TIP funds for economic support.[80] Even after victims were identified, MDT members lacked knowledge of the legal framework, and implications for processing and protecting victims.[81] This was in part due to timing; the Thai Government had just passed the 2008 Anti-Trafficking in Persons Act right before the beginning of the project, and as one social worker reported, "Just passing a law doesn't meant anyone understands it."[82] Around the same time, project surveys showed that victims expressed a lack of satisfaction with a number of aspects of service and its delivery, including lack of information, medical care, legal assistance, and economic/livelihood support services.[83] Examples provided by NGO staff interviewed were that victims reported that MSDHS personnel, when at the airport to pick up victims, did not take care to conceal the victims' sex trafficking survivor status in public. The news then spread to victims' communities, shaming them and providing additional obstacles to reintegration.

Victims were also taken directly from the airport to a police station to file statements with unsympathetic officers, often after long flights and directly after being rescued.[a]

Many front-line workers in Thailand identified government staff turnover as an obstacle to efficient coordination prior to the project.[84] Government personnel in Thailand are transferred frequently between posts; every 1-3 years. This meant that some front-line service providers, such as social workers in provincial shelters or offices, or NGO staff, found it difficult to develop and maintain a common understanding of TIP issues with other MDT members. Even during and after the project, newly-transferred MDT members, including some social workers and the local and Anti-TIP police, were not trained in interview methods for victims, which made it difficult to get the information needed to prosecute victim cases.

Finding resources and developing capacity to provide services for Thai returnee victims in particular was identified as difficult, for a number of reasons. Thai returnees' situations are often complex due to: 1) the need to coordinate with the foreign country where the victims were trafficked for evidence; 2) cultural stigmatization of victims from communities, police, and returnees themselves; 3) returnees typically do not stay in shelters, but disperse in Thailand, often changing their names for self-protection, and thus take more resources to locate and monitor than foreigners in shelters; 4) returnees may want to remain hidden due to fear of the original trafficker/agent being located in their home community and because they lack of trust in authorities due to suspected collusion with traffickers.[85] These challenges make it unsurprising that the project's baseline survey found very low satisfaction rates of Thai returnees across a range of services. Indeed, less than half of Thai returnee TIP victims reported having contact with government services at all in the first five years after returning to Thailand.[86] Interviewees also mentioned that the traditional focus of the U.S. TIP Report and other international sources on foreigners trafficked to and within Thailand had incentivized both international funding and government efforts to focus more heavily on services for foreign victims.

Strategies to Address Delivery Challenge 2: Building capacity to provide complex, multiple services in a manner appropriate for vulnerable (TIP victim/survivor) populations, both Thai/non-Thai resident returnees, and foreign victims.

Factors of Success in Addressing "*Delivery Challenge 2.1: Clarity on roles and responsibilities (of MDT partner and case manager)*"[87]

The project directly addressed this challenge by working with stakeholders to define "MDT", "case manager", and the roles and responsibilities of each through the development of practical operational guidelines for MDTs. While other international organizations had attempted to provide guidance (for example, the ILO), the intensive time the project spent consulting Thai agency leadership for the first version (10 meetings over 1.5 years; finalized in 2011), and then working-level MDT member staff for the second version (numerous workshops and consultations over almost 3 years; finalized in 2014) generated a detailed, tailored and practical guide that was universally praised by MDT members interviewed at the provincial and national level. Provincial level members used the guidelines and accompanying flowcharts, etc. to clarify roles with new MDT member staff, to keep cases moving forward, and to understand their own roles at different points in TIP victim processing and protection. The guidelines were cited as an invaluable resource to clarify roles, responsibilities, and to serve as a day to day guide. However, some lack of clarity remained at the time of fieldwork; some ministry leadership were not clear on MDT membership (e.g. stating that police were not part of MDTs, even though the operational guidelines identify police as members of MDTs).

Factors of Success in Addressing "*Delivery Challenge 2.2: Government and non-government anti-TIP actors' capacity to identify TIP victims*"[88]

Victim identification was not fully within the scope of the project to address, but the project contributed to progress within some MDT member agencies by creating a single, specific questionnaire that could be used to identify TIP victims, either by MDSHS social workers, police, NGOs or other MDT members. The project focused heavily on developing MDT member capacity for using 'victim-centered approaches' in workshops in Thailand and Japan, and interviewees reported that these methods allowed MDT members to better collect data from TIP victims who were reticent to give information needed in order to be able to officially identify them as victims. The combination of training on victim-centered approaches and inter-personal relationship building also meant that some agencies better appreciated each other's strengths and could rely on each other to fill gaps in capacity. For example, police would reach out to other MDT members (social workers, NGOs) to interview victims because they appreciated their capacity to build the rapport necessary to collect information.

Factors of Success in Addressing "*Delivery Challenge 2.3: Understanding of laws and procedures*"[89]

The same activities – definitions, workshops and trainings, and guidelines - clarified interpretations of the 2008 anti-TIP law and created a single vision that MDT members could use as a basis for shared understanding and collaboration on anti-TIP activities. The use of role play at workshops to clarify procedures was cited as an especially useful strategy for learning. The project also trained MDT members to become trainers themselves on these topics, and interviewees who served as trainers were confident in their knowledge and their ability to continue to share it with new staff in other MDT member agencies. The engagement of prosecutors and lawyers in these trainings built understanding among other MDT staff of the types of information they needed to collect from victims to help them prosecute and gain access to services.

Factors of Success in Addressing "*Delivery Challenge 2.4: Government Personnel transfers/turnover*"[90]

This challenge is beyond the scope of the project, but MDT staff navigated personnel turnover in member agencies by using project outputs in their strategies to maintain anti-TIP knowledge and collaboration. Interviewees reported using the written project guidelines as a legitimizing reference tool to clarify roles and responsibilities to new staff both within their own organizations and across agencies. However, NGOs reported that turnover was still a barrier to collaboration without a good institutional response.

