



Promoting Better Management of Migration in Nigeria

MAPPING OF NIGERIAN HEALTH AND EDUCATION PROFESSIONALS IN THE UNITED KINGDOM

20 MAY 2014



This project is funded by the
European Union



International Organization for Migration (IOM)

This project is implemented by the
International Organization for Migration

The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply the expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Union.

Publisher: International Organization for Migration
No. 11 Haile-selassie Street
Asokoro District
Abuja
Tel.: +234 814 067 11 27
Fax: +234 807 209 31 33
E-mail: iomnigeria@iom.int
Website: www.iom.int

© 2014 International Organization for Migration (IOM)

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior written permission of the publisher.



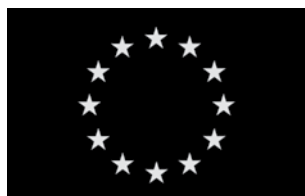
Promoting Better Management of Migration in Nigeria

MAPPING OF NIGERIAN HEALTH AND EDUCATION PROFESSIONALS IN THE UNITED KINGDOM

by
Maxine James
Ade Sawyerr
Rosemary Emodi

equinox
consulting 
innovation • diversity • sensitivity

MAY 2014



This project is funded by the
European Union



International Organization for Migration (IOM)

This project is implemented by the
International Organization for Migration



ACKNOWLEDGEMENTS

The authors wish to acknowledge all those persons and institutions that have supported our work and have made the publication of this report possible.

We are very grateful to the International Organization for Migration (IOM) in Nigeria for commissioning this report. We would also like to thank the IOM mission in the United Kingdom for its continued support and valuable insights during the implementation of the project.

We are also grateful to His Excellency, Dr Dalhatu Sarki Tafida, Nigerian High Commissioner to the Court of St. James, for hosting us, together with his senior officials at the High Commission. Thank you, His Excellency, for your kind words of support and for agreeing to host us again to formally present the completed report.

We acknowledge, too, the extraordinary efforts of two officials of the Central Association of Nigerians in the United Kingdom (CANUK) – Mr Chima Olugh, Vice Chair, and Dr Edwin Sawacha, Welfare Secretary – who assisted with publicizing the project to their members. They assisted with lending credibility and in ensuring that their members and organizations were fully involved at all stages of the project.

Our thanks also go to Baseline.org, which provided much needed mobilization effort to ensure that the views of Nigerians in Scotland were featured in the project. To the Medical Association of Nigerians Across Great Britain (MANSAG), we say a huge thank you for your encouragement and assistance in getting your members fully involved in the project.

Special thanks go out to Councillor Ade Ademola, Chairman of the UK Association of Nigerian Academics (UKANA). Our deepest appreciation goes out to all the individuals who took part in this project by completing the online questionnaire, attending the focus group interviews and agreeing to be part of the case studies.

CONTENTS

Acknowledgements.....	5
Acronyms and Abbreviations.....	10

CHAPTER 1

Executive Summary	11
1.1 Background	11
1.2 Objectives	11
1.3 Methodology	11
1.4 Key Findings	12
1.4.1 Profile of Professionals	12
1.4.2 Life in the United Kingdom.....	12
1.4.3 Continuing Connection with Nigeria	12
1.4.4 Interest in Assisting Nigeria.....	13
1.4.5 Decision to Return.....	13
1.4.6 Conclusion.....	14
1.4.7 Recommendations	14

CHAPTER 2

Introduction	15
2.1 Background	15
2.2 Objectives	15
2.3 Methodology	16
2.3.1 Desk Research	16
2.3.2 Outreach	16
2.3.3 Main Online Survey.....	17
2.3.4 Focus Group Interviews	17
2.3.5 Key Informant Interviews	17
2.3.6 Limitations of the Research.....	17
2.4 Nigeria in Context	17
2.5 Nigerians in the United Kingdom	18
2.5.1 United Kingdom Office for National Statistics	18
2.5.2 Other Media Sources	20

CHAPTER 3

Findings	21
3.1 Profile of Respondents.....	21
3.1.1 Age and Gender	21
3.1.2 Sector	21
3.1.3 Where They Live.....	22
3.1.4 Origins in Nigeria and Languages	22
3.1.5 Country of Birth, Secondary Education and Early Career	23
3.1.6 Length of Stay in the United Kingdom.....	24
3.1.7 Nationality.....	24
3.1.8 Migration to the United Kingdom	25
3.1.9 Assessment of Profile.....	26

3.2	Life of Nigerian professionals in the United Kingdom.....	27
3.2.1	Employment Status	27
3.2.2	Years of Professional Experience in the United Kingdom.....	27
3.2.3	Higher Education and Qualifications	28
3.2.4	Training and Employment in the Education Sector	29
3.2.5	Training and Employment in the Health Sector	30
3.2.6	Average Annual Salaries.....	31
3.2.7	Other Professions.....	32
3.2.8	Challenges and Experiences in the Workplace in the United Kingdom.....	32
3.2.9	Involvement in Community Organizations	33
3.2.10	Assessment of the Professional Lives of Nigerian Migrants in the United Kingdom.....	34

CHAPTER 4

Factors Impacting Relocation	35
4.1 Connection and Contribution	35
4.1.1 Staying in Touch with Nigeria	35
4.1.2 Interest in Contributing to Nigeria	37
4.1.3 Contribution to the Health Sector.....	38
4.1.4 Contribution to the Education Sector	40
4.1.5 Specific Involvement	40
4.1.6 Assessment of Migrant Connection and Contribution	41
4.2 Decision to Return	41
4.2.1 Interest in Skills Transfer Schemes	42
4.2.2 Factors Influencing Decision to Return.....	42
4.2.3 Mobilizing for Return	45
4.2.4 Role of Community Organizations.....	46
4.2.5 Assessment of Migrants’ Decision to Return	47

CHAPTER 5

Conclusion and Recommendations	48
5.1 Conclusion.....	48
5.2 Recommendations	49
Appendix 1: List of Community Organizations Mentioned.....	51
Appendix 2: Specific Contributions of Nigerian Diaspora to their Home Country.....	53
Appendix 3: Main (Quantitative) Questionnaire and Responses	57
Appendix 4: Focus Group Interview Questions	64
Appendix 5: Topic Guide – Key Informant Interview	65
Bibliography	66

CASE STUDIES

Case study 1:	Chima, pharmacist, born in the United Kingdom, would want to work under a skills transfer scheme	28
Case study 2:	Ade, lecturer, born in Nigeria, ready to go home anytime	31
Case study 3:	Maureen, doctor, will contribute without returning to Nigeria	33
Case study 4:	Eze, education professional, would want to return with the right package	35
Case study 5:	Rita, health professional, already contributing and needs government assistance	40
Case study 6:	Billie, education professional, ready for a career break	46

LIST OF TABLES

Table 1	Nigerians in the United Kingdom with Nigeria as country of birth.....	21
Table 2:	Professional experience in Nigeria	26
Table 3:	Employment status.....	29
Table 4:	Education areas of specialization.....	31
Table 5:	Health areas of specialization.....	32
Table 6:	Mediums used for staying in touch with Nigeria	37
Table 7:	Frequency of visits.....	37
Table 8:	Reasons for visiting Nigeria	38
Table 9A:	Participation in skills transfer schemes.....	39
Table 9B:	Engagement in voluntary work while in Nigeria	39
Table 10:	Education-sector areas in which migrants are interested in getting involved	42
Table 11:	Preferred length of scheme	44
Table 12:	Important factors influencing respondents' decision to return to nigeria for work.....	45



LIST OF FIGURES

Figure 1:	Respondents by age and gender	23
Figure 2:	Sector of employment by gender	24
Figure 3:	Area of residence	24
Figure 4:	State of origin of respondents	25
Figure 5:	Secondary education attainment	25
Figure 6:	Number of years of residence in the United Kingdom	26
Figure 7:	Nationality of respondents	27
Figure 8:	Years of professional experience in United Kingdom	30
Figure 9:	Country where highest qualifications were obtained	30
Figure 10:	Average annual salaries	33
Figure 11:	Interest in contributing to Nigeria	39
Figure 12:	Ways of involvement in endeavours to contribute to Nigeria	40
Figure 13:	Health-sector areas where migrants are interested in making contribution	41
Figure 14:	Education-sector areas where migrants are interested in making contribution	42
Figure 15:	Factors influencing decision to return to nigeria for work.....	44



ACRONYMS AND ABBREVIATIONS

CANUK	Central Association of Nigerians in the United Kingdom
MANSAG	Medical Association of Nigerians Across Great Britain
NIDO	Nigerians in Diaspora Organisation
NIDO UK South	Nigerians in Diaspora Organisation UK South
NGO	Non-governmental Organization
NNVS	Nigerian National Volunteer Service
ONS	Office for National Statistics (United Kingdom)
UKANA	UK Association of Nigerian Academics

EXECUTIVE SUMMARY

This summary contains the main findings from the mapping of Nigerian health and education professionals in the United Kingdom.

1.1 Background

The initial briefing document from the International Organization for Migration (IOM) for this mapping exercise noted that Nigeria recognized the financial contribution that the diaspora makes for the development of the country. The document further noted that a recently issued USD 300 million Nigerian diaspora bond had been fully subscribed and that financial remittances stood at USD 21 billion in 2012, representing an increase of over 90 per cent since 2004. The Government also acknowledged that in several sectors of the economy, Nigerian diaspora professionals make contributions in the form of investment, skills transfer scheme, consulting and mentoring, and various training programmes of assistance. The Government has created the House Committee on Diaspora Affairs and has set up a bureau that is responsible for the organization of diaspora activities including a Diaspora Day.

The federal government of Nigeria has also set up other initiatives, including the support of diaspora organizations that would assist in mobilizing Nigerians in the diaspora. The Government has also asked for assistance from IOM, which commissioned this mapping exercise. The project has been carried out within the framework of the 10th European Development Fund project that aims to improve migration management in Nigeria.

1.2 Objectives

The purpose of the mapping was therefore to:

- provide relevant information on the Nigerian diaspora in the United Kingdom, specifically those in the education and health sectors; and
- identify those who will be interested in investing and contributing their skills to the Nigerian development effort.

1.3 Methodology

The survey was publicized on multiple media platforms that included:

- newspaper articles;
- over 1,000 emails to community organizations and professional associations;
- 5,000 leaflets distributed at places frequented by Nigerians, including churches and mosques;
- various social media networks; and
- attendance at a variety of Nigerian events.

The main survey was hosted on SurveyMonkey and while the intention was that it would attract 400 professionals, 200 from each of the health and education sectors, which were the target of the study, it was filled in by 261 respondents. Of these respondents, 181 from the health sector, 56 from the education sector and 21 from other professions completed the survey.

In addition, the research team carried out four focus group interviews and six in-depth interviews with persons who provided further insight into the issues of Nigerian professionals in the health and education sectors and their relocation aspirations.

1.4 Key Findings

1.4.1 Profile of Professionals

- Just over half of the respondents (54%) were between the ages of 40 and 54. Seventy-seven per cent were born in Nigeria. Anambra, Imo, Osun, Ogun and Lagos were the home states for nearly half the respondents. All respondents were fluent in English and the most popular Nigerian languages spoken were Yoruba, Igbo and Hausa.
- Coming to the United Kingdom to study and staying on to work emerged as the most popular reason why respondents were in this country. Several more had worked in Nigeria for 3–10 years before emigrating. Forty-three per cent of respondents held dual British and Nigerian nationalities, 23 per cent held British-only nationality and 33 per cent held Nigerian-only nationality.
- A large number of respondents (39%) lived in London, lower than the 55 per cent identified by the census, but this was because a special effort had been made to get respondents from across the United Kingdom to participate in the survey. Forty per cent of respondents had lived in the United Kingdom for 20 years or more.

1.4.2 Life in the United Kingdom

- Though two thirds had completed their secondary school education in Nigeria, nearly three quarters of respondents had undertaken their highest qualification in the United Kingdom and had received further training in their job roles. Nearly two thirds of respondents (61%) were on permanent contracts. More than half of respondents had worked in the United Kingdom for more than 10 years and were, in their view, well compensated, with a third of respondents earning more than £60,000 per annum. Health professionals tended to earn more than education professionals, and men earn more than women.
- Respondents were highly satisfied with their job roles, which included good conditions of employment. They felt that they were working at the cutting edge of their professions with supportive colleagues within well-resourced environments that allowed them to acquire further knowledge and skills. All this was despite the challenges of the glass ceiling, perceived discrimination, uncertainty created by constant restructuring in their sectors and a hard work ethic that results in having a precarious work–life balance.

1.4.3 Continuing Connection with Nigeria

- Almost all respondents felt connected to Nigeria. Most were born in Nigeria, a larger majority had completed secondary school in Nigeria, and some had worked there prior to migrating. Most respondents actively sought information about Nigeria through constant telephone calls to relatives, social media, Internet news items and frequent visits usually lasting for less than a month.
- For most respondents, their connection to Nigeria was very real – they had family there, they felt responsible in one way or the other for the developmental problems, and felt under an obligation to assist since they were confident that they would go back one day.
- Forty-five per cent of respondents had never participated in any scheme of knowledge transfer, though 49 per cent said that they had been part of such a scheme for less than a month and 76 per cent claimed that they had undertaken some form of voluntary work during their holiday visits to Nigeria. On the other hand, just under half had engaged in volunteering and in charity or group-organized skills transfer programmes, in which they shared knowledge with their colleagues.
- A majority of respondents felt that they were already contributing to Nigeria because of the support they gave to their families and individual projects, such as building or starting to build homes there. Others also mentioned that they had explored professional opportunities in Nigeria.

- More than half had a reasonable experience after visiting, an additional third had a positive reaction and just over one tenth said that their reaction was negative. The very few who did not feel connected were mostly born outside Nigeria.

1.4.4 Interest in Assisting Nigeria

- Almost all respondents were interested in participating in a scheme of assistance – 35 per cent would wish to participate in a skills transfer programme lasting less than a month, 25 per cent would prefer between one and three months, and 15 per cent would wish to relocate permanently.
- A larger number of health professionals (25%) preferred to work as doctors. Working in higher education was the preference of 48 per cent of those in the education sector.
- A few respondents (less than 5%) were not interested in participating in any scheme of assistance to Nigeria and cited reasons that ranged from lack of family ties in their home country to the rampant corruption, lack of infrastructure, perceived bad governance, and security and safety issues.
- Respondents said that they were interested in investing, consulting and mentoring, skills transfer and providing online courses in Nigeria. Fifty-seven per cent were interested in contributing to the health sector and 28 per cent would like to contribute to the education sector. Eighty per cent would prefer to provide consulting and mentoring services; 74 per cent, skills transfer schemes; and 66 per cent would prefer to work in the private or public sector in Nigeria.
- Other sectors mentioned included social care, management strategy and leadership, infrastructure, engineering, business development, community development and involvement strategies, health administration and planning, public health education, specialist health services, and leadership and governance.

1.4.5 Decision to Return

- Respondents saw the decision to return as being based on their desire to contribute to Nigeria and make it better, but they would also like to see that their home country would be actively interested in the diaspora and their contribution to Nigeria.
- Security was the most important factor in the minds of participants (60%), followed by the quality of the relocation package (46%), comparable salary and benefits (45.9%), and facilities and good work environment (45%).
- They expected that obstacles that would detract them – such as corruption, lack of infrastructure and utilities, and good governance and leadership – would be tackled as would the major problem of security and safety.
- Respondents expected that their compensation packages would be commensurate to what they were earning in the United Kingdom, as they would still have financial commitments in the United Kingdom. They also wanted a fair reintegration package to include travel, accommodation and transport costs.
- Other issues of consideration for relocation were opportunities for professional development and career advancement, good infrastructure, good social and economic environment, and good governance and leadership with less corruption.
- Some community organizations were able to assist in the survey and they could prove a useful vehicle for mobilizing Nigerians in the diaspora. Health professional organizations would be useful for health-related work and the academic associations for academic work. Several community organizations within different states were willing to be mobilized for schemes relevant to their respective states.

1.4.6 Conclusion

Overall, respondents as a whole were satisfied with their stay in the United Kingdom, but because of their identity and their close ties with Nigeria, a good number felt that they would like to make a contribution to their home country. They had acquired excellent knowledge and skills in the United Kingdom and had worked in an environment that was conducive to productive activity and felt that they had a lot to offer Nigeria.

They had a close affinity with Nigeria and some were already helping in the development effort in individual uncoordinated ways, by sending money home for different purposes. The fact that they visited frequently and kept in close touch with developments in the country, even to the point of some sharing of knowledge with colleagues, suggests that there is an untapped pool of possible and probable Nigerian professionals, who – given the right conditions – would participate in programmes to transfer skills to the benefit of the country.

Well-organized, short-term schemes – which would provide Nigerian diaspora with the opportunity to reacquaint themselves with the working environment and to seek out professional and business interests – would be a useful way of attracting the diaspora to go back home.

The conditions under which they would return will be determined by factors – such as the lack of infrastructure, perceptions of bad governance and corruption issues – are as important as the major issue of personal security and safety. For those who decide to return permanently, relocation and reintegration packages are important.

Trust and competence and the confidence that what is promised would be delivered is an issue for some professionals, though they believe that with the right set of policies, professional associations as well as State and regionally based community organizations could play a useful role in attracting them back home. If the policies are transparent and well implemented, professionals will gain more confidence to want to return permanently.

1.4.7 Recommendations

Several recommendations flow from these findings and conclusions that have implications for the federal government and how they can work with the Nigerian National Volunteer Service (NNVS), state governments and diaspora organizations.

The federal government must develop policies for the active return of qualified professionals in the diaspora, identify specific and general job roles, and use a portal to advertise these jobs. The Government must also work with diaspora professional organizations to attract applications from suitably qualified candidates who are members of these organizations.

The NNVS must develop a database of vacant positions and liaise with High Commission offices to attract qualified personnel who would apply for these jobs. Applicants would go through a formal selection and interview process. Sectors and fields with critical skill shortages must be identified and advertised, and systems that will allow for prompt responses to requests for relocation must be deployed.

