



Guidelines on National Referral Mechanism

for Protection and Assistance to Trafficked Persons in Nigeria

2014





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**IF YOU THINK SOMEONE IS A VICTIM OF TRAFFICKING
CALL THIS NUMBERS:**

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Foreword

In 2008, the Federal Executive Council (FEC) approved the National Policy on Protection and Assistance to Trafficked Persons in Nigeria, as a framework for the National Agency for Prohibition of Traffic In Persons and other Related Matters (NAPTIP's) efforts to provide effective support services to trafficked persons. Subsequently, the Agency and its partners produced the Strategic Implementation Framework and the Guidelines for Protection of Children in Formal Care to aid implementation of the policy.



The Guidelines on National Referral Mechanism for Protection and Assistance to Trafficked Persons in Nigeria (NRM) is another milestone indicative of the Agency's determination to ensure that care givers and other service providers understand and effectively operate within the tenets of the National Policy on Protection and Assistance to Trafficked Persons in Nigeria.

This guidelines aims at organizing service providers in geographical and service clusters to improve protection and assistance services to Trafficked Persons (TPs) using the human rights-based approach.

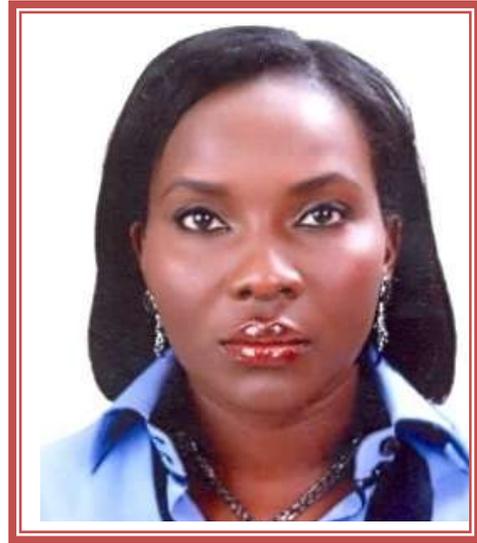
It should be noted that the NRM is not a static structure, but a system which can be improved continuously through monitoring, evaluation and suggestions from all stakeholders, including the victims themselves.

I therefore recommend this Guidelines on National Referral Mechanism to all stakeholders as a credible framework for ensuring the provision of qualitative services to Trafficked Persons in Nigeria.


MOHAMMED BELLO ADOKE, SAN, CFR
Honourable Attorney-General of the Federation and
Minister of Justice

Acknowledgement

The Guideline on National Referral Mechanism (NRM) for Protection and Assistance to Trafficked Persons in Nigeria is the culmination of the efforts of several experts and other stakeholders who provide care, protection and support services to Trafficked Persons in Nigeria.



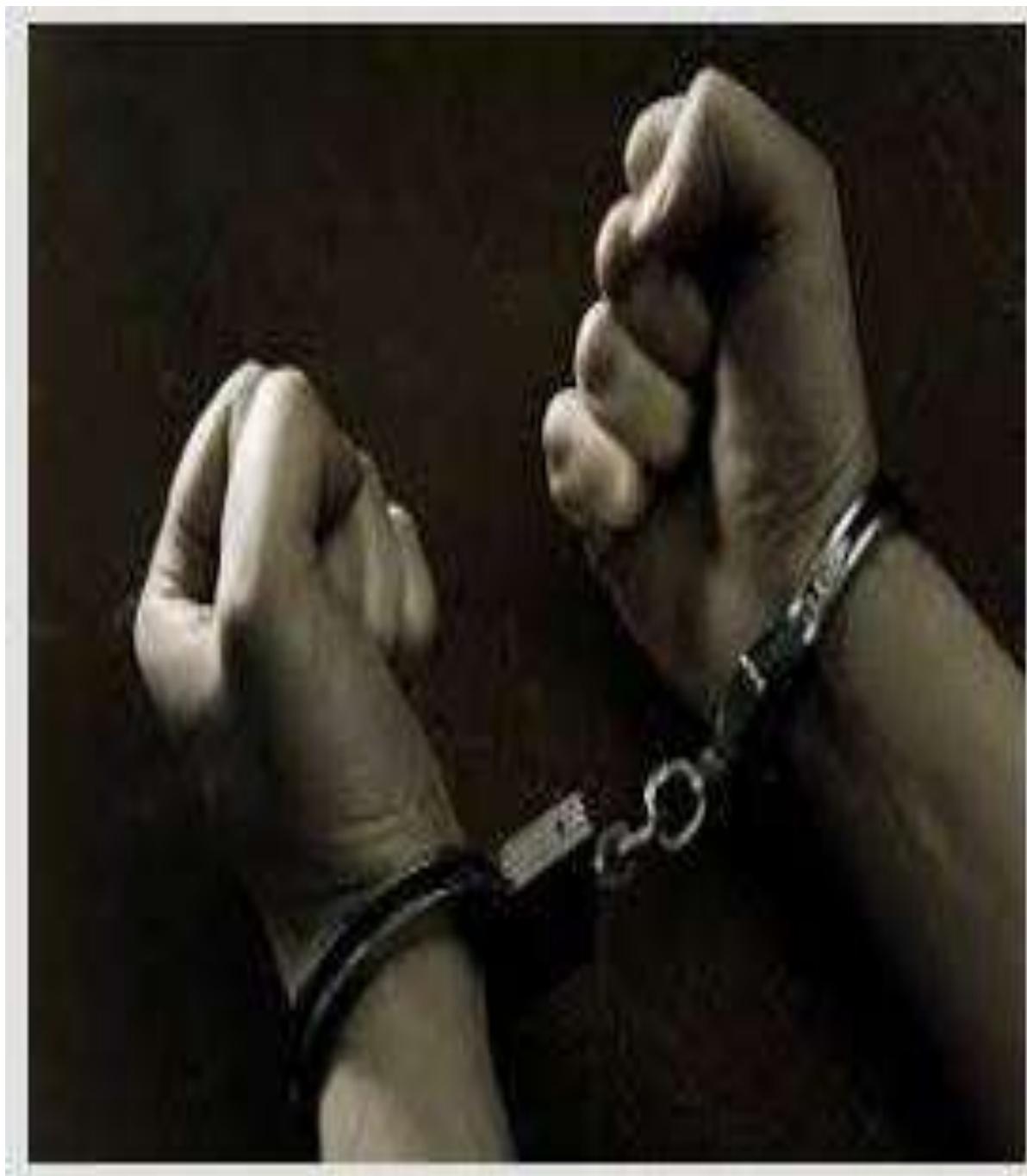
We deeply appreciate the support and contributions of the International Labour Organization (ILO), International Organization for Migration (IOM), United Nations Children Fund (UNICEF) and the United Nations Office on Drugs and Crime (UNODC) in seeing the Agency through processes that led to the development and production of this document.

We appreciate the support of the European Union under the project through which this guideline was developed and published “Promoting Better Management of Migration in Nigeria by Combating and Reducing Irregular Migration that occurs, inter alia, through Trafficking In Persons (TIP) & Smuggling of Migrants (SOM) (NGAX41)’”.

