Transnational Exchange IV Workshop (October 2019)

Voluntary Return to West Africa with a Focus on The Gambia, Nigeria and Ghana

Content

1. Introduction

The Workshop on "Voluntary Return to West Africa" offered the opportunity for AVRR counsellors from different European countries to learn more about the challenges concerning a voluntary return to that region. The workshop focusses on four topics: health care in West African regions, the importance of family in the return process, human trafficking and juju as another key factor and reintegration services available.

Through the attendance and contribution of two reintegration partners, Mr. Francis Dominic Mendy, Director of Caritas Gambia and Mr. Roland Nwoha, Project Coordinator of Idea Renaissance in Nigeria, the workshop could provide detailed information and insights. The Trans IV team is very grateful for the presence of the reintegration partners. It is also notable that the workshop was attended by counsellors from 8 European countries, expanding the network and enabling a European Perspective on AVRR.

2. AVRR Counselling in Europe – an Update

As an introduction to the workshop this session offered a short overview of the current AVRR situation in the different European countries, focusing on current tendencies and changes as well as figures of return as far as they are available. Representatives from all participating European countries gave an update in a panel discussion answering the following questions:

- Who offers AVRR counselling in your country?
- How many migrants returned voluntarily in 2018 and 2019 (if available)?
- What were the countries of return?
- What is new in the AVRR field in your country (new actors, new laws, new return and reintegration programs, new political tendencies, etc.)?

Counsellors always show interest in the amount offered for reintegration assistance. Since the reintegration assistance varies a lot and there are often very detailed regulations, kindly refer to the AVRR overview provided on the Trans IV website here. The brochure of the final conference in March 2020 will include a more detailed overview.

Austria

AVRR counselling in Austria is offered by two main actors: the VMÖ (Verein Menschenrechte Österreich) and Caritas Austria. The number of voluntarily returned migrants from Austria in 2018 was 1089 through Caritas Austria and 3016 through VMÖ. In October 2019 Caritas Vienna counted 473 returnees.).

Main countries of return in 2019 (October):

1. Iraq	75
2. Syria	54
3. Russian Federation	45
4. China	41
5. Serbia	35
6. Iran	21
7. Afghanistan	20

Returns to West African Countries are not observes as very frequent with 10 returnees to Nigeria and 5 to Gambia.

From January 2021 the BBU (the federal agency in Austria) will be taking over the field of administrative care and legal advice of asylum seekers, including return counselling. There will be only one actor then for AVRR counselling.

Regarding reintegration programs there is a small change in the IOM Restart Projects – the Iran project has been cancelled.

Germany

In Germany AVRR is offered by the immigration authority and welfare organizations such as Caritas, Diakonie and German Red Cross. Reintegration programs besides IOM an ERRIN are provided by GIZ, which focusses on post-departure support (job search, housing, etc.) in the country of return, and Sparkassenstiftung, which offers pre-departure training and courses especially for Nigerians and Ghanaians.

The number of voluntary returnees from Germany under the REAG/GARP program by IOM was 15.962 in the year 2018. The kind of assistance and the service providers vary in the different federal states of Germany.

Main countries of return in 2018/19:

1. Iraq	1834
2. Albania	1562
3. Russian Federation	1371
4. Macedonia	1246
5. Serbia	1153
6. Georgia	1065
7. Other	4896

Norway

Norway introduced the first assisted return program in 2002, which offered migrants information and financial travel support to return home through IOM. Country specific programs were introduced for Afghanistan in 2006 (IRRANA), Iraq in 2008 (IRRINI), Ethiopia in 2012 (ARE) and Somalia in 2014, as well as separate programs for vulnerable groups and unaccompanied minors.

Today, there are various types of return schemes, depending on which country a person is returning to and the situation they are in.

From June 2019 all applications for AVRR must be submitted directly to the Norwegian Directorate for Immigration (UDI). Cases accepted for AVRR and IOM assistance will be forwarded to IOM by UDI.

In 2018 the number of voluntary returnees amounted to 242. In September 2019 Norway counted 156 returns. The number of returns to West African countries is rather low, with each 1 returnee to Gambia and Ghana and 3 returnees to Nigeria in 2018.

Main countries of return in 2019:

1. Ethiopia	35
2. Somalia	27
3. Romania	15
4. Iraq	15

Luxembourg

In Luxembourg only the Ministry of Foreign Affairs offers AVRR counselling. The number of voluntary returns in 2018 is 272. By October 2019 Luxembourg counted 156 returnees.

Main countries of return in 2019:

1. Kosovo	11
2. Georgia	28
3. Albania	15
4. Serbia	14
5. Brazil	13

Belgium

AVRR counselling in Belgium is offered by Fedasil, the Federal Agency for the Reception of Asylum Seekers, the Red Cross, IOM and Caritas International Brussels. Post-departure reintegration counselling is mainly provided by IOM and Caritas International Brussels. The total number of voluntary returns from Belgium in 2018 is 2.994. Up to August 2019 1.741 migrants left Belgium voluntarily to their countries of origin.