State governments should work with their kinship organizations in the diaspora to initiate development projects with these organizations. Community and professional organizations should be encouraged to organize work holiday trips with secure accommodation, transport and a stipend to attract their members, and they should also develop programmes for improving specific sectors at the federal and state levels.

INTRODUCTION

2.1 Background

The contribution of the diaspora to economic development in African countries has been topical in recent years, as developing countries have recognized the pool of resources that could be available to them if effective strategies are deployed to attract these resources. The initial briefing document from IOM on this mapping exercise stated that the federal government of Nigeria indicated that the USD 21 billion it received in remittances in 2012 represented an increase of over 90 per cent since 2004. Furthermore, the Government has recently issued a USD 300 million Nigerian diaspora bond to encourage more Nigerians abroad to invest in the country and its future.

The briefing document also revealed that, in addition to tapping into the financial sector, the federal government has promoted several initiatives that would mobilize skills within the diaspora for development purposes. These initiatives include the establishment of a House Committee on Diaspora Affairs to deliberate this important issue of engagement with the diaspora. An outcome of their deliberations has been the recommendation to establish the Diaspora Commission that is intended to support and place returning qualified Nigerians. A Diaspora Day is celebrated as part of a Diaspora Week under the auspices of the House Committee to bring together Nigerians who have returned from abroad and to encourage others intent on returning. Another measure is sponsoring of the chapters of the Nigerians in Diaspora Organisation (NIDO) to serve as bridgehead organizations in order to help mobilize the Nigerian community abroad to encourage more qualified professionals to return home and contribute to the development effort.

However, critical information is needed for the development of an effective policy on how these professionals can be attracted, supported, and settled into jobs and businesses for further development and growth of Nigeria. The relevant information includes the experiences of Nigerians abroad, their aspirations and motivations towards migration, and the conditions and requirements that would attract them back to their country of origin to assist in the development effort.

This mapping exercise of Nigerian professionals in the United Kingdom working in the health and education sectors is an initiative funded by the European Union (EU) and implemented by IOM within the framework of a project that aims to promote better management of migration in Nigeria. The assignment has been undertaken by Equinox Consulting, a management consultancy with over 30 years' experience working with African and other minority ethnic communities and organizations in the United Kingdom on a variety of assignments, including undertaking research for the development of government policy at the local, regional and national levels in the United Kingdom.

2.2 Objectives

Following are the objectives of the mapping exercise:

- Provide relevant information on the Nigerian diaspora in the United Kingdom specifically those in the education and health sectors;
- Identify those who will be interested in investing and contributing their skills to the Nigerian development effort.

For purposes of this mapping exercise, the professionals in the target sectors have been defined as:

- Education professionals – all those working in the public and independent sector in various roles from preschool to tertiary education;
- Health professionals – all those working in hospitals, clinics, and community and mental health environments in medical and non-medical roles.

2.3 Methodology

There are no published or verifiable statistics on the number of Nigerians in the diaspora. Based on our definition, the Nigerian diaspora comprises persons:

- of Nigerian origin that have resided outside Nigeria for five years or more;
- born to Nigerian parents abroad (second-generation migrants); and
- of Nigerian origin that continuously show willingness to contribute to development in Nigeria, which shall not include students and people that have returned to Nigeria.

In the absence of published figures on the number of Nigerian professionals working in the education and health sectors in the United Kingdom, an approach, in addition to the quantitative where a sampling frame would be developed, would most likely unearth richer information about the professionals. IOM felt that it would be sufficient to set a target of 200 professionals each from the two sectors, since the assignment was meant to be a mapping exercise; this might establish a baseline for future studies.

The mixed methodology approach used to gather information about the Nigerian education and health professionals working in the United Kingdom included the following:

- Desk research
- Outreach
- An online survey
- Focus group interviews
- Key informant interviews

2.3.1 Desk Research

The initial activities on the assignment involved desk research to find some relevant data on Nigeria and information to assist in developing a profile of Nigerians in the United Kingdom. This baseline was developed from a variety of secondary sources that included:

- information about Nigeria and development from Nigerian statistical sources as well as from international agencies such as United Nations, the World Bank, the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO); and reports on Nigeria such as the World Development Report and others compiled by WHO and UNICEF were also used;
- information about Nigerians in the United Kingdom from the Office of National Statistics, the Labour Force Survey and other surveys;
- information about Nigerian health and education professionals from various professional registration organizations and newspaper and magazine reports;
- information on experiences of Nigerian professionals in the United Kingdom from reports and articles including reports on doctors and nurses and academics;
- research reports on diaspora issues, and issues and determinants of migration and coordinated programmes for return; and
- information about Nigerian from sources including press, community organizations, professional organizations and churches.

2.3.2 Outreach

This included disseminating information about the study through a variety of sources and on multiple media platforms. Information was distributed to:

- Nigerian and ethnic newspapers;
- community organizations, by email and on several social media sites;
- events and functions organized by Nigerian community organizations;
- Nigerian businesses and faith organizations in London;

- Nigerian High Commission; and
- direct email to a large database of individuals in the Nigerian community.

In total, 5,000 flyers were distributed and over 1,000 emails were sent with accompanying news release and article on the subject.

2.3.3 Main Online Survey

The main questionnaire for the survey was placed online for the convenience of potential respondents and all the publicity materials provided links to the online survey. A total of 261 professionals responded to the survey. Since this was a mapping exercise, there was no pilot survey carried out before the main survey.

2.3.4 Focus Group Interviews

In addition to the online survey, four focus group interviews were held, with an average attendance of seven Nigerian professionals at each session.

2.3.5 Key Informant Interviews

Six key informant interviews with Nigerian professionals were held to provide an insight into the thinking of these professionals on relocation issues. All participants had completed the survey online.

Participants in the key information interviews were selected to fit within the criteria below, which best represented the demographics of Nigerians in London.

- Persons born in Nigeria and the United Kingdom/EU;
- Persons who studied in Nigeria and the United Kingdom/EU;
- A mix of males and females;
- First- and second-generation Nigerians in the diaspora;
- Persons in the health and education fields;
- Persons who were likely to return home anyway, those who would not but could still contribute and those who needed to be attracted to return;
- Persons in mid-career as well as those nearing retirement.

2.3.6 Limitations of the Research

Though contacts were made with a large number of Nigerian diaspora organizations including professional and community organizations with a view to partnering them on this research, few of them were able to assist in getting their membership to participate directly in the online survey or in the organization of the focus group interviews, with the exception of the Medical Association of Nigerians Across Great Britain (MANSAG) and the Central Association of Nigerians in the United Kingdom (CANUK). While it would seem that the organizations did their best to circulate the information to member organizations, they had no control over individual members.

2.4 Nigeria in Context

Given that this project relates to respondents in the survey being encouraged to return to Nigeria, a brief overview of the situation in Nigeria is provided to contextualize some of the responses to the survey and the discussions held in the focus group sessions and key informant interviews.

Nigeria has a population of approximately 168 million people, covering its mass of 923 square kilometres. It is made up 36 states, plus the state capital of Abuja. Lagos, the largest city, has a population of over 20 million people according to a parallel count by the state government in 2006 that put the population at 17.5 million with a projected growth of 3.2 per cent per annum. There are over 500 ethnicities within Nigeria. English remains the official language, with the most popular languages being Hausa, Yoruba and Igbo. The two main religions are Islam in the north and Christianity in the south.

Nigeria has a multiparty democracy system, with a President elected to serve four-year terms. It is a Member State of IOM, United Nations, the Non-Aligned Movement, the Commonwealth of Nations, and the African Union and the Economic Community of West African States (ECOWAS), the regional economic grouping.

The World Bank's *World Development Report 2014* provides some useful information about Nigeria that may help to put the country in the context of Africa. Nigeria is the biggest oil producer and the largest economy in Africa. In Nigeria, GDP annual growth is 6.6 per cent, GDP per capita growth is 3.8 per cent, life expectancy is 52 years and the literacy rate is 61 per cent. Per 100 people, 33 use the Internet, health expenditure is 5.4 per cent of GDP and expenditure on public health is 1.7 per cent of GDP. Per 1,000 people, there are 0.4 physicians, 0.1 midwives and 0.53 hospitals. In the education sector, there are 85 colleges of education, 121 monotechnics and polytechnics with 45,000 students, 65 innovative enterprise institutes, and 104 universities serving 1,333,531 students, but primary school enrolment is at 14 per cent.

The World Bank's *World Development Report* goes on to state that Nigeria is perhaps the most technologically advanced country in West Africa, with the highest penetration rate of Internet.

Despite these statistics that show relatively promising growth rates, the massive investment in infrastructure has not kept pace with the large growth in the population and despite its oil wealth the country still suffers from several disruptions to its energy and power supply. The continued growth and size of the Nigerian economy masks the existence of large-scale poverty in the country and some inequalities in the indices of development when compared with an advanced Western economy such as the United Kingdom.

The basic indicators reveal the differences between the health and education sectors in Nigeria and the United Kingdom and explain why the Nigerian Government is keen to rehabilitate these sectors, but at the heart of the issue is a suggestion that so many health and education professionals trained in Nigeria have found themselves in the Western world at the expense of development and improvements that could be made in these sectors in their country of origin. Anecdotes now abound about the fact that there is a preference for Nigerian nationals to attend university in nearby Ghana and for Nigerians who are ill to be flown into the United Kingdom, often to be treated by Nigeria-trained doctors who have migrated.

Whether the reasons for migration are the poor conditions of service for professionals in Nigeria or the worsening economic conditions and, what some perceive as, a systematic failure of successive governments to redress the decline, the current Government now recognizes that if there are going to be improvements, it will involve attracting back qualified professionals to help.

2.5 Nigerians in the United Kingdom

The patterns of migration in recent decades have made it difficult to establish the number of Nigerians in the United Kingdom from the High Commission, since as Commonwealth citizens Nigerians are no longer required to register with the High Commission. The base for a firmer estimate is the 2011 census, though this provides for the number of persons who were born in Nigeria and does not extend to children born of Nigerian parents in the United Kingdom.

2.5.1 United Kingdom Office for National Statistics

The Annual Population Survey (APS) figures released by the United Kingdom Office for National Statistics (ONS) on 29 August 2013, estimate that there are over 180,000 persons plus or minus 19,000 who have Nigeria as their country of birth. To put this in perspective, the numbers have grown from 47,201 in 1991 to 86,105 in 2001, an increase of 86 per cent. Growth from 2001 to 2011 at 104 per cent represents one of the highest growth rates of people born outside the United Kingdom, second only to the Polish community. This figure however excludes second- and third-generation migrants who may still have a Nigerian identity or dual nationality.

Table 1: Nigerians in the United Kingdom with Nigeria as country of birth

	Number	%
Total	180	100
North East	2	1
South West	5	3
East Midlands	5	3
West Midlands	6	3
Yorkshire and the Humber	10	6
North West	13	7
South East	14	8
East	15	8
London	99	55
Northern Ireland	-	0
Wales	3	2
Scotland	10	6
England	168	93

Source: APS, 2013.

Note: Numbers are not exact due to rounding.

The approximate distributions around the countries are as follows: 6 per cent in Scotland, 2 per cent in Wales and less than 1 per cent in Northern Ireland. With an estimated 55 per cent, London is the most popular place to live for people who were born in Nigeria.

The ONS data shows that the largest concentration of Nigerians are in the following areas:

- Southwark and Greenwich, with over 10,000 each;
- Barking and Dagenham, with 9,000 each;
- Bexley and Manchester, with over 7,000 each;
- Newham, Enfield, Hackney, Lambeth and Lewisham, with over 5,000 each;
- Croydon, Barnet, Essex and Thurrock, with over 4,000 each;
- Bromley, Islington, Kent and Sheffield, with over 3,000 each;
- Brent, Coventry, Ealing, Gloucestershire, Harrow, Havering, Hertfordshire, Leeds, Luton, Nottingham, Redbridge, Slough, Tower Hamlets, Wandsworth and Westminster, with 2,000 each.

There are 32 other areas where the Nigerian population is over 1,000 and these include Birmingham, Bolton, Bury, Cambridgeshire, Cardiff, City of Kingston-upon-Hull Unitary Authority (UA), Hammersmith and Fulham, Hillingdon, Hounslow, Kingston-upon-Thames, Kirklees, Leicester UA, Liverpool, Medway UA, Merton, Milton Keynes UA, Newcastle-upon-Tyne, Northamptonshire, Portsmouth UA, Reading UA, Rotherham, Salford, Sandwell, Southampton UA, Surrey, Sutton, Swindon UA, Trafford, Walsall, Waltham Forest, Wiltshire UA and Wolverhampton.

Of the 174 districts and boroughs in the United Kingdom, there are 65 areas where there are more than 1,000 people in the population who were born in Nigeria.

2.5.2 Other Media Sources

The Nigerian presence in the United Kingdom predates the country's independence from Britain when students came into the United Kingdom mainly to study and further their prospects for jobs. While a large number went back, quite a number who stayed have maintained their affinity with Nigeria. Their numbers have been swelled by the more recent patterns of Nigerian immigration and to the extent that we add second and third and even fourth generation of Nigerians, we can confidently say that the 180,000 persons born in Nigeria who reside in the United Kingdom represent an underenumeration of Nigerian people in the United Kingdom. A more robust and realistic estimate of persons who can be considered Nigerians for purposes of this survey could easily be more than 500,000, to include second- and third-generation Nigerians who are not counted.

These first-, second- and third-generation Nigerians are now very well integrated into the British community and encompass all levels of the political, economic, social and cultural aspects of life in the United Kingdom.

In the media, finance and banking, investment management, information technology and all the newer professions, Nigeria is represented. The country is also well represented in traditional professions such as accounting, engineering and architecture.

Nigeria is also fairly represented in the health and education sectors (the subject of this mapping exercise) as doctors, nurses, teachers and professors at all levels.

While an accurate number of Nigerian health professionals could not be immediately established, the General Medical Council – in its breakdown of doctors by country of qualification – put the numbers at 4,121.¹ Other studies have looked at the numbers that migrate especially to the United States and the United Kingdom, and one study established that at least 40 per cent of doctors migrated to the United Kingdom.²

Another study, however, found that dentists were not migrating in the same numbers and that 70 per cent were still in Nigeria.³

There were difficulties obtaining figures for nursing, other medical professions and the education profession.

Using the statistics of Nigerians and where they are concentrated in the United Kingdom, the mapping exercise focused on those in the health and education sectors to find out several important issues about who they are, their migration to the United Kingdom, their work and life patterns, and how they continue to relate to Nigeria, their country of origin.

It is hoped that these issues stimulate their interest in returning to Nigeria either temporarily or permanently and the conditions under which they would want to return.

1 See www.gmc-uk.org/doctors/register/search_stats.asp.

2 See [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)66612-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)66612-3/fulltext).

3 See www.nature.com/bdj/journal/v204/n9/full/sj.bdj.2008.365.html#a2.

FINDINGS

This section presents the findings of the main survey and is supplemented by information discussed at the focus group interviews. The section is interspersed with case studies that represent summarized views of respondents who were interviewed in-depth and provided us with better insights into the lives of Nigerians in the United Kingdom and the strategies that can be used to mobilize them to return to help in the development effort.

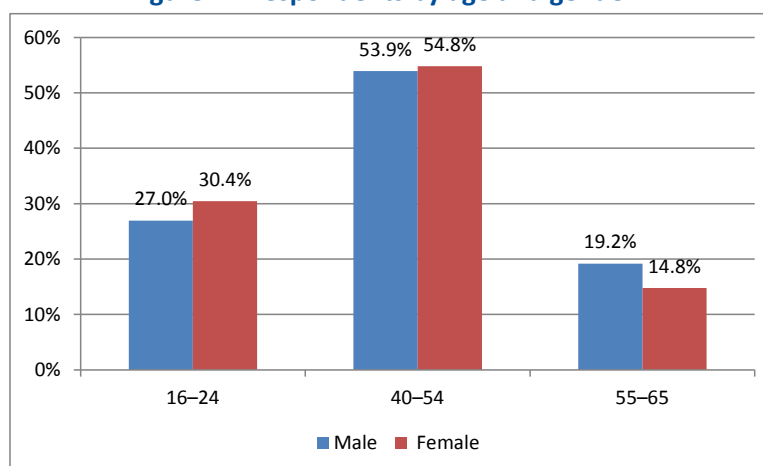
The section describes the demographics of respondents – who they are and their origins in Nigeria, where they were born, their patterns of migration to the United Kingdom, where they live in the United Kingdom, their acquired nationality and the organizations in which they participate.

3.1 Profile of Respondents

3.1.1 Age and Gender

There were 261 respondents who completed the online survey, of which 54 per cent were men and 46 per cent were women. More than half of the respondents were in the 40–54 age band, but there were no significant age differences between the gender categories, as can be seen in Figure 1.

Figure 1: Respondents by age and gender

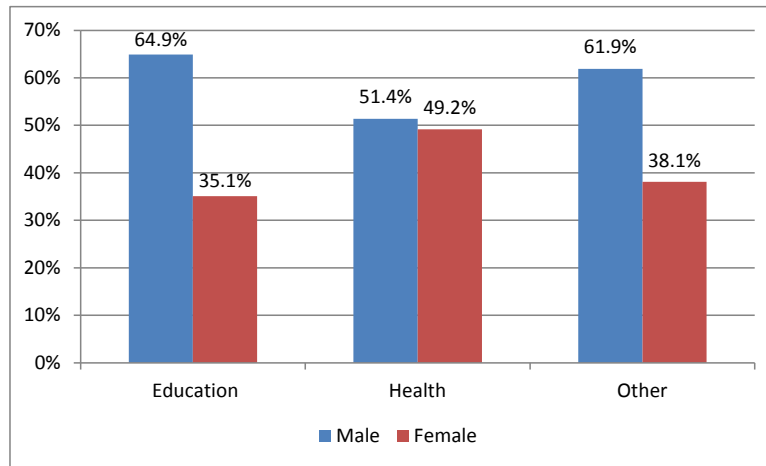


3.1.2 Sector

Though the original intention was to interview an equal number of respondents in the target health and education sectors, 187 Nigerians, representing 70 per cent of respondents, were from the health sector. This was mainly due to the cooperation of MANSAG, the medical professional organization that proactively recommended the survey to their members. The absence of a strong professional organization representing the academic sector resulted in their being only 21 per cent of respondents. Another 7.8 per cent of respondents did not clearly fit into any sector but participated in the survey, because they were keen on sharing their views on the issue of contribution and relocation to Nigeria.