Factors of Success in Addressing "*Delivery Challenge 2.5: Frontline staff capacity/resources to process Thai returnees*"[91]

The project's workshops and trainings, especially those with a focus on victim-centered approaches, addressed this challenge to some degree by training MDT member staff on how to interact with and question TIP victims. Specific to Thai returnees, one particularly effective strategy used by the project was to ensure that Thai returnee TIP victims and survivors interacted with MDT members directly. These two groups (TIP victims versus government officials, police, prosecutors, etc.) normally did not engage given differences in their socio-economic status in Thailand. Project activities included stories shared by returnee victims, victim organizations working with other MDT members in trainings, and victim organizations leading role play activities. This engagement resulted in practical changes to victim processing procedures during the project life, such as: earlier meetings between prosecutors and victims to get accurate information and better representation for victims; improved

approaches of MDT members to victim questioning, and more humane and considerate processing of returnees. Second, the baseline and follow-up surveys collected victim satisfaction rates on a number of services and analyzed them by victim status (as Thai returnees or victims inside Thailand), and this data spurred recognition of the different challenges faced in providing services to Thai victims versus foreigners or those trafficked within Thailand. This resulted in separate workshops to train MDT members on Thai returnee procedures and a focus on Thai returnees in the second phase project.

Delivery Challenge 3: Project design and management: partner relations, external experts and M&E issues[92]

As mentioned in the discussion of *Figure 1: Process Mapping Graphic,* the very structure of JICA's approach to ODA is meant to address some of the foundational delivery challenges; including *Delivery Challenge 3.1: Building interpersonal relationships between donor government and partner government working level officials.* JICA's approach is built on principles of recipient country ownership of projects, participatory decision-making based on consensus-building, and the use of existing public institutions as a mechanism for long-term sustainability.[93] Therefore, JICA projects have a slightly different structure and approach than similar programs from other donor governments. For example, the project development process for this effort included several years of preparation, including studies to understand the environment and challenges and where JICA's support could be useful, and the placement of a JICA Project Coordinator (or project formulation advisor) in Thai government partner offices to work together to jointly develop the MDT project before a final project design was agreed.

While in the process of addressing the above pre-existing delivery challenge, the MDT project development and implementation faced challenges that could generally fall under "project design and management." First, to be successful, the project design required not only sufficient human resources, but also excellent day-to-day working relationships between JICA and Thai Government MDT project staff in order to complete activities. However, a number of issues affected partner relations. First, given international scrutiny, the economic importance of industries affected by human trafficking, and cultural norms around criticism in Thailand, human trafficking is a sensitive issue. Building sufficient interpersonal relationships to allow for collaboration and smooth implementation of project activities takes time and effort, and changes in key JICA MDT project staff, even if planned - for example, the first JICA Project Coordinator left in 2011, and the project had two different JICA Chief Advisors - was reported to have led to slower advancement in this area as new relationships had to be built with each individual.[94] JICA and Thai Government MDT project staff also reported that different work cultures sometimes led to frustration or conflicting priorities, exacerbated when there was a lack of full understanding between them.

Second, in alignment with JICA principles to build on existing partner government infrastructure and resources, the agreement between JICA and the Thai Government (specifically, the MSDHS) did not require the Government of Thailand to have personnel dedicated solely to project support. In practice, this meant that project-related responsibilities were placed on top of existing portfolios of full-time staff members on the Thai side, and juggling both regular, full-time job responsibilities in addition to project responsibilities could sometimes be difficult, especially during busy periods. At the same time, during start-up, while JICA and Thai Government MDT project staff were building a rapport and mutual understanding, approvals for project activities had to go through formal systems of approvals processes on the Thai side. These two issues – building closer interpersonal relationships and juggling competing priorities – meant that project activities were initially more difficult to coordinate.[95] For

example, planning for events had to be agreed upon by all parties, but while close oversight and engagement was required by the Thai Government MDT project staff, this collaboration was sometimes difficult to arrange due to their full schedules and other commitments. This led to delays, especially during project-start up, and to overwork for Thai Government MDT project staff during busy periods, but is an integral part of JICA's philosophy of sustainability as outlined above.

Two project design related issues also presented challenges during the project. The first was that project design was in some respects based on a traditional format used by JICA for very different projects.[96] This meant that it included the use of external short-term experts, embedding JICA project staff in government partner offices, two-way knowledge-co-creation courses in Japan, and the development of project M&E systems based on document reviews by JICA headquarters staff in Tokyoa (as opposed to in-person expert development support). While some aspects of the project's format led to successes (discussed below), some created challenges. For example, the project design included the use of Japanese short-term experts to share knowledge with partners based on Japan's competitive advantages. Although Japan possessed expertise related to victim-centered approaches to social work and service provision, Thailand actually had more expertise internally related to anti-TIP laws, policies, and procedures, which led to several issues. The first was some questioning of the merits of the project from the Thai side at the beginning, leading to lower initial buy-in from partners within other Thai Government agencies. This made internal coordination more difficult for MSDHS in the initial stages of the project. The second was that funding allocations dedicated to bringing in external experts in the typical JICA-project manner provided a challenge for JICA project management to find effective strategies to both locate relevant Japanese experts and to use the funds to reach project goals.

