

## CASE STUDY

## NIGERIA 2021–2022 / CONFLICT

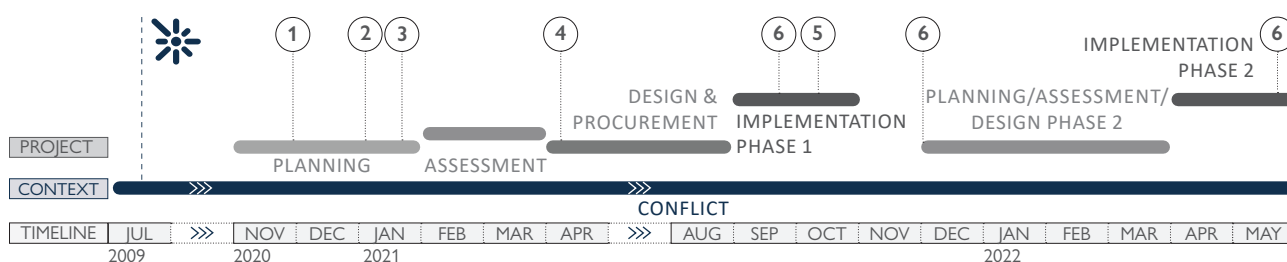
KEYWORDS: Community engagement, Coordination and partnerships, Persons with disabilities

<b>CRISIS</b>	<b>Boko Haram Crisis, North-East Nigeria</b>
<b>PEOPLE WITH SHELTER NEEDS</b>	<b>0.5 million persons with disabilities</b> in the states of Adamawa, Borno and Yobe*
<b>PROJECT LOCATION</b>	Assessment conducted across 14 IDP sites; Pilot interventions conducted in Gubio camp (Konduga LGA) and GSSSS camp (Bama LGA), Borno state
<b>PEOPLE SUPPORTED BY THE PROJECT</b>	<b>221 persons with disabilities</b> and their families (965 individuals)
<b>PROJECT OUTPUTS</b>	<p><b>221</b> persons with disabilities (and their families) <b>received shelter improvements</b></p> <p>Development of <b>one catalogue of shelter improvements</b></p> <p><b>40</b> project participants of the Shelter Improvement Project <b>received NFI kits</b></p> <p><b>1</b> person with disability involved in <b>production of shelter improvement materials</b></p> <p><b>22 staff members trained</b> on improvements of shelter for persons with disabilities</p> <p><b>23 staff members trained</b> on health referrals, community engagement, MHPSS and Child protection for persons with disabilities</p> <p><b>Community engagement</b> using drama, music and dance to communicate the key messages of the project to the camp population</p>
<b>DIRECT COST</b>	<b>USD 276</b> per HH on average
<b>PROJECT COST</b>	<b>USD 430</b> per HH on average



## PROJECT SUMMARY

Following a qualitative assessment of the shelter needs of people with different types of disabilities living in various types of shelters in IDP camps, the team, based on consultations with the people themselves, developed designs and bills of quantity for around 50 individualized improvements to cater for a variety of needs and challenges in accessing or using shelters and their immediate surroundings. The interventions were piloted across two locations in two subsequent phases building on an incremental learning process. Partnerships were developed with local organizations of people with disabilities as well as physical rehabilitation service providers for referrals. Several community engagement and communication mechanisms were used, which ensured that the project was understood by the participants and the wider camp community, facilitated the individuals' choice for the preferred shelter upgrades, and improved their quality of living.



**2009:** Boko Haram uprising began in 2009.

- Nov–Dec 2020:** Research and strengthening of partnerships with relevant stakeholders, establishing referral pathways.
- Jan 2021:** Staff training on shelter for persons with disabilities.
- Jan 2021:** Qualitative data collection, including FGDs.
- Apr–May 2021:** Development of Information, Education and Communication (IEC) materials and catalogue for all improvement types.
- Oct 2021:** Lessons learned workshop.
- Sep, Dec 2021 / May 2022:** Community engagement and socio-cultural events.