Slightly more women than men were employed in the health sector, but conversely 65 per cent of men and 35 per cent of women worked in the education sector (Figure 2).

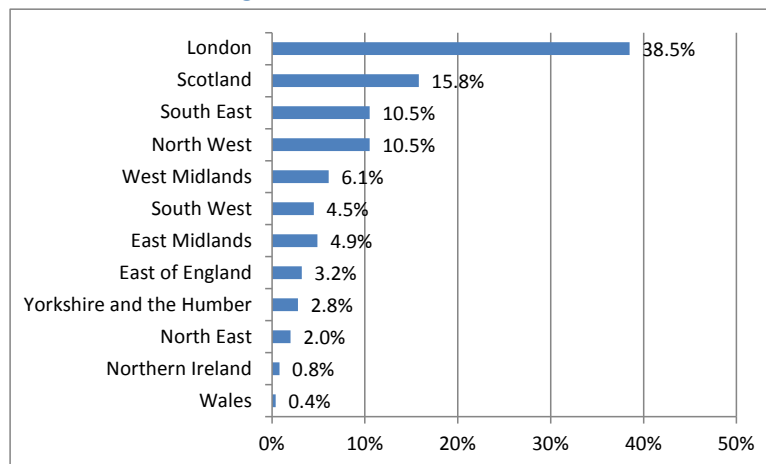
Figure 2: Sector of employment by gender



3.1.3 Where They Live

The 2011 census established that London was the most popular choice for Nigerian immigrants, with 55 per cent of the population concentrated in the capital city. However, almost 39 per cent of respondents lived in London (Figure 3), lower than the census figures, because special efforts were made to ensure that a wider spectrum of people in the different regions of the United Kingdom were engaged on this survey.

Figure 3: Area of residence



A large number of respondents tended to live near where they worked and though the major concentration was in the London area, there was a fair amount of commuting for some who lived in London but worked outside London. Some of these issues came to light when the research team was trying to organize the key informant discussions and the focus group interviews.

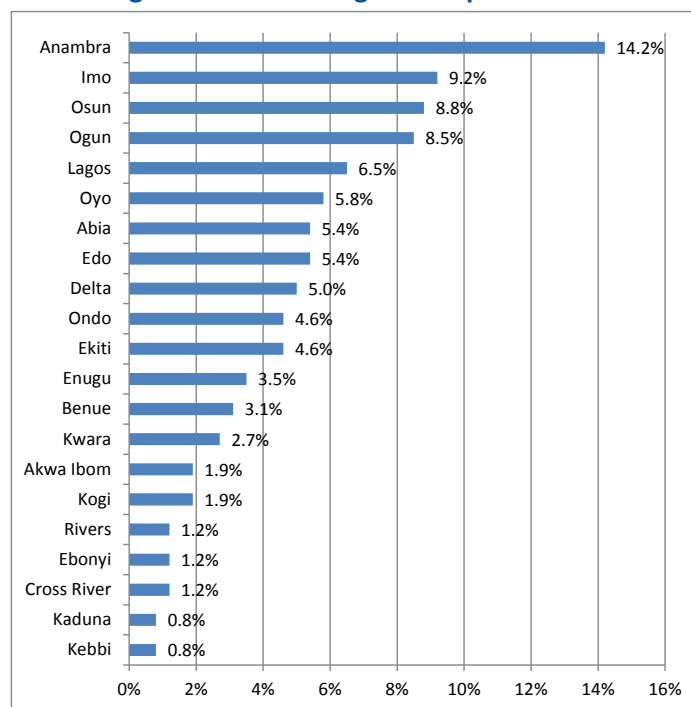
3.1.4 Origins in Nigeria and Languages

Anambra state accounted for 14.2 per cent of respondents, followed by Imo, Osun and Ogun states, with 9.2 per cent, 8.8 per cent and 8.5 per cent of respondents originating from these areas, respectively.

Figure 4 shows a list of 21 states with more than one person identifying these as their home states. For 10 other states, such as Bauchi, Adamawa, Sokoto, Katsina, Jigawa, Taraba, Niger, Plateau, Kano and Zamfara, only one person responded. Six states, namely, Borno, Bayelsa, Gombe, Yobe, Nasarawa and Abuja, received no responses.

The numbers show that there were more residents from the southern states of Nigeria than from the northern states, which can only be explained by the suggestion from some of the participants that those from the southern states were more likely to emigrate because they tended to have better access to education.

Figure 4: State of origin of respondents



Yoruba was the most popular language, followed by Igbo and Hausa. Participants mentioned other languages such as Edo, Fulfada, Tiv, Igala, Benin, Urohho, Ijaw, Igala, Clela, Itsekiri, Idoma, Jukun, Igede, Arabic, Kwale, Nupe, Ikulu and Pidgin. Most respondents could speak their local languages much better than they could read or write in them. All respondents were fluent in English, which they could speak, read and write. There were other European languages – such as French, Spanish, Russian, German, Dutch, Italian and Bulgarian – that were listed as languages that some respondents could speak but not write very well.

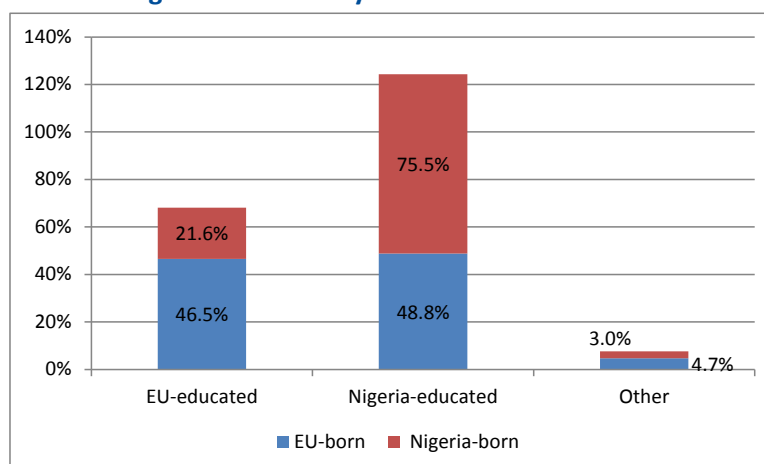
3.1.5 Country of Birth, Secondary Education and Early Career

Many respondents had close ties with Nigeria either having been born, attended school or worked there before migrating to the United Kingdom.

The main survey established that 20 per cent of respondents were born in an EU country, but a larger 77.3 per cent were born in Nigeria. A few respondents were born in countries such as Gabon, Malawi, Cameroon, Ghana and the United States.

The survey also established that 75 per cent of respondents born in Nigeria completed their secondary education in Nigeria and almost half, 49 per cent, of those born in the EU completed their secondary education in Nigeria (Figure 5).

Figure 5: Secondary education attainment



A larger number of EU-born respondents were familiar with Nigeria, having attended secondary school there.

Fifty-seven per cent of respondents started their careers in their chosen professional fields in Nigeria. Table 2 shows that 16 per cent of respondents who had worked in their chosen fields in Nigeria had as much as over 10 years of experience.

Table 2: Professional experience in Nigeria

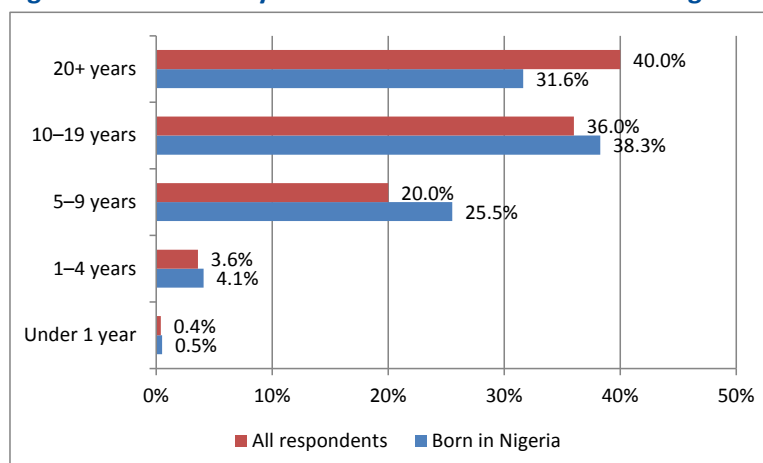
	%
Under 1 year	0.8
1–2 years	24.4
3–4 years	26.0
5–10 years	32.8
Over 10 years	16.0

This experience of having worked in Nigeria was not limited to just those respondents who were born in Nigeria, since over 44 per cent of respondents born in the EU claimed some experience of working in Nigeria.

3.1.6 Length of Stay in the United Kingdom

Forty per cent of respondents had been living in the United Kingdom for over 20 years (Figure 6) and a further 36 per cent for between 10 and 19 years. Even for those respondents who were born in Nigeria, nearly 70 per cent had been living in the United Kingdom for more than 10 years, with almost one third staying for over 20 years.

Figure 6: Number of years of residence in the United Kingdom



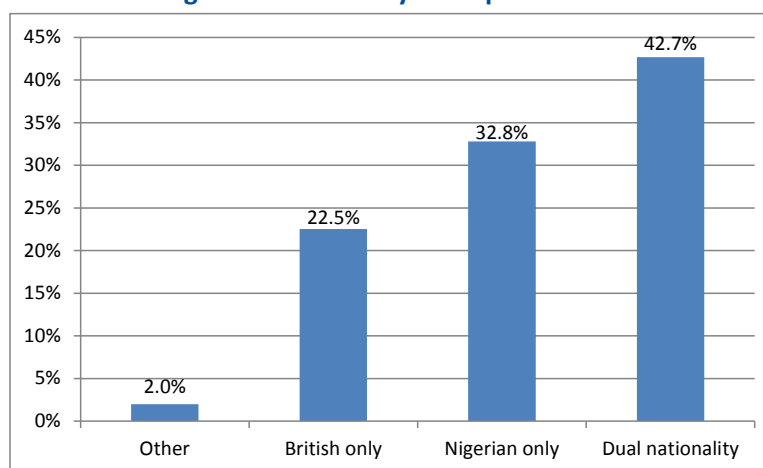
In the focus group interviews, most respondents said that they felt very settled in England since some had been living in England longer than they had lived in Nigeria. The feeling of being settled here to the extent of considering the United Kingdom as a second home did not have an impact on their close affinity with Nigeria but meant that the decision to go back home would have to be a conscious one, triggered by either an adverse event in the United Kingdom or a very attractive opportunity in Nigeria.

3.1.7 Nationality

The survey revealed that 43 per cent of respondents held dual nationality and only 23 per cent held only British nationality (Figure 7). This means that of the 72 per cent of respondents who held Nigerian citizenship, 33 per cent of them had not yet acquired British citizenship.

The research found that more females (69%) than males (52%) held British citizenship. This suggests that females were more able and more willing than their male counterparts to become British citizens. On further analysis, it was discovered that the nationalities were evenly distributed in the education and health sectors. A small number of respondents held other citizenships, including three Americans, one Belgian and one Irish.

Figure 7: Nationality of respondents



Acquiring British nationality was seen by some as a confirmation of their dual lives and meant to facilitate their movement between the United Kingdom and Nigeria. Some respondents in focus group interviews said that they would go back to Nigeria one day, but they did not want to leave or abandon the benefits of the lives that they had created in the United Kingdom. One respondent, for instance, said that she had taken part in the survey and come to the focus group interview because she thought that there was a scheme already on offer to help with her placement and relocation.

3.1.8 Migration to the United Kingdom

Respondents to the main survey were those who considered themselves to be Nigerian. This affinity with Nigeria was not just because they were born in Nigeria, went to school in Nigeria or worked in Nigeria, but also because some respondents who were born in Nigeria migrated to the United Kingdom in their teens or at an earlier age to study and therefore stayed there for good.

The key informant interviews and focus group interviews revealed two main factors in the decision of Nigerians to migrate to the United Kingdom:

- To improve their educational qualifications;
- To seek better economic opportunities.

In addition to the pull factors above, two push factors emerged:

- Lack of avenues for professional advancement;
- Lack of infrastructure development.

The focus group interviews revealed the existence of multiple factors influencing the decision of respondents to immigrate to the United Kingdom and the different patterns further examined in the key informant interviews:

- Nigerian-born respondents had completed their secondary, higher and professional studies and had practised their professions before they migrated to the United Kingdom where they must have acquired higher qualifications.
- Nigerian-born respondents who had been brought to the United Kingdom to complete their secondary education stayed on to complete their higher and professional education and then remained to work in the United Kingdom.
- Some of the EU-born respondents who were taken to Nigeria when they were children might have completed secondary education and higher education and worked in Nigeria before coming back to the United Kingdom to continue their studies so as to seek comparable employment.
- Some EU-born respondents who were taken to Nigeria when they were children came back to the United Kingdom to study at all levels and reintegrate into the system in the United Kingdom.
- EU-born with no experience in studying or working in Nigeria exclusively worked in the United Kingdom, and though they cannot really be considered migrants they felt some affinity with Nigeria, which could be further built upon in any schemes to assist in the relocation to Nigeria.

An example of an EU-born Nigerian who is settled in the United Kingdom is provided in case study 1. The case study illustrates the fact that some respondents were very concerned about how they can help in Nigeria. In this case, the respondent is also very active in the Nigerian community at the professional organizational level and in community diaspora organizations.

Case study 1: Chima, pharmacist, born in the United Kingdom, would want to work under a skills transfer scheme

Chima was born in the United Kingdom but was sent to Nigeria when he was a young boy to live with relatives. He completed A levels in Nigeria with the intention of pursuing law, but he was enticed by his father to come back to the United Kingdom to study medicine. However, he opted for pharmacy.

He has worked successfully in both private and public sectors and has led many publicly funded projects on health promotion. He is very active in various Nigerian community and voluntary organizations, including state, local and professional organizations. He is currently the Vice Chair of CANUK and very helpful in the organization's drive to mobilize members of the community to provide assistance on various fronts in Nigeria. Although passionate about Nigeria, he is one of those who are in a sense caught in the middle, probably too settled in the United Kingdom which they also consider home, very much part of the Black British scene that their decision to go back will keep on being deferred. However, he travels to Nigeria very often and will want to go on organized group trips either by professional associations or community associations, with the backing of the federal or state government in which everything – including flights, accommodation, job roles and itinerary – is handled at a highly professional level. He believes that creating a critical mass of returnees is required if they are to make a difference to an organization or a sector. This could help to assuage people's anxiety on how to cope with unprofessional practices with which they are unfamiliar in the workplace. A critical mass of people will also help those to whom the sceptre of corruption is also a strong deterrent to returning. Another obstacle for returnees is that they are not very sure that promises will be kept and contracts of employments will be respected. He would be interested in working hand in hand with the Diaspora Office in Nigeria to implement an experimental scheme that would take about 500 people home every year.

3.1.9 Assessment of Profile

Respondents were very much typical of Nigerian professionals living in the United Kingdom. The presence of a strong association ensured that more medical professionals than academic professionals could be reached in the survey.

A large number were in the 40–54 age group, and more men than women completed the online survey.

A low number of respondents from the northern states of Nigeria completed the questionnaire. These states have the most need for development intervention, but it seems that fewer people from these areas have equal opportunities in education and travel.

The number of respondents educated up to the secondary school level in Nigeria was higher than the number of those born in the country, which could be explained by the fact that a large number of Nigerians born in the United Kingdom were taken back to Nigeria by their parents to be educated. Others were sent to live with relatives in Nigeria to attend school. This is probably the reason for the evident tighter bond of respondents with Nigeria, even in the case of those born in the United Kingdom. This connection with Nigeria made the respondents want to participate in the survey even though they were second-generation immigrants. A large number of respondents also said that they had worked in Nigeria, which was another factor for their close affinity with Nigeria.

Most of the respondents are now settled in the United Kingdom and though London was a preferred place for them to live, there were still a lot of them dispersed from Inner London into the Outer London boroughs and the Shires. Having settled in the United Kingdom, some had sought to become British citizens, though for most it was a convenience rather than a complete change in identity and commitment to Nigeria. The fact that most decided to keep their Nigerian citizenship means that they may look forward to going home someday either on retirement or to work.

Had they not found satisfying jobs in the United Kingdom at a comparably higher level, a larger number of respondents would have contemplated going home, but most respondents were already settled, which suggests that having achieved their objectives for migration, successfully enticing them back to Nigeria would depend on their affinity and strong connection with the country and if there would be an offer of unique opportunities. This may be achieved by appealing to their patriotism, which they manifest by their willingness to share their skills for the development of their home country. Fortunately, several respondents were already involved in community and professional associations interested in the development of Nigeria and therefore could well be the conduit for group schemes that could be attractive to the diaspora.

3.2 Life of Nigerian professionals in the United Kingdom

3.2.1 Employment Status

Majority of respondents were in permanent employment, at 61 per cent (Table 3). Male respondents were most likely to be self-employed at 20 per cent compared with nearly 14 per cent of females. A larger proportion of respondents who worked in the education sector were on temporary contracts, at almost 23 per cent, compared with 13 per cent in the health sector.