The second project-design related challenge is related to the traditional approach taken to the project's M&E system, especially in relation to the Project Design Matrix (PDM), which includes the projects goals and indicators. Around the world, JICA's project staff are typically able to rely upon a large body of guidance, past examples, and indicators for developing PDMs based on JICA's institutional knowledge of work in a given topic area. However, the MDT project was the first project of its kind (anti-TIP) at JICA. MDT project staff were not able to rely upon a menu of indicators from similar projects or other institutional knowledge and resources, and no MDT project staff were monitoring and evaluation experts.[97] Without additional supports beyond the normal PDM review at JICA HQ, MDT staff struggled to develop indicators and systems for collecting data for those indicators that they would useful for their management of the project. The usefulness of the PDM and its indicators was challenged by JICA MDT project staff and external consultants, including those who worked on developing these systems. Specifically, external consultants and JICA and Thai government project staff questioned the usefulness of the PDM and related indicators in assessing the project activities and outcomes, despite six revisions to the PDM during the project life. The midterm evaluation team notes that the project's M&E had not produced relevant data at the time of the evaluation, and the terminal evaluation notes that the data produced do not allow for a full assessment of project outcomes. To further illustrate this challenge, the most central outcome indicator of "effective protection" was measured by proxy in the satisfaction of returnee or foreign trafficked persons, and was defined in the 5.1 version of the Project Design Matrix (pg. 85, TE) as: "Feelings of safety at every stage of protection, feelings towards goodness of MDT services as per steps in the operational manual, and feelings of being self-sustained resulted from services obtained." In other words, 'effective protection' was to be measured by victim's feelings of safety, and opinions on protection and reintegration services. While the endline survey measured victim satisfaction across a range of specific services, this overall indicator was never more specifically defined or quantified, making any quantitative or qualitative assessment difficult. Even had it been possible, several individuals interviewed disputed the accuracy of using the

indicator to measure the project's success, due to the small perceived relative contribution of the MDT project to victim satisfaction in relation to other Thai Government efforts.

Strategies to Address Delivery Challenge 3: Project design and management: partner relations, external experts and M&E issues

Factors of Success in Addressing "*Delivery Challenge 3.1: Building interpersonal relationships between donor government and partner government working level officials*"[98]

JICA and the Government of Thailand committed significant time and resources to trust- and relationship-building via several strategies. These strategies were effective in overcoming this challenge, as evidenced by interviewee feedback and the existence of a second phase of the project.

First, the MDT project design, like many JICA projects, placed JICA MDT project staff directly into Thai Government collaborating agency offices, and the MSDHS agreed to host these staff, allowing for daily exposure and relationship-building between MDT project staff from both JICA and the Thai Government. This included placing a JICA "pipeline officer", or Project Formulation Expert, into the collaborating agency (MSDHS, BATWC) in 2008 (prior to the start of the project), with the express purpose of building interpersonal relationships that would support project implementation. The same individual – the Project Formulation Expert – then became the JICA MDT Project Coordinator until 2011, was identified as key to relationship- and trust-building by multiple Thai Government staff, and was variously called "sensible", "non-disruptive", "respectful", and "responsible" by interviewees. This strategy – building a basis for institutional trust – also helped smooth the way to interpersonal relationship-building that had to occur as JICA MDT project staff changed during the project. This design also helped JICA and Thai Government project staff work together to find ways to navigate formal systems in the government in order to help move the project forward.

Second, the JICA strategy for collaboration and the process of working impressed a number of interviewees and led to stronger relationships. The process was outlined as "research, consultation, listening, co-development, collaborative planning, execution, evaluation" by a number of individuals, and cited as key to building buy-in and trust. For example, two interviewees described it as such: "JICA created a friendly environment; they don't instruct, but study, ask opinions on next steps, etc."; and, "experts investigated deeper reasons behind yes/no responses to really understand issues before moving forward."[99]   This collaborative strategy appears to have been built over time as MDT project staff learned; one Thai government official noted that project start-up could have gone more smoothly had more interpersonal efforts at collaboration been made with ministries outside of MSDHS to consult on the project's strategy.

Third, the MDT project structure and strategy prioritized trust-building between partners, and it was at times difficult to balance this priority with project goals, especially early in the project when JICA and Thai MDT project staff were still building coordination norms. Delays in substantive activities resulted from differences in the timeline necessary for strengthening relationships versus the agreed timeline for substantive activities (the substantive activities could not occur without building relationships first). MDT project staff overcame this issue through two main strategies.

First, to help prioritize project work at the national level amid competing priorities for Thai Government MDT project staff, JICA and Thai Government MDT project staff established an steering committee that met weekly, then later, twice per month. [100] The steering committee created an official forum with meeting minutes that, at the beginning of the project, helped deepen professional relationships and support project progress because it resulted in documentation of agreements for JICA and Thai Government project staff to discuss, negotiate, and agree upon. However, it was also reported to create significant work for already-busy Thai officials to review, revise and formally accept meeting minutes, as they were asked to complete project-related activities on top of their regular workload.

As a second strategy, MDT project staff worked directly with provincial MDT partners to move substantive activities forward (for example, developing content for a training) when decision-making approvals were delayed in formal systems at the national level. Allowing work to move forward at both national and local levels simultaneously allowed the project to create substantive achievements, which further deepened external partner support for the MDT project's activities and goals. Working with provincial partners also allowed JICA MDT project staff, who had 100 percent of their time available for project work, to provide human resources for much of the background or groundwork, so that JICA and Thai Government MDT staff could then make final decisions together. Thai Government MDT member inputs were especially important in making final decisions on or approving preparations that JICA MDT project staff had made, for a collaborative overall effort. Another strategy was for JICA MDT project staff to give Thai counterparts "menus of options" that they could choose from for project activities, which sped decision-making and preparations for project activities.

Factors of Success in Addressing "*Delivery Challenge 3.2: Project design based on traditional format used by donor for different project types*"[101]

JICA's use of a traditional project format – including the use of external (Japanese) short-term experts for a project where the partner country possessed significant expertise – made JICA MDT project staff need to find innovative uses for funds to support project goals .