We also acknowledge the invaluable inputs of Ministries, Departments and Agencies (MDAs) at Federal and State levels; Civil Society Organizations (CSOs), and the Team of Experts who tirelessly worked to develop this document and ensure that it meets international standard.

Finally, we appreciate the following consultants for their contribution at different phases of the entire process: Professor Christiana Okojie of UNIBEN, Prof. Appolonia Okwudisho OF University of Abuja, Madis Vainoma, an Independent Consultant from Serbia, Grace Osakue of Girls’ Power Initiative and Queen Chinwe Okaro, NAPTIP Consultant.


BEATRICE JEDY-AGBA (MRS.)
Executive Secretary
NAPTIP



Join NAPTIP to FIGHT against
TRAFFICKING IN PERSONS

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Acronyms

CSOs	-	Civil Society Organizations
C&R	-	Counselling and Rehabilitation
FBOs	-	Faith-Based Organizations
ILO	-	International Labour Organization
IOM	-	International Organization for Migration
MDAs	-	Ministries, Departments and Agencies
NAPTIP	-	National Agency for Prohibition of Traffic In Persons and other Related Matters
NAPTIP ZO	-	NAPTIP Zonal Office
NACTAL	-	Network of CSOs Against Child Trafficking, Abuse and Labour
NPPATPN	-	National Policy on Protection and Assistance for Trafficked Persons in Nigeria
NRM	-	National Referral Mechanism
NGOs	-	Non-Governmental Organizations
TIPPLEA	-	Trafficking In Persons Prohibition Law Enforcement and Administration Act 2003
TP	-	Trafficked Person
TIP	-	Trafficking In Person
UNICEF	-	United Nations Children Fund
UNODC	-	United Nations Office on Drugs and Crime
UNHCR	-	United Nations High Commissioner for Refugees
ZC	-	Zonal Commander

Glossary of terms

Basic Emergency Care -	including the provision of basic welfare services; feeding, clothing, slippers, shoes, toiletries and any other basic amenities the presumed Trafficked Person requires.
Care Plan –	workplan of specific needs and peculiarity of the Trafficked Person jointly developed with the service provider
Trafficked Person –	a person confirmed to be a victim of trafficking
Partners –	partners shall include formal and informal. All recognized institutions with specialized competency and skills. Individuals and interested parties
Individual -	any public spirited person who calls the attention of service providers to the plight of a Trafficked Person and/or provides basic emergency care in the protection of a Trafficked Person
Minimum Health Care Package -	Includes first aid kit, access to a resident nurse and/or midwife as well as access to standard screening and treatment of identified health conditions such as malaria, flu, etc
National Coordinator for the National Referral Mechanism -	The NAPTIP Director for Counselling and Rehabilitation
Receiving Partner –	a service provider who receives referrals of Trafficked Person
Service Provider -	stakeholders offering specialized service for Trafficked Person
Social Inquiry –	investigation of the family and community to ensure safety, and enabling environment for the return and reintegration of the Trafficked Person
Survivor -	survivor of human trafficking
Victim’s Advocate –	individuals within the Trafficked Person’s community or family who interface between the Trafficked Person and the service provider

Chapter 1

1.0 Introduction

The Guidelines on National Referral Mechanism (NRM) is a collaborative framework through which governments fulfill their obligations to protect and promote the human rights of trafficked persons, coordinating their efforts in a strategic partnership with other stakeholders.

The general principle of the NRM is to ensure that every Trafficked Person (TP) is empowered, supported and protected with a view to ensuring that he/she is effectively rehabilitated and reintegrated.

The basic principles of the NRM are:

1. Do no harm – the rights of the TP shall be respected and protected at all times;
2. All services are to be provided within a victim-centered approach based on discussions with the TP and other relevant stakeholders;
3. Care plans shall be developed jointly with the TP;
4. Assistance to TP shall be based on informed consent and client self determination;
5. Where children are involved, the best interest of the child shall be the overriding factor.
6. The principles of confidentiality and non-discrimination shall apply at all times;
7. Cooperation with law enforcement shall not constitute a condition for providing assistance;
8. Gender responsiveness in all programming and
9. Data disaggregation in terms of age, social status, geographical location, etc

The Guidelines also define the roles and responsibilities of the NRM partners, and the programmes and services that should be available to TPs. The NRM is designed to enhance service delivery to TPs.

For proper protection of Trafficked Persons (TPs), an NRM is essential to:

- ▶ ensure that the human rights of TPs are upheld and bring about a change in perspective in how to deal with human trafficking, not only as a problem of criminality but also as a grave abuse of the human rights of TPs;
- ▶ provide an effective way to refer TPs to available services;
- ▶ help improve national policy and procedures on a broad range of victim-related issues;

- ▶ establish national plans of action and set benchmarks to assess progress towards achieving set goals

The key elements of an NRM include:

- ▶ Identification of the TPs,
- ▶ Support and Protection Services,
- ▶ Safe Return and Social Inclusion, and
- ▶ Basic Principles of Co-operation Agreements

Chapter 2

Service Delivery

2.0 Multi-sectoral service

Different sectors and organizations in the country will be involved in providing care and support services for Trafficked Persons (TPs) in accordance with the appropriate national policies and guidelines. Government partners (Ministries, Departments and Agencies) and Non- Government Organizations (NGOs, FBOs, CBOs, Media and Private sector) will be involved in the NRM in Nigeria. This multi-sectoral approach will lead to improved access to services thereby ensuring that the different needs of the client are met.

The following services shall be provided to TPs based on their specific individual needs:

Protection

- (a) Identification
- (b) Rescue
- (c) Reception
- (d) Security (safety)

Prevention

- (a) Awareness raising
- (b) Advocacy
- (c) Vocational, Entrepreneurship and Economic empowerment
- (d) Mentoring for vulnerable groups

Rehabilitation

- (a) Victim Referral
- (b) Psycho-social support
- (c) Micro credit and grants
- (d) Shelter provision
- (e) Health care
- (f) Legal Support
- (g) Literacy & Education

- (h) Vocational, Entrepreneurship and Economic empowerment
- (i) Micro credit and grants
- (j) Life skills building
- (k) Mentoring for TPs
- (l) Development of risk assessment plan