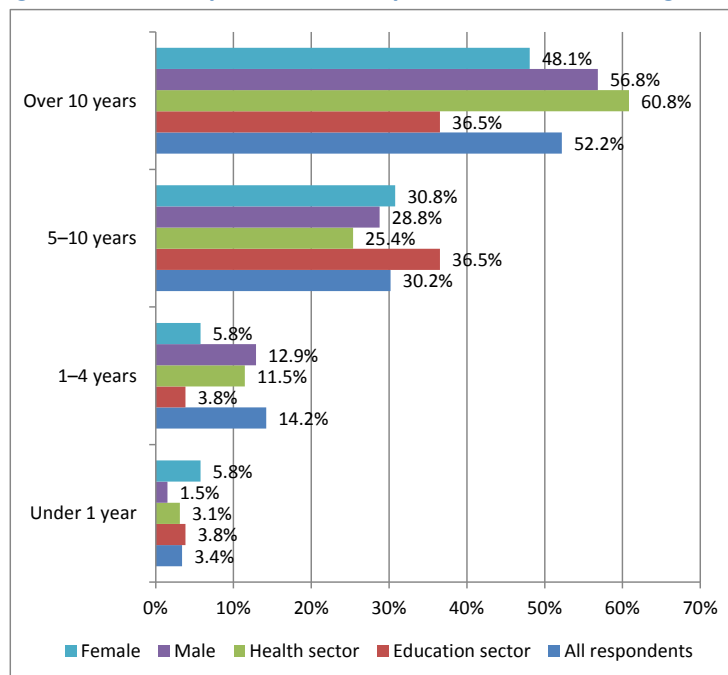
Table 3: Employment status

	Self-employed (%)	Employed (temporary contract) (%)	Employed (permanent) (%)	Unemployed (%)	Retired (%)	Other (%)
All respondents	17.3	14.5	61.3	1.3	1.8	3.6
Education	10.5	22.9	56.3	2.1	–	8.3
Health	16.5	13.4	64.6	1.2	2.4	2.4
Male	20.3	14.1	60.9	1.6	–	3.1
Female	13.9	14.9	61.4	1.0	4.0	5.0

3.2.2 Years of Professional Experience in the United Kingdom

Fifty-two per cent of respondents had more than 10 years of professional experience in the United Kingdom and 30 per cent had between 5 and 10 years of experience (Figure 8). Health-sector professionals and male respondents had worked longer in the United Kingdom: 60 per cent of health-sector workers compared with 36 per cent of education professionals, and 56 per cent of male professionals compared with 48 per cent of female professionals had worked in their professions for over 10 years.

Figure 8: Years of professional experience in United Kingdom



Respondents were confident that because they had qualified at the highest level of their profession and had worked for a long period in the United Kingdom they had acquired the requisite skills if they agreed to participate in a skills transfer scheme or if they agreed to relocate to Nigeria. They would offer a depth of expertise in the field that would go beyond theory and they would be more adaptable to handle a variety of situations and be better equipped to cope with shortcomings in the workplace.

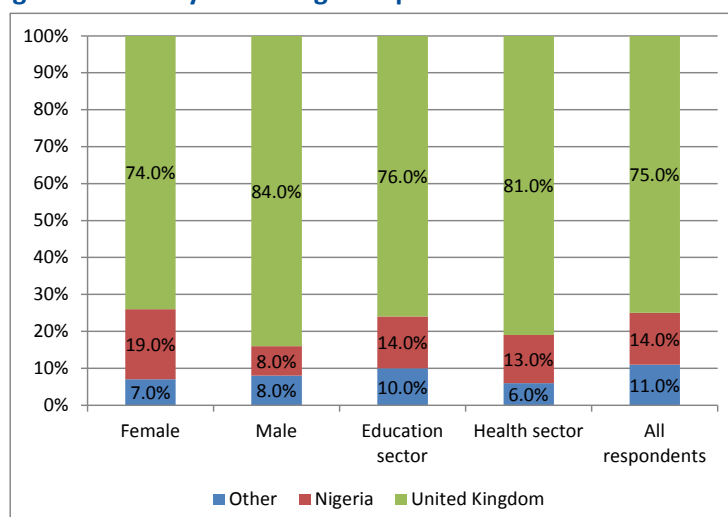
3.2.3 Higher Education and Qualifications

Figure 9 shows that most respondents (75%) had obtained their highest qualifications in the United Kingdom. This was consistent with the results of focus group interviews in which respondents expressed that their motivation for migration was to obtain UK qualifications so that they could gain employment at the levels commensurate with their qualifications.

The fact that 14 per cent stated that they had achieved their highest qualifications in Nigeria also confirmed that there were a number of respondents who came to the United Kingdom with the primary intention of working. A few others had studied in Europe and the United States.

A significant 19 per cent of female respondents stated that they had completed their higher education in Nigeria, over double the 8 per cent of male respondents. Eighty-four per cent male respondents and 81 per cent health-sector respondents tended to have attained their higher education in the United Kingdom.

Figure 9: Country where highest qualifications were obtained



3.2.4 Training and Employment in the Education Sector

Thirty-one respondents had PhD degrees in a variety of areas, including linguistics, psychology, molecular biology, economics, law and architectural conservation. Over 72 respondents had postgraduate and master’s degrees in fields including the sciences, arts and business, while 31 respondents had bachelor’s degrees and 6 respondents had certificates and diplomas in their various fields of study.

Education professionals worked across the different levels of the sector, from primary to tertiary. Forty-three per cent worked in the higher education level and 31 per cent in further education (Table 4). These included a pro vice-chancellors, professors, readers, senior lecturers, research fellows, head teachers, teachers and support workers. Professionals were involved in different courses of study, some with specialization such as curriculum development, behavioural psychotherapy, monitoring and evaluation, and education inspection.

The few respondents working in preschool tended to be female as were those who worked in primary education. Ninety-one per cent of respondents who worked in higher education were male (Table 4).

Table 4: Education areas of specialization

	All respondents (%)	Female (%)	Male (%)
Preschool	2.0	100.0	0.0
Private tutorial	2.0	0.0	100.0
Primary education	3.9	100.0	0.0
Secondary education	7.8	50.0	50.0
Other	9.8	60.0	40.0
Further education	31.4	50.0	50.0
Higher education	43.1	9.1	90.9

Most respondents had received training in the area of higher and further education in preparation for work in these sectors. Some had received training in research methods, but none said that they had received training in special needs or worked in educational psychology fields and none worked as a librarian. Only one person had received training as a primary school teacher.

Case study 2 provides an example of a professional who, though born in Nigeria, obtained all his higher education training and qualifications in the United Kingdom and is very keen to go back to help in the development effort in Nigeria.

Case study 2: Ade, lecturer, born in Nigeria, ready to go home anytime

After working in Nigeria as a “pupil teacher”, Ade came to the United Kingdom to complete his A Levels and earn a Higher National Diploma. Though he harboured an ambition of becoming a professional football player, this was abandoned in favour of a degree in marketing, followed by a postgraduate certificate in education that allowed him to teach in various further and higher education colleges. He is very active in the Nigerian community in the host country as President of the Association of the Nigerian Academics in the United Kingdom, Chair of the British Nigerian Councillors in the United Kingdom and Governor in a secondary school. He was also elected Mayor of a south London borough.

Ade travels to Nigeria more than twice a year, as he looks for opportunities to assist the political and education sectors, especially focusing on performance assessment and lesson preparation for the education sector. He also believes that he can assist in policy development in education at the federal or state level. He is ready to return before retirement, but he expects the Government to be more proactive in its bid to attract more Nigerian diaspora back home; government utterances that merely appeal to their patriotism do not work especially if there is a lack of

policy initiatives in that direction. He feels that policy should be backed by rigorous practice and at the minimum the Government should use Nigerian community organizations and their leaders to help recruit Nigerians, provide them with comparable packages of employment after thorough interviews and vetting, and provide comparable packages of employment suitable to expatriates.

3.2.5 Training and Employment in the Health Sector

Forty-five respondents were fellows of a royal college, 30 respondents were members of royal colleges spanning the different and diverse medical fields and specializations.

In this mapping exercise, medical doctors were better represented than the other health professionals (Table 5). Thirty-five per cent of respondents were medical doctors; almost 11 per cent were nurses and 8 per cent were surgeons. There was also a fair representation of professionals in pharmacology, obstetrics and gynaecology. Some respondents worked in other fields not directly stated in the questionnaire and these fields included microbiology, endocrinology, emergency medicine, biomedical science, nuclear medicine, medical statistics, chiropractic, clinical leadership, complimentary medicine, and social and community care.

Table 5: Health areas of specialization

	All respondents (%)	Male (%)	Female (%)
Nutrition/diet	0.6	0.0	100.0
Midwifery	1.7	0.0	100.0
Pharmacology	1.1	100.0	0.0
Dental health	2.2	75.0	25.0
Psychological therapy	2.2	25.0	75.0
Gynaecology	4.5	62.5	37.5
Health-care assistance	5.0	11.1	88.9
Administration/policy	6.1	36.4	63.6
Surgery	8.4	100.0	0.0
Nursing	11.2	20.0	80.0
Other (please specify)	21.2	52.6	47.4
General practitioner	35.8	59.4	40.6

Most of the medical respondents worked in the fields in which they had been trained, and it would seem that some doctors were currently holding senior management posts within the leadership teams of their organizations. Though 4 per cent of respondents said that they worked in public health, there was no indication that this was the field where they had received their primary training. Female respondents were better represented in nursing and midwifery as well as in administration and policy, where 64 per cent of respondents were female. On the other hand, all the surgeons were male.

Case study 3 is an example of a British-born Nigerian who does not travel back often and is not ready to return immediately but is interested and willing to assist if the opportunity arises.

Case study 3: Maureen, doctor, will contribute without returning to Nigeria

Maureen was born in London and taken to Nigeria as a child, but she returned to the United Kingdom to attend secondary school and eventually qualified as a medical doctor specializing as a general practitioner. She also has qualifications in medical law and an interest in information technology that she is keen to use to help in the development of Nigeria. As a general practitioner, she serves a large number of ethnic minority communities in the United Kingdom and is very conversant with some of the chronic diseases that could easily be prevented with the promotion of public health. She has never worked in Nigeria, does not go back often and her family circumstances would not allow her to relocate to Nigeria soon, but she keeps abreast of developments there and believes that a system of intensive prevention that can be achieved through the use of technology is necessary to relieve the pressure on the front-line and acute-disease services. She has worked with a team of other associates, some of them Nigerian, to develop a portal much like the NHS Direct and other health systems around the world that would provide information to both doctors and other medical staff as well as to patients on a series of health issues. This portal will also be available to medical schools and assist in the study and promotion of public health throughout Nigeria. She is keen to engage the High Commissioner or any senior person at the federal and state levels. She believes that MANSAG can be useful in organizing study trips to Nigeria. She supports compensation to participants; at a minimum, this would include housing and a stipend for loss of earnings.

3.2.6 Average Annual Salaries

Thirty-two per cent of respondents earned over £60,000 a year before taxes and a small number (5.4%) earned below £20,000, although nearly a fifth of respondents did not state their salaries (Figure 10).

Figure 10: Average annual salaries

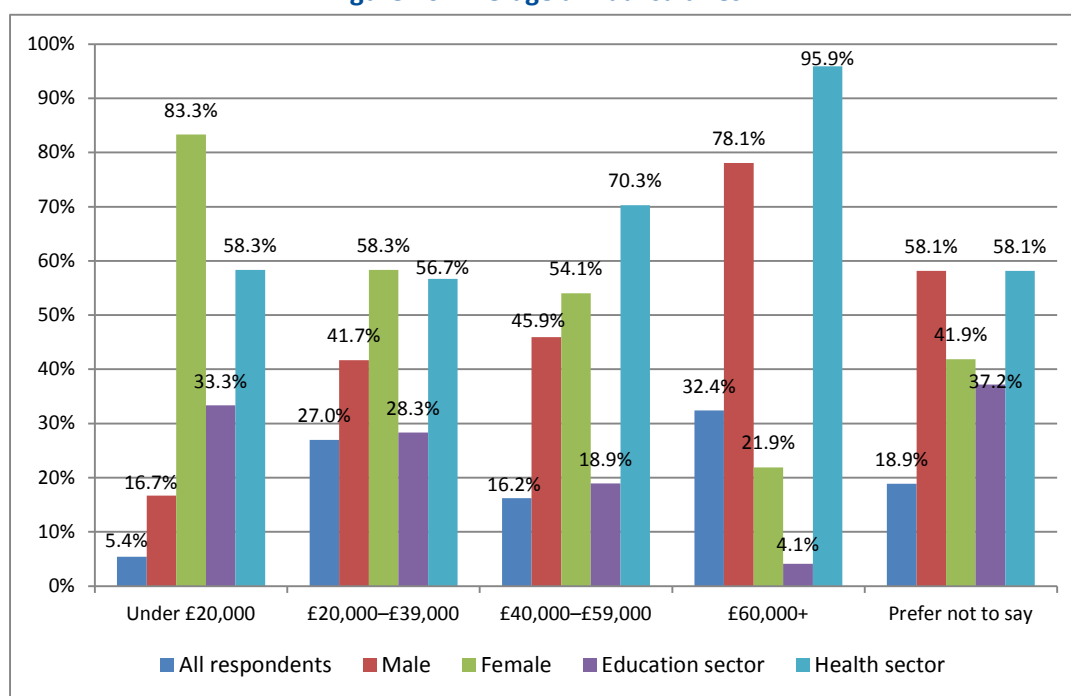


Figure 10 shows some variations between sectors and gender categories. While 96 per cent of those earning over £60,000 were health-sector workers, only 4 per cent were education-sector workers. There were significantly more male professionals earning over £60,000 – 78 per cent compared with 22 per cent of females. Conversely, 83 per cent those earning under £20,000 were women.

3.2.7 Other Professions

These respondents included four engineers, three in energy and waste management, and four in social work and allied fields of charities and non-governmental organizations (NGOs). Two respondents worked in the field of human resource management, one in mental health, and another was a licensed Football Association coach who talked about the importance of sports for young people in schools, and one was an environmental architect who was also an economist. Others were an energy manager, a solicitor, a youth leader, a senior project manager and an environmental scientist specializing in aquatic pollution.

These respondents had received training in specialist education-related issues that included teaching primary school children with special needs, public administration, training in early years, equality and cultural awareness programmes, child protection, autism and youth work.

Five respondents were from the volunteer and community work sector, two were volunteer workers attending to children affected by autism and those with special needs, and five had their own businesses.

3.2.8 Challenges and Experiences in the Workplace in the United Kingdom

Respondents were asked about their experiences and challenges while working in the United Kingdom to examine the extent to which these would influence any decision to return home. These issues were further explored in focus group interviews and insight interviews.

These are some of the challenges reported:

- **Workplace discrimination.** The residual racial discrimination that sometimes occurs in some workplaces and results in being passed over for promotion despite possessing appropriate qualifications and capabilities jolts respondents into a reminder that there is no place like home. Respondents reported that they found some of the undermining behaviour and office politics frustrating and disempowering.
- **Lack of recognition of contribution.** The feeling for some that their contribution is not valued leads to uncertainty about their tenure at work, especially when they are offered temporary contracts despite their commitment. As a result, some respondents rationalize that their uncertain position is due to the fact that they are “foreigners” who would be better valued in their country of origin.
- **Bureaucracy in health and education sectors.** A concern for some respondents is that the bureaucratic and political nature of the health and education sectors results in constant changes and reorganization in the face of funding cuts. These resulted in a feeling of insecurity about their jobs and terms and conditions of work.
- **Work–life balance.** Development in both sectors depends on long hours of work, often at the expense of quality time with family.

Despite the concerns expressed by a minority of respondents, the majority did not have any serious concerns. They were in the United Kingdom because it afforded them with the best opportunity to work and any decision to relocate would not be based solely on the challenges in the workplace.

The prevalent views expressed about work experience in the United Kingdom could be summed up as follows:

- Good work conditions with adequate compensation lead to excellent job satisfaction.
- A demanding work environment with enforceable contracts results in a favourable work ethic.
- There are many good-quality training schemes available. There are also opportunities to learn from colleagues who are willing to share knowledge, and respondents can acquire new skills using cutting-edge technology.
- There are good resources to work with and a fairer system of appraisal that enables all to continue to develop professionally and advance their careers.

3.2.9 Involvement in Community Organizations

Respondents in the survey listed several organizations that they belonged to when asked to provide names of organizations that could be contacted to publicize the work. These included organizations set up for the purposes of welfare, hometown and regional organizations, faith groups, benevolent and social organizations, umbrella and mobilization organizations, and professional organizations.

In the focus group interviews, participants spoke about the importance of some of these organizations in their lives. Through some of these organizations, they could express their affinity with Nigeria and channel their contribution to their country of origin. Some of these organizations were also credited for helping the development effort by donating equipment and materials, and are also responsible for helping to put up buildings that provided venues for useful activities. MANSAG was especially mentioned by respondents for its efforts in skills transfer, in which health professionals had been encouraged to go to Nigeria to assist in a variety of schemes.

Some respondents also mentioned NGOs established by Nigerians in the diaspora, which were providing useful health services to communities in Nigeria.

While some organizations such as MANSAG, CANUK and Baseline 360 in Scotland actively participated in the survey and provided many useful leads and suggestions on the possible implementation of the mobilization effort, others such as the Nigerian Nurses Association were not able to assist because of the busyness of key executives. Nigerians in Diaspora Organisation (NIDO), the mobilization organization appointed by the federal government, was – at the time of the survey – going through one of its many governance challenges and could not help.

Some respondents in the insight interviews expressed that both community organizations and professional organizations had a role to play in the mobilization of persons for relocation to Nigeria because some actually had experience in some type of volunteer work.

Case study 4 is about a Nigerian-born education professional who is keen to return to Nigeria and would want to be encouraged to do so if he can be assisted with an appropriate job opening. He has been using his own connections and contacts to date to try and source available opportunities.