Making use of external short-term experts from Japan to provide technical trainings was reportedly more difficult for this project than others, because Japan had a smaller competitive advantage (e.g. expertise in domestic violence case management and interview techniques, but not anti-TIP measures, when compared to Thai experts). JICA MDT project staff used several strategies to deal with this issue. One used personal connections with experts in related areas to source short-term experts in areas where Japan did possess a competitive advantage (for example, gender-based violence). Another used short-term expert funds in an innovative way: short-term experts from Japan were paired with Thai experts and provided support to develop research, project training materials, and to 'train the trainers', or provide training to Thai counterparts. Thai counterparts then conducted the actual MDT member trainings. Still, the lack of flexibility to use funds for needed Thai expert services meant that Thai experts were sometimes officially hired as 'translators', but these experts contributed significant, substantive work to the project. Lastly, JICA MDT project staff also dedicated significant time to sharing information on the Thai context with Japanese short-term experts so that their outputs could be more useful. Short-term experts who were not MDT project staff could also be useful conduits to convey sensitive information to Thai counterparts without undermining the strong working relationship between JICA and Thai Government MDT project staff.

In some cases, having JICA project experts unfamiliar with anti-TIP and MDTs led to suboptimal initial outcomes; for example, all interviewees agreed that the first version of the MDT guidelines were not useful for MDT

practitioners because they did not take into account practical information about process, procedures, etc., so MDT members afterwards worked to revise them together.

However, in some cases, the use of short term experts who were not familiar with how MDTs functioned in Thailand, combined with JICA's collaborative, methodological approach to developing project materials, led to greater buy-in from Thai Government staff at the working level, who reported that they felt like JICA experts came to them "as friends" or equal partners, and that "neither of us knew what we were doing, so we worked it out together."

A Remaining Delivery Challenge*: "Delivery Challenge 3.3: Relevant and useful project M&E system"*[102]

MDT project staff were able to find few successful strategies to create a more useful Project Design Matrix (PDM), accompanying indicators, and system for collecting information for those indicators (collectively referred to as "project M&E system"). MDT project staff on both JICA and Thai sides reported that they did not have the capacity to develop the PDM indicators and data collection systems for this type of project, and no assistance was reported to be provided by JICA HQ. There may have been some lack of clarity on roles internally between JICA MDT project staff and JICA HQ support: MDT project staff may not have known that assistance had to be specifically requested, and JICA HQ may not have known it was needed.). Because the MDT project was the first of its kind, no previous examples or templates from similar JICA projects were available. MDT project staff reported that no M&E specialists assisted in the development of the indicators, and that JICA HQ required quantitative indicators but could not provide specific guidance or assistance. One MDT project staff responsible for revising the indicators and PDM felt that it was "almost impossible to do." Another MDT project staff member stated that "Everyone [meaning JICA HQ, MDT project staff, and Thai government counterparts] knew that the indicators were not that useful, but no one could come up with any alternatives." The PDM was seen as "incomprehensible" and time-consuming. One interviewee reported that the focus of the indicators gave perverse incentives to project management to focus on outputs instead of outcomes, and on quantity rather than quality, in part because the project timing and outputs did not allocate sufficient time for the trust-building that was key to project success.

The PDM underwent six revisions in order to improve its usefulness, but MDT project staff and external consultants reported that these efforts were unsuccessful. The indicators were reported to not be useful to management or assessment of the project, and there was an overall lack of buy-in from MDT project staff as a result.

Issues with project indicators led to lack data for the project evaluations (as reported in the mid-term and terminal evaluation reports). As one interviewee said, "a bad logframe equals bad evaluations". Evaluation team members from both Thai and Japanese governments, as well as the external evaluator, reported that the evaluations did not look in detail at data, were "superficial", and had "strong incentives to show project success". Data reported in the terminal evaluation is from an external survey conducted by a Thai consultant rather than the project's PDM.

Lastly, Thai government staff were reportedly not as interested in PDM for the project for two reasons: 1) it reflected only a small part of their efforts to combat TIP, and 2) they were developing their own system of M&E with other donors.

The project did not find a way to navigate these difficulties to make the project PDM more relevant for use by MDT project staff for management purposes. However, there were two ways JICA and Thai Government MDT staff approached PDM development that were useful for the project: 1) the indicators, which were created with knowledge of existing Thai government data, were useful in helping the project get access to data and helped to create clear targets that made work easier for Thai counterparts; and 2) the project action plan was framed similarly to the work action plans of Thai government officials, and this made it easier for Thai officials to understand the plan and see a way to work towards it.

Lessons learned

In politically sensitive situations and within hierarchical structures, interpersonal relationships matter. Many of the project's successes were built from successful strategies used by JICA and Thai Government MDT project staff that 1) supported the creation of interpersonal relationships between MDT members, or 2) formed strong working relationships between JICA and Thai Government MDT project staff themselves. However, neither of these outcomes are quickly reached, and required patience as well as concerted effort and resources, which both JICA and the Government of Thailand invested to great effect.

The path to success in these areas was made possible by the Thai Government's openness to working with JICA, and to JICA's approach to international development: one of mutual, collaborative learning. This approach encompasses three of the five World Bank Science of Delivery Approaches: multi-dimensional response, leadership for change, and adaptive implementation.[103] First, the project brought together MDT stakeholders and gave all of them opportunities to share their expertise and learn from each other. The operational guidelines for MDTs were developed by "facilitating multi-stakeholder coalitions" and harnessing "multi-sectoral perspectives to identify problems and solutions." In this case, the outcome of bringing these stakeholders together was an extremely useful, practical document (the operational guidelines), which now guides and coordinates the activities of many individuals to work together to provide TIP victims with services. As a result, the MDT members have naturally identified each other's comparative advantages, and work together more efficiently. For example, social workers and NGOs reported now working with anti-TIP police to help identify TIP victims, and police contact NGOs to help conduct interviews with victims to gather evidence.

Within the project, JICA's very presence empowered the MSDHS to lead on anti-TIP activities, allowing them to bring together representatives from agencies and create collaboration at national and local levels in a way that was not possible previously. JICA's involvement also helped to override socio-cultural divides between TIP victims and government officials, creating the spaces for empathy, learning and exchange needed for MDTs to work together effectively.