Main countries of return in 2019:

1. Brazil	338
2. Romania	313
3. Ukraine	201
4. Iraq	76
5. Georgia	58
6. Armenia	51
7. Mongolia	50
8. Albania	48
9. Russia	46
10. Slovakia	41

Switzerland

AVRR counselling in Switzerland is offered by IOM on a federal level, namely in the Federal Asylum Centers as well as in the transit zones of Zurich and Geneva airport. On the cantonal level, there is one cantonal return counseling office. Each canton decides on the entity which is responsible for counselling. Depending on the canton, the return counselling offices (RKB) are either an administrative authority (e.g. asylum or immigration authorities, social service authority) or a non-governmental organization (e.g. Red Cross in 3 cantons, Caritas in 3 cantons, and one church based NGO), and the private company ORS in one Canton.

In 2018 the total number of voluntary returnees from Switzerland was 1613, out of which 1006 departed with a financial return assistance (52% departed from Federal Reception Centers, 48% from Cantonal Reception centers). The top 5 return countries in 2018 were Algeria (59), Iraq (42), Sri Lanka (31), Gambia (29), and Ethiopia (28).

By September 2019 the number of voluntary returns amounted to 790 returnees.

Main countries of return in 2019 (September):

1. Georgia	119
2. Algeria	67
3. Kosovo	56
4. Iraq	32
5. Sri Lanka	25

As of 1st March 2019, the new asylum act is implemented with its accelerated asylum procedure. Consequently, the asylum procedure in Switzerland has been re-organized and de-centralized into six asylum regions. Each of these regions has a main federal asylum center that conduct the asylum procedure and up to four centers that do not conduct the procedure.

At the federal asylum center with processing facilities, all applications are examined, and the asylum decision is taken. The entire process takes place under one roof, thus accelerating the asylum procedure. Asylum seekers remain in these centers while their application is processed; they are no longer transferred to the cantonal authorities, unless additional information has to be obtained and an extended procedure is required. These federal asylum centers house accommodation for asylum seekers, medical support as well as offices for interviewers, interpreters, document examiners and legal counselling (lawyers), and return counselling.

Centers without processing facility are mainly occupied by people who are due to leave to another Dublin member state under the Dublin Regulation or whose asylum applications have been rejected. Asylum seekers remain in the federal centers and are no longer transferred to the cantonal asylum centers, unless they cannot be removed from Switzerland within the set period of 140 days from the day of arrival. These centers therefore house people who usually have to leave Switzerland within a short period of time, from where persons are meant to depart either to another Dublin member state or to their country of origin.

Return assistance from Federal Asylum Centers is digressive according to the status of the asylum procedure and the length of stay and takes into account country-specific reasons. Those who decide quickly to return voluntarily receive higher benefits. In addition, persons from geographically distant countries that are not exempt from visas receive an in-kind assistance if they subscribe for voluntary return before the asylum decision.

Denmark

In April 2018 The Danish Refugee Council (DRC) won the contract with the Danish Immigration Service regarding AVRR counselling in Denmark. DRC offers impartial counselling and has done so for many years in Denmark. The DRC provides two different kinds of return counselling. Firstly, repatriation is provided for migrants with residence permits (Asylum, family reunification or others) -

in Denmark there is a repatriation law with specific rights when returning. And secondly, reintegration support for rejected asylum seekers.

Main countries of return in 2019 (September):

1. Iraq	31
2. Iran	4
3. Afghanistan	17

In recent years Denmark has experienced an increased political focus, which is part of the European political discourse on borders and nationalism. There has been a greater focus on return and reintegration programs. At the same time, there has been an understanding from the authorities in Denmark on the importance of reintegration programs and financial support.

There is an increased humanitarian and developmental focus. More and more organizations are paying attention to return. The Danish Refugee Council is currently experiencing benevolence from the Danish authorities. Danish authorities do what they can to meet the individual applicant's needs (in relation to return); they are open to suggestions and experiences of the DRC in the return field. The ERSO country list is gradually getting longer and at the moment, there are 28 countries where reintegration programs are provided through ERSO.

On the other side the DRC also experiences political pressure from the Danish authorities regarding rejected asylum seekers. The Danish authorities accommodate rejected asylum seekers at special centres, under special conditions.

The recent years and especially in 2019, an increasing number of refugees have had their residence of asylum withdrawn by the migration authorities because of changes in their situation of home country or because the authorities believe that they have gotten their asylum on false information or fraud. This group of former refugees are offered support to return under the repatriation law within the first month after the final decision on withdrawal or else they can be provided with reintegration support as a rejected asylum seeker later in the progress if they cooperate about their return.