Case study 4: Eze, education professional, would want to return with the right package

Eze had completed his banking course before coming to the United Kingdom to pursue further studies and improve his prospects. After earning a master's degree in strategic management, while supporting himself with several temporary jobs, he decided that since he was not successful in getting a position commensurate with his qualifications, he would take a Postgraduate Certificate in Education (PGCE), which led him to teaching accountancy and banking in further education colleges. He is very active in several Nigerian community organizations in the United Kingdom, including the Association of River Communities UK and Ireland (ARC UK), which is an organization in the River State Community and a member of CANUK. He works as a supply teacher now while travelling to Nigeria frequently to look for and implement business opportunities advising further education colleges. Although he finds his work in the United Kingdom satisfying, he would like to relocate permanently to Nigeria if he can find the right position with the right package that would insulate him from having to return to the United Kingdom to support his family. He expects to contribute to policymaking relating to education standards, inspection and dyslexia, and to the creation of an effective system of supply and utility teachers. He has attended many diaspora days and expressed his interest in vacancies available, but he is sceptical as to whether or not these opportunities are real or if his inability to get an offer is due to corruption in the system. He recommends that the Government do practical things necessary to get Nigerians back if it is really serious. He said, actions should include advertising a register of vacancies in the High Commission, interviewing United Kingdom-based Nigerians who want to return on a short-term or permanent basis, providing a package that would include – at a minimum – accommodation, a car and adequate security arrangements, and highlighting success stories of returnees to attract potential returnees.

3.2.10 Assessment of the Professional Lives of Nigerian Migrants in the United Kingdom

The majority of Nigerian education and health professionals who participated in the survey had been working in the United Kingdom for over 10 years and were on permanent contracts of employment.

In order for them to work at high-level job roles, they had to obtain higher qualifications. While most male respondents from the education sector worked at the further education and higher education levels, female respondents worked at various levels (i.e. further education, secondary, primary and preschool).

Again, in the medical field, female respondents tended to work in senior positions – there was no female surgeon. Females tended to earn lower salaries than men. Though some respondents said that there were some challenges in their jobs relating to lack of recognition and discrimination, the overwhelming view was that most were satisfied with their jobs in the United Kingdom, especially the assured work conditions and remuneration. These respondents also found the United Kingdom a better environment for career advancement and quality of life.

Despite their commitment to Nigeria, which is based mainly on patriotism, their focus is on the United Kingdom, at least for now. They can only start thinking about relocation to Nigeria if excellent career opportunities or a good relocation package would be presented. Having been used to an efficient system in the United Kingdom, they would expect an attractive scheme to be well planned and efficiently executed.

FACTORS IMPACTING RELOCATION

This section examines the extent of respondents’ affinity with Nigeria and whether that affinity is an important factor that will impact their decision to relocate. This section also explores issues about how they stay in touch with Nigeria, how often they visit and for what reason, and whether they have participated in any schemes related to volunteer work and skills transfers.

4.1 Connection and Contribution

Less than 1 per cent of respondents did not feel connected to Nigeria at all. The reasons included the fact that they had no family there and were not conversant with any of the local languages. However, for the vast majority of respondents (99%), there was a strong affinity with the country, with 72 per cent saying that they felt very well connected and 27 per cent who felt somewhat connected.

Respondents, including those who were not born in Nigeria, felt that they owed a duty or obligation towards the development of the country, and this was the reason they kept in touch with and visited Nigeria.

4.1.1 Staying in Touch with Nigeria

Maintaining contact with Nigeria

Respondents used a variety of methods to maintain contact with Nigeria, including telephone calls and Skype, which – together with the Internet and social media – emerged as the most popular methods (Table 6).

Table 6: Mediums used for staying in touch with Nigeria

	%
Other (please specify)	1.4
Radio	11.3
Word of mouth and family and friends	12.2
Newspapers	40.1
Television	44.6
Internet and social media	91.0
Telephone and Skype	91.4

Visits to Nigeria

Ninety-six of all respondents had visited Nigeria at least once.

Table 7 shows that over 62 per cent visited Nigeria at least every two years and 21 per cent visited the country at least every four years. Those who were Nigerian-born (66%), male (68%) and education professionals (72%) tended to visit more frequently.

Table 7: Frequency of visits

	All respondents (%)	EU-born (%)	Nigerian-born (%)	Male (%)	Female (%)	Education sector (%)	Health sector (%)
1–2 years	62.0	43.0	66.0	68.0	53.0	72.0	59.0
3–4 years	21.0	24.0	19.0	19.0	23.0	19.0	24.0
5–7 years	7.0	14.0	6.0	5.0	10.0	2.0	7.0
8–9 years	2.0	5.0	2.0	3.0	2.0	2.0	3.0
10+ years	6.0	10.0	4.0	4.0	5.0	4.0	5.0
Never	2.0	2.0	3.0	8.0	4.0	0.0	3.0

An analysis of how long respondents stayed during their visits shows that 84 per cent stayed less than a month, consistent with their vacation period. Thirty-four per cent of education professionals stayed between one and three months, compared with 10 per cent of health professionals. This is indicative of the longer vacations afforded to those in education. Surprisingly, 5 per cent of EU-born Nigerians said that they stayed for longer than 12 months when they visited.

Table 8 shows the three most common reasons why respondents visited Nigeria so frequently:

- Visit families and friends;
- Search for professional opportunities;
- Contribute to the development of the country.

Table 8: Reasons for visiting Nigeria

	All respondents (%)	EU-born (%)	Nigeria-born (%)	Male (%)	Female (%)	Education sector (%)	Health sector (%)
To study	0.9	2.4	1.3	1.6	1.1	4.2	0.7
Politics/lobbying	3.7	0.0	5.2	5.5	1.1	6.3	2.6
Other	6.5	9.5	7.1	7.8	5.5	10.4	5.8
To work	11.6	9.5	12.9	14.1	8.8	18.8	10.3
Charity work	22.7	16.7	25.2	25.0	20.9	29.2	21.3
To invest	26.4	19.1	29.0	31.3	19.8	29.2	23.2
Share knowledge	39.4	28.6	43.2	48.4	27.5	64.6	34.2
Visit family and friends	96.8	90.5	97.4	94.5	98.9	95.8	96.8

Visit families and friends. Though visiting friends and families (96%) emerged as the most common reason for visiting Nigeria and therefore consistent with the one-month vacation period, there were several other reasons that showed the commitment among respondents for doing other things in Nigeria. For most of them, visiting Nigeria was about the connection they felt with the motherland and the fact that they still had friends and families there. For others, visits were about fulfilling cultural obligations such as being present at funerals, weddings and reunions, as well as taking their children back to acculturate them with the country.

Share knowledge. The next most common reason was sharing knowledge with colleagues, given by nearly 65 per cent of education professionals and 34 per cent health professionals (Table 8). Survey results by gender show significant differences, as more men (48%) than women (27%) visited their home country to share their knowledge. These visits were primarily based more on the individual effort of respondents rather than planned by a central coordinating source, though there was evidence that some trips were centrally arranged, for instance, a coordinated trip of a group of health professionals to work in Nigeria. Related to this purpose of sharing knowledge, some respondents talked about their individual search for professional opportunities, networking with colleagues and effort to initiate private work arrangements.

Contribute to development. For 26 per cent of all respondents visited to invest in and contribute to the development of the country, the third most common reason. Additionally, more men (31%) than women (20%) cited this reason. These respondents wanted to contribute to Nigeria’s development not only because they saw opportunities but also because they felt some responsibility towards rehabilitating a system that was breaking down. Some of these respondents were, in addition to their own private investment of building homes, paying school fees for their relatives, supporting charitable work, investing in businesses and establishing arrangements that would make their return to their home country hassle-free so they can assist in the national development effort.

Contribution to Schemes

Forty-five per cent of respondents said that though they had not lost their affinity with Nigeria by keeping in touch with their families and friends in the country and visiting it, they were not involved in any schemes to assist in the development of the country or contributing to skills transfer or any volunteer work. Sixty-one per cent of females and 52 per cent of health professionals had not participated in any scheme of knowledge transfer (Table 9).

Table 9A: Participation in skills transfer schemes

	All respondents (%)	EU-born (%)	Nigeria-born (%)	Male (%)	Female (%)	Education sector (%)	Health sector (%)
Never	45.3	52.2	42.6	33.3	61.0	23.1	51.9
Under 1 month	40.1	39.1	40.7	46.2	32.0	48.1	37.0
1–3 months	5.6	2.2	7.4	6.8	4.0	11.5	4.3
4–7 months	1.3	2.2	0.6	1.5	1.0	3.9	0.6
8–12 months	1.7	0.0	1.9	2.3	1.0	1.9	1.9
Over 1 year	6.0	4.4	6.8	9.9	1.0	11.5	4.9

Respondents were also asked whether they had been involved in any volunteer schemes in Nigeria, and 42 per cent said they had been. Forty per cent of them had stayed for less than one month for the schemes and a significant minority of 6 per cent said that they had stayed for over a year.

Table 9B: Engagement in voluntary work while in Nigeria

	Response (%)
Yes	42.1
No	57.9

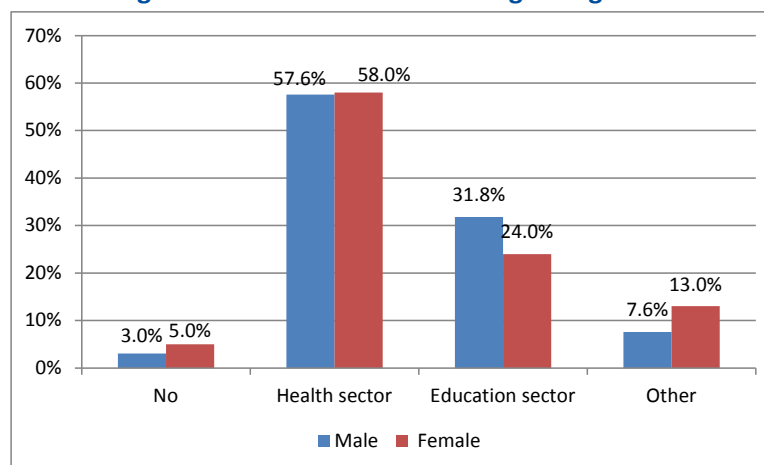
4.1.2 Interest in Contributing to Nigeria

Those who said they were not engaged in any volunteer work cited reasons such as the rampant corruption, the lack of infrastructure and the fact that they did not think that the health sector was being managed well enough.

Nearly 58 per cent of all respondents were interested in the development of the health sector in Nigeria. Twenty-eight per cent said that they were interested in contributing to the development of the education sector. However, 3.9 per cent said that they were not interested.

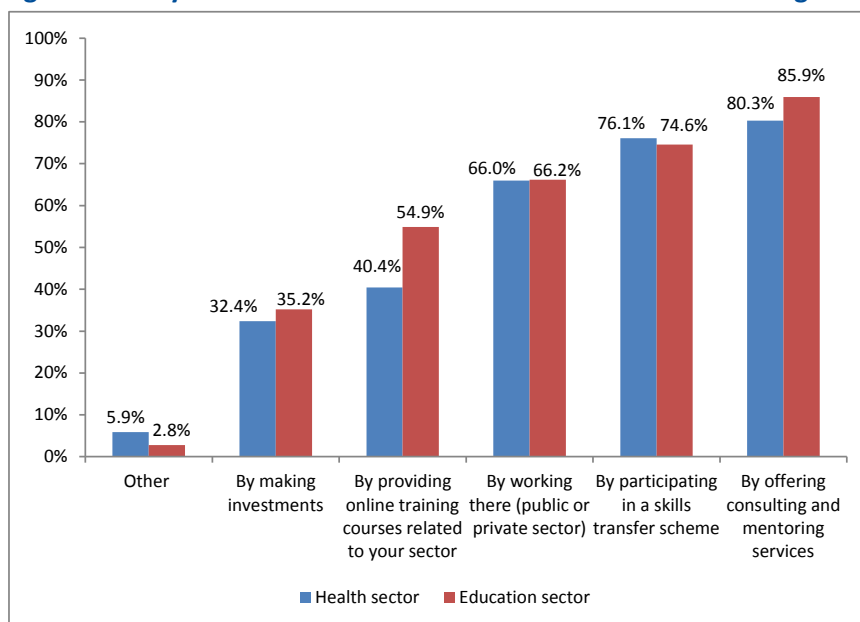
When these were disaggregated with respect to gender, there were differences in the results from the education sector, as shown in Figure 11, where more males (32%) were interested in contributing than women (24%).

Figure 11: Interest in contributing to Nigeria



The most common way in which participants wanted to contribute to their respective sectors was by offering consulting and mentoring services, followed by those who would be interested in participating in skills transfer schemes (Figure 12). Two thirds of respondents from both the education and health sectors said that they would be interested in working either in the public or the private sector. There was very little difference between the type of involvement that health and education professionals desired, except in the provision of online training courses, at 40 per cent and 55 per cent, respectively.

Figure 12: Ways of involvement in endeavours to contribute to Nigeria



Case study 5 showcases the story of a Nigerian-born professional who wants to go back at the soonest possible time. She is already contributing to the development effort through an NGO she has set up in Nigeria. She needs assistance from government at the central and state levels.

Case study 5: Rita, health professional, already contributing and needs government assistance

Rita came to the United Kingdom to join her husband after completing her first degree in biology and after teaching biology and chemistry in Nigeria. She had intended to go back to Nigeria to pursue a medical degree, but instead she opted to stay in the United Kingdom. She completed her nursing course while finishing her master’s degree and emerged as one of the most accomplished black women in nursing, achieving fast promotion to ward manager in record time and winning several awards including the Mary Seacole Award. Over the past 10 years, she has been managing a successful NGO – Stroke Action UK – and has established a branch in Nigeria, giving her an opportunity to travel to her home country to present at various conferences and seminars. She has also been trying to work at the federal and regional levels in Nigeria. She intends to relocate finally when she reaches an agreement on the implementation of a memorandum of understanding that she has already signed with the federal government of Nigeria. Her view is that the key to attracting returnees is to control red tape and therefore reduce the long time it takes for contracts to be actualized. She believes that a realistic relocation package matched with a more aggressive advertisement of success stories will encourage potential returnees. She recommends that the Government identify some organizations, work effectively with them, and use them as ambassadors and champions to attract others with similar intention to help in the system in Nigeria. This would provide the testimony that is needed.

4.1.3 Contribution to the Health Sector

The potential contribution of respondents in the health sector was more evenly spread. A quarter of respondents were interested in working as medical doctors; 10 per cent would like to work as surgeons; and 9 per cent were interested in administration and policymaking.

Figure 13: Health-sector areas where migrants are interested in making contribution

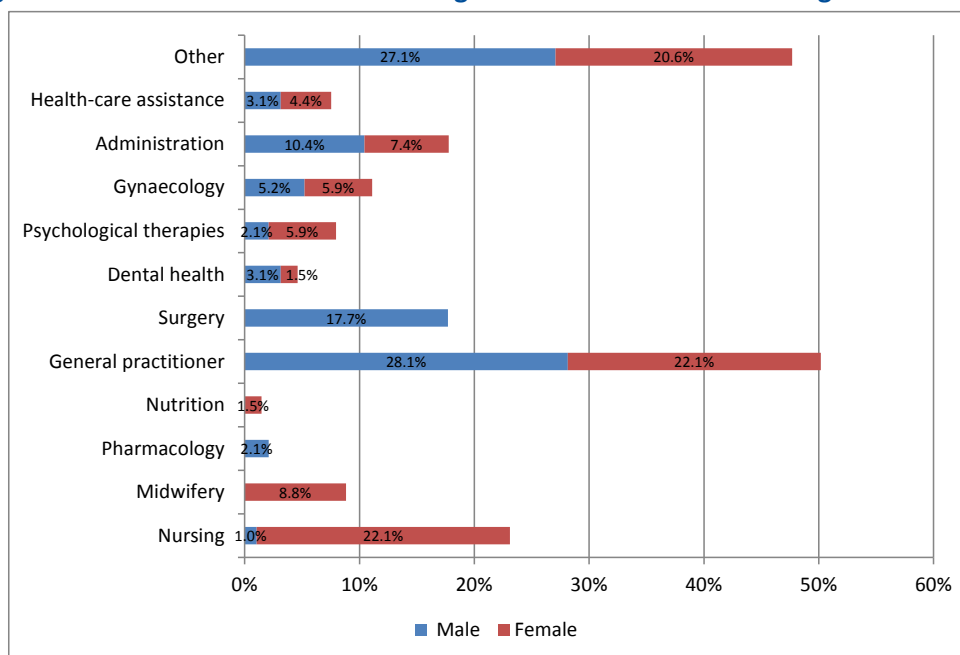


Figure 13 shows that a larger number of respondents were interested in contributing to the health sector as general practitioners, followed by the areas of surgery, nursing, health administration and midwifery. There were significant differences between males and females in the area of nursing, with 22 per cent of females wanting to be involved in this area against only 1 per cent of males. In health administration, 10 per cent of males would like to work compared with 7 per cent of females. In areas of midwifery and nutrition, only females indicated an interest, and in surgery only men indicated an interest (almost 18%).

Other areas where respondents felt they could make a contribution included:

- Mandatory training for health-care professionals;
- Hospital and operating theatre management;
- Molecular and cell biology research programme;
- Pharmaceutical clinical research/clinical trials;
- Medical statistics;
- Biostatistics and epidemiology research and training;
- Health and safety (occupational health), infection control;
- Health planning, information/communication/programme planning;
- Welfare and safeguarding;
- Radiology, medical education;
- Infection control;
- Ophthalmology;
- Histopathology;
- Medical oncology;
- Accident and emergency medicine, emergency care services;
- Quality management;
- Public health.

4.1.4 Contribution to the Education Sector

Higher education emerged as the specific field to which most respondents were interested in contributing. A further 15.2 per cent selected further education and 10.6 per cent selected secondary education. There appeared to be no interest from respondents in contributing to supplementary schools, as it was not one of the areas chosen.