Foundational delivery challenges can enable or undermine short-term and long-term outcomes of projects. In this case, the strategies employed for this project – centered around trust, collaboration, and patience – allowed for movement towards the project goal of more effective protection for TIP victims through Multi-Disciplinary Teams in Thailand. The project was able to forge strong relationships between JICA and Thai Government MDT project staff, and to use innovative strategies to address project design and counterpart bandwidth issues. JICA and the Thai Government collaborated over many years to build stronger government-to-government relationships that allowed individuals to work together towards the project's goals. This included patience and investment in staff time on both sides. The Thai Government dedicated the time of busy officials, including those at high levels of leadership, and JICA invested in project-specific in-country project staff time both before and throughout the project. Perhaps equally important, the agreement between the Thai Government and JICA to

host these staff in close physical proximity (the Thai Government provided work space in MSDHS offices) allowed day-to-day exposure and trust- and relationship-building.

In terms of developing the practical MDT guidelines, the project's strategy of engaging knowledgeable legal officials and victims in developing the guidelines allowed the project to develop something practical and useful. The guidelines helped practitioners follow legal requirements to create smoother case processing, and to provide services in a more humane, victim-centered way. Complementary relationship-building efforts among local practitioners, such as providing engaging trainings that included role play, trips to training sites in Thailand and Japan, and national Thai Government leadership support that helped local officials prioritize attendance, led to MDT members reporting that they felt more capable of collaborating as a team across agencies and organizations when implementing the guidelines. Lastly, the overall strategy used by JICA and MDT project staff - outlined as "research, consultation, listening, co-development, collaborative planning, execution, evaluation" was cited as critical to building buy-in and trust by a number of interviewees.

However, the single remaining foundational delivery challenge, that of a relevant and useful M&E system (e.g. a useful Project Design Matrix, indicators, and data collection system to provide evidence of progress for those indicators) undermined the project's ability to demonstrate progress towards its core goal, "Thai Government provides effective protection for TIP victims at central and provincial levels through MDTs". The project was therefore unable to harness the other two science of delivery approaches: relentless focus on citizen outcomes and evidence to achieve results.

Despite this, the project's many successful strategies are useful models for other practitioners interested in collaboratively developing practical, operational guidance from legal frameworks, building interpersonal networks that promote teamwork, and building strong government-to-government relationships and trust in sensitive areas of work to expand the fight against the scourge of human trafficking.

Annex 1: Project Activities and Goals[b]

Result: Thai Government provides effective protection for TIP victims at central and provincial levels through MDTs

Outcome 1: Functions (coordination, management, operations, capacity) of the central MDT are strengthened

- 1-1: Conduct trainings/workshops for case managers and central MDT team members
- 1-2: Develop MDT operational guidelines
- 1-3: Nurture case managers
- 1-4: Strengthen victim-centered social reintegration approach
- 1-5: Assess practices of case managers/team members at central level

Outcome 2: Functions of provincial MDTs in selected provinces are strengthened

- 2-1: Conduct trainings/workshops for case managers and provincial MDT team members
- 2-2: Modify MDT operational guidelines
- 2-3: Nurture case managers
- 2-4: Assess practices of case managers/team members in pilot provinces
- 2-5: Prepare to strengthen MDTs in other provinces

Outcome 3: Lessons learned from MDT approaches are shared among selected countries

- 3-1: Conduct regional seminars to share practices with Mekong Region countries
- 3-2: Conduct workshops to share good practices with Japan/Thai authorities

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[b] Project activities and goals per the Terminal Evaluation Report, 2013. This version includes changes and revisions from the initial project plan, including the addition of activities 1-3 and 2-3 that focused on improving capacity of case managers.