The Netherlands

In the Netherlands the Government (DT&V) offers AVRR but that is in the most cases forced return. In the most cases of voluntary return non-government organizations and IOM offer AVRR counselling.

In 2018 2149 migrants returned voluntarily from the Netherlands. The top countries of return were Albania, Republic of Moldavia, Azerbaijan and Iraq. In November 2019 the Netherlands counted 2341 voluntarily returnees, again mainly to Albania and the Republic of Moldavia. Also, the number of returnees to Nigeria is constantly increasing.

A new program for undocumented migrants has been arranged in the Netherlands, with pilot schemes in 5 cities. The aim of the pilot projects is to find a sustainable solution for rejected asylum seekers and undocumented migrants.

3. Importance of Family in Return Migration

Dr. Claudia Olivier-Mensah, project manager and researcher at the Research Center for Transnational Social Support of the Johannes Gutenberg-University in Mainz gave an academic perspective of the phenomenon of remigration and the resulting situations for the returning migrants in terms of social networks and social support.

Remigration is usually described as the end of the migration process, the part when someone finally moves back to his or her country of origin. Existing literature suggests that lacking economic success prevents migrants from returning to the country of origin because they feel ashamed and fear rejection by families. This occurs especially in the case of the return of irregular migrants who have not been able to meet social expectations in successful migration.

The question AVRR counselors are confronted with is how return can become a preferred option despite having failed expectations and how familial obligations and negotiations shape the decision and capability to return without turning it into a social disaster

It is important to mention the interrelation of return migration and the family. Amongst others the most important point in relation to the return context is the notion that neither re-migrants, nor the country of return, nor those left behind stay the same. The challenge for return migrants then is to deal with their changes, get in to the learning processes, and create a new sense of personhood, culture, identity, and home. Therefore, a return is even more difficult than the emigration.

In her empirical studies and practical examples Dr. Olivier-Mensah compared the return processes of highly skilled migrants, irregular migrants, and refugee families. The most important question regarding irregular migrants in the return process is how irregular migrants perceive and experience a return with "empty hands". With a focus on the return from Germany to Ghana Dr. Olivier-Mensah came to the findings that in the case of "unsuccessful" migration the family is seen as a burden. Lacking economic success prevents migrants from returning to the country of origin because they feel ashamed and fear rejection by their families. Especially migrants from poorer parts of society rely on irregular strategies and return more often at a financial loss.

> "Having no money is the most effective barrier preventing people from returning home, for it is the clearest sign of failure, a cause of shame" and "the only way to avoid such a loss of honor is staying away".

In her 3 month anthropological fieldwork in Ghana in 2012 Dr. Olivier-Mensah analyzed the case of Grace, a returnee who had lived and worked abroad for 11 years. In the last 5 years in Germany (Hamburg) she did not possess a residence permit and therefore had no work permit. With the assistance of AVRR counselling she decided to return to Ghana, despite a sense of shame for not meeting her family's expectations and her social obligations. Female mobility is historically and culturally deep-seated in West African countries, and periods of absence are culturally accepted as long as mothers show their responsibility. In the case of Grace her cousin took care of her children during her absence and also payed the school fees when Grace was not able to send money back home. Return can become a preferred option despite having failed expectations. Familial obligations and negotiations shape the decision immensely, as in the story of Grace. Her cousin and her children understood the seemingly hopeless situation and enabled Grace a return without turning it into a social disaster. It is important to note that the case of Grace clearly had a rather positive outcome. Most returnees, especially from other African countries like Nigeria or The Gambia face seeming unsolvable challenges. These challenges already begin in the pre-departure counselling.

Different challenges that associate with family structures were debated in an open Q&A session after Dr. Olivier-Mensah's presentation. The communication between the family back home and the returnee plays a major role in the return process. In most returns to African countries the families do not encourage their family members abroad to come back. This is often the result of an unstable situation in the countries of return and the financial status of the family. Mostly the life in Europe is favored by the families, no matter under what condition. It is necessary to include the family in the reintegration work back home and help them understand what the returnee went through on their way to Europe, in Europe, and in making the final decision to return.

Mr. Francis Dominic Mendy, reintegration partner from Caritas Gambia, explained that in some cases a return can create broken homes. The expectations set on the family members abroad were too high; it is then difficult to sympathize with traumatized returnees, especially considering that trauma and mental illnesses are not recognized as serious deceases in most African countries. The risk of being stereotyped as a failure is very high and facing this kind of discrimination in society mostly leads to depression and frustration that could initiate a second emigration from home.
In some African countries awareness campaigns are being promoted via radio and TV with the aim to educate the people on the real impact of leaving home into the unknown. Mr. Roland Nwoha, reintegration partner from Idea Renaissance in Nigeria, mentioned that especially in the case of young Nigerians in Libya the media had a great impact on creating awareness - many families were happy to take back their members.

