Rapid Assessment Report Mogcolis Camp, Maiduguri, Borno State
Assessment date: 16/01/2019

1. Introduction

The main objective of this assessment was to conduct a verification on the presence and number of new arrivals, their general living conditions and their access to humanitarian assistance in Mogcolis camp.

Key informant interviews were conducted with staff of IOM and State Emergency Management Agency (SEMA). Focus Group Discussions were held with both men and women groups in Mogcolis camp to obtain more information on the conditions including the needs of these new arrivals.

2. Background

Mogcolis camp is located in Mafoni ward of Maiduguri local government area (LGA). Mogcolis camp was previously a school which was converted to a camp to host internally displaced persons (IDPs) and the camp has an estimated population of 2,578 people. The camp is currently managed by SEMA. WFP currently provides nutrition assistance (BSFP) to about 755 PLWs and children 6 – 23 months and MAM 24 – 59 months through partnership with the International Medical Corps.

3. Findings

According to IOM, a total of 715 individuals (195 households) arrived Mogcolis camp between the 1st and 16th January 2019. There were also reports of a few cases (less than 10 individuals) of newly arrived IDPs currently undergoing screening as at the time of assessment.
A high proportion of the new arrivals are female and children under the age of five (5). Majority of the new arrivals are from Damasak in Mobbar LGA, while others are from Abadam, Magumeri and Baga (Kukawa LGA). Attack from Non State Armed Groups (NSAG) underscored the reason to their displacement from their homestead and some of the new arrival had serious injuries at the time of arrival (gunshot and blast wounds), cases which have been referred to the Teaching Hospital in Maiduguri appropriately.
Most of the households left with little or no household items or their belongings due to the urgency of the forced displacement. Some of the households however had some money with them upon arrival which they used to purchase tarpaulin that was used for their shelters.

Focus Group Discussions with both men and women in the camp confirmed that most of the new arrivals have been staying in the camp for about 14 days. The newly arrived IDPs are desirous of leaving the camp for their places of origin once normalcy returns to such places.

SEMA have been providing food assistance to some of the newly arrived IDPs following completion of registration and integration into the camp. SEMA provides 2 rations of wet feeding (rice, maize, beans, spaghetti etc.) to the new arrivals but they complained about the ration size, which was reported to be insufficient. Dry ration is provided to the older IDPs and the new arrivals will be hopefully transitioned to such once they are fully settled and integrated into SEMA’s distribution list. PCNI also provided food stuffs to about 200 households and some of the newly arrived households benefitted from the intervention.

The main coping strategies reported for new arrivals include begging, particularly women and children and reliance on support from friends and relatives.

Households have also received shelter and NFIs kits (blankets) from IOM, although not in enough quantities. IOM staff as well reported that they found about 3 cases of malnourished children which were referred for treatment. Newly arrived women and children were yet to receive nutrition support from WFP as at the time of the assessment though. Food, NFI and shelter constitute the major need of these new arrivals.

4. Conclusions and Recommendations

Considering the active presence and provision of food assistance by SEMA and PCNI, **WFP’s GFD intervention is not recommended in Mongolis camp to avoid duplication of efforts.** Moreover, NEMA will likely incorporate the new arrivals into its caseload that is currently being supported in the camp, hence there is need for continuous monitoring by the Food Security Sector (FSS) to ensure that this integration comes to fruition. However, the high proportion of PLWs and children under five and lack of ongoing nutrition support from any actors affirms the need for WFP’s nutrition intervention.