Annex 2: Stakeholder Mapping
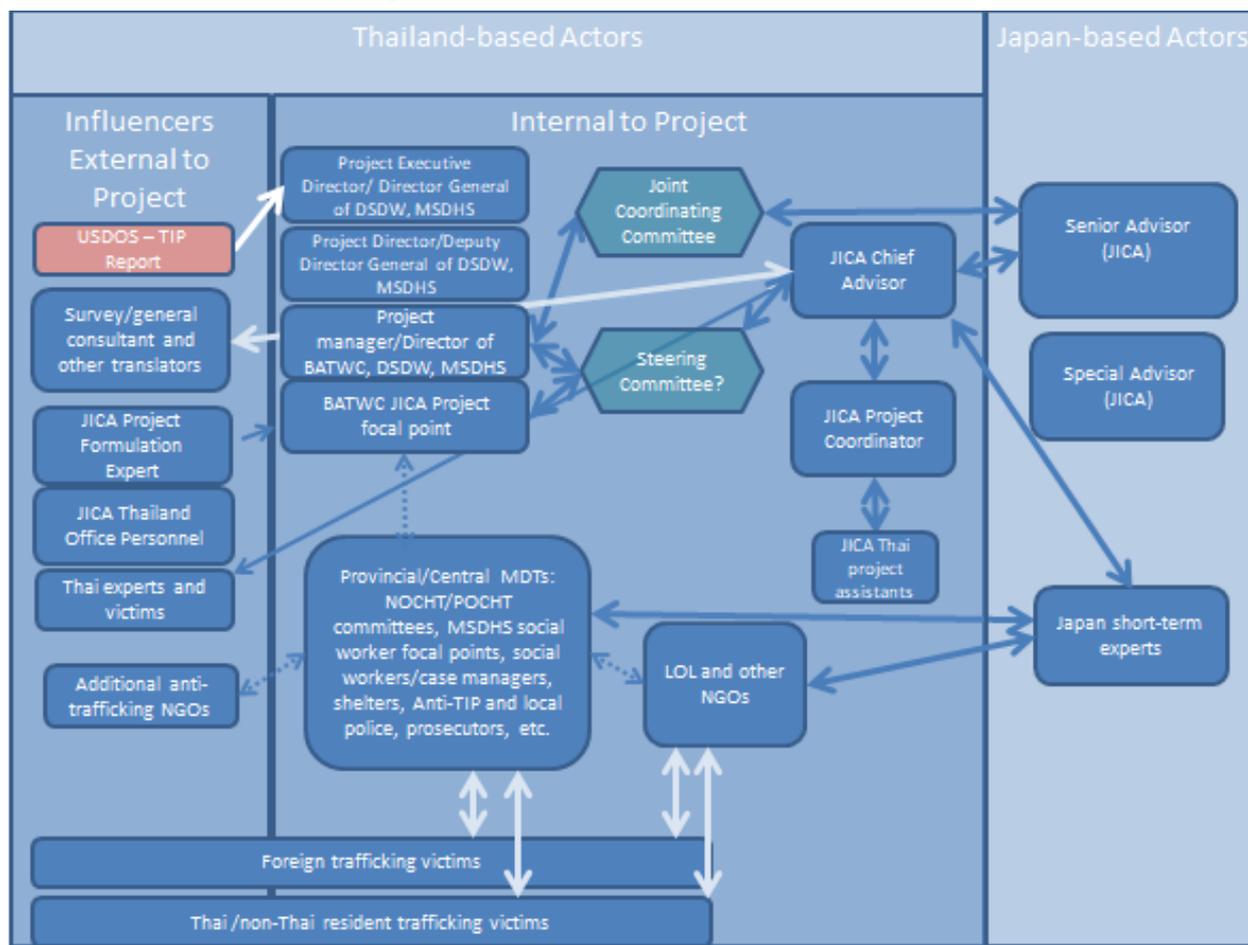
The most influential day-to-day actors in the project that made decisions on project strategy and implementation were the JICA MDT Project Expert/Chief Advisor, the BATWC Director (the project manager), and the BATWC focal point, as well as social worker focal points in Phayao and Chiang Rai provinces. The JICA project staff worked in the same physical location – in BATWC offices – with their Thai counterparts. The two lead contacts at the provincial MSDHS offices, both social workers, seemed to have strong input on coordination and project activities in Chiang Rai and Phayao, respectively.

Several other actors external to the project seemed to have large influences on the project activities. First, prior to the project, a "pipeline officer", or Project Formulation Expert, from JICA was placed in BATWC offices to help pave the way for the project. Then after the project began, she became internal staff as the JICA MDT Project Coordinator, providing a coordination point and building trust with Thai counterparts. Second, the Senior Advisor of JICA Tokyo conducted the research on Japan-related TIP in the Lower Mekong Region countries, as well as approaching the Thailand Ministry of Social Development and Human Security and conducting negotiations to agree on the project and project design. A Thai researcher conducted the initial research with the Senior Advisor, proposed and developed indicators, interviewed dozens of Thai MDT members and professors in 2008-2009, developed the initial guidelines, provided translation and unofficial consultancy services for JICA project management, as well as the baseline and endline surveys of the project. The Thai NGO called Live Our Lives, formed of previous female TIP victims, appeared to have great impact on informing project activities and educating MDT members on the realities of returning TIP victims. Lastly, the U.S. Department of State's Trafficking in Persons Report (TIP report) was mentioned in nearly every interview conducted for this case study as helpful call to action on anti-TIP activities.

While the project was active from March 2009 to March 2014, it is important to understand the origins of the project to give context to the decision-making and inflection points that occur during in the project itself.

In 1997, the Thai government advocated use of multi-disciplinary approaches to provide TIP victim services, but had difficulty providing effective services.[104] [105] [106] Some provinces also used a multi-disciplinary approach to addressing health issues, child protection and TIP in an informal, ad-hoc manner. As Thailand was struggling to establish fully operational MDTs, in Japan, the government decided to make greater efforts to combat human trafficking domestically and through overseas development support.[107] [108] As a result, in addition to other efforts, in 2005 JICA and the National Women's Education Center based in Saitama launched a 3-year research program, and in 2007, JICA conducted a fact-finding mission on human trafficking in Japan and the Mekong Sub-Region, which was a primary source area for trafficking victims in Japan. [109]   Thai nationals were the third largest group of trafficking victims in Japan, after Japanese and Filipino persons.[110] When JICA staff approached the Thai government to investigate the possibility of collaboration, Thai officials requested assistance in upskilling personnel and coordinating capacity of MDT staff due to the central importance of this strategy in providing protection services.[111] [112] Due to some of the high profile criticism, including from the TIP report, as well as the complexity of foreign victims' situations outlined in the previous section, the Government of Thailand highlighted services for foreign victims as a priority area for the project.[113] As a result of these negotiations, the fact-finding mission recommended a bilateral technical cooperation project and the current project was arranged. [114]

The project timeline reflects both the political drivers that formed the project as well as the 2-way collaboration and cooperation that is at the core of JICA's approach to technical cooperation in general. There are a number of instances, outlined in Table 5 below, that note how activities were shaped by feedback from various stakeholders on challenges. For example, when the baseline survey revealed victims' lack of satisfaction across a range of protection services, the project changed several things, including important indicators to help focus project activities on victim satisfaction as a measurement of success, and project trainings and other workshops began to include MDT member dialogues with victims as a part of the agenda. When the mid-term review reported a continued lack of satisfaction with services and lack of a victim-centered approach, the project developed case manager training ("nurturing") that included victim-centered approaches to improve case manager capacity and victim satisfaction with services. Finally, when the endline survey and terminal evaluation uncovered differences in satisfaction rates between foreign and Thai/non-Thai resident TIP victims, the project developed workshops focusing on improving Thai/non-Thai resident returnee victim service experiences, and a second phase of the project now focuses on the cross-border issues and returnee needs.

