Livelihoods Initiative for Transformation (LIFT) in India

A pilot project to test the LIFT programme in two Indian Red Light Areas

In 2020, Seefar launched the Livelihoods Initiative for Transformation (LIFT) programme in India, with funding from the Global Fund to End Modern Slavery (GFEMS) and the Norwegian Agency for Development Cooperation (Norad).

LIFT India supported female victims of Commercial Sexual Exploitation (CSE) in Kolkata, West Bengal and Mumbai, Maharashtra – two of the most prominant hubs for CSE and trafficking in India.

The programme focused on three main objectives:

- Stabilising CSE survivors by addressing the underlying symptoms of trauma
- Increasing survivor psychological resilience to reduce the likelihood of re-trafficking, creating space for education and to seize livelihood opportunities
- Provide training, support and infrastructure to access the global economy

Each participant entered the programme through a case management model that assessed psychological, physical, familial and educational needs and that mapped progress along the way.

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The three main LIFT components – Adaptive Counselling, Confidence in Action Training (CAT) and Skill Development Training – were developed and adapted to context by Seefar through a combination of implementation experience and research. This project served as a pilot for the overall approach, aiming to evaluate the effectiveness of the three components combined for stabilising survivors of CSE and providing them with the skills required to seek alternative livelihoods. LIFT was delivered to participants over the course of three months.

Adaptive Counselling

Adaptive Counselling is a trauma-informed module that uses concepts from cognitive processing therapy, acceptance and commitment therapy and cognitive behavioural therapy. It is flexible enough to take into account societal rigidities, cultural differences, backgrounds and types of trauma.

Through Adaptive Counselling, beneficiaries:

- Learn to understand and identify their social and emotional needs;
- Experience an increase in psychological flexibility, which manifests as the ability to adapt to life changes or to cope with difficult past life events; and
- Gain values-consistent behaviour

Confidence in Action Training (CAT)

CAT builds an entrepreneurial mindset, teaching participants to identify new opportunities and empowering them to develop their own ideas and to act quickly. CAT maximises the ability of a participant to absorb Skills Training. The training is meaningfully related to increased and lasting performance and entrepreneurial behaviour.

CAT participants:

- Identify personal strengths and learn to anticipate and face challenges;
- Understand the role of confidence and assertiveness in prompting action and overcoming obstacles; and
- Think more proactively about the future and plan their actions from this perspective.

> "I have gained insight into how to deal with any and every kind of problem. CAT training should be made available to all. It helps one in life's major decision-making."
>
> - LIFT participant from Kolkata, India

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Skills Development Training

Skill Development Training provides specific employment training, preparing graduates to launch their careers in response to existing market demand.

It is made up of three sub-modules: Online Re-selling, Data Entry, and Website Design. The appropriate sub-modules for participant groups are chosen based on interest, literacy and computer trainability scores. The sub-modules build upon one another, such that a participant only graduates to the next sub-module should she have performed well in the one before.

Participants acquire IT skills, creating the potential for office-based opportunities previously closed to them, or allowing them to access the global freelance economy. This component also includes employment language training, personal finance management, CV writing support, and ongoing mentorship throughout the duration of the project.

Graduates employed in occupations which utilise Skills Development training skills earned significantly more than those pursuing occupations unrelated to skills learnt in the programme.[1]

75% of participants improved their CAT skills

80% of graduates successfully demonstrated new digital skills

45% of graduates secured a job within one month of graduation

80% of graduates sustained employment or gainful engagement outside of the sex industry in the long term

55% of graduates had improved and sustained psychological flexibility

[1] 53% of those employed in LIFT-related occupations earned more than INR 6001, whilst 81% of those who were not earned less than INR 6000.

Recommendations for future programming

Invest in psychosocial assistance among highly vulnerable groups to improve their access to alternate livelihoods in India and elsewhere: Findings from our India project shows that LIFT had a highly positive effect overall in decreasing hopelessness levels, and increasing self esteem and confidence amongst survivors of CSE. It is recommended that the LIFT programme continue to be funded for CSE survivors in India, including male youths in Red Light Areas. Additionally, it should be adapted and tested for applicability with vulnerable populations in different contexts.

Fund efforts to test the LIFT programme components separately and in online / remote settings to understand their individual efficacy and potential for scaling. This project found evidence that the three components combined were best suited for the CSE community. However, less vulnerable participant pools may not require each element depending on desired outcomes (for instance, Adaptive Counselling might not be as important for participant groups who have not been exposed to the same levels of trauma).

Fund studies to determine if and in what ways the LIFT programme may change participants' levels of vulnerability to risks, such as CSE exposure. When possible, studies should monitor LIFT participants over long periods of time.

Implementers should consider partnering with CSOs who already work with their target communities. CSO relationships with these communities can be leveraged to enhance community engagement and participant selection. CSO resources, such as spaces, can be shared to reduce costs. Their intimate knowledge of target communities is instrumental at adapting approaches to context. CSOs are uniquely positioned to ensure longevity of care, given they are not tied to cyclical funding processes, and can therefore amplify outcomes.

Train CSO partners to become direct implementers. LIFT's CSO partners have expressed a desire to deliver the LIFT programme themselves to ensure longevity of care. Future efforts to scale the programme should consider placing grassroots CSOs as direct implementers, whilst maintaining a central unit to provide ongoing training, guidance and quality assurance.