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INSigHT - *Building Capacity to Deal with Human Trafficking and Transit Routes in Nigeria, Italy, Sweden*

The INSigHT Research in Nigeria

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Action funded by the European Union, contracted by ICMPD through the Mobility Partnership Facility



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Positive steps in the fight against trafficking in Nigeria



- ☐ Various laws have been passed (NAPTIP Act, Child Rights Act, etc.)
- ☐ National Referral mechanism put in place
- ☐ Various NGOs and government agencies are engaging in awareness raising, rehabilitation, etc.



Returns: critical issues and open challenges



- ❖ Disparity of programmes and supports based on the types of returns (**Forced Returns (FR)**, **Assisted Voluntary Returns (AVR)**, **Spontaneous Returns (SP)**) This could prevent reintegration and contribute to re-trafficking.
- ❖ Communication gaps between countries/agencies are mostly experienced in FR (FRONTEX):
 - stakeholders are caught unaware under FR – arrivals with little/no assistance
- ❖ Lack of data and return information among stakeholders:
 - limited willingness of IOM to share data and information with other stakeholders on AVR
 - national data on returnees and survivors are inaccurate
- ❖ Poor (implementation of) referral mechanism:
 - especially in SR, not all people victims are referred to NAPTIP =>> lack of coordination
 - in AVR it works better



Shelters and rehabilitation



Shelters are scattered across 8 states of the federation: Abuja, Lagos, Benin, Uyo, Enugu, Kano, Maidiguri, Sokoto

Largest capacity

- 150 bed space Ipaja Transit Home (home to various types of occupants), followed by Web of Heart Foundation (60) and NAPTIP Lagos Shelter.
- NAPTIP, PJI, BAKHITA shelters are entirely for people victims of trafficking

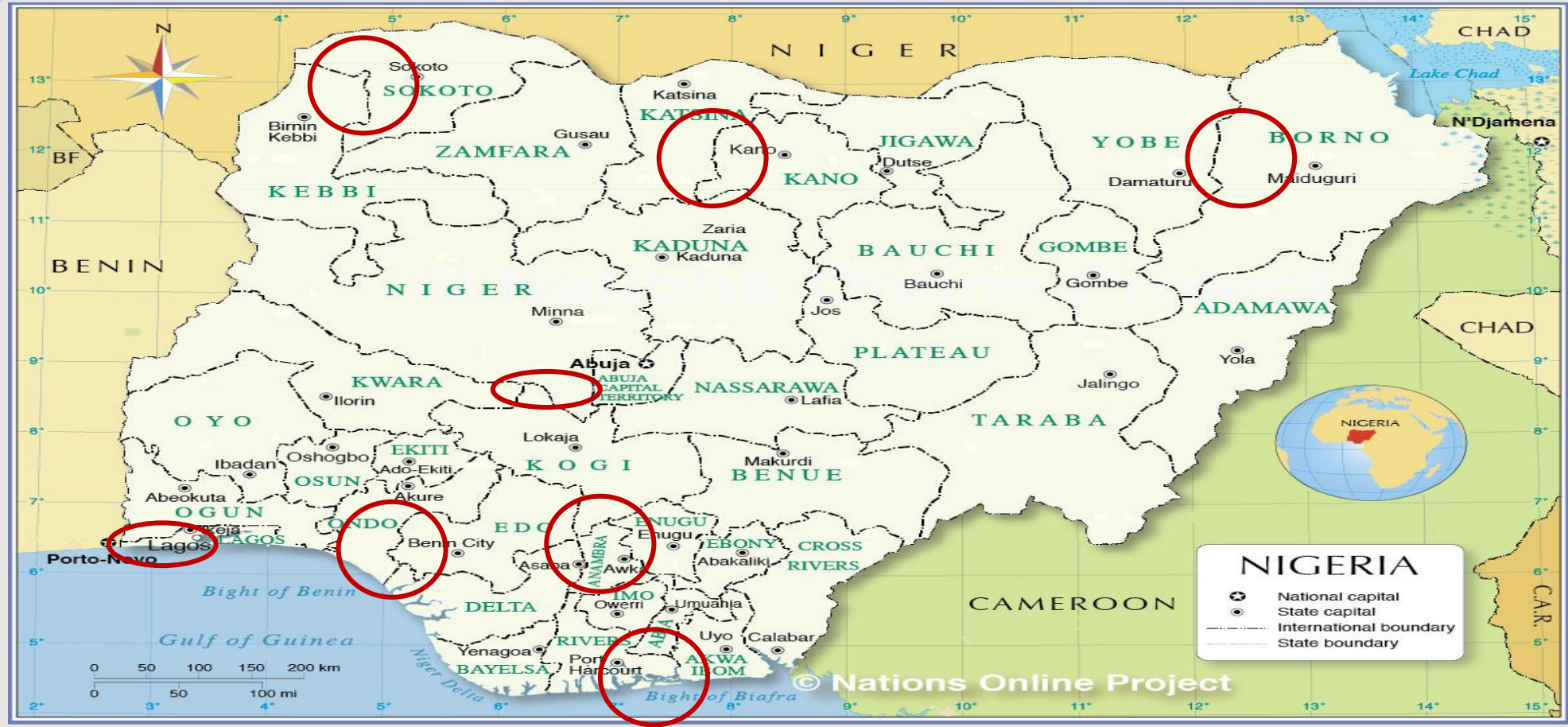
Smallest capacity,


- 20 bed space, PJI and NAPTIP Maidiguri shelter

Length of Stay

- 6 weeks tenure policy (found cases of 2 years in NAPTIP shelter; up to 6 in Ipaja Transit Home)

Shelters across Lagos and Edo State





Rehabilitation: critical issues




- ❖ People victims are scattered in different shelters (mixed shelters, orphanages, etc.), not always well tailored for effective rehabilitation
- ❖ Lack of investment in shelters and shelter facilities (esp. mother & child and male shelters) and lack of basic medical facilities (no emergency services, rare tests before admission)
- ❖ Average six weeks stay for rehabilitation is arguably insufficient
- ❖ Shelters are shorts of trained staff (psycho-social, counselling and medical) and poorly managed
- ❖ Shortage of funding (rehabilitation and shelter management is expensive)
- ❖ Coordination among stakeholders is limited by NAPTIP and NACTAL (compliance gaps)
- ❖ Poor referral mechanism among rehabilitation stakeholders




Reintegration: issues to be addressed



- ❖ Wellbeing of dependents of survivors are major factors and must be considered during rehabilitation and reintegration programmes, but they are not
- ❖ Awareness on the ills of human trafficking is known but alternative means of survivals are largely unknown to families and communities
- ❖ Poor awareness on available reintegration programmes among stakeholders and **returnees** (GIZ, MRC). The services and developmental programmes of (NGC) is poorly known among **communities and beneficiaries**.
- ❖ Poor communication and duplication of activities among stakeholders (MRC and IOM dichotomy).
- ❖ **Poor monitoring and evaluation** (e.g IOM reintegration programmes). Stakeholders and returnees have identified gaps in the IOM reintegration programmes especially the collective reintegration programmes.



The COVID-19 pandemic: challenges and open issues



- ❖ Survivors needed more support than ever during the lockdown (depression suffered especially by those not in nearby states)
- ❖ Some contacted their former rehabilitation homes for supports (direct support was evident by PJI, WOHF, ETAH, etc.)
- ❖ Some lived and exhausted their capitals during the lockdown
- ❖ Considerations for re-trafficking was reported and are still urgent



Thank you for your attention!

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