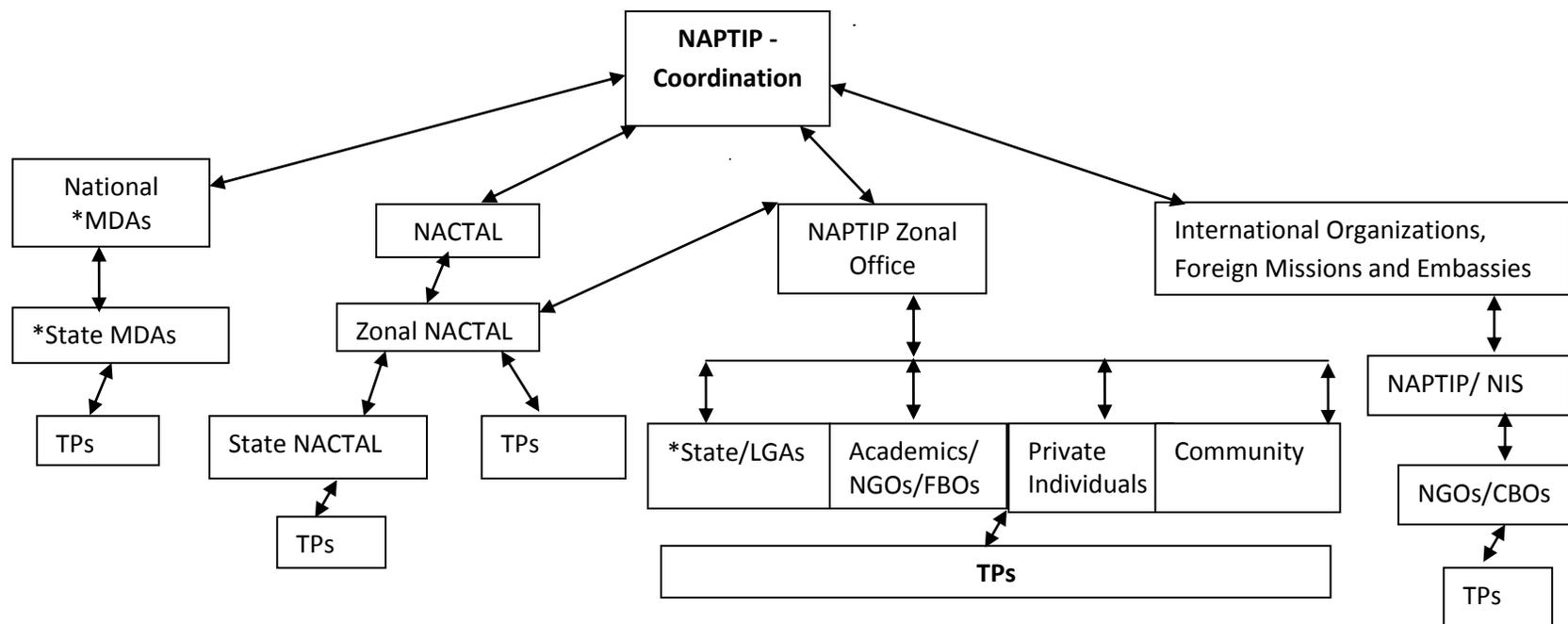
Reintegration

- (a) Family tracing
- (b) Home Investigation and social enquiry
- (c) Family Counselling
- (d) Reunion
- (e) Embassy and Consular liaison support for non-Nigerian TPs
- (f) Vocational, Entrepreneurship and Economic empowerment
- (g) Micro credit and grants
- (h) Life skills building

2.1 Referral Modalities

It shall be the responsibility of all stakeholders who come in contact with TPs to identify and refer them to service providers in the best position to provide effective specialized services. *(Reference to be made to the directory of Service Providers).*

2.2 The National Referral Mechanism



**Ministries, Departments and Agencies (MDAs) including Law Enforcement Agencies at national and state levels*

2.2.1 Trafficked Person (TP) Identification

- Formal clients referral form should be utilized when TPs are received **(this is optional in case of emergency)**
- Informal procedures for notification can be adopted for emergencies while the formal option shall be reactivated subsequently for effective record keeping.
- Where an individual comes in contact with a presumed TP, basic emergency *care* should be provided where needed and referral to NAPTIP or any other service Provider.
- Upon receipt of referrals, NAPTIP or any other service provider shall coordinate support, monitor and evaluate the rehabilitation and reintegration process.

Individuals/partners who come in contact with *presumed TPs* and who are not in a position to provide appropriate services shall refer them to the nearest relevant service providers for adequate protection and assistance immediately.

The NRM recognizes that the duration for accommodating TPs in NAPTIP shelters is six (6) weeks based on the National Policy on Protection and Assistance to Trafficked Persons in Nigeria. However exceptions could be made to extend this period where it is in the best interest of the TP

2.2.2 Rehabilitation

Rehabilitation shall include provision of accommodation/sheltering, health care, counselling, social inquiry, family tracing and empowerment. ***(Refer to list of services to be provided for TPs in section 2.o).***

In the implementation of rehabilitation services, the service provider based in the area of competence and specialization shall:

- Provide accommodation for the TP which can be short term or long term depending on the needs of the TP;
- Develop a care plan jointly with the TP;
- coordinate in advance the social inclusion of a TP
- Refer to other service providers or NAPTIP for specialized and further support;

The empowerment programs shall include access to vocational, entrepreneurial, educational, (formal and informal) economic and life skills training.

- Ensure that the TP are aware of their rights and are protected at all times

2.2.3. Social Inclusion

- These should involve support that enables the TP to feel safe, accepted and able to participate in his/her community of reintegration. In implementing such coordination activities, the consent of the TP must be obtained (the TP's Consent Form should be used).
- In coordinating the social inclusion component, the service provider should involve the Trafficked Person (TP), relevant members of their family, the TP's advocate and community members who can contribute to their effective reintegration.
- The service provider should provide relevant counseling for the TPs, his/her advocate and members of their families where necessary. TPs advocates will mentor and monitor the TPs in their communities.
- For non-Nigerian TPs, social inclusion of a trafficked person should be coordinated in advance with the country of origin.
- Fostering, Adoption and Guardianship may be considered whenever TPs are unable to return to their family/community and this should be referred to the appropriate government agency.
- Relocation may be considered for adult TPs who request for it and who in their own interest should not be united with their family
- Service providers should ensure that TPs with personal health issues such as TB, STI, HIV/AIDS and sexually exploited victims are not stigmatized but provided with relevant counseling and information about their health.

2.2.4. Safe Return and Repatriation

- Safe return of a TP to his/her community must be based on his/her request/consent and in consideration of having developed an effective care plan to support his/her reintegration.
- Where the TP is not willing to be reunited with his/her family or involve them in the social inclusion process, the service provider should explore other alternatives.
- Where in the best interest of the TP, it is not safe to reunite him/her with the family, for instance for fear of reprisal attacks or other concerns, the service provider should explore other alternatives;
- Other alternatives may include providing a foster home, adoption, guardianship, long term shelter services and safe houses.

- For non-Nigerian TPs, the service provider shall liaise with the NAPTIP, Ministry of Foreign Affairs and Nigeria Immigration Service (NIS), who in turn should liaise with the Embassy of the TP to aid safe return and repatriation.
- Where in the best interest of the TP, it is safer to reintegrate him/her in the country of destination rather than the country or community of origin, the service provider should support the TP to achieve his/her desire in accordance with standard procedures.

2.2.5. Follow-up/Disengagement

Upon reintegration of TP with the family in the country or community of origin/destination, the service provider shall follow-up to ensure that the needs of the TP are met and support should be provided to address any unforeseen problems.

- Follow-up can include psycho-social support for better social integration, development of support mechanisms for the family of the TP, community, monitoring of care plan and empowerment programs.
- Service Provider should initiate client disengagement after a minimum of three years, where the TP is successfully reintegrated into the country or community of origin/destination.
- Where follow-up identifies problems affecting successful reintegration, the service provider should review care plan and provide or facilitate additional support required.
- Where the service provider is not in a position to continue to provide additional support to the TP, the case should be referred to NAPTIP
- Upon receipt of the referral request for additional support, NAPTIP should provide needed intervention to ensure that the benefit of the reintegration process is harnessed and the TP is not re-trafficked.