A raised wooden bed with rail support was one of the improvement types for persons with lower body physical impairments.

## CONTEXT

For more background information on the Boko Haram crisis see the “Further Reading” section on Pg. 63.

### SITUATION BEFORE THE CRISIS

Before the crisis, northern Nigeria was the least developed region in the country regarding education, socioeconomics and structural development. Many lived in rural areas in mud houses and makeshift tents. Poverty, lack of opportunities and social inclusion were the pervasive norm. Prior to the crisis, record shows that the North-East had a high number of persons living with a disability. While accessibility to housing, basic services and livelihoods were a visible challenge to persons with disability, most of them and their caregivers had modified and adapted their houses and mobility aids to cope with their disability. Prior to the displacement, crafted stools, ramps, walking sticks, raised beds, rails, etc were made with moulded clay and timber poles to aid persons with disability in their day-to-day life.

### SITUATION AFTER THE CRISIS

Displaced persons with disability are the most marginalized, facing increased barriers to accessing shelter, food, education, and livelihoods. Due to the emergency and spontaneous nature of most camps, persons living with disability were greatly affected because of limited resources to create more friendly environments by improving access, shelters and mobility aids. The constant influx of new arrivals, inadequate resources and the various magnitudes of disability made them more vulnerable within camps.

After several years of the crisis, a variety of shelter types were found in camp settings, broadly ranging from emergency tarpaulin shelters, shelters made of zinc sheets, mud shelters, and makeshift shelters built with fabric, nets, and local materials.

### IMPLEMENTATION

The project was implemented by a team of 17 staff which included 1 consultant, 10 staff from the shelter team, 3 people with disability engaged within the camps, and 3

members of a local organization for persons with disabilities who participated during the assessment stage, while leveraging on the support of site management team members.

Staff training was an essential component and included a wide range of topics, from communicating with caregivers and mental health and psychosocial support to community engagement, referral pathways and child caregiver engagement.

Fourteen sites were selected for the initial assessment to capture different variables, such as type of shelter models, settlement types (both planned and spontaneous), population sizes, congestion levels and disability types.


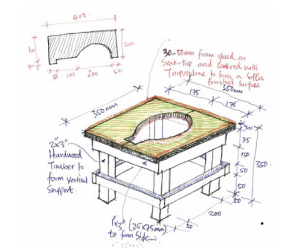
**Assessment:** Questionnaires were finalized following field trials and a gender-balanced team was formed for each site to carry out stages of assessments. The first stage involved focus group discussions with some persons with disability within each camp on daily challenges encountered within the camp. The second stage involved shelter visits and key informant questionnaires to persons with disability and their caregivers. To maintain diversity in the type of disabilities and shelters assessed, a “shelter-disability” matrix was used giving a daily overview of the gaps in the data that the teams would need to focus on in subsequent days. The shelter visits involved direct questions, observations and sketches of the shelter and surrounding environments, the barriers people encountered and possible solutions. Thirdly, focus group discussions were conducted with some caregivers in the sites, to figure out the challenges they faced due to caregiving and other day-to-day tasks.


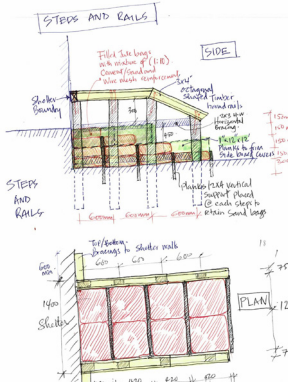
**Improvements:** Persons with disabilities respond to their immediate environment in distinct ways based on their impairment and shelter typology. Five major types of disability were observed in the assessment: Lower body physical impairment, Upper body physical impairment, Visual impairment, Cognitive impairment, and Hearing impairment. Following shelter visits, the 20 most common needs for improvements were compiled and designs were developed for each. Some of the improvements are discussed in the following section.