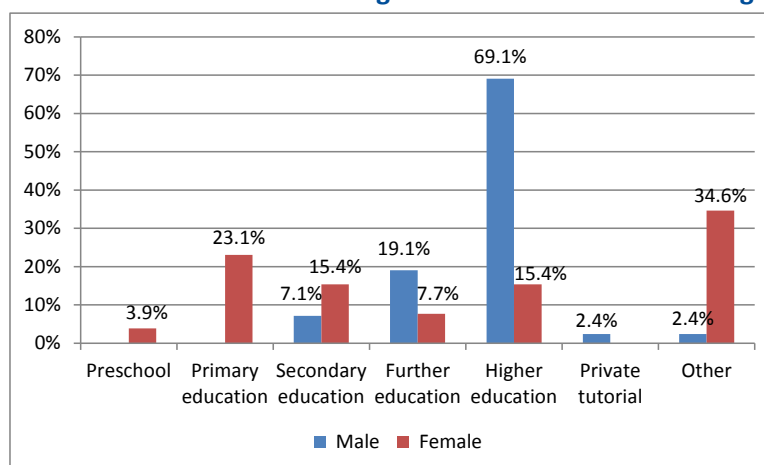
Table 10: Education-sector areas in which migrants are interested in getting involved

	Response (%)
Other (please specify)	13.6
Private tutorials	1.5
Preschool	1.5
Primary education	9.1
Secondary education	10.6
Further education	15.2
Higher education	48.5

Figure 14 illustrates the significant differences between the areas of education in which men and women wanted to be involved. Sixty-nine per cent of males and 15 per cent of females were interested in higher education. Nineteen per cent of male respondents and nearly 8 per cent of female respondents would like to be involved in further education. Seven per cent of males and 15 per cent of females were interested in the secondary sector. In several areas of education, only women expressed an interest in primary education (23%), preschool (4%) and private tutorial (2%).

There were other areas of education mentioned in the focus group interviews: the two most important were the areas of technical and vocational education and continuing education for adults in the community.

Figure 14: Education-sector areas where migrants are interested in making contribution



4.1.5 Specific Involvement

Most respondents said that they were interested in contributing to development in Nigeria. They were asked to specify their contributions and intentions under four main areas of investment, skills transfer, consulting and mentoring, and online training courses. If their responses did not belong to any of these categories, they were asked to specify other general areas in which they could contribute.

The emerging ideas and contributions – based on the respondents’ skills, experience and resources – fell into a variety of sectors. These areas were related to their professions and are set out below:

- Health and social care;
- Education;
- Management strategy and leadership;
- Infrastructure, engineering and business;
- Community development.

Respondents were interested in contributing in a variety of ways such as the following:

- Investment;
- Skills transfer;
- Consulting and mentoring schemes;
- Online training courses.

A list of specific contribution that respondents intended to make is set out in the Appendix.

4.1.6 Assessment of Migrant Connection and Contribution

Affinity played a major role in how respondents rated their connection with Nigeria. They all felt as true sons and daughters who, despite the perceived inferior economic conditions in their home country, recognized that Nigeria is where they come from and whatever problems Nigeria has could be solved with their own contribution and intervention.

Respondents were connected to Nigeria by seeking news and other information about Nigeria, visiting frequently, subscribing to Nigerian community organizations, and making contributions by way of individual projects and investments. Some had been involved in schemes run by NGOs and professional organizations, and a larger majority came back for their trips feeling positive about Nigeria.

The importance of these schemes cannot be underestimated because of the “feel good” factor of having actually proved to their peers their commitment much in the same way as gap-year students choose exciting places that they can talk about.

Some respondents might already have achieved their purposes for migrating, might have felt frustrated with the system in the United Kingdom or might have seen better opportunities for advancement in Nigeria. These respondents might be contemplating returning to their home country. Those who would like to relocate now need to be actively encouraged.

It is important to find schemes and mechanisms that will be attractive to respondents so that these schemes will be seen as trial runs for those who are prepared to relocate now.

4.2 Decision to Return

The critical question as to whether respondents were ready to return to Nigeria and under what conditions they would do so was asked in the main survey and was discussed in focus group interviews and key informant interviews. The focus group interviews provided more of an insight into why respondents felt that they would want to return home and how this should be managed, while the in-depth interviews provided an understanding of why the government role was crucial to make this decision a reality for some potential returnees.

The focus group interviews revealed that apart from those who were already doing something in Nigeria (and even those who needed some encouragement of sorts), those who had been contemplating the move needed some active persuasion. Those who return do not just get up and go, but do so as part of a plan they execute gradually, sometimes over a number of years and unless one got a good job out of the blue, the decision to return would come in a series of phases.

4.2.1 Interest in Skills Transfer Schemes

Ninety-six per cent of respondents were interested in getting involved in a skills transfer scheme, with almost 36 per cent of them preferring schemes that run for less than one month while others were willing to participate for a period of one year. Nearly 16 per cent of participants said that they would be willing to relocate to Nigeria permanently under such a scheme (Table 11).

Table 11: Preferred length of scheme

	All respondents (%)	EU-born (%)	Nigeria-born (%)	Male (%)	Female (%)	Education sector (%)	Health sector (%)
Permanent	15.7	6.1	16.9	19.1	10.5	17.1	15.8
Under 1 month	35.6	45.5	32.4	36.5	34.2	26.8	39.9
1–3 months	25.1	24.2	26.1	25.2	25.0	31.7	23.3
4–7 months	6.3	6.1	6.3	5.2	7.9	7.3	6.0
8–11 months	4.2	6.1	3.5	2.6	6.6	7.3	1.5
Over 1 year	9.4	3.0	12.0	9.6	9.2	9.8	9.0
Uninterested	3.7	9.1	2.8	1.7	6.6	0.0	5.3

There were some significant differences between male and female respondents who expressed a desire to return permanently to Nigeria, with 19.13 per cent of males compared with 10.53 per cent of females saying they would return permanently. There were also differences between those born in Nigeria and those born in the EU, with 16.9 per cent of Nigerian-born respondents saying they would return permanently compared with 6.06 per cent of those respondents born in the EU. Gender and sector did not seem to have any significant impact on those wanting to spend between one and three months or more in Nigeria. However, for those born in the EU, nearly 70 per cent were prepared to work in Nigeria for up to three months compared with 58 per cent Nigerian-born respondents.

4.2.2 Factors Influencing Decision to Return

The top three factors that would influence the respondents’ decision to return to Nigeria were security (61%), quality of the relocation package (46%), and comparable salary and benefits (46%). Facilities and work environment came in a close fourth at 39 per cent (Figure 15).

Figure 15: Factors influencing decision to return to Nigeria for work

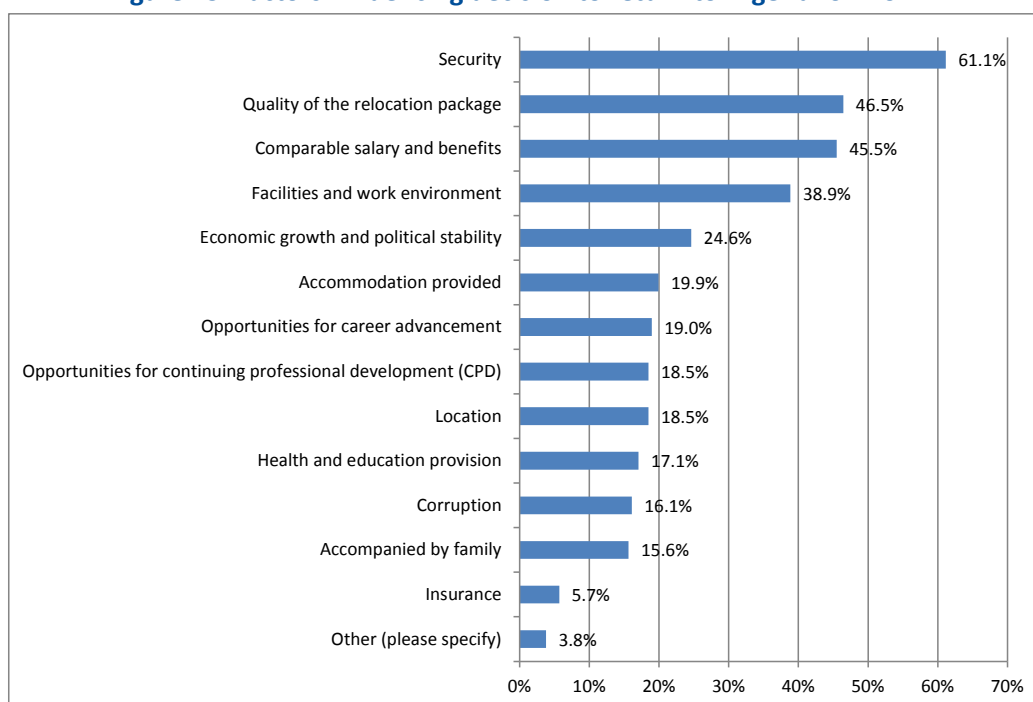


Table 12 shows some of the differences in the results relating to the factors influencing respondents' decision to return – overall results and by place of birth, gender and sector.

Table 12: Important factors influencing respondents' decision to return to Nigeria for work

	All respondents (%)	EU-born (%)	Nigeria-born (%)	Male (%)	Female (%)	Education sector (%)	Health sector (%)
Other (please specify)	3.8	5.3	3.2	3.2	4.6	0.0	4.1
Insurance	5.7	0.0	5.8	5.7	5.8	12.8	3.4
Accompanied by family	15.6	15.8	16.1	14.5	17.2	17.0	16.2
Corruption	16.1	15.8	17.4	17.7	16.1	19.2	16.9
Health and education provision	17.1	15.8	17.4	12.9	23.0	29.8	13.5
Location	18.5	23.7	16.8	15.3	23.0	17.0	16.9
Opportunities for continuing professional development (CPD)	18.5	7.9	22.6	19.4	17.2	21.3	17.6
Opportunities for career advancement	19.0	10.5	21.9	16.9	21.8	27.7	15.5
Accommodation provided	19.9	18.4	20.7	16.9	24.1	23.4	18.9
Economic growth and political stability	24.6	18.4	25.2	28.2	19.5	29.8	23.0
Facilities and work environment	38.9	26.3	42.6	41.9	34.5	51.1	35.1
Comparable salary and benefits	45.5	55.3	43.2	51.6	36.8	53.2	41.2
Quality of the relocation package	46.5	50.0	47.1	45.2	50.6	40.4	50.0
Security	61.1	55.3	63.2	64.5	58.6	51.1	68.2

It was difficult to weigh the importance of these factors in the main survey, but the focus group interviews revealed that the one factor that was recurring in the minds of most respondents as returnees was their security and safety. This issue of security seemed to be fuelled by references in the international media on the dangers of armed robberies being perpetrated on returnees and also from stories from other migrants who, upon their return, had suffered adverse treatment while in Nigeria.

The factors were grouped into two:

- Factors relating to the politics and socioeconomics in Nigeria;
- Factors relating to the personal circumstances of the respondents.

Political and Socioeconomic Factors

There were some respondents who had no intention of relocating to Nigeria. These few respondents also cited personal reasons for their unwillingness. Some had young families and others felt at home in the United Kingdom for their pending retirement, but a lot also cited reasons relating to the general situation in Nigeria.

These issues were also echoed by those who were prepared to relocate. A large number felt that their path would be much smoother if these issues were not constantly at the back of their minds. The main issues of concern remained: security and stability; infrastructure, and social and economic development; and governance and leadership, and corruption.

- **Security and stability.** This was clearly a big issue for those in the diaspora, especially those who preferred shorter schemes. Some could be persuaded to stay longer if security was better, if their families would be safe, or if security was an integral part of the relocation package. For one respondent, security was her only major challenge since she could take care of all the other issues.

- **Infrastructure, and social and economic development.** This was on the mind of Nigerian diaspora who were used to having access to uninterrupted water and electricity supply at an affordable cost and Internet connections that worked all the time to the extent that their level of intolerance for the absence of these were very high. These respondents also had access to good roads and an excellent transport system, excellent free or affordable health care, and quality education for their children.
- **Governance and leadership, and corruption.** Respondents blamed the lack of development in Nigeria on bad governance, bad leadership and corruption. These were critical issues that they did not have to deal with in the United Kingdom and that led some to believe that they will not be able to cope with the need to know someone before they can thrive in the Nigerian system. Yet, they admitted that they might be able to help change the system if a lot more of them would be able to return home.

Personal Reasons

The personal circumstances of respondents, their age and the stage of their careers were factors influencing the decision to return. The focus group interviews revealed that there were several people in their late forties and early fifties who would want to see their retirement packages intact before returning to Nigeria and that there were a few who had taken early retirement and were now considering relocating. The younger Nigerians were keen to go if they could find comparable jobs in the system where they would be paid well enough.

The issues that emerged were: reintegration package and relocation benefits; opportunity for professional development and contribute; and personal connection.

- **Reintegration package and relocation benefits.** Financial package and relocation benefits were also seen as a very important factor to encourage Nigerian diaspora to return. Several respondents mentioned that at the minimum they would want to be paid what they had been earning in the United Kingdom and would also wish to be provided with similar packages as expatriates. Part of the issue for some respondents was they felt that it was unlikely that they would find a job in Nigeria immediately on arrival and they were concerned about the time it would take to resettle their families and how they would deal with their financial commitments in the United Kingdom. They would therefore look for a comparable salary so that their families can continue to have a reasonable standard of living upon relocation.
- **Opportunity for professional development and contribution.** Several respondents were more concerned about the contribution that they would make to the land of their birth if given the right opportunity. This opportunity for them was about working within the right environment, with the right facilities and the right people so that together all would make a contribution to the country. But they were also concerned that in doing so they would have opportunities for career advancement and updating their skills.
- **Personal connection.** Having friends in Nigeria and other people known to them would make their assimilation into the Nigerian culture easier upon relocation.

Case study 6 relates to an education professional, who – though born in Nigeria – has spent most of her life studying and working in the United Kingdom. She is ready to take a career break if a placement can be found for her and she expects that this would be organized in a very professional way.

Case study 6: Billie, education professional, ready for a career break

Billie was born in Nigeria and came to the United Kingdom to complete her A levels and university education. She works as a senior civil servant, who is active in the workplace employee union. She has a great passion for community and volunteer work, including women's affairs in the mosque and care for children in orphanages and on the street. She is also a lay magistrate and a school governor because of her interest in education. Though she has never worked in Nigeria and does not visit often, she would like to take a career break to go and contribute to Nigeria for at least six months. She expects at the minimum that there will be good infrastructure and secure accommodation. She wants to contribute by setting up a service bureau to provide information for persons travelling to the United Kingdom and by providing training for school governors on how they can best run their schools. She would feel more confident if the trip were arranged by the federal or state government, with clear criteria on appropriate accommodation, reasonable salary, health-care provision, transportation and information on the support the government would provide if they employed her, with a guarantee that the terms of her contract would be honoured.

4.2.3 Mobilizing for Return

Though there were a few respondents who felt no affinity with Nigeria and therefore were not interested in returning to assist in the development effort in their home country. The overwhelming view of respondents was that they would want to assist and therefore would participate in any scheme that would encourage transfer of skills or enable permanent relocation to Nigeria.

Two groups of Nigerian professionals in the United Kingdom emerged from the analysis:

- **Possible and persuaded contributors.** These are Nigerians who are working and are well settled in the United Kingdom, who may not have thought of contributing their services in an organized way but who – because of their strong affinity with Nigeria – would be interested in any scheme that would allow them to go back to their home country and work for the short term and who may actually consider relocation if their experience was positive.
- **Probable and willing returnees.** These are Nigerians who have thought about short-term work in Nigeria, who have actually worked under short-term skills transfer projects, either arranged by themselves or by a group, and who – given the right package of employment – are prepared to go to and work in Nigeria now and relocate permanently given the right environment and guarantees for their welfare and safety.

The analysis did not point to a significant difference between sectors and gender categories of respondents, as the identified groups spanned the different sectors, age categories and gender categories.

It was clear that the respondents all felt a strong affinity with Nigeria and most would want to go back and work there sometime to contribute to the development of the country. However, while one group is interested in going for the short term, those in the second group could be persuaded to go back for the long term. The picture emerging from these responses is that though some had gained work experience in Nigeria before they emigrated, several had lost touch with the reality of the working situation back home and a trial run would help gauge their willingness and capability to reconnect with the system in Nigeria.

Further discussion and analysis revealed that similar mechanisms might be put in place to attract both groups. Those already thinking about relocation would relocate anyway even if they were not assisted; their paths however may be more difficult and their impact may be less resounding than if they were actively encouraged and assisted to relocate. On the other hand, those who have not been thinking about going to assist would not bother to search out any schemes if nothing was organized and they were not made aware of any available schemes.

The strategy for mobilization, therefore, is to provide a coherent programme that works across the board, considering the backdrop to the decision to return: an affinity with Nigeria expressed by searching for information about what is going on there and frequent visits to the country.

Possible and Persuaded Contributors

These migrants could be attracted to contribute to economic development if short-term schemes of skills transfer were set up at the federal and state levels. These schemes would be best handled in attracting groups of professionals rather than individuals. United Kingdom-based diaspora organizations would have a stronger role to play in organizing such skills transfer schemes, with the cooperation of the diaspora office in Nigeria and the High Commission in the United Kingdom. The diaspora office in Nigeria will determine the need for a particular scheme either at the state or federal level. The organizations in the United Kingdom, on the other hand, will be contacted then to provide budget for advertising, logistics and administration of the scheme.

Respondents mentioned that they would be more confident in dealing with a trusted organization of which they are members in the United Kingdom rather than with an official in Nigeria, who may not be able to communicate all aspects of the scheme and follow it through. The community and professional organizations will be responsible for ensuring that the scheme works.

Furthermore, respondents said that it would be beneficial for the federal government if it would directly work with professional organizations on federal schemes while the state schemes can be executed by the many kinship community and town development organizations that operate in the United Kingdom, such as the Association

of River Communities, the Igbo Welfare Union, the Ebonyi State Union, Kogi State UK, the Yoruba Community Association and many others (see Appendix I).

Probable and Willing Returnees

Respondents who were already thinking of returning to Nigeria would still be interested in a short-term scheme of contributing at the state and federal levels, either with their community organizations or with their professional associations in addition to more direct assistance that should be handled at the federal level. One important reason for the attractiveness of the schemes is that it would provide respondents with an opportunity to judge the commitment of their employers to have them working in Nigeria. Apart from that, it would give them an opportunity to properly evaluate the conditions under which they would be working.