Timeline Table

Date	Event	Justification for inclusion/relevance	Remarks:
1997	MDT approach used in Phayao (1997) and in Chiang Rai (2003) in TIP cases	Although it was not called the MDT approach, multi-disciplinary teams coordinated to fight Commercial Sexual Exploitation of Children (CSEC) and sex trafficking long before Thai government MOUs named them MDTs. Primarily targeted at foreigners, thus MDTs	

		and TIP victims were considered for 'foreigners'.	
1999	MOU on Common Operational Guidelines for Government Agencies Engaged in Addressing Trafficking in Children and Women	Required coordinated approach towards prosecution and protection of TIP by the signatory parties, which included the Permanent Secretary of the Office of the Prime Minister, Police Commissioner General, Director General of the (then) Social Welfare Department, Chairperson of the Coordinating Committee on Foreign Children, and a representative of the Network for the Prevention and Combat of Trafficking in Women and Children.	
2003	MOU on Common Operational Guidelines for Government Agencies Engaged in Addressing Trafficking in Children and Women	The MOU acknowledged that "many problems have arisen in the implementation of that {1999} MOU", and focused on domestic efforts to provide protection services to Thai and foreign TIP victims via what would later be called the MDT approach; coordinated efforts of different government actors and agencies as well as non-government organizations.	
2005-2008	JICA conducts research on TIP in sending countries in Mekong region	JICA collaborates with domestic experts at the National Women's Education Center (NWEC) to conduct initial research on the situation among the primary source countries for TIP victims in Japan.	Refinement
2008	Anti-Trafficking in Persons Act passed	Designated Ministry of Social Development and Human Security (MSDHS) as main agency responsible for anti-trafficking efforts among various agencies. Provided legal framework for MDT operations, police and prosecutor support, but MDTs not specifically named or defined, so ongoing lack of clarity	Inflection point – there is a central Point of Contact with which JICA can coordinate
2008/09	Project negotiations	JICA approaches GoT about a project related to TIP not already funded by other donors, and GoT asks JICA to assist with improving MDT functioning	Inflection point
March 2009	Project starts	Focus of project documents is on upskilling MDT members, not direct services to victims. Primary outcome of project is improving "effective protection" for victims. Project must first work to clearly define MDTs.	

2009	Project Design Matrix (re)developed	Project Chief Advisor, Project Formulation Expert, BATWC Director and focal point work together to revise PDM, develop indicators and targets	Inflection point
October 2009	Baseline (interim) survey	Identifies lack of satisfaction amongst TIP victims with protection services. Consultant advocates for more interaction with individual cases.	Inflection point
2010	Workshops: 1st Mekong Regional, MDT development of operational guidelines, workshop on analysis of success/challenges	A more victim-centered approach began to appear in project documentation and planned activities. For example, the original plan of operations from Dec. 2009 makes no mention of any contributions of or interactions with TIP victims, but the project activities, starting in Feb. 2010 with the first Mekong Regional Workshop, began to include "dialogue with trafficked persons" in their objectives.	Refinement
January 2010	Project Design Matrix modified to focus on end outcome of project (effective protection services) as measured by victim satisfaction.	Indicators related to the project purpose were modified from "1.xx% of process activities specified in the operations manual was followed. 2. XX% of professionals joining the MDT utilized the standardized assessment tools…" to

"1. More than 50% of the Thai and non-Thai trafficked persons in Thailand receiving services from MDT reveal their satisfaction to service providers at the end of the Project

2. More than 50% of the Thai and non-Thai returnees receiving services from MDT reveal their satisfaction to service providers at the end of the Project

3. More than 70% of the foreign trafficked persons rescued by the MDT in Thailand reveal their satisfactionat the end of the Project

4. 50% of process activities specified in the operational guideline are followed. (Steps were taken as specified)"

And in the final version 5.1 from January 2012, to

"1.More than 60% of trafficked persons (including returnees and foreign trafficked | Refinement |

		persons) reveal their satisfaction to MDT services at the end of the project. And 2. More than 50% of necessary steps specified in the MDT Operational Guideline are followed by each member agency."	
August 2010 (24-25th, Phayao; 26-27th, Chiang Rai)	Workshop on analysis of factors contributing to success and challenges of MDTs	Project gathered information from MDT members to better understand successes and challenges, including providing space for a dialogue for MDTs and trafficked persons	Inflection point
Dec. 2010	2nd Thai-Japan Workshop on TIP	Brought together members of TIP on a trip to Japan; although space for exchange with Japanese counterparts, functioned well as a bonding activity for groups that previously did not collaborate.	Inflection point
2011	First draft of MDT guidelines finalized	Project develops first draft of guidelines to clarify roles and responsibilities of various MDT members; MDTs and JICA staff agree not entirely useful	Inflection point
2011	Project Coordinator and first Chief Expert leave; new Chief Expert starts	GoT and new JICA staff must redevelop trusting relationship; acts as a 'reset' to some degree	Inflection point
June 2011	Mid-term review	Review reports victim lack of satisfaction with services (pg 11); weak evidence linking strengthening MDTs and outcomes for victims (pg. 14) and MDT members reported that the services do not incorporate victim-centered approaches (pg 7/10 of evaluation grid). Mid-term review recommends that the project "nurture Case Managers to raise the satisfaction rate of trafficked persons" (pg.18) in order to improve victim satisfaction with services.	Inflection point
August 2011 (25-26th in BKK, 30-	First Workshop on Case Management for the protection of trafficked	Workshop introduced MDT Operational Guidelines and clarify the roles and responsibilities of case managers within MDTs.	Refinement