Amongst the challenges was the involvement of children in the return counselling. It is important to include the whole family in the process and also the voices of children should be taken seriously. It is the task for AVRR counsellors to identify whether the return is a common decision.

In conclusion an open communication within transnational families is crucial to show the reality in Europe. To build up an understanding for the returning migrant, left behinds should be informed by migration counselling centers or reintegration partners in the countries of origin about the psycho-traumatic experiences their relatives withstood during their stay abroad.

> "Apart from that, there is also a (laughing) challenge to this topic in itself, the voluntary return, the fact that I don't know/ is always the question of voluntariness or whether it is just then (.) lack of options."

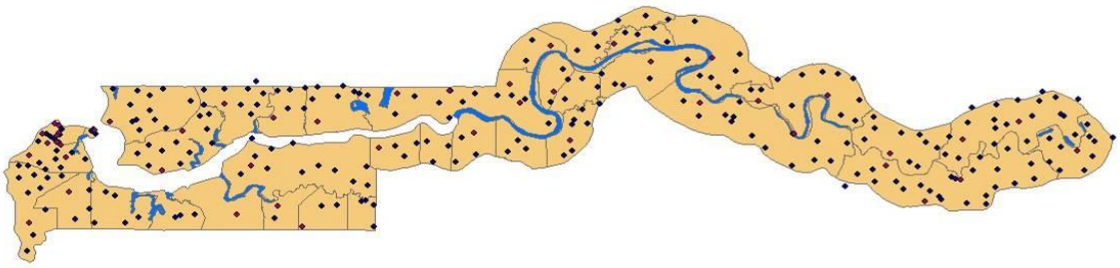
4. Health Care in West Africa (Focus Gambia)

Francis Dominic Mendy, national director of Caritas Gambia, held a presentation on the health care system in The Gambia.

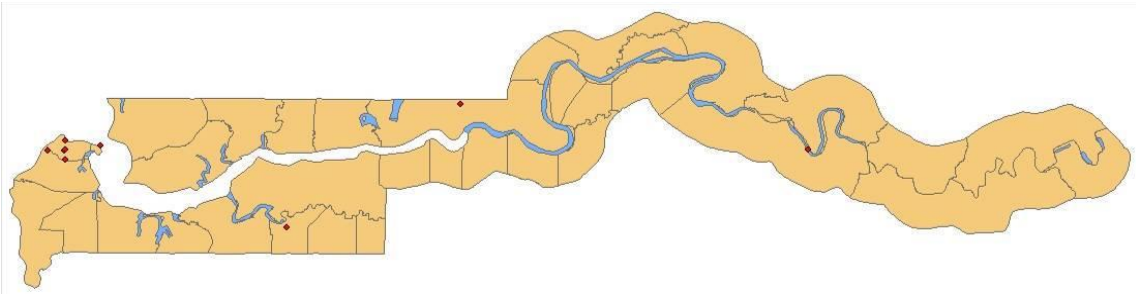
One positive development is the decline of infectious deceases as the result of the high vaccine coverage in the country and the uptake of malaria interventions. The rising standard of living for the population, such as the supply of water and sanitation also leads to a positive trend of the health situation in The Gambia. The fall of children mortality from 302 in 1970 to 74 in 2003 demonstrates that the country is on the right path.

The accessibility of emergency obstetric care for women the rural areas of the Gambia represents a major challenge. Whereas the distribution of antenatal clinics is quite pronounced throughout the country, the access to health facilities providing delivery services is more limited. The availability of

health facilities providing caesarean section is alarmingly scarce. Only 8 clinics offer emergency caesarian section, 5 of them are located around the capital Banjul. In The Gambia 75 % of maternal deaths occur around delivery time, mainly due to losing blood or the baby not being delivered as expected. For women in rural areas it is next to impossible to reach the clinics on time. The country urgently needs to put Comprehensive Emergency Obstetric Care facilities in place. The provision of rapid evacuation facilities coupled with the availability of requisite personnel and skills are central to the effective functioning of a Women's and Children's hospital.



Distribution of Antenatal Clinics in The Gambia



Distribution of Health Facilities providing Caesarean Section in The Gambia

Despite remarkable achievements registered over the years the health sector in The Gambia still faces a number of challenges. These predicaments apply to most Sub-Saharan African countries:

- high population growth rate
- increasing morbidity and mortality
- insufficient financial and logistic support
- deterioration of physical infrastructure
- inadequacies of supplies and equipment
- shortage of adequately and appropriately trained health personnel
- high attrition rate as well as inadequate referral system
- poverty and ignorance leading to inappropriate health seeking behaviors and contributing to ill health

These points serve as the main indicators of child and maternal mortality. Especially the latter effectuates to the high prevalence of communicable and non-communicable diseases such as malaria, diarrhea, upper respiration tract infection, tuberculosis, skin disease, hypertension, cancers, eye infection, pregnancy related conditions, helminthiasis and malnutrition, and HIV/AIDS and its spread. Most of these diseases could easily be prevented if appropriate environmental and lifestyle measures were taken0, with more attention paid to the development of health promotion and

prevention actions than merely focusing on curative care alone. The current health model has specialists and hospitals only providing curative care.