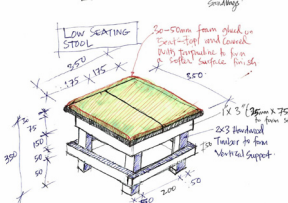



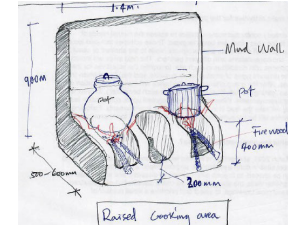
Some of the different typologies of shelters in camp settings include emergency shelters, makeshift shelters, and shelters built with local materials, amongst others.


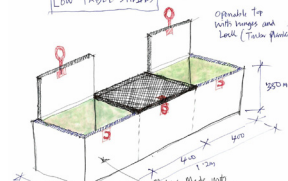
<b>Type of disability</b>	Lower body physical impairment
<b>Challenge</b>	Using the squat toilet type; Climbing upstairs for shelters that are significantly elevated above the ground level
<b>Improvement</b>	A wooden toilet seat which the person can sit comfortably to use the toilet without having to exert body weight on weak limbs; Steps and ramps with handrails made from locally available materials like stitched jute bags filled with sand and rails made from octagonal-shaped timber for easy handling; Wooden seating stool; Raised cooking area; Lower storage unit





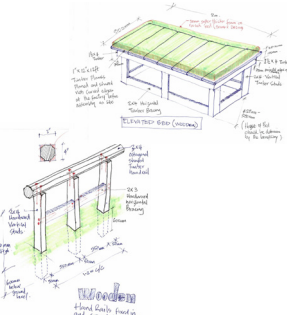







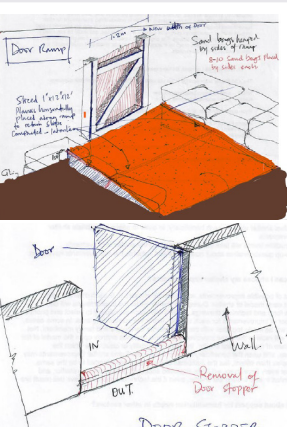
<b>Type of disability</b>	Upper body physical impairment
<b>Challenge</b>	Getting into and out of bed
<b>Improvement</b>	A raised wooden bed with rail support was designed, which the person can lean upon/pull on to get out of bed






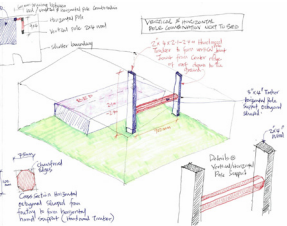
<b>Type of disability</b>	Wheelchair users
<b>Challenge</b>	Inaccessibility
<b>Improvement</b>	Door widths were increased at entrances, door stoppers were removed, as well as ramps for unfettered wheeling either by their caregivers or themselves





<b>Type of disability</b>	Visual impairment
<b>Challenge</b>	Lack of sight to properly navigate around shelter
<b>Improvement</b>	Octagonal shaped wooden handrails were introduced as a tactile directional guide around the shelter





<b>Type of disability</b>	Other improvements
<b>Challenge</b>	Persons with lower body impairment, the aged and people with limited mobility spend long hours in a stationary position and indoors due to their condition
<b>Improvement</b>	The raised wooden chair was conceived to ease the long hours spent in a stationary position
	
<b>Improvement</b>	External shaded area
	
<b>Improvement</b>	Additional windows to enhance the indoor space quality
	
<b>Improvement</b>	Covered shower space to increase privacy when nearby spots are used for showering
	



Extended shaded area between two shelters.

Improvements were designed to use locally available materials to facilitate maintenance or upgrades. The costs of improvements varied based on the needs of the persons with disabilities living in the targeted households, and the average cost was approximately USD 276. The maximum budget per household of persons with disabilities was USD 500, to ensure that the value of improvements did not exceed the cost of a new shelter nor potentially cause tension within the household or with other camp residents. This was also aimed at making it scalable to reach more participants in the future.

Standardized, flexible Bills of Quantity (BoQs) were developed for each of the improvement types, to make the procurement and implementation processes easier. A local vendor was selected following competitive bidding, extensive discussions, and guidance by the project team.