31st in Chiang Rai)	persons to clarify roles of case managers	MDT members provided feedback that they needed more concrete instructions on how to handle/process victims, leading to development of "Practical Version" of Operational guidelines (pg 12 TE)	Inflection
March 2012 (19-21th in BKK)	Counseling skill Workshop	Workshop introduced Counseling Skills which was formulated by psychiatrist, counselor and victims of trafficking. This was to mainstream victim centered approaches, and role play was used extensively as a learning tool.	
Sept 2012 (3-4th BKK; 6-7 Chiang Rai)	2nd case management workshop	Focused on social workers' and other protection supports personnel's skills in support for specifically foreign/non-Thai victims in Thailand (pg 103 TE)	Refinement
Dec. 2012-March 2013	Follow-up survey (data collected in 2012/13)	Found that Thai nationals and non-Thai residents (all returnees) had lower satisfaction rates across a range of protection services than foreigners. Recommended focus on case management training for services for returnees. (pg 59 Endline survey report)	Inflection point
April 2013 (25-26th Chiang Rai; 29-30th BKK)	3rd Case Management Workshop	Focused on social workers' and other protection supports personnel's skills in support for specifically returnees (Thai victims) (pg 104 TE)	Refinement
March 2013 (1-2nd Phayao, 5-6th BKK, 8-9th Chiang Rai	Gender Workshop	Focused on how to address to the special needs for sexual exploited trafficked victims, especially girls and women. Role play was used extensively as a learning tool.	
Sept 2013	Terminal Evaluation	Concludes (based on endline survey data) that "MDT has been paying more attention to the foreign TIP victims in Thailand than the Thai returnees from abroad." (pg 18 TE)	Inflection point
March 2014	Project ends		
June 2014	Guardian, NYT, and AP publish reports on forced	Additional investigative reports followed, placing extreme pressure on GoT due to the	

	labor in fishing & seafood processing	importance of fishing sector, possible additional impetus for 2nd project	
9 Jan. 2015	Second phase of MDT project is signed	JICA and Thai Govt decide focus on Thai/non-Thai returnees and their reintegration services for 2nd phase project	Refinement

From late February to late March, the case study writer reviewed available project documents and developed an annotated outline, including 17 hypothesized delivery challenges. From April to May 2017, the case writer conducted 23 semi-structured, in-person interviews in Japan and Thailand (one was conducted by phone, and another via email). Interview notes were then coded for delivery challenges and successful and unsuccessful strategies to address the delivery challenges. An additional 35 interviews conducted by a project consultant, Dr. Hongswadhi, during the project formulation phase in 2008-2009, were also coded for the above delivery challenges. All identities of respondents are protected for privacy due to the sensitive nature of this study topic.

In lieu of process tracing, all delivery challenges presented in this case study passed a validation test in order to be included. "Validation" means that a respondent acknowledged/mentioned the existence of the delivery challenge, even if indirectly. For example, if a respondent reported that "the project workshops clarified roles and responsibilities of MDT members", that statement would support the existence of challenge D2.1, "lack of clarity on roles and responsibilities." Respondents who more directly stated that they lacked clarity on roles and responsibilities in MDT collaboration would also be counted as a verification data point.

Of the 17 delivery challenges hypothesized, three were discarded due to insufficient evidence for validation. The validation thresholds for the 14 included delivery challenges were as follows:

For delivery challenge **groups 1 and 2** (those occurring before/during the project), the minimum validation threshold for inclusion in this case study is as follows:
1) A minimum of 6 sources, with at least one source from each of three out of four of the following groups:
    a. JICA staff (including JICA MDT project staff, JICA Thailand and JICA Tokyo staff)
    b. External experts/consultants (Thai and Japanese)
    c. Government of Thailand staff
    d. 2007-2008 interview group or other project documents

For delivery challenge **group 3**, which is only concerned with project management issues[c], minimum validation for inclusion in the case study is as follows:
1) A minimum of 3 sources from two out of three of the following groups, with at least one source each from JICA and GoT:
    a. JICA staff (including JICA MDT project staff, JICA Thailand and JICA Tokyo staff)
    b. External experts/consultants (Thai and Japanese)
    c. Government of Thailand staff

Given the personal nature of the success strategies, strategies had to be provided by only one individual for inclusion in the report. All challenges and strategies presented in the report were provided by respondents; none of the information is the case writer's personal thoughts or opinions.

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[c] 2007-2008 interviews occurred before the project operated and JICA project documents do not address project management issues.

Annex 5: Table of Delivery Challenges

Table: Detailed delivery challenges and validations per delivery

		Number of validations
Delivery Challenge 1: Building coordination across agencies, organizations, and individuals with geographic dispersion and differences in capacity, incentives, and power		
D1.1:	Relative power of government agency responsible for action is low compared to other government agencies	12 individuals 4 groups
D1.2	Challenging procedures, processes and inter-agency coordination	11 individuals 4 groups
D1.3	Coordinating actors (MDT members) have disincentives - institutional, cultural and social - to collaborate	21 individuals 4 groups
D1.4	Capacity and resource levels of government agency responsible to dedicate to outreach and collaboration with partners	15 individuals 4 groups
Delivery Challenge 2: Building capacity to provide complex, multiple services in a manner appropriate for vulnerable (TIP victim/survivor) populations; both Thai/non-Thai resident returnees, and foreign victims		
D2.1	Clarity on roles and responsibilities (of MDT partner and case manager)	20 individuals 4 groups
D2.2	Government and non-government anti-TIP actors' capacity to identify TIP victims *As this has been extensively researched and acknowledged by the GoT, this was not pursued in case study research.	9 individuals 4 groups
D2.3	Understanding of laws and procedures	15 individuals 3 groups
D2.4	Government personnel transfers/turnover	8 individuals 4 groups
D2.5	Frontline staff capacity/resources to process Thai returnees	10 validation 4 groups
Delivery Challenge 3: Project design and management: partner relations, external experts and M&E issues		
D3.1	Building interpersonal relationships between donor government and partner government working level officials	8 individuals 2 groups
D3.2	Project design based on traditional format used by donor for different project types	6 individuals 3 groups
D3.3	Relevant and useful project M&E system	7 individuals 3 groups

Endnotes

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