In terms of tuberculosis and its treatment The Gambia has a quite progressive development compared to other Sub-Saharan African countries. Diagnosis and the treatment of TB are free of charge for everyone in the country, irrespective of nationality. The tuberculosis treatment success rate in The Gambia has been over 85% for the last decade and has recently hit 87% with no stock outs of anti-TB drugs throughout.

The challenges regarding highly infectious deceases such as TB or HIV/AIDS should be an impetus for sustainable financing services and a budget increase for Malaria, HIV & TB program implementations. Also, many laboratories and health care facilities experience stock-outs of important lab consumables and reagents which lead to patients in need of services not knowing their status or conditions. Furthermore, the stigmatization of HIV/AIDS and TB still continues to be a challenge for those living with the illnesses.

Due to the spread of diabetes, strokes, or hypertension more and more Gambians have to undergo amputations and operations leaving them disabled. In order to be able to meet some of these challenges The Gambia is in need of more medical equipment such a walking sticks, Zimmer frames, and commodes. Also, the country is still dependent on laboratories outside the country for specialized investigations and services. The Gambia needs to establish a diagnostic center providing accessible, affordable and reliable results in a timely manner for accurate diagnosis to meet the service demands of the population.

There is no audiology service in the country and currently, there is no qualified Gambian ear, nose, and throat consultant. The country is in need of a mobile audiology service, so that also those in the rural parts have access to ENT services.

In conclusion one can say that The Gambia still has numerous challenges to face but there is a way forward. The country needs to:

- design smart innovative behavior change communication strategies that involve all stakeholders especially people living with HIV (PLHIV)
- develop funding mechanism for a comprehensive health financing in the country or region
- put in place more robust drug quantification, administration and management system
- increase in number of trained lab technicians and nurses
- digitize the lab result data and use of internet to share results

5. Mental Health: Cultural Considerations in West Africa

In an interactive presentation Dr. med. Dipl. Psych. Wolfgang Krahl, Senior Consultant Psychiatrist, gave an overview about mental illness and treatment in African countries. Since 2008 Dr. Krahl has been regularly involved in African Psychiatry in Ethiopia, Mozambique, Somaliland and Tanzania either in cooperation with the Center of International Health University of Munich (LMU) or with i.nez (International Network for Cooperation in Mental Health). He also had the opportunity to visit mental health services in Ghana, Kenya and Nigeria.

> The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".
>
> A Definition of Mental Health

According to the WHO neuropsychiatric disorders, amongst traumatology and chronic deceases, are in the list of neglected areas of health in low income countries and occupy third position in the list of diseases that put the most burdens on the individual, the family and the society. In West Africa and many other Sub-Saharan African countries the total of psychiatrists working in mental health per 100.000 population amounts to 4 or less. A reason could be the social security in developing countries and the exclusion of mental illness from insurance coverage.

Traditional medicine is an important type of treatment for many illnesses in African countries. But whereas in most European countries many patients resort to complementary medicine as a last hope, when biomedicine has failed or do not yield results, in Africa traditional treatments are usually first line therapy. Traditional treatments are consistent with the families' beliefs and therefore helpful in coping with the patient's mental illness. This kind of treatments seems to be particularly useful in treating mild and moderate depression, anxiety, neurotic, stress-related and substance abuse disorders. In severe neuropsychiatric disorders such as schizophrenia, bipolar disorders, severe depression and epilepsy - which are not susceptible to traditional interventions – the patient and the family should seek for psychiatric medication. Traditional healers also have a role in addictions and in the aftercare and rehabilitation of severe mental disorders.

Based on his own experience and observations of patients suffering from bipolar disorder, epilepsy, schizophrenia or severe depression in African countries, Dr. Krahl pointed out that traditional treatment cannot improve or cure this severe mental deceases and that it is important to consult psychiatric services.

One of the biggest challenges of African countries regarding mental health is awareness. Public education and awareness campaigns on mental health should be launched in all countries. This would increase the understanding of the frequency of mental disorders and therefore reduce the stigma. Furthermore, the communities, families, and patients should be included in the development and decision making of policies, programs and services. Mental health policy programs and legislation are necessary steps for significant and sustained action. More local research on the mental health situation in African countries is needed in order to increase the knowledge of the various factors of mental disorders and to develop more effective interventions.