Chapter 3

Requirements for Service Delivery

3.0 Minimum Requirements for service delivery

The minimum requirement is to ensure quality, accessible service delivery by service providers and also provide checks and balances in the referral process. Furthermore, it will also facilitate the implementation of comprehensive and coordinated care and support of TPs from the time of rescue to disengagement. *(For comprehensive detail on the minimum requirement for service providers, refer to Guideline for Protection of Children in Formal Care and the National Policy on Protection and Assistance for Trafficked Persons in Nigeria).*

3.1 Prevention - Service Providers

- Engage in public enlightenment of anti-human trafficking programmes,
- Produce and disseminate IEC materials on anti-human trafficking,
- Share information and report suspected human traffickers,
- Establish human trafficking watch groups and/ or technical working groups made up of representatives of key stakeholders and
- Identify and link with existing help lines to facilitate reporting of trafficking cases.

3.2 Reception

The service provider must provide warm reception to TPs upon referral including reception at arrival and departure points (e.g. bus parks, air and sea ports), safe transportation to shelter and other accommodation facility where needed.

3.3 Sheltering

Service providers should provide short or long term shelter and rest for TPs as the case maybe. The shelter should offer protection to TPs in order to regain their self-esteem, provide opportunity to face future challenges as well as facilitate rehabilitation programmes for TPs. *(Refer to policy documents and guidelines on page 9 item 2.3)*

3.4 Counselling

Counselling for TPs must be carried out by trained counsellors and shall at a minimum include:

- Information on available assistance programmes, such as legal, medical and empowerment programmes,
- Psycho-social services and trauma counseling and
- Cultural and Spiritual counseling.

3.5 Health Care Services

- Shelters shall have in-house minimum health care package and provide access to standard screening and treatment of identified health conditions in TPs especially malaria and communicable diseases such as rashes, common cold, HIV/AIDS, TB and STIs.
- Facilitate TPs access to resident health personnel within the shelter or to external health services.

3.6 Family Tracing

Social inquiry will assist in the rehabilitation and reintegration of TPs.

- The relations/family of TPs should be located and notified prior to their return and repatriation
- Family tracing must be carried out by trained personnel in social work and with good understanding of the culture of the locality
- Service providers must possess good communication skills and understanding of the local language
- The report of the social inquiry will assist the service provider mitigate risks in cases where it is not safe to return TPs
- Service providers should be accompanied by security personnel where necessary

3.7 Return and Repatriation

The processes in the re-union of the TP to his/her family or relations shall include:

- Advocacy to TP's community, family/relations should be established before return;
- Return of TP in a dignified manner in collaboration with the Ministry of Women Affairs or Social Welfare offices in the TP's local government area;

- Evidence of the TP's consent to be returned to location of settlement using the TP's Consent Form;
- Evidence of acknowledgement of receipt of the TP's belongings by parental figures or authority at the destination and
- The procedure for the return/repatriation of the TP should be based on existing policies, guidelines and MoUs.

3.8 Follow-up and After Care

- A tailored re-integration package for the TP must be in place with the aim of helping the TP achieve his/her educational goals, as well as social and economic stability.
- Service providers should collaborate with community leaders, at least one local NGO, and the TP's advocate to monitor and report the TPs re-integration process.
- The monitoring of a TP after returning to his/her family should span a minimum of three years.

3.9 Disengagement

- The TP should be progressively disengaged within the period of three years of monitoring
- Within the three-year period, disengagement must be the result of a comprehensive assessment of the TP's social integration and well being in the society.
- Upon disengagement, the TP should be reassured that he or she is free to contact the service provider when in need of guidance.

3.10 Referral tools

In supporting trafficked persons, service providers shall utilise the following standardised tools to maintain accuracy, efficiency and consistency.

- Directory of available services,
- TP Referral Tracking form,
- Referral form,
- Referral Log-book,
- Referral Register,
- TP's Consent Form and

- Inventory Form.

At all stages for implementing the NRM, the Service Provider must provide adequate security for the protection of the TP, his/herself or its officials as the case may be.



**Executive Secretary of NAPTIP,
Mrs. Beatrice Jedy-Agba,
playing a game with rescued
victims at the NAPTIP Shelter**

**Rescued Victims in the shelter
delivering a cultural presentation
to the Representative of the European
Union Delegation in Nigeria, Mr. Alan
Munday and Country Representative
of UNODC, Ms. Mariam Sissoko with
the NAPTIP Ag. Director, Counselling
and Rehabilitation, Dr. Mrs.
Anuforum**



Chapter 4

Ethical and Legal Considerations

4.1 Guiding Principle

The human rights approach underlies the need and obligation of all service providers to protect and promote the rights of TPs as articulated by the United Nations Universal Declaration of Human Rights, the African Charter on Human and Peoples' Rights, the Constitution of the Federal Republic of Nigeria, the Trafficking in Persons (Prohibition) Law Enforcement and Administration Act, as well as the National Policy on Protection and Assistance to Trafficked Persons in Nigeria.

4.2 Rights of Trafficked Persons

- i. The rights of TPs shall be the central focus of all efforts to prevent and combat TIP and to protect, assist, rehabilitate and provide access to justice for TPs;
- ii. Each TP should have a personalized care plan designed with the consent and participation of the TP. To realize this, the service provider shall expose the TP to available opportunities and options to enable the TP take informed decision;
- iii. All services provided by partners and other care-givers should be sensitive to the peculiarities of age, gender and special needs of the individual TPs. Special attention should be paid to people with special health issues including HIV/AIDS, TB, persons with disabilities, to enable them access services;
- iv. There shall be no discrimination on the basis of age, religion, sex, ethnicity, nationality, language, disability or other factors, except where the institution or organization is set up to provide specialized services;
- v. Service Providers and other care-givers shall take reasonable steps to protect the lives of TPs in their custody, and work in concert with relevant law enforcement agencies to secure the safety of TPs who are attending court proceedings. The provisions of The National Policy on Protection and Assistance to Trafficked

Persons in Nigeria, and The Guidelines for Protection of Children in Formal Care shall apply;

- vi. Personal information gathered from TPs in the process of rehabilitation shall be kept in confidence and revealed only with the consent of the TP or in exceptional cases and circumstances. Exceptional circumstances may include where the TP is not in a psychological or physical state to give consent, or where the information is necessary to save lives;
- vii. Service Providers, care-givers and the mass media shall abide with the Code of Conduct contained in The Guidelines for Protection of Children in Formal Care.

4.3 Obligations of Trafficked Persons (TPs)

The obligations of TPs as contained in Section 3.2 of the National Policy on Protection and Assistance to Trafficked Persons in Nigeria is as follows:

- (i) A victim who has consented to rehabilitation shall comport himself or herself in a manner that will not jeopardize the objectives of rehabilitation;
- (ii) A victim shall make himself or herself available at all times for informal/formal education to achieve the purpose of rehabilitation/ integration;
- (iii) A victim shall comport himself or herself in a manner that will not be detrimental to the well being of other victims and care providers;
- (iv) A victim shall subject himself or herself to the rules and regulations, as well as the daily routine while residence in the shelter;
- (v) A victim who has consented to rehabilitation shall complete the rehabilitation programmes designed for him or her; and
- (vi) A victim shall disclose relevant information concerning his or her health status to counsellors to enhance the quality of care.