Further assistance, however, should involve advertisement of these job openings and other schemes on a global basis through the High Commission. Independent panels should be assembled in the United Kingdom to vet and select candidates as if they were being employed for jobs in the United Kingdom.

For these willing returnees, reintegration and relocation packages would be crucial to assist them in the transition, as these would guarantee that the contracts will be honoured by the Government and employers.

The efforts of the Nigerian National Volunteer Service (NNVS), which is at present charged with organizing the Diaspora Week and Diaspora Day celebrations, would need to be redoubled to bring these celebrations to the United Kingdom as a way of making Nigerians in the United Kingdom aware of these schemes and the efforts being made to attract them to return and contribute to the development effort.

The scheme would need to be transparent in how it is operated to provide Nigerians in the United Kingdom with the confidence that it would work and that all issues would be dealt with in a timely manner.

4.2.4 Role of Community Organizations

The mapping provided an opportunity to evaluate the role of Nigerian diaspora community organizations as one of the possible vehicles for mobilizing the Nigerian diaspora in an organized programme of assistance to return to the country.

Initial contacts, some facilitated by IOM, were very useful in engaging with the major organizations which endorsed the mapping exercise. Efforts were made to reach a variety of community organizations, faith groups and professional organizations, as well as the major diaspora mobilization organizations.

There are lessons to be learned from this engagement that has implications for how they can be used to assist, if at all.

The local community-based organizations were very useful since once a member had responded to the questionnaire the member managed to encourage and convince his/her colleagues to do so as well.

One of the professional organizations, MANSAG, helped to distribute the survey and encouraged its members to participate. The nurses group could have been more helpful, but it would seem that because it already had contact with the Nigerian Government, it expected that the Government would deal directly with them and not through a consultant.

The other organization representing the education sector also proved to be of some assistance.

CANUK assisted in attending meetings and some of their executives took the mapping exercise very seriously and helped to disseminate information to their member groups.

NIDO was going through an organizational crisis and unfortunately could not provide any assistance despite numerous requests.

Discussions during the focus group interviews and some of the key informant interviews suggested that most respondents who were contemplating going back home would prefer to deal with the Nigerian High Commission directly rather than through these organizations. At best, if there were efforts that were targeted to one state, organizations representing that state could be used to disseminate the information.

Schemes that are focused on professional sectors would also benefit from assistance from professional organizations for dissemination purposes, but having discovered during the survey that such schemes had been successfully run by some area-focused community organizations and some professional sectors, they may prove useful in mobilization on a smaller and more focused scale.

A list of some Nigerian organizations is presented in Appendix I.

4.2.5 Assessment of Migrants' Decision to Return

A larger proportion of respondents were interested in short-term skills transfer schemes presumably to fit within their short holiday period. Although some respondents were planning to return anyway and would do so individually, a coordinated approach would have a better chance of success in attracting more people especially if it is part of government policy.

Whatever schemes are put in place would have to take into account the expressed views of respondents about the lack of infrastructure, the type of governance and leadership, and corruption in their home country, as these factors hindered them from making any decision to return. However, it appears that the most critical factor for respondents was the security and stability in Nigeria.

Push and pull factors motivate migration much in the same way as they impact the decision to return, and this is where the personal and external circumstances need to be recognized.

Respondents who want to return now have been thinking about it for some time and have spent their time visiting Nigeria, planning their return. They would return earlier if they could be assisted much in the same way as those who have never consciously considered returning. They could start putting in place a plan if they are able to avail themselves of a scheme that would help in their gradual reintegration.

The present situation will remain the same if there is no active intervention. Professionals will harbour a thought and not do anything in the absence of any strategic plan for them to act, and others will actually not think about relocation if they are not aware of any scheme.

But patriotism and commitment alone will not get people to go. Personal reintegration and placement packages will have to be comparable with what migrants are earning in the United Kingdom. Lastly, migrants have to be actively encouraged and policy should be translated into action that can be seen as working effectively all the time.

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Mapping of Nigerian professionals in the education and health sectors identified 261 professionals, most of whom were interested in any scheme that would provide them with the opportunity of going to Nigeria to contribute to the development of the country. Of these professionals, 183 were from the health sector, 57 from education and 21 were from other professions. There were 142 male and 119 female respondents. Of the total respondents, 139 were between 40 and 54 years old; 69 were between 25 and 39 years old; 44 were between 55 and 65 years old; and 5 were between 16 and 24 years old.

An overwhelming 96 per cent felt very well connected to Nigeria, as they were always actively searching for news about Nigeria, frequently visiting the country to see families and friends and, in some cases, participating in volunteer work, skills transfer schemes and study visits. This connection was borne out of a recognition that having been born in Nigeria or having Nigerian parents, they had an obligation towards their kith and kin in Nigeria and therefore towards the development of the country.

A large number had migrated to the United Kingdom to pursue advanced studies and to improve their career chances and thereby their standard of living. After completing their studies, they remained in the United Kingdom and found jobs that gave them great satisfaction. They have thrived in these jobs and are relatively settled in the United Kingdom with their families. They continue to participate in Nigerian affairs through the community and professional organizations. In addition to their individual contributions of helping family members and organizing personal projects in Nigeria, some of them have also participated in short-term schemes of skills transfer organized by community organizations and professional associations.

Most respondents were interested in these schemes if they can be properly organized and would run for less than one month, though some respondents from the education sector can stay longer, for about three months, and a small number of Nigerians who were born in the EU stated that they can stay for over one year. The desire to assist in the development effort on these short-term schemes is strong across the board, but there are a few who would want to return permanently.

The analysis shows that given the motivations to migrate from Nigeria and the relative success of professionals in the fields of education and health in the United Kingdom, any schemes to attract them back should take into account their expectations on remuneration, relocation and reintegration packages because some people will still have responsibilities in the United Kingdom to discharge. Consideration should also be given to external circumstances that could detract from their acceptance of any offer; these factors – which include the lack of infrastructure, perceptions of bad governance and corruption issues – are as important as the major issue of personal security and safety.

Trust and competence issues are also on top of most respondents' minds and should be resolved by the Government, working hand in hand with capable and competent community organizations based in the United Kingdom, especially with some of the professional organizations that have developed a track record in implementing some short-term group schemes. Confidence of success would encourage more professionals to see these well-organized schemes as a legitimate way of rethinking their views about returning to Nigeria and spur them on to sign up for short-term schemes while considering the final move. For those who are already contemplating a move either to work or run their own organizations in collaboration with others, most claim that they are already contributing to the cause of development and most would value assistance if it would be offered in a transparent and competent manner and if it would be based on concrete policy to which all could subscribe.

5.2 Recommendations

These recommendations arise from the analysis of the results of the main survey, the focus group interviews and the key informant interviews.

For the Federal Government

- The federal government should actively champion the return of Nigerian professionals by developing and articulating policy on how they will be recruited, placed, compensated and reintegrated into critical job roles in Nigeria.
- The policy should include the identification of specific and general job roles where highly qualified and experienced professionals currently working outside Nigeria are needed to help in the development effort.
- The Government should set up a portal where these identified job roles can be advertised and state in clear terms the process of recruitment and compensation for these jobs. The portal should also have all the conditions attached to the job roles and whether the people to be hired will be on contract or permanent employment. This policy should also be disseminated widely including through social and business network channels.
- The portal should be open to discuss other areas of assistance that do not require people to be employed formally but should state areas of need where the Government would welcome technical and material assistance.
- The federal government should encourage professional Nigerian diaspora organizations to sensitize their members to job roles that may fit their specializations and skills and in areas that mostly require assistance. Therefore, the Government should work with professional organizations, such as MANSAG for health or the UK Association of Nigerian Academics (UKANA) for education issues.
- The Government should support and strengthen diaspora organizations to develop and initiate quarterly and annual schemes in which these organizations would organize and recruit their members and other associates to undertake a planned trip of intervention in a particular state or area of need. For instance, if school inspection or curriculum development is an issue, relevant diaspora community organizations could be contacted; or if eye operations or public health is an issue, relevant professional health organizations would be able to provide personnel on a short- or long-term basis, thus allowing diaspora members to ask for leave of absence from their jobs in the United Kingdom for short and long periods.
- In addition to these specialist trips, community organizations should be encouraged to mobilize their members for group intervention in generalist areas. These can be organized as working holidays, in which volunteers would be provided with accommodation in a secure place, transport allowance and a stipend. These trips will allow those who would want to relocate on a permanent basis to familiarize themselves with the system.

For the Nigerian National Volunteer Service

- The NNVS should encourage government departments and agencies to develop a database of vacant positions and liaise with the High Commission and the professional bodies in the United Kingdom on how these positions should be filled. The High Commission should form a panel of experts who would be ready to interview qualified and experienced persons to fill these positions.
- A fair relocation and reintegration package that allows willing diaspora to return should be considered. The package would include accommodation with security, transport allowance, travel allowance, shipping of personal belongings from the United Kingdom to Nigeria, and a comparable salary that would enable them to take care of their residual responsibilities in the United Kingdom.
- The Government should implement systems that will allow it to respond promptly to requests from people who wish to relocate, identifying for them possible places where their experience could be put to good and immediate use. Moreover, the Government should perhaps operate more proactively to recruit qualified and experienced personnel for positions that are in short supply.

For State Governments

- At the regional level, state governments should work with various kinship and welfare community and volunteer organizations in attracting diaspora to the region, since most have an affinity with a particular place where they would want to see improved development.

For Diaspora Organizations

- Diaspora organizations and professional associations should be encouraged to develop project proposals and programmes that can directly assist in improving the specific sectors and bid for government funds at the federal or local level to implement their proposals.
- The Government should advertise sectors and areas with critical skills gap shortages and ask diaspora individually or collectively to bid for providing technical expertise and support in those areas that need assistance.

LIST OF COMMUNITY ORGANIZATIONS MENTIONED

Professional Associations

Academic Staff Union of Universities
Association of British-Nigerian Councillors UK
Association of Nigerian Academics in UK
British Nigerian Law Forum
African Doctors
Tropical Health Education Trust
Africa Health Development Trust (has links with the Tropical Health Education Trust)
Society of Gynaecology and Obstetrics of Nigeria
London Focus Sickle Cell Africa – Medical Association of Nigerian Specialists and General Practitioners
Medical Association of Nigerians Across Great Britain
Medical and Dental Council of Nigeria
National Association of Nigerian Nurses and Midwives
National Union of Teachers
Obafemi Awolowo University Medical and Dental Alumni Association
Nigeria Bar Association
Nigeria Medical and Dental Association
Nigeria Medical Association
Nigeria Statistical Association
Nigerian Cardiac Society
Educational Support Initiative for Africa (a project of the Centre for African Resources Research and Development)
Nigerian Institute for the Study of Pain
Nigerian Medical Association
Nigerian Medical Council
Nigerian Medical Postgraduate College
Nigerian Nurses Association
Nigerian Sickle Cell Network
Nigerian Society Leeds
Nigerian Society of Engineers
Pharmacists action group of Nigeria
Nigerian Students Union UK
Public Health Foundation of Nigeria
RCOG Nigeria Liaison Group
Science Teacher Association of Nigeria
Society of Gastroenterology and Hepatology in Nigeria
Association of Vice-Chancellors of Nigerian Universities
University of Benin Alumni
University of Ibadan, Medical and Dental Alumni Association
West African College of Surgeons

Umbrella Groups

Diaspora UK
Central Association of Nigerians in the United Kingdom
Nigerians in Diaspora Organisation UK South
Nigerians in Diaspora Organisation Europe UK North
Nigerians in Diaspora Organisation Europe UK South Chapter
Organisation of Nigerian Nationals

State-based Welfare and Community Associations

Ebonyi State Union (United Kingdom and Ireland)
Edda Welfare Union
Edo Global Organization, Nigerian Community in Manchester
Igbo Welfare Union
Kogi State UK
Mboho Mkpawara Ibibio – Europe
Society of Gynaecology and Obstetrics of Nigeria
Oye-Ekiti Progressive Union
Ogwashi Uku Professionals (on Facebook)
All Nigerian Nationals in Diaspora
Association of Rivers Communities in UK and Ireland
Igala UK
Merseyside Yoruba Community Association
Nigerian Community Wakefield

Non-governmental Organizations/Charities/Social Enterprises

Africa-UK
Britain-Nigerian Educational Trust
Domestic Violence and Sexual Abuse Counselling Service
Empowering Group for African Development
Foundation for Good Governance and Development
Xnfoundation Possibilities Unlimited
Afemai Childrens Trust
Dadamac UK/Africa
Baseline 360 Ltd.

Faith-based Organizations

Africa and Caribbean Christian Fellowship
Igbo Catholic community South London
Overseas Fellowship of Nigerian Christians
Christian Health Association
Nigerian Catholic Chaplaincy of England and Wales
Overseas Fellowship of Nigerian Christians
Nigerian Community Sacred Heart Camberwell
National Muslim Forum UK
Victory Family Fellowship

SPECIFIC CONTRIBUTIONS OF NIGERIAN DIASPORA TO THEIR HOME COUNTRY

Investment		
<i>Health and education and training</i>	<i>Infrastructure engineering and business</i>	<i>Community development (civic)</i>
<ul style="list-style-type: none"> • Establishment of a teacher training college • Investment in education: setting up primary and secondary schools and specialist schools for children with autism and learning disabilities • Quality standard assessments • Youth empowerment and development • Setting up of a Saturday school • Establishment of a centre for research, training materials and testing • Biomedical and biomolecular cell research • Vocational skills development programme, including health-care assistance and foster parenting • Child care (e.g. play and learn activity centre) • Professional medical and nursing education, including specializations • Diagnostic centres • IT solutions for health (e.g. patient record management system) • Skills transfer (e.g. empowering private hospitals to engage in offering open-heart surgery with Nigeria) • Public health and health promotion • Importing medical equipment • Community pharmacy; medicine management • Surgery provision 	<ul style="list-style-type: none"> • Infrastructure development • Solar energy • Property development and real estate • New tech start-ups • Construction and management of institutions from the primary level to the higher education level • Construction of health institutions (e.g. health centres) • Furniture making/Factory • Transportation • Power supply • Manufacturing of disposables and health-related simple technological solutions • Medical infrastructure and support • Agriculture • Small and medium-scale enterprises especially in agriculture, manufacturing, IT • Setting up of a hospital that meets international standards/a tertiary referral centre • Establishment of a security business 	<ul style="list-style-type: none"> • Scholarships for indigent but brilliant primary pupils • Donation (monthly) • Medicare • Social franchise ventures

Skills transfer scheme

<i>Health and social care</i>	<i>Education and training</i>	<i>Infrastructure and engineering and business</i>	<i>Business management, strategy and leadership</i>
<ul style="list-style-type: none"> • Aviation medicine (including flight safety, aircrew medical examination, fitness-to-fly medical) • Gynaecological ultrasound • Occupational health in the oil and gas industry • Acute and general medicine • Care for sickle cell patients • Ultrasound training • Health research • Health and social care business management • Surgery • Dental school; dentistry (paediatric and general) • Psychiatry (general, child and adolescent, autism and learning disability) • Clinical waste safe disposal • Infection control • Histopathology (technical and diagnostic) • Hospital and operating theatre nursing skills and leadership • Internal medicine, oncology, orthopaedic, renal medicine, laparoscopic surgery, general and geriatric medicine, neurosurgery, ENT, urology, transfusion, colposcopy • Basic and advanced life support (cardiac, obstetrics, neonatal and paediatric) • Medicine management and medicine utilization review • Clinical governance • Pain management • Pathology and laboratory medicine • Public health and health promotion, sexually transmitted infections and HIV • Ophthalmology training (local) • Health research • Medical education (including primary care, etc.) 	<ul style="list-style-type: none"> • Adult literacy • Basic health education • Curriculum implementation • Customer (patient) engagement/empowerment • Education and business management • Education and politics • Assisting primary school teachers • Employability training • Entrepreneurship training for secondary- and further-education students • IT law • Personality development • Leadership training (for both education and health sectors) • Medical law and ethics • Medical statistics • Health education • Public health management • Research (including skill development and project implementation) • Return-to-education programme (which includes work ethics) for the unemployed • Teacher training • Training materials production • Continuous professional development • Community development/activism • Civic society capacity-building 	<ul style="list-style-type: none"> • Architecture, design, environmental conservation, heritage preservation • Civil, geotechnical and transportation engineering • Construction and maintenance of buildings (for both education and health sectors) • Knowledge transfer in geoen지니어ing 	<ul style="list-style-type: none"> • Accounting and finance • Business and computing • Medicine business • Entrepreneurship, leadership • Health management and policy analysis • Policy development and project work • Risk management systems • Rural connectivity • eLearning

Consulting and mentoring		
Health	Education	Infrastructure, engineering and consultancy
<ul style="list-style-type: none"> • Disaster and emergency response • Adult social care • Chemistry • Clinical governance and audit • Pharmacy (medicine use and effective prescription policy) • Clinical trials for pharmaceuticals • Dental surgery • Public health • Psychiatry • Health and safety in work environment • Medical specializations (internal and emergency medicine, obstetrics, gynaecology, ophthalmology, general practice, histopathology, respiratory diseases, renal medicine, urology, fetal medicine, ENT) • Health programme planning/evaluation • Operating theatre nursing skills and leadership • Pathology and laboratory medicine • Health promotion, sexual health, infectious diseases • Professional development of surgeons and senior doctors, junior doctors, nurses and health-care assistants • Rural medicine (i.e. setting up of clinics) • Mentoring young adults and children (in the social care sector) 	<ul style="list-style-type: none"> • Collaborative research • Mentoring PhD students • Facilitating exchange programmes for lecturers in Nigeria and the United Kingdom • Capacity-building • Waste and environment management curriculum in Nigerian universities • Business management • Community relations and empowerment • Development of educational facilities • Professional development (i.e. support for the training of outstanding faculty staff) • Mentoring and support projects to reinforce skills and knowledge transfer • Technical, vocational and educational training for clinicians and health-care assistants; training of trainers • Research • Employability training; adult literacy • Youth and health mentorship and coaching • Management training and development • Accounting and finance • Technology and computing • Business mentoring • Capacity-building • Governance and risk management • University leadership consulting (for deans, deputy vice chancellors and vice chancellors) • Health programme planning and evaluation • Operating theatre management 	<ul style="list-style-type: none"> • Advisory services (including energy infrastructure and aviation safety) • Civil, geotechnical and transportation engineering • Construction and project management • Consulting on business start-ups and expansion • Business mentoring and life coaching • Entrepreneurship • Energy from waste • Heritage preservation, restoration, etc. • Public health consulting • Solar technology