To achieve effective treatment mental health should be recognized within the general health system. General health personnel in developing countries need to be trained in the essential skills of mental

health care. Due to the shortage of psychiatrists, nurses also play an important role in mental health care in African countries, but they have to be thoroughly trained. Also, essential psychotropic drugs should be provided and made constantly available at all levels of health care in African countries.

Taking The Gambia as an example the number of mental health outpatient facilities is 28. There are no day treatment facilities and no psychiatric beds in general hospitals throughout the country. Also, no community residential facilities can be found in the Gambia. Tanka Tanka Psychiatric Hospital is the only psychiatric in-patient facility, located in the Western Region of the country. It is funded by government subvention, with the assistance of NGO donations and is directed by the only trained mental health nurse working for the public sector in The Gambia.

In Nigeria mental health services are more pronounced. The number of mental health outpatient facilities is 44. The country currently counts 8 mental hospitals with 4000 psychiatric beds for inpatient admissions.

Senegal has a total of 10 mental health outpatient facilities but no day treatment facilities. There are 77 psychiatric beds in general hospitals throughout the country and 5 mental hospitals with 245 beds.

In summary, the biggest challenge all three countries and most Sub-Saharan African countries have to meet regarding mental health care delivery is official in-service training for primary health care doctors and nurses.

6. Human Trafficking in Nigeria

Reintegration partner and project coordinator of Idea Renaissance in Nigeria, Mr. Roland Nwoha, gave a presentation about the different types and impacts of human trafficking in Nigeria.

Edo, Delta, Cross Rivers, Ebonyi, and Oyo State in Nigeria have with time become the main areas where young girls and women are exposed to sexual exploitation out of the country and within the country. Human trafficking has turned out to be a lucrative business providing huge wealth for the traffickers and also enabling other crimes such as smuggling of migrants, cultism, and drug trafficking. It is important to note that human trafficking flourishes in most of the Border States in Nigeria, especially the Nigeria-Seme border and Nigeria-Niger border due to the porous nature of the borders.

The different types of human trafficking can be divided into internal (domestic servitude, force labor-quarry begging, baby factory, prostitution) and external (prostitution, organ harvest, force labor, domestic labor) trafficking. There are different methods of recruiting or rather luring certain people into forced labor. One of the most common methods is simply addressing interested females and also males at public places by making false promises of legitimate employment or entry into European countries. Recruitment also takes place via informal networks, organizations, religious groups and also through family members and friends creating deceptions about the working conditions abroad. There are also numerous agencies offering jobs, false marriages, travels and fake studies abroad. Other ways of becoming a victim on human trafficking is being sold by a guardian, especially in the case of children, and being kidnapped.

The most common way traffickers sustain proper control over their victims is through juju, through magical believes and practices. The belief that one can experience harm through juju is widely spread in Sub-Saharan African countries. The topic of juju will be elaborated later in the text. Furthermore, traffickers use violence and fear to intimidate and isolate victims, also by confiscating identification documents. They also use psychological torture to keep their victims submissive and threaten to harm their family members.

People most vulnerable to trafficking are particularly young girls and women, orphans and children on the move. Internally displaces persons and smuggled migrants also belong to the group of people most likely to become victims of human trafficking. The roots of the vulnerability vary between the individual and the society. In Edo State for example the contributory factors for human trafficking are the minority status of the region, bad leadership, corruption and the lack of steady family structures and values due to polygamy and absence of parental role models. Individual root causes are poverty and family, peer, and societal pressure. Also, gender-based violence and abuse in the family make young girls and women easy victims for traffickers. Early and forced marriages and the following high rates of divorce lead to numerous single women falling for the false promises of traffickers. The continuous downslide of the country's economy and the limited access to education also plays a major role in the cause of human trafficking in Nigeria.

The number of returnees, who became victims of human trafficking in European countries, is generally low with returns mostly from Germany and Austria. The highest numbers of returnees in Nigeria are from Libya, these are mostly young girls, who were forced into domestic servitude. There are also numerous trafficked Nigerians trapped in other African countries such as Mali, Burkina Faso, Ghana and, Ivory Coast.

Trafficking of humans entails various impacts on the victims such as physical, mental and psychological trauma in the form of psychosomatic pain, change in sleep patterns, weakened immune system and increased use of alcohol and drugs. Victims also show behavioral changes like disorientation, nightmares and flashbacks, difficulty in trusting, feelings of betrayal, a tendency to isolate oneself, and suicidal thoughts and attempts. Trafficking of girls and young women led to many teenage and single mothers and promoted the spread of STDs including HIV/AIDS. In addition to these impacts, victims of trafficking often suffer from stigmatization in the countries abroad and back home after return.