These obligations should be communicated to TPs and adhered to. However, exceptions can be made where due to justifiable circumstances, the TP is unable to meet the obligations.

Chapter 5

Coordination of the Referral Mechanism

5.1 Coordination and Management

The NAPTIP which is mandated by the TIPPLE Act, is the focal agency in combating human trafficking and coordinates all interventions towards human trafficking in Nigeria. The Agency operates at national, zonal and state levels. The NAPTIP zonal offices shall coordinate activities in the state level and provide leadership for stakeholders at the state and local government levels.

5.2 The National Coordination Team

- i. The overall coordination of the NRM is the responsibility of the NAPTIP, the Agency of Government with the mandate to coordinate all efforts to combat TIP in Nigeria;
- ii. The NAPTIP Director C&R who also is the National Coordinator, shall be responsible for the smooth operation of the NRM on a daily basis, by responding to inquiries from service providers and facilitating effective collaboration by all members of the Network;
- iii. The National Coordinator shall work with a team of seven persons representing key partners and organizations such as the NACTAL, LEAs, MDAs, which shall meet from time to time to discuss the operations of the NRM. This team shall provide technical support, monitoring, evaluation and oversight function for NRM;
- iv. Partners should have designated focal persons in their respective organizations who should be contacted when the need arise; and
- v. These coordinating team shall be replicated at zonal and state levels as applicable.

5.3 Government

- The Federal, State and Local Governments shall engage in support services including rescue, referral, provision of security, legal, awareness raising, advocacy, provision of micro credit, family tracing and reunion, victim referral, psycho-social support, rehabilitation, sheltering, health care, literacy and education, vocational and economic skills building. In addition, they receive, document and refer TPs to and from the NAPTIP.

- At the national level, government shall be involved in policy formulation and making budgetary provisions that will enable zonal, state and local government offices to implement their roles in the NRM. At the zonal level, other government MDAs shall work closely with the NAPTIP to provide adequate support services to TPs.

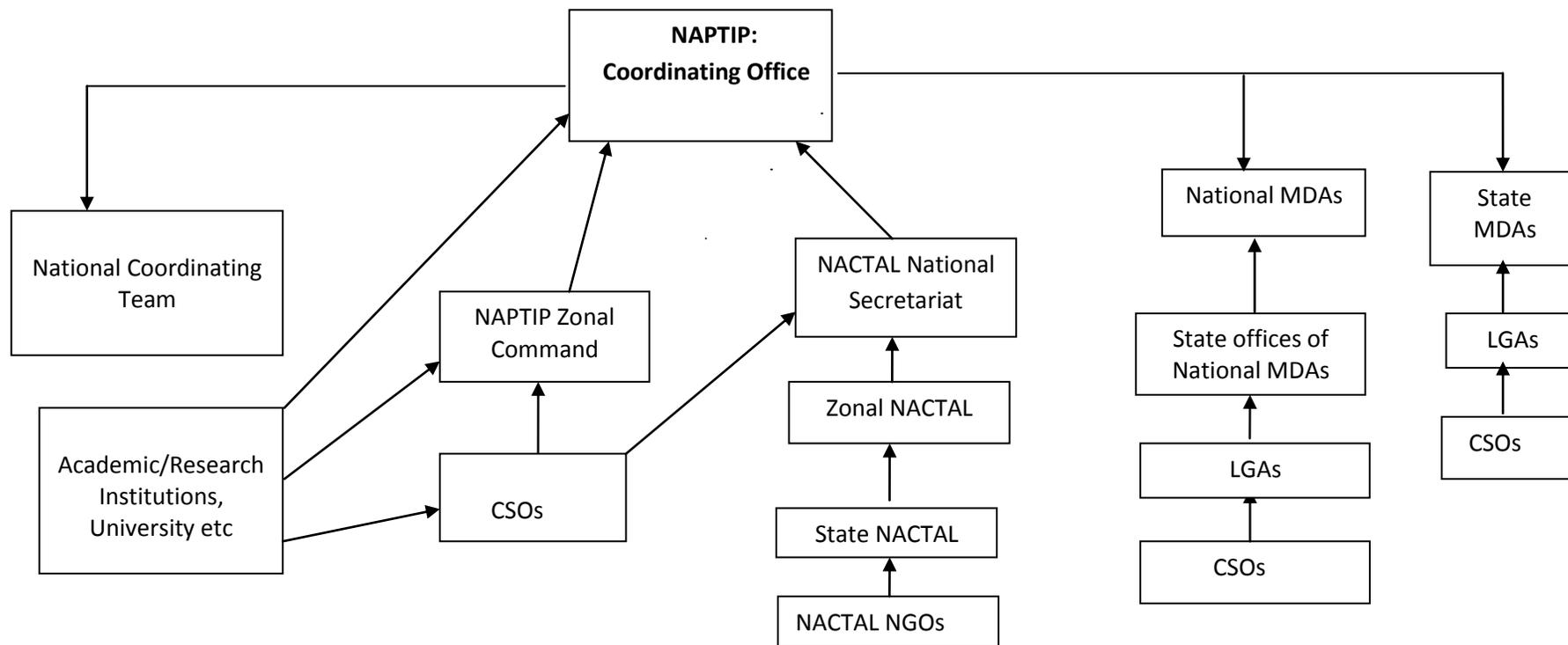
5.4 Non Government Partners

These include NGOs under the auspices of the NACTAL and other CSOs at the grassroots relevant to providing assistance to TPs. These partners shall inform and refer TPs to NAPTIP and other Service Providers at national, zonal, state and local government levels.

They provide services which include; rescue, referral, legal support, awareness raising, advocacy, provision of micro credit, family tracing and reunion, victim referral, psycho-social support, rehabilitation, prevention, sheltering, health care, literacy and education, vocational and economic skills building.

5.5 Coordination and Reporting Framework

NRM Coordination



5.6 Cooperation with development partners

- Cooperation relationships have been established with the UN system and other development partners to provide assistance services for TPs.

5.7 Selection of Service Providers under the National Referral Mechanism (NRM)

5.7.1 Selection Criteria for Government

All government MDAs working on anti-human trafficking and related issues or with potential to support TIP issues.

5.7.2 Selection Criteria for Non Government partners

CSOs (NGOs, FBOs and CBOs), media and the private sector that work on anti-human trafficking and related issues shall be selected on the following basis:

- Stakeholders' expertise,
- Transparency,
- Willingness to share information,
- Ability to take up responsibility in the NRM,
- Availability of human, technical and financial resources,
- Proven active and meaningful participation on TIP issues,
- Commitment and interest,
- Alliances and coalitions entered into by the partners,
- Financial accountability and integrity,
- Registration compliance with government at the national, state or local levels, and
- Proven credible governance structure

5.7.3 Selection Criteria for individuals

This shall depend on the following:

- Specialised skills and competencies,
- Commitment and interest of the individual,
- Acceptance in the Community and
- Willingness to advocate for survivors of trafficking

5.8 Orientation and capacity building for actors in the National Referral Mechanism (NRM)

- Dissemination of the NRM Guidelines and complementary documents to stakeholders
- Sensitization and training of stakeholders at different fora on the use of the NRM Guidelines and complementary documents
- Step-down trainings and sensitization of stakeholders at state and local government levels

5.9 National Referral Mechanism (NRM) Directory

The NRM Directory will be available in print and electronic copies for partners' use and shall be updated annually. The electronic copy will be available on partners' and NAPTIP's website. www.naptip.gov.ng

5.10 Funding the National Referral Mechanism (NRM) system

Funding for the NRM shall be provided by the NAPTIP, government at all levels and CSOs through their annual budgetary provisions. The Agency and other NRM partners can also seek support from Donors and Development Partners to fund their activities.