Online training courses			
Health	Education	Infrastructure, engineering and consultancy	Business management, strategy and leadership
<ul style="list-style-type: none"> • Clinical governance and audit quality • Continuing clinical education (e.g. nursing, medicine) • Customer (patient) care as part of continuing professional development • Development of modules for diagnosis and treatment • Undergraduate and postgraduate medical education • Mental health assessment (including treatment, education, prevention and rehabilitation) • Teleconference, consultation • Infection control • Population, health-care systems and governments • Providing online resources (e.g. teaching general medicine to management of any condition in general practice such as diabetes, endocrinology, gastroenterology, women's health, men's health) • Basic life support training • Research 	<ul style="list-style-type: none"> • Employability (including adult literacy, teacher training, English proficiency) • Continuing education, online tutorials, distance learning • Business setup and development • eLearning, tele-learning to facilitate ongoing professional development • Online resources on enhancing skills and confidence • Online courses on energy and environment • Preparing trainees for postgraduate examinations, primary health-care education • Preparing resources to facilitate students learning, developing teaching materials, online educational video streaming • Citizenship 	<ul style="list-style-type: none"> • Civil, geotechnical and transportation engineering • Construction and project management • Heritage preservation and design • Solar technology • Security 	<ul style="list-style-type: none"> • Accounting and finance • Leadership development • Project management • Counselling • Management of educational facilities • Publishing for young writers • Health, business administration and technology • Safeguarding children, infection control, confidentiality

Other	
Health	Education
<ul style="list-style-type: none"> • Championing education/research/balanced distribution of primary care services, and making sure it reaches all sectors of the community especially those in rural areas • Single-stop annual medical checks for men and women (including diabetes, prostate, breast cancer, heart attack (cholesterol), stroke) • Oncology (breast cancer treatment) • Health administration and fund-raising for good causes in health-care provision in Nigeria • Data collection for policy development and programme planning • Setting up a crisis helpline to prevent suicide attempts • Modernization of otorhinolaryngological training and practice • Clinical governance medical regulation • Clinical trials to boost foreign investors' confidence in the conduct of clinical trials and in the pharmaceutical industry in Nigeria • Key performance indicators • Transparent centralized funding for hospital and education institutions • Capacity-building to enhance knowledge and performance • Establishment of a non-governmental organization focused on lifestyle changes for Nigerians • Provision of health advice, health monitoring • Health awareness campaign • Start-up of an online patient record management business in Nigeria 	<ul style="list-style-type: none"> • Development of a new undergraduate course on waste and environment management • Development of a curriculum for this programme across some or all Nigerian universities • Energy generation and research

MAIN (QUANTITATIVE) QUESTIONNAIRE AND RESPONSES

Q1. Gender		
	Response rate (%)	Response count
Male	55.4	144
Female	44.6	116
Number of respondents who answered the question		260
Number of respondents who skipped the question		1

Q2. What age band do you fall into?		
	Response rate (%)	Response count
16–24	2.0	5
25–39	26.9	68
40–54	54.2	137
55–65	16.6	42
66+	0.4	1
Number of respondents who answered the question		253
Number of respondents who skipped the question		8

Q3. Where were you born?		
	Response rate (%)	Response count
European Union	19.6	51
Nigeria	69.6	181
Other (please specify)	10.8	28
Number of respondents who answered the question		260
Number of respondents who skipped the question		1

Q4. Which state in Nigeria do you or your family originate from?		
	Response rate (%)	Response count
Abia	5.4	14
Abuja	0.0	0
Adamawa	0.4	1
Akwa Ibom	1.9	5
Anambra	14.2	37
Bauchi	0.4	1
Bayelsa	0.0	0
Benue	3.1	8
Borno	0.0	0
Cross River	1.2	3
Delta	5.0	13
Ebonyi	1.2	3
Edo	5.4	14

Ekiti	4.6	12
Enugu	3.5	9
Gombe	0.0	0
Imo	9.2	24
Jigawa	0.4	1
Kaduna	0.8	2
Kano	0.4	1
Katsina	0.4	1
Kebbi	0.8	2
Kogi	1.9	5
Kwara	2.7	7
Lagos	6.5	17
Nasarawa	0.0	0
Niger	0.4	1
Ogun	8.5	22
Ondo	4.6	12
Osun	8.8	23
Oyo	5.8	15
Plateau	0.4	1
Rivers	1.2	3
Sokoto	0.4	1
Taraba	0.4	1
Yobe	0.0	0
Zamfara	0.4	1
Number of respondents who answered the question		260
Number of respondents who skipped the question		1

Q5. What is your nationality?

	Response rate (%)	Response count
British	60.9	154
Nigerian	69.6	176
Other (please specify)	9.9	25
Number of respondents who answered the question		253
Number of respondents who skipped the question		8

Q6. In which area of the United Kingdom do you live?

	Response rate (%)	Response count
East of England	3.2	8
East Midlands	4.9	12
Humberside and Yorkshire	2.8	7
West Midlands	6.1	15
London	38.5	95
South East	10.5	26
North East	2.0	5
North West	10.5	26
South West	4.5	11
Scotland	15.8	39
Northern Ireland	0.8	2
Wales	0.4	1
Number of respondents who answered the question		247
Number of respondents who skipped the question		14

Q7. How many years in total have you been resident in the United Kingdom?		
	Response rate (%)	Response count
Under one year	0.4	1
1–4 years	3.6	9
5–9 years	20.0	50
10–19 years	36.0	90
20+ years	40.0	100
Number of respondents who answered the question		250
Number of respondents who skipped the question		11

Q8. In which languages are you fluent? Please chose only one. "Write" is the highest proficiency.				
	Speak (Response rate (%))	Read (Response rate (%))	Write (Response rate (%))	Response count
English	120.0	6.0	131.0	257
French	6.0	14.0	2.0	22
Spanish	4.0	4.0	0.0	8
Italian	1.0	2.0	0.0	3
Russian	2.0	0.0	1.0	3
Yoruba	66.0	8.0	29.0	103
Ibo	43.0	3.0	25.0	71
Hausa	17.0	1.0	5.0	23
Kanuri	0.0	0.0	0.0	0
Ibibio	4.0	0.0	0.0	4
Edo	7.0	0.0	1.0	8
Fulfude	1.0	0.0	1.0	2
Other (please specify)				32
Number of respondents who answered the question				260
Number of respondents who skipped the question				1

Q10. Which sector do you work in?		
	Response rate (%)	Response count
Education	21.8	56
Health	70.4	181
Other	7.8	20
Number of respondents who answered the question		257
Number of respondents who skipped the question		4

Q18. In which country did you obtain your secondary education and qualifications?		
	Response rate (%)	Response count
United Kingdom	25.8	59
Other EU States	1.7	4
Nigeria	66.8	153
Other (please specify)	5.7	13
Number of respondents who answered the question		229
Number of respondents who skipped the question		32

Q21. How many years of experience do you have in your profession in the United Kingdom?		
	Response rate (%)	Response count
None	1.7	4
Under 1 year	1.7	4
1–2 years	5.6	13
3–4 years	8.6	20
5–10 years	30.2	70
Over 10 years	52.2	121
Number of respondents who answered the question		232
Number of respondents who skipped the question		29

Q24. What is your average yearly income (before tax)?		
	Response rate (%)	Response count
Under £20,000	5.4	12
£20,000–£39,000	27.0	60
£40,000–£59,000	16.2	36
£60,000+	32.4	72
Prefer not to say	18.9	42
Number of respondents who answered the question		222
Number of respondents who skipped the question		39

Q25. What is your current employment status?		
	Response rate (%)	Response count
Self-employed	17.3	39
Employed (temporary contract)	14.7	33
Employed (permanent contract)	61.3	138
Unemployed	1.3	3
Retired	1.8	4
Other (please specify)	3.6	8
Number of respondents who answered the question		225
Number of respondents who skipped the question		36

Q26. To what extent do you feel connected with Nigeria?		
	Response rate (%)	Response count
Not at all	0.9	2
Somewhat	27.1	62
A lot	72.1	165
Number of respondents who answered the question		229
Number of respondents who skipped the question		32

Q28. How do you receive information and stay in touch with people in Nigeria?		
	Response rate (%)	Response count
Telephone	89.6	199
Internet	86.9	193
Newspapers	40.1	89
Television	44.6	99
Radio	11.3	25
Other (please specify)	19.4	43
Number of respondents who answered the question		222
Number of respondents who skipped the question		39

Q29. Since you left Nigeria, have you returned to visit the country?		
	Response rate (%)	Response count
Yes	96.4	213
No	3.6	8
Number of respondents who answered the question		221
Number of respondents who skipped the question		40

Q31. On average, how often do you visit?		
	Response rate (%)	Response count
Every 1–2 years	61.9	133
3–4 years	21.4	46
5–7 years	7.4	16
8–9 years	2.3	5
10+ years	4.7	10
Never	2.3	5
Number of respondents who answered the question		215
Number of respondents who skipped the question		46

Q32. On average, for how long do you stay?		
	Response rate (%)	Response count
Under a month	83.1	177
1–3 months	16.0	34
4–7 months	0.5	1
8–11 months	0.5	1
12+months	0.0	0
Number of respondents who answered the question		213
Number of respondents who skipped the question		48

Q33. What were the main reasons for your visit(s)?		
	Response rate (%)	Response count
To visit family and friends	96.8	209
To invest	26.4	57
To work	11.6	25
To study	0.9	2
To share my knowledge with colleagues in Nigeria	39.4	85
Charity work	22.7	49
Politics/lobbying	3.7	8
Other (please specify)	6.5	14
Number of respondents who answered the question		216
Number of respondents who skipped the question		45

Q34. When you reflect on your visit, would you judge your experience to have been:		
	Response rate (%)	Response count
Negative	11.6	25
Reasonable	54.2	117
Positive	34.3	74
Number of respondents who answered the question		216
Number of respondents who skipped the question		45

Q36. Have you ever taken part in a programme where you shared your knowledge with other Nigerians and how long was this for?

	Response rate (%)	Response count
Never	45.6	104
Under 1 month	39.5	90
1–3 months	5.7	13
4–7 months	1.3	3
8–12 months	1.8	4
Over 1 year	6.1	14
Number of respondents who answered the question		228
Number of respondents who skipped the question		33

Q37. Have you engaged in other forms of voluntary work in Nigeria?

	Response rate (%)	Response count
Yes	42.1	96
No	57.9	132
Number of respondents who answered the question		228
Number of respondents who skipped the question		33

Q38. Have you engaged in other forms of voluntary work in Nigeria and how long was this for?

	Response rate (%)	Response count
Under 1 month	76.3	87
1–3 months	11.4	13
4–7 months	0.9	1
8–12 months	3.5	4
Over 1 year	7.9	9
Number of respondents who answered the question		114
Number of respondents who skipped the question		147

Q39. Are you interested in contributing to the development of the health, education or other sectors in Nigeria?

	Response rate (%)	Response count
No	3.9	9
Health	57.9	132
Education	28.1	64
Other (please specify)	10.1	23
Number of respondents who answered the question		228
Number of respondents who skipped the question		33

Q52. If you are interested in participating in a skills transfer scheme, how long would you like to go for?

	Response rate (%)	Response count
Permanently	15.4	29
Under 1 month	35.1	66
1–3 months	25.5	48
4–7 months	6.4	12
8–11 months	4.3	8
Over 1 year	9.6	18
uninterested	3.7	7
Number of respondents who answered the question		188
Number of respondents who skipped the question		73

Q54. What are the three most important conditions that would influence your decision to work in Nigeria? Please select your top three conditions.

	Response rate (%)	Response count
Accompanied by family	15.9	33
Quality of the relocation package	46.4	96
Accommodation provided	19.3	40
Facilities and work environment	38.2	79
Comparable salary and benefits	45.9	95
Insurance	5.8	12
Opportunities for career advancement	18.8	39
Opportunities for continuing professional development (CPD)	18.8	39
Security	60.9	126
Corruption	15.9	33
Health and education provision	17.4	36
Location	18.4	38
Economic growth and political stability	24.6	51
Other (please specify)	3.9	8
Number of respondents who answered the question		207
Number of respondents who skipped the question		54

Q61. Would you like to participate in the focus group interview?

	Response rate (%)	Response count
Yes	73.8	141
No	26.2	50
Number of respondents who answered the question		191
Number of respondents who skipped the question		70

Q62. Would you like to participate in an in-depth interview?

	Response rate (%)	Response count
Yes	69.3	131
No	30.7	58
Number of respondents who answered the question		189
Number of respondents who skipped the question		72

FOCUS GROUP INTERVIEW QUESTIONS

The focus group interview is intended to explore further some of the issues in the research. We intend to give each participant a chance to speak on the main issues around the research and to help us answer the main research questions:

- Tell us how you ended up working in the United Kingdom.
- What have been your experiences of working in the United Kingdom? Please share with us the positive as well as the negative issues about your career.
- How have you maintained contact with Nigeria over the years?
- In what ways do you believe that you can contribute to the development of Nigeria?
- What would motivate you to return to/go to work in Nigeria?
- What do you think that the Government must do to attract people such as yourself

TOPIC GUIDE – KEY INFORMANT INTERVIEW

Background

- Life and how you got to the United Kingdom
- Education, qualifications
- Interests, leisure and hobbies
- After-work activities, Nigerian community

Career

- What led you to your career in Nigeria? In the United Kingdom?
- Challenges in the United Kingdom, if any
- Work, life, other issues

Future Plans

- Work
- Other interests

Comment on the Professional Sector

- What needs to be done
- What are the barriers and obstacles
- How one can help
- What government must do to attract professionals
- End notes
- Other comments
- Way forward

BIBLIOGRAPHY

- Aboderin, I.
2007 Contexts, motives and experiences of Nigerian overseas nurses: Understanding links to globalization. *Journal of Clinical Nursing*, 16(12):2237–2245.
- Buchan, J. et al.
2006 *Internationally recruited nurses in London: A survey of career paths and plans. Human Resources for Health*, doi:10.1186/1478-4491-4-14. Available from www.human-resources-health.com/content/pdf/1478-4491-4-14.pdf.
- Buchan, J. and I. Seccombe
2005 Past Trends, Future Imperfect? An Analysis of the UK Nursing Labour Market in 2004/2005. Royal College of Nursing, London. Available from www.rcn.org.uk/publications/pdf/past.trends.future.imperfect.a.review.of.the.UK.nursing.labour.market.2004-5.pdf.
- Ionesco, D. et al.
2009 The Development Potential of Transnational Migrants in the Health Sector in Geneva: Focus on sub-Saharan Africa.
- Lampert, B.
2009 Diaspora and development? Nigerian organizations in London and the transnational politics of belonging. *Global Networks*, 9(2):162–184.
2014 Collective transnational power and its limits: London-based Nigerian organisations, development at ‘home’ and the importance of local agency and the ‘internal diaspora’. *Journal of Ethnic and Migration Studies*, 40(5):829–846.
- Larsen, J.A.
2007 Embodiment of discrimination and overseas nurses’ career progression. *Journal of Clinical Nursing*, 16(12):2187–2195.
- Leach, B. and L. Donnelly
2012 Revealed: 3 in 4 of Britain’s danger doctors are trained abroad. Daily Telegraph, 29 December. Available from www.telegraph.co.uk/news/health/news/9771022/Revealed-3-in-4-of-Britains-danger-doctors-are-trained-abroad.html.
- Likupe, G.
2006 Experiences of African nurses in the UK National Health Service: A literature review. *Journal of Clinical Nursing*, 15(10):1213–1220.
2011 Motivations, migration and experiences of black African nurses in the United Kingdom. Thesis submitted for the degree of Doctor of Philosophy. Available from www.rcn.org.uk/__data/assets/pdf_file/0004/458977/gloria_likupe_thesis_2011.pdf.
- National Union of Teachers
2010 High aspirations: Few opportunities. A survey on black teachers and leadership opportunities. Available from www.teachers.org.uk/files/LINK 6.pdf.
- Nunn, A.
2005 *The ‘Brain Drain’ Academic and Skilled Migration to the UK and its Impacts on Africa: Report to the AUT and NATFHE*. Fair Play Partnership, Leeds, England, United Kingdom. Available from http://repository.intralibrary.leedsmet.ac.uk/open_virtual_file_path/i391n108955t/thebraindrain.pdf.
- Obrey, A., V. Vydelingum and I. Robbins
2007 Engaging with a new reality: Experiences of overseas minority ethnic nurses in the NHS. *Journal of Clinical Nursing*, 16(12):2221–2228.

Royal African Society

- 2011 The role of the diaspora in promoting healthcare in Africa. Proceedings from the conference that explored issues about diaspora contribution to healthcare, Royal Society of Medicine, London, 9 December.

Smith P.A. et al.

- 2006 Valuing and recognising the talents of a diverse healthcare workforce. Report from the REOH study: Researching equal opportunities for overseas-trained nurses and other healthcare professionals.

United Kingdom, Office for National Statistics (ONS)

- 2011 Population by Country of Birth and Nationality tables. Available from www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+by+Nationality+and+Country+of+Birth.
- n.d. International Migration. Available from www.ons.gov.uk/ons/taxonomy/index.html?nscl=International+Migration.
- n.d. Migrant Worker Employment. Available from www.ons.gov.uk/ons/taxonomy/index.html?nscl=Labour+Market.



International Organization for Migration (IOM)