



**IDP COMMUNITY HUMANITARIAN
NEED ASSESSMENT
REPORT**

January 2018

Acknowledgement

We would like to send a heartfelt appreciation to the camp chairman of Wassa, Darumi and Kuchingoro IDP camps for their continued support and advice they have provided throughout the time of conducting this Humanitarian needs assessment. Completing this work would have been all the most difficult if it were not for the supportive assistance we continue to receive from them. We are and forever will be grateful for everything they have done for us.

Words are no place to be found to express how much we profoundly appreciate the efforts of the community volunteers who gave full participation and staffs of Freehearts Africa Reach Out Foundation for their diligence in gathering quality information which has enriched the report.

Table of Contents

1. Acknowledgement..... 2

2. Executive Summary4

3. Methodology5

4. Key Findings5

5. Recommendations.....7

Appendix.....8

1. Executive Summary

Since May 2013, the Boko Haram insurgency in Northern Nigeria has destroyed infrastructure, provoked dramatic livelihoods erosion and triggered the displacement of over 2 million people, out of which 1.4 million people are in Borno State. The humanitarian situation of internally displaced persons (IDPs) is critical. Following years of conflict, the majority of the state's rural areas are empty. Much of the population has fled to other region of the country, including communities in the FCT-Abuja, such includes IDP communities such as Darumi, Wassa and Kuchingoro IDP camps which are our primary survey focused areas in the FCT-Abuja for safety.

In the targeted three (3) IDP camps of Abuja, large portions of the population are extremely vulnerable and in need of immediate humanitarian support, this supports comprises of food and other basic needs, including medical supports. Evidence shows that the population from the three IDP camps were lacking security, shelter and livelihoods in their camps.

In response to the lack of comparable, household-level information on the needs and vulnerabilities of the internally displaced persons. FAROF, in close partnership with the state and community based organization, conducted this Needs Assessment in three IDP communities in FCT-Abuja.

The purpose of this needs assessment was to establish the severity and range of humanitarian needs of internally displaced persons (IDPs) and host community members with a special focus on health, education, food and nutrition and shelter in Wassa, Darumi and Kuchingoro IDP camps in FCT-Abuja, and develop recommendations for programmatic responses in the three areas.

This exercise was conducted from 7th January -24th January 2018. Given the time constraints, FAROF opted for key informant interviews and administration of few questionnaires.

A total of 100 Questionnaires were administered to identified community representatives in each IDP camp. Data collection took place between 9am-2pm daily (Monday-Fridays), covering IDP populations in Darumi, Kuchingoro and Wassa IDP camps.

2. Methodology

This needs assessment was conducted through the use of questionnaires. The survey was supported with additional key informant interviews in each IDP camp.

A total of 300 IDPs, with 100 from each of the three camps were surveyed using a questionnaire that was administered to identify individuals, using the random sampling selection techniques.

3. KEY FINDINGS

3.1. Wassa

Wassa IDP camp is estimated to be the largest and most populated IDP camp in Abuja and to have about over 3,129 refugees/migrants (2100 female and 1029 male) with a daily increase, out of this population, 17% ate children age 1- 10, 23% age 11-15 years, 22 % age 16-24 and 38% others, their main source of income for IDP is farming and daily unskilled labour which is not always available.

There is a wide range of unmet needs in Wassa IDP camp, with IDP and host community populations experiencing broadly similar levels of vulnerability.

Humanitarian priorities include:

Food/Nutrition: All those interviewed indicated that food was their priority. 78% respondents indicated that they eat either once or zero per day and this confirmed the presence of children in the community who were becoming sick/thin/malnourished, or had swelling in their feet due to lack of foot wears. Key

informant also confirmed the presence of nursing mothers in the community who were becoming sick because they did not have enough food to eat.

Shelter: The top shelter problems faced by IDPs in Wassa included: overcrowding (61%) and materials to build or undertake repairs to homes were too expensive (14%). The majority of IDPs are living in damaged houses and buildings the shelters are often inadequate and the buildings are typically missing roofs, doors and windows.

Health: Malnutrition, cholera, diarrheal diseases and malaria were reported in this camp as the most commonly suffered illnesses among IDPs. Also, only one health post exist in this IDP community to serve the entire population. This health post have insufficient medical supplies, Drugs and personnel's.