Idia Renaissance started as a non- profit organization in 1999 to reawaken the cultural heritage of the Edo woman which was grossly threatened by the activities of human trafficking. Since then the organization has been active in fighting against human trafficking in Nigerian regions, especially in Edo State. They have been able to increase funding activities by donors on migration related issues and involve political actors, practitioners, social workers, and NGOs, in the field. Idea Renaissance managed to draw governmental attention on human trafficking through in depth research on the causes and impacts of trafficking and also by revealing the real situation for Nigerians in Libya.

Nevertheless, according to Mr. Nwoha the organization still faces several challenges in the fight against human trafficking. The unwillingness of victims to prosecute their traffickers even if the traffickers are known is one of the greatest issues. Also, the lack of trained therapists and psychosocial counselors leads to difficulties in the rehabilitation and reintegration work for returning victims. Well-funded and well equipped shelters and homes to keep girls and young women for a

longer period are much needed in regions where trafficking is a permanent threat. The government needs to invest in significant infrastructural development of the country increased advocacy and education in order to crush opportunities for traffickers.

Idia Renaissance is also taking an active role in raising awareness about false promises and human trafficking, but even when knowing the general situation and the risks, people might still believe that nothing will happen to them, that they might be the exception. Also families often do not want to dig deep to know exactly the situation of the family member abroad.

7. Juju and Religion: Understanding the Impact of Belief Systems for African Migrants

Joana Adesuwa Reiterer, founder of the NGO "Exit" and human rights activist from Vienna, Austria, gave a talk on the subject of juju and religion with a focus on migration from Nigeria.

According to statistics Traditional African Religion, next to Christianity and Islam, is with a spread of only 1.7% the least represented religion in Nigeria. It was practiced before introduction of Christianity and Islam and is the only religion that can claim to have originated in Africa. Traditional African Religion is a set of highly diverse beliefs that include various ethnic religions. It is important to understand that these religions are not equal to juju. As Ms. Adesuwa Reiterer pointed out, the Traditional African Religions are syncretic with the major religions in the country. Many Nigerians are Christians or Muslims but in certain situations refer to Traditional African practices or medicine. In comparison to other religions Traditional African Religions are delivered rather oral than scriptural. They believe in a supreme creator, in spirits and have great respect for the dead. The usage of magic and traditional African medicine that is taken from nature is common. Herbal remedies and the diagnosis of illnesses through spiritual means play a huge role in Traditional African Religions and bear symbolic and spiritual significance. The philosophy of Traditional Medicine is that illness is not derived from chance occurrences, but through spiritual or social imbalance of the individual.

The most prominent form of Traditional African Religion related to migration and return is juju. Juju is a folk magic in West Africa and other parts of Sub-Saharan Africa with a variety of concepts. The juju priest or priestess is someone vetted by local tribal traditions and is well versed in Traditional African Medicine, especially in traditional spiritual medicines. Juju is an object deliberately infused with magical powers and the belief system involving the use of juju magical power. One can say juju is the magical power itself. The principles of juju imply a spiritual connection based on physical contact. Therefore, amulets, charms, and mascots are all common objects of juju, infused with a particular type of energy. Some migrants depend on this belief as a protection prior, during and after migration. Even while in the destination country, family members can on their behalf visit a juju priest to get such protection which can be sent to them abroad.

Juju can be used for both, good or rather constructive purposes and also for bad deeds. The common belief is that "good" juju brings luck and fortune and can be used for healing, treatment for physical and mental or spiritual illnesses and neutralizing curses from "bad" juju. On the other hand, it is assumed that "bad" juju is created to harm others like for example casting spells or curses, causing dependency, disabilities and physical illness, and causing spiritual contamination and pollution on

someone else. In most cases juju works with natural elements such as herbs, spices and con coctions made of the over 4000 African, medicinally active plants that are largely undocumented.

Juju is frequently associated with human trafficking. Traffickers make use of the cultural belief of potential victims and utilize juju to blackmail their victims. The deep faith in the power of juju enables the traffickers to keep total control over individuals. A majority of Nigerians grew up in environments where the belief in juju is a given.

AVRR counselors need to keep in mind that some clients are bent to keeping the oath taken with a juju priest prior leaving Nigeria. The dependency on spiritual obligations and the attachment to certain practices can be indicated by the clients' lack of interest in the culture of the host country or the client referring to faith as an explanation for all life experiences, while having sincere fear of return to the home country. As a counsellor it is important to not treat the client with rationalism and rather listen carefully, observe and validate the clients concerns. It is helpful to ask questions to make the client also reflect on the presumptions and perceptions: What exactly happened? When did it happen? How do you connect it with the incident? Asking question rather than challenging the perception of the client directly can help to disconnect from the juju belief. An open minded approach will help understand the clients' situation without being judgmental and eventually being able to identify alternative means that complements initial strategy of the client to break out of the juju bond.