Chapter 6

Cooperation Agreements

6.1 Cooperation Agreements between Government and other stakeholders

Cooperation agreements between government and other stakeholders improve protection and assistance services to TPs. Due to potentially complex legal situations, referral of TPs should be regulated by a written Memorandum of Understanding (MoU) among the key actors. This is a guide for partners to follow if they are to develop agreements with the NAPTIP and among themselves to protect TPs.

6.2 Basic Structure of a Memorandum of Understanding (MoU)

1. **Introduction:** Description of the agencies that are signing MoU;
2. **Definitions:** Glossary of the terms used in the text;
3. **Purpose of the MoU;**
4. **Principles:** Basic principles and methods of cooperation and coordination
5. **Scope of cooperation:** Cases in which the MoU should be used;
6. **Roles and Responsibilities:** Clear delineation of duties of NRM partners;
7. **Evaluation:** Formal aspects of monitoring and impact assessment;
8. **Permissible use of the information:** The purposes for the use of the data base;
9. **Confidentiality:** Prohibition of dissemination of confidential information about cases without permission from survivors and agencies;
10. **Duration:** Usually, starting from the date it is signed for a specified period subject to renewal; and
11. **Contact persons:** Agencies' representatives to be contacted.

6.3 Force Majeure

If the execution of the NRM document is delayed, hindered or prevented or is otherwise frustrated by reason of Force Majeure which will mean any event beyond the control of the party affected, then the party so affected will promptly notify the other in writing. For the purposes of this clause the expression "Force Majeure" means, but shall not be limited to, strike or labour disputes, fire, floods or other catastrophes, acts of God, embargo, riots, national emergencies, acts of governments, and generally any

circumstances which are beyond the control of one party and hinder the execution of its obligations under the MOU.

6.4 Dispute Resolution

- (a) In the spirit of this collaboration, the parties/organizations shall strive to settle any problems, disputes or differences arising out of or in connection with this agreement between them through mutual negotiations.
- (b) Any dispute, claim or controversy arising out of this collaborating Agreement, or breach, termination or invalidation thereof which cannot be amicably settled between the Parties shall be settled by arbitration in accordance with Arbitration and Conciliation Act (Cap15) Laws of the Federation of Nigeria 2004.

6.5 The cost of arbitration shall be borne by all parties equally.

6.6 The arbitration proceedings shall take place in a location agreed by the contending parties and shall be conducted in English language.

6.7 The Arbitral award shall be final and binding upon the Parties.

Chapter 7

Monitoring, Evaluation and Reporting

7.1 Monitoring

- I. The implementation of the NRM shall be monitored bi-annually at all levels to ensure adherence to the provisions of this Guideline, track progress, identify good practices, gaps, limitations and weaknesses in the system.
- II. There shall be an in-built monitoring system at all levels of the NRM, utilizing the tracking and TP feedback tools; (*See referral tools in Annex*).

7.2 Evaluation

- i. All service providers and other care-givers shall complete a self assessment tool and carry out quality assurance on individual care plans monthly; (*Refer to self audit and monitoring tools*)
- ii. The national coordinating team or their representatives shall conduct a verification of the monthly reports of service providers quarterly, using the reporting template.

7.3 Documentation and Reporting

- i. The data and reports from the self assessment and the quarterly evaluation shall be collated, analyzed and disseminated by the coordinating office (NAPTIP) to all stakeholders;
- ii. There shall be regular feedback on the quarterly assessments to concerned Service Providers or care givers from the NAPTIP to enable them improve their services where necessary.
- iii. Good practices and/or gaps from the quarterly assessments shall be made available on the NAPTIP website to all stakeholders, to enhance the operations of the NRM;
- iv. An Annual Report on the performance of the NRM shall be compiled with and made available on the NAPTIP website; circulated to stakeholders by the NAPTIP at different stakeholders fora and discussed at an annual NRM meeting.;
- v. All data and information on assistance to TPs shall be domiciled on the NAPTIP website, which shall be accessible to all stakeholders and the general public to download and use.

- vi. Referral tools will be available on the NAPTIP websites for information and effective use by stakeholders

SELF AUDIT AND MONITORING TOOLS

Key: 1 = In Place

2 = Partially in Place

3 = Not in Place

1. RECEPTION & IDENTIFICATION

No	BENCHMARKS	Indicators	1	2	3	Comments
1	Personal data of the TP is documented on arrival at the centre.	i. Existence of individual files for all TPs ii. All fields are completed in each form iii. Passport photograph of TP is taken iv. Existence of a reception register.				
2	Physical appearance and emotional state of the TP are noted and documented on arrival.	i. Notes on the physical appearance and emotional state of the TP exist in the individual files. ii. Photographic evidence of abuse where applicable				
3	Reception is efficient, timely and of quality.	i. Evidence that each TP was received by two authorised officers within 30 minutes of arrival exists. ii. Evidence that each TP was taken into shelter within 30 minutes of being received exists. iii. Existence of a TP-friendly reception room.				
4	An inventory of every TP's belongings is taken on arrival	Existence of duly completed inventory forms signed by the TP, one authorised care giver and a witness				

2. SHELTERING

No	BENCHMARKS	Indicators	1	2	3	Comments
1	Shelter has adequate facilities for accommodation of TPs	i. Existence of potable water ii. Existence of electricity iii. Existence of good toilet facilities. iv. Existence of adequate number of rooms compared with the average shelter occupancy.				
2	Accommodation arrangement is conducive to the wellbeing of TPs.	i. Number of double-bunk beds in a standard room ii. Number of TPs sleeping in a standard room iii. Existence of beddings and insecticide-treated bed nets iv. Evidence that number of officers on duty is appropriate to the number of TPs in the shelter at any point in time exists.				
3.	Placement of TPs in rooms is based on age and sex	i. Existence of shelter records showing placement of TPs in rooms. ii. The difference in the ages of the oldest and the youngest TP in each room. (not more than five years).				
4.	Internal arrangement in the shelter for the feeding of the TPs (place, timing and type of meals) is functional and adequate.	i. All the TPs are fed at least three times daily(interview with TP) ii. Number of TPs who have individual plastic plates, cups and cutleries iii. Existence of a meal time table. iv. Existence of a well equipped kitchen v. Existence of a food store with stock list vi. Existence of a dining room				

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		vii. Evidence of a Management-approved food vendor (in situations where iv, v, vi are not feasible e.g border posts, police stations and immigration offices etc.)				
5.	Shelter has security and safety measures in place.	<ul style="list-style-type: none"> i. Existence of Lock up gates, secured windows and entrances ii. Existence of security officers iii. Existence of functional fire extinguishers iv. Records of fumigation exercises v. Existence of adequate internal and external lighting 				
6.	Centre has facilities for recreation.	<ul style="list-style-type: none"> 1. Existence of Games and sport equipment and plan of daily activities 2. Existence of adequate space for recreational activities. 				
7.	Centre offers training on life skills.	<ul style="list-style-type: none"> I. Training manuals/curricula Ii. Number of trainees and their qualifications iii. Number of children trained according to sex and age. iv. Reports of trainings. v. Existence of certificates for beneficiaries of trainings vi. Existence of TP progress report in the case note. 				
8.	Shelter arranges visits of TPs by parents and relations where necessary.	<ul style="list-style-type: none"> i. Records of visits to TPs ii. Visitors complete the "Child Protection Affirmation Statement" 				
9	Activities within the shelter are subject to previously prepared routines	<ul style="list-style-type: none"> i. Existence of table of activities with timing displayed on the notice board. ii. Evidence from the daily shelter activity report exists. 				