**Construction process:** To aid site navigation, a map was shared with the contractor, and team members introduced the contractor’s representatives to participants. Some improvements were implemented as standard modules while others were adapted to fit specific situations. To enable continued access to their living spaces, only works that required loose materials were executed within and around the shelter, while fabrication and assembly works were done in a centralized location in the camp.

During the second phase of the pilot, some standard improvements were mass-produced at an external workshop and taken to the site, and one of the participants were also engaged to produce some of the local materials (e.g., traditional grass mats) which were used for the improvements.

**Handover:** To ensure a comprehensive and accurate handover, a detailed form was developed. This form included live photos and detailed drawings with indicated dimensions of the improved design and its location in relation to the shelter. The form was carefully reviewed and signed by the participants themselves to validate that the improvements met their needs. For participants who were mentally impaired, their caregivers were engaged to confirm the receipt of the assistance on their behalf. The results of the handover process were positive, with 94.7 percent of participants expressing satisfaction with the improvements they received.

## COMMUNITY ENGAGEMENT

**Formation of persons with disabilities committee:** A “persons with disabilities committee” was set up consisting of 11 members (4 women and 7 men). Overall, the committee was particularly useful in creating a sense of ownership in the project and a medium for engagement and communication with the community of persons with disability and the camp governing structure.

**Camp community and stakeholder engagement:** Recognizing that engagement with persons with disabilities alone was insufficient, the team understood the importance of involving the entire community. Focusing on structures such as community leaders, camp committees, camp security, etc, the team embarked on a series of meetings. However, they soon realized that meetings were not enough to effectively convey the message regarding the needs of persons with disabilities and why they required specific assistance.

This realization emphasized the necessity for additional tools to further explain and solidify the idea within the community. Consequently, the team developed several IEC materials with the aim of providing a comprehensive understanding.

**Community engagement event:** To maximize the impact of the above-mentioned IEC materials, sociocultural engagement activities were carried out in the camp including cultural dances, songs and drama performances. In addition to providing an innovative communication medium that included inscriptions on T-shirts, banners, pamphlets, and amplified audio recordings for the entire audience, the event also served as a channel to strengthen social cohesion. This provided a platform for persons with disabilities who featured in the performances to showcase their talent during the event which also had media coverage, and propagated information and awareness on the project.

## COORDINATION

During the implementation, various components of coordination were set up with the camp management, committees within the camp, OPDs such as the Joint National Association of Persons living With Disability (JONAPWD), as well as the Physical Rehabilitation Centre at the University Teaching Hospital in Maiduguri. In addition, the project team worked together with WASH, health, MHPSS, and Non-Food items teams. A clear referral pathway was established in addition to a responsive complaints and feedback mechanism.

## MAIN CHALLENGES

- Delay in response to referrals in other sectors such as WASH and health delayed the holistic realization of the project rationale, which was clear to participants that their quality of living will be impacted upon when the objectives are achieved.
- The contractor and his team took a long time to grasp the concept of the project leading to errors and corrections during the pilot.

- Due to the high number of shelter projects running concurrently with deadlines approaching, having dedicated staff on the project for extended periods of time was challenging. This resulted in excessive time constraints in bringing new staff up to speed on the ongoing project.
- Some of the local materials used in the improvements took longer time to mass produce and so, controlling inventory was difficult.

## WIDER IMPACTS

- Encouraged inclusion of persons with disabilities in project locations by actively engaging the dedicated committee in the camp governing structure.
- Persons with disabilities gained recognition in the selected site as a result of the project, most notable was the effect of the sociocultural event in the camp which was publicised in audio and print media. This led to more focus on the inclusion of considerations on needs of persons with disabilities within camps in respect to participation, and access to other assistance.
- Consequently, the chairman and secretary of the persons with disabilities committee were included in the camp management committees of the concerned camps which is the governing structure of every camp. This gave them access to advocacy on decisions concerning persons with disability within the camp population.