It is interesting that by now also some churches have been exposed to cooperating with human traffickers. The most desperate situation of migrants and victims of human trafficking serve as a platform for traffickers and pastors to involve into joint business. Nigerian free churches in European countries for example offer born again ceremonies for money exchange, which are seen as a way of breaking free from the bond with the juju oath. In this way these churches make a great deal of money they use to bargain with traffickers.

8. Reintegration Services in West Africa - Economic Context

Prof. Dr. Dirk van den Boom gave an insight on the economic situation of Nigeria and the challenges the country has to face. One of the major economic sectors in Nigeria is agriculture with the highest employment rate of about 70%. Oil production also plays a huge role in Nigeria's economy with about 2 million barrels a day, which makes up about 85% of all foreign exchange earnings and about 30-40 billion US $ annually. The oil industry, nevertheless, does not employ a significant number of workers. The film industry in Nigeria, "Nollywood", yields approximately $ 600 million annually. With approximately 50 movies a week the movie industry creates about 1 million direct or indirect jobs and is therefore the second largest employer in the formal sector by state. The income from remittances in Nigeria in 2018 amounted to 25b US$, which is the highest sum in Africa.

The social, economic, political, infrastructural and security situation in Nigeria has put a lot of pressure on individuals and families. Nigeria is a large country with different climatic zones. The railway system is hardly functional to non-existent; domestic flights are unreliable and too expensive for the normal citizen and only available between the central cities. Therefore, transport of any kind is by road, which in the rainy season is often impassable. This implies massive consequences for quality management of supply in relation to all important goods like food or medicines. Also, the highly corrupt public services and agencies, including the police and the extremely insufficient safety

situation with a high rate of criminality, are one of the many reasons why Nigerians decide to leave the country.

Weather it is forced or voluntary, return can trigger a wide-ranging of contradiction for the individual on how to deal with the unmet expectations. The decision for individuals to return can be grave with unpredictable consequences especially if the migration in the first place was a family decision as it is in most cases. Mr. Roland Nwoha gave a review about the reintegration work and support of Idea Renaissance for returnees in Nigeria. The reintegration work starts with psycho-social support services by making the returnee feel accepted and listening to his or her experiences abroad. Families may attend the psycho-social counselling to create a better understanding of the situation of the returnee. Afterwards the organization assists the returnee in developing a reintegration plan and dealing with accommodation and housing concerns and exploring family and other social networks. The most important part is the developing of a business plan. Idea Renaissance uses the pre-migration economic history of the returnee combined with work or business experience made abroad and the current area of interest to come up with an adequate business plan for the returnee.

The experiences Idea Renaissance made with reintegration work is that firstly, returnees whose families contributed in their migration are at risk of family rejection, but returnees who spent their personal savings to travel are happy to return. Secondly, the level of education is positively related to their level of vulnerability and coping mechanism; the higher the level of education of a returnee, the higher the level of re-adjustment. It is important to communicate that it takes time to get the project started since both, counsellors and returnees, have to become familiar with the project. In order to achieve best results and to create a good and friendly relation and understanding of both roles, contact between returnee and reintegration partner should be established prior to return.

Francis Dominic Mendy, Director of Caritas Gambia gave an overview on the reintegration work in The Gambia within the ERRIN project. Around 43 percent of men and 51 percent of women in The Gambia are unemployed. The demographics of the country shows that about 1/3 of the population is between 10 and 24 years old. There is a rising rural poverty and a growing gap between rural and urban Gambia. 31.6% of the households in the urban areas live below the poverty line, in the rural regions the proportion lies by 69.5%. The lack of opportunities and disillusionment continue to push thousands of young Gambians from rural areas to centers of urban growth. Many of these young people move with the ultimate aim of engaging the prevalent patterns of irregular migration seen today. The gloomy economic situation continues to promote mass emigrations of young Gambians to Europe via the “backway” routes, enabled by smugglers and human trafficking networks.

The reintegration work of Caritas Gambia for returnees is similar to Idea Renaissance. The returnee makes the first contact via phone with the main office in Banjul to arrange the first meeting. Possible assistance and basic needs upon arrival provided by Caritas Gambia are for example airport pick up, arrangement of temporary accommodation, and the care of other needs or referral to other institutions. This is then followed by the drafting of a reintegration plan and if needed the returnee can be enrolled in a vocational training. There are possibilities of training, depending on skills of returnee. If there is no possibility to find free trainings, the reintegration package can be used as a financing source.

The most common types of micro- business that have been set up through Caritas Gambia are small shops (batteries/ oil/ electronics/ building materials, second hand clothes), animal husbandry and poultry farming, taxi driving, welding and fabrication, hair dressing saloon, and ice cream stands.

Dieses Projekt wird aus Mitteln des Asyl-, Migrations- und Integrationsfonds kofinanziert. Dieses Projekt wird aus Mitteln des Bayerischen Landesamtes für Asyl und Rückführungen gefördert.