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10	Care giver-TP ratio at night is adequate	i. TP-staff ratio as confirmed by staff duty rosters				
11	Where contact with media becomes necessary, a TP's dignity and identity are protected	i. Media practitioners complete the "Child Protection Affirmation Statement" ii. Media practitioners subscribe to the Code of Conduct for the mass media ii. Media practitioners sign 'TPs' Media Consent Form' iii. Existence of media reports/ press cuttings				
12.	A procedure exists for reporting concerns	Existence of: i. Complaints box ii. Reporting procedures iii. Complaint forms iv. Complaints investigation reports				

3. HEALTH

No	BENCHMARKS	Indicators	1	2	3	Comments
1.	Medical condition of the TP is assessed and documented on arrival.	i. Notes on the physical examination of the TP exist in the individual files				
2.	Centre has a standard/equipped and accessible first aid box.	i. Existence of First aid box ii. Existence of appropriate drugs and materials				

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		iii. All care givers have easy access to the First Aid Box.				
3.	Caregivers are trained to use First Aid Box	Evidence of training exists				
4.	Centre has in place a retainership arrangement with a standard and easily accessible hospital/clinic.	i. Records of TPs that have been attended to in the hospital. ii. Retainership agreement exists.				
5.	Drugs are administered as prescribed for sick TPs	i. Existence of records showing administration of medication to sick TPs				
6	Shelter has provisions for routine health services.	Existence of: i. Records of TPs weighed weekly ii. Records of TPs immunised iii. Records of TPs screened for communicable diseases iv. Records of TPs with body wounds v. Records of TPs de-wormed				
7	Shelter has services of qualified medical personnel	i. Existence of in-house nurses and/or doctors				
8.	The Centre provides basic health information to the TPs	i. Existence of health related Information, Education and Communication (IEC) materials ii. Records of IEC activities exist				

4. COUNSELLING

	BENCHMARKS	Indicators	1	2	3	Comments
1.	TPs are made aware of their rights and obligations on arrival.	i. Posters on the Rights and Obligations of the TP conspicuously displayed in the reception room, counselling room and in the shelters. ii. Pictorial handouts on Rights and Obligations given to each TP.				
2.	Centre has a code of conduct, read and signed by all staff and volunteers.	i. Existence of code of conduct ii. Evidence of signed copies of code of conduct				
3.	Centre has at least one qualified social worker.	i. Existence of a qualified social worker on staff list				
4.	Centre has a counselling plan for each TP.	Records/reports on counselling sessions in individual files				
5.	Shelter has arrangement for referrals of TPs with special needs to specialist care.	i. Documented evidence of referrals to specialist care ii. Individual files of referred TPs.				
6.	A case officer/primary care giver is assigned to every TP on arrival.	Name and sex of assigned case officer/care giver is written on the cover of the individual files.				
7.	Centre has standardised counselling instruments	i. Evidence of use of standardised counselling instruments				
8.	Center has a designated and equipped counselling room.	i. Existence of a counselling room. ii. Existence of proper equipment/furniture.				
9.	TPs are interviewed formally.	i. Existence of standard interview protocol. ii. Existence of completed standard interview protocol in individual files.				

5. FAMILY TRACING

	BENCHMARKS	Indicators	1	2	3	
1.	Centre has a procedure for family tracing.	i. Existence of standard procedures/guidelines/protocols/agreements for family tracing ii. Compliance with Management and established procedures.				
2.	TPs are involved in the process of tracing their family.	Evidence of TP's participation in the family tracing process in individual files.				
3.	Social enquiry is carried out to assess and prepare the family and the TP for return	Existence of social enquiry report ¹ in individual files.				

6. RETURN AND REPATRIATION

	BENCHMARKS	Indicators	1A	2	3	Comments
1.	Centre has written guidelines on the return and repatriation of TP	Existence of Guidelines/Protocols/Agreements for the return or repatriation of TP				
2.	Guidelines/protocols/agreements are adhered to during the process of return and repatriation	Existence of report of return and repatriation				
3.	TP leaves the shelter with all his/her belongings and money	1. Inventory list of possessions of the child endorsed by child, one officer in the shelter and one witness.				

¹ Highlighting: Home assessment; interview with parents on readiness to accept the TP; TP's willingness to return home; parents educational/vocational plan for the TP, social interventions undertaken and recommendations.

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		2. Photograph of TP on departure from shelter				
4.	TP arrives with all his/her belongings and money at destination.	Evidence of acknowledgement of receipt of the TP's belongings and money by parental figure/authority at destination.				
5.	TP returns home safely and in a dignified manner.	i. Photograph of TP taken at destination ii. Evidence (from report of return and repatriation journey)of mode of travel and time of departure and arrival				

7. FOLLOW-UPS, EMPOWERMENT, AFTER CARE

	BENCHMARKS	Indicators	1	2	3	Comments
1.	Centre has procedures on integration, empowerment and follow-up/after care.	i. Existence of the procedures ii. Evidence of individual plan for re-integration of each TP				
2.	TP's family and community based associations are involved in follow-up processes	i. List of such associations ii. Evidence of agreements between the institution and community-based associations on follow-up of each TP iii. Evidence of progress reports from community-based associations				
3	The progress of the TP's integration is monitored over a 3-year period after leaving the shelter.	i. Existence of a written disengagement plan ii. Existence of periodic monitoring reports				

8. DISENGAGEMENT

	BENCHMARKS	Indicators	1	2	3	Comments
1.	The TP has adapted to his/her environment and is engaged in an activity which is of benefit to him or her (schooling or learning a trade etc)	(i) Evidence of schooling or learning a trade. (ii) Progress report from school				
2.	The TP is independent of the institution and self-functional	Evidence of successful engagement in a trade or vocation				

* The Self-Audit/Monitoring Tool should be completed by the Senior Manager/Zonal Head on a quarterly basis and the records of the self audit must be kept.