Qualitative data was collected during the assessment phase, which included FGDs, individual shelter visits, and working with other actors on the site.



Door-to-door sensitization on the key messages of the project was carried out by community volunteers to reach all groups in the camp.

## STRENGTHS, WEAKNESSES AND LESSONS LEARNED

### STRENGTHS

- √ **Individualized shelter visits and improvements.** The individual shelter visits provided participants with an avenue to state their distinct shelter needs and proffer possible solutions to make their shelters and surroundings more accessible. All persons with disabilities, regardless of the type of disability, have distinct needs. Paying exclusive visits for each of them gave them the liberty to choose which improvement best suits them and participate fully in decisions that would affect their lives, leading to high beneficiary satisfaction.
- √ **Use of Information, Education and Communication materials.** The use of multiple IEC materials helped in reaching various groups of persons with disability during the project. The flyers with pictorial representation and radio broadcast of the key messages were used during the sensitization and awareness campaign, including the event. The catalogue was used during the shelter visits at the second phase of the project.
- √ **Gender balance.** The gender balance of the teams facilitated effective communication with the persons with disability and their caregivers, as they felt more comfortable talking about their living conditions. Having a gender-balanced committee further strengthened their participation and provided a sense of representation among them.
- √ **Participation of Organization of Persons with Disabilities (OPDs).** The involvement of JONAPWD during the assessment was particularly useful and made communication with the persons with disability easier.

### WEAKNESSES

- × **Preparatory stages took time as it was a pilot and novel project.** This would not have been possible without dedicated efforts from many team members and the support of an external consultant with experience on the subject. Hence, this type of project is not easy to conduct or replicate in all contexts.
- × **Some of the project participants needed much more improvements than others** but that could not be achieved due to limited funding.
- × **Referrals to other sectors for critical services often took long time.** A multisectoral approach or a stronger synergy with other units or partners from the start could have reduced this issue.
- × **There was no mechanism in place to equip the persons with disability and their caregivers** with basic maintenance skills so that they could maintain the improvements made.
- × **Referrals for physical rehabilitation in Maiduguri was limited to specific aspects.** No partner or sector was willing to handle corrective surgeries for persons with disability who needed such services. Following the completion of this pilot, more funding was received by the CCCM Unit to complement some of these identified gaps.
- × **The project was small scale and required a significant time and human resource support.** It remained unclear, following the end of the second stage of the pilot, how to scale up the project going forward.

### LESSONS LEARNED

- The integration between Shelter and WASH teams could have been improved with joint planning, funding, and implementation to enable both teams to support various improvements. Joint proposals could better address the barriers faced by persons with disability within IDP camps. During the second phase of the pilot, more partners in the WASH sector were engaged through referrals to complement the assistance provided.
- A child-friendly questionnaire would have been very useful to administer to child caregivers during the data collection stage. This was not contemplated initially; but was found to be the case in many instances.
- Due to the individualized nature of the improvements, the contractor needed to be trained by the team to fully understand the concept of the project and the proper way to communicate with persons with disabilities.
- The sociocultural event conducted in the camp where persons with disabilities showcased their talent helped in breaking barriers and creating a sense of acceptance. Persons with disabilities, who before were often in hiding, came out to identify themselves. During the second phase of the pilot, following lessons from the first phase, this event was conducted much earlier in the process.
- Pre-fabrication and assembling of all the standard improvements significantly reduced delivery time. This can be considered for future projects to scale up this type of intervention.

### RECOMMENDATIONS MOVING FORWARD

- At the proposal stage, multi-sectoral components need to be integrated to achieve wide reaching impact on the living and economic status of persons with disabilities.
- It is recommended to build the capacity of persons with disabilities and their caregivers on technical skills relevant for basic maintenance and to ensure durability of their improvements.

### FURTHER READING ON SHELTER PROJECTS

On Disability inclusion: [A.21 / LEBANON 2018–2021](#)

On Nigeria: [A.7 / NIGERIA 2017–2020](#); [A.4 / NIGERIA 2017–2018](#)