Students raise red cards against Trafficking in Persons



Annexes

Annex 1: Referral Form

CONFIDENTIAL

TRAFFICKED PERSONS' (TPs) REFERRAL FORM

Date of referral _____ ID No. _____ (dd/mm/yyyy)			
Name: _____ Sex: ___ Age: _____ Date of Birth _____ Place of Birth: _____ (First name, surname in block letters)			
Nationality: _____ State of Origin: _____ LGA: _____ Immigration Status ___ Point of Entry _____			
Language(s) Spoken: _____ Other Communication Aids Required (e.g Sign Language): _____			
Address1: _____ (This should include address at which TP was rescued)			
Address 2: _____ (Home address of parents/relations/guardians/fit persons)			
Medical Condition/ Addiction: _____			
PURPOSE FOR TRAFFICKING Check all that apply to the TP			
Internal Trafficking for labour exploitation/child labour		Internal trafficking for sexual exploitation	
External trafficking for labour exploitation/child labour		External trafficking for sexual exploitation	
Slavery, Begging, Sale of drugs		Baby harvest/ sales	
Domestic servitude		Sports	
Forced/ child marriage		Armed Conflict	
Pornography		Others Please specify.....	
Organ harvest/sales			
TYPE OF TRAFFICKING			
Internal trafficking <input type="checkbox"/>		External trafficking <input type="checkbox"/>	
REFERRING ORGANIZATION			
Name of Organization: _____			

Address: _____
Org. Phone No: _____
Contact Officer _____
Job Title: _____
Phone No: _____ E-mail: _____
Signature & Date: _____

Background information of the TP	
Purpose of referral (explain in details)	

RECEIVING ORGANIZATION

Name of Organization: _____
Address: _____
Contact Officer-----
Job Title: _____
Phone No: _____ E-mail: _____
Signature & Date: _____

Annex 2: Trafficked Persons' (TPs') Referral Tracking Form

TP's REFERRAL TRACKING FORM	
<p>Name: _____ Sex: _____ Age: _____ Date of Birth _____ (First name, surname in block letters)</p> <p>Date of referral: _____ ID No. _____</p> <p>Address1: _____ (This should include address at the time of rescue)</p> <p>Address 2: _____ (Home address of parents/relations/guardians/fit persons)</p>	
ORGANIZATION	
<p>Name of Organization: _____</p> <p>Address: _____</p> <p>Contact Officer: _____</p> <p>Phone No: _____</p>	
Status of TP as at the time of referral.	
Services rendered	
Next Plan of Action:	

Completed by: Name: _____

Designation: _____ E-mail: _____

Signature & Date: _____

Annex 3: Trafficked Persons’ (TPs’) Consent Form

TRAFFICKED PERSON’S (TP’s) CONSENT FORM

Rehabilitation service

I, ----- having stayed in the facility of ----- for a period of -----
 -----, agree to be assisted by..... and benefit from their services including sheltering, family reunification etc that I should be reunited with my parents/relations/guardians/fit and appropriate persons in their place of residence.

----- TP’s Name	----- Witness Name	----- Receiver’s Name
-----	----- Occupation	----- Occupation
----- Signature and Date	----- Signature and Date	----- Signature and Date

HCT Service

I, ----- having stayed in the facility of ----- for a period of -----
 -----, agree to be counseled and tested for HIV, with full understanding that all information and my HIV status is confidential and will not be disclosed to anybody or any entity without my approval.

----- TP’s Name	----- Signature and Date
--------------------	-----------------------------

Media Consent

I, ----- having stayed in the facility of ----- for a period of -----
 -----, have agreed that my story and picture should be used for public enlightenment and awareness raising purpose only with full understanding of the consequence of releasing my story and picture to the public

----- TP’s Name	----- Rehabilitation Officer	----- Reporter/Media Officer/Researchers
-----	----- Occupation	----- Organization
----- Signature and Date	----- Signature and Date	----- Signature and Date

Annex 4: Referral Log Book

Referral Log Book

TPs Name	Age	Sex	LGA	State	Type of case	Services rendered to TP	Services not available	Reason for Referral	Name of receiving organization	Date of Referral

Annex 5: Referral Register

Referral Register

TP's Name	Sex	Age	Community of origin	LGA	State	Duration of stay	Date of arrival	Date of Departure	Destination of TP

Annex 6: Inventory Form

Inventory Form *(should be completed in duplicate)*

Name of TP-----

Sex----- Age----- Date admitted into shelter-----

List of items received from TP (materials and or cash)

1. -----

2. -----

3. -----

Signature of TP

Name and Signature of receiving officer

Signature of witness

.....
List of items returned to TP (materials and or cash)

1. -----

2. -----

3. -----

Signature of TP

Name and Signature of returning officer

Signature of witness

Date released from shelter-----

List of items not returned to TP and reason(s) for items not returned

Annex 7: Members of the Expert Committee:

S/n	Names	Designation	Organization
1.	Lily N. Oguejiofor	Director, Counselling and Rehabilitation (C&R)	NAPTIP
2.	Iran Ajufo	Director, P.S. Office	Federal Ministry of Women Affairs and Social Development
3.	Godwin E. Morka	Assistant Director, RPD Department	NAPTIP
4.	Elizabeth O. Ekaete	Assistant Director, C&R	NAPTIP
5.	Ijeoma Okoronkwo	Chief Intelligence Officer, C&R	NAPTIP
6.	Ismail Aderonmu	Assistant Chief Intelligence Officer, C&R	NAPTIP
7.	Bello Omotosho	Senior Intelligence Assistance, C&R	NAPTIP
8.	Abimbola Adewumi	Victim Support, Rehabilitation and Grant Officer	UNODC
9.	Miriam Enyiazu	Child Protection Officer	UNICEF
10.	Olanipekun, Bunmi	Assistant Protection Officer	UNHCR
11.	James Atusue	Programme Assistant	IOM
12.	Grace Osakue	Executive Director	GPI Benin
13.	Queen Chinwe Okaro	Consultant	NAPTIP
14.	Emmanuel Daramola	National President	NACTAL
15.	Ruth Haruna	National Secretary	NACTAL

References:

1. Support procedure and West Africa Regional Standard for the Protection and Reintegration of Vulnerable Children (including 'children on the move' and young migrants) published by the West Africa Network for the Protection of Children November 2011
2. Federal Ministry of Health Nigeria, National Guidelines for HIV/AIDS Counselling and Testing, October 2006
3. National Referral Mechanism Joining Efforts to Protect the Rights of Trafficked Persons: A Practical Handbook, OSCE/ODIHR, 2004
4. The bare minimum standards of care and protection for the victims/survivors of trafficking and commercial sexual exploitation, SANLAAP 2007
5. Developing agreed methodology of identification and referral for trafficking for labour exploitation: guaranteeing the victims the access to protection, ACCEM
6. National Policy on Protection and Assistance to Trafficked Persons in Nigeria, NAPTIP November 2008
7. Strategic Implementation Framework for the National Policy on Protection and Assistance to Trafficked Persons in Nigeria, NAPTIP April, 2011
8. An Assessment of Referral Practices to assist and protect the rights of trafficked persons in Moldova, 2007
9. The Universal Declaration of Human Rights, 1948.
10. Child's Rights Act, 2003.
11. United Nations Convention on the Rights of the Child, 1989.
12. The Constitution of the Federal Republic of Nigeria, 1999.
13. African Charter on Human and People's Rights 1986
14. Guideline for Protection of Children in Formal Care
15. Trafficking In Persons Prohibition Law Enforcement and Administration Act 2003 as amended