3.2. Darumi

The Durumi IDP camp began operation on 15th December 2014. This camp is one that has served as settlement for indigenes of Gwoza and Bama village, both in Borno state. The population of the camp as at the time of the visit was 2226, comprising of 375 women, 657 youths, 65 adult men, 58 children.

The camp consists of eleven (11) subsets, a camp clinic, a camp nursery and primary school, two mosques, a church, a mechanical workshop, and an administrative office. Some of these facilities

Current humanitarian priorities include

Food/Nutrition: 85% of the respondent indicated that food was their major priority. Currently 30 families have no food stock, 22 families with less than a week food stock and 14 other HouseHolds-HHs with 1 to 3 weeks' food stock. To cope with current situation, IDPs have diverted to negative coping strategies such as

consumption of less preferred food, barrowing food from relatives, practice of prostitution by the female children, etc.

Shelter: The accommodation in the camp is constructed using wooden support columns, covered with sack bags and tarpaulin. They are arranged in no order on the camp site and are not durable and so do not protect their occupants from harsh weathers.

Health: Case of diarrhea, cholera, skin infections and fever were reported by a large number of respondents 78%. These probably result from a combination of factors including the poor quality of water used for drinking, poor hygiene practices and inadequate sanitation in most part of dwellings. Available health post are short of medical supplies.

3.3. Kuchingoro

The internally displaced persons camp located in the Kuchingoro area of Abuja and which began operation on the 5th of December 2014 is one that has served as a home to internally displaced persons who had to flee from their village, which is Gwoza in Borno State of Nigeria. Although a small percentage of camp resides are indigenes of other parts of Borno State and the northeast in general, 90% of them are from Gwoza. The camp comprises of 1379 campers with 4 officials in control of the campers with a daily increase in population as a result of insurgency in north east region of Nigeria (Borno, Yobe and Adamawa)

Current humanitarian priority includes:

Food/Nutrition: Collected data on food reflected an urgent need for food in Kuchingoro IDP camp. In general, most families reported that the members of

their households eat 1 meal a day on average and sometimes zero meal. The children are malnourished and pregnant mothers look unhealthy.

Shelter: The tents conditions of families in Kuchingoro Camp urgently need support to improve the insulation. Tents consists of structures made of cartoon, cement bags, sacks, tarpaulin, and woods. Most families said they're not protected from weather conditions and they must arrange their own tents after each rainy day.

Health: By frequency of response by the respondents, malnutrition, cholera, diarrheal diseases and malaria were reported in identified IDP locations as the most commonly suffered illnesses among IDPs. In the same location, as reported by key informants, the type of health facility that currently exist was a health unit. key informants indicated that the health services available were: reproductive health, and emergency.

4. Recommendations

The following activities are recommended for humanitarian interventions:

- Consider the overall needs of food and nutrition; shelter, and health, per the ranking exercise.
- Health: With congestion in host communities and inadequate access to water and sanitation, pre-position cholera treatment supplies. Reinforce capacity of health facility staff on infection prevention and control.
- Engage in cash or direct food distributions to IDPs in coordination with other agencies on the ground. Conduct a nutrition awareness campaign alongside the provision of food baskets.
- Conduct need assessment specifically focused on water ,sanitation and hygiene-WASH

Appendix

Questionnaire

1. Assessing Organization Information			
Organization doing the assessment (and collaborating organization)		Date of assessment (dd/mm/yyyy)	
Name of the surveyor:		Contact Information:	
2. Household Demography			
Name		Age:	Name of IDP camp:
Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/>			
3. Sectoral Information			
3.1. Food			
Do you have food stocks in your tent/house			
If yes, how long is the food stock expected to last			
How many meal(s) do you eat per day			
Other key information/ notes on food data:			
3.2. Shelter			
Is your house adequately covered			
Total number of person(s) sleeping in a room			
Other key information/ notes on shelter/infrastructure data:			
3.3. Health (major Concern)			
<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Infectious diseases	Availability of medicines/medical supplies: <input type="checkbox"/> Adequate <input type="checkbox"/> Basic <input type="checkbox"/> Inadequate	
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Malaria		
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Dehydration		
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Injury	<input type="checkbox"/> Other (specify		
How many hospitals/clinics are functioning in the area?			
What are the major health problems affecting the community? (before and after emergency)			
Have there been any major outbreaks of disease? Is there a risk of outbreak?			
How many beds in the above hospitals/clinics?			
How many doctors are available in the assessment areas?			
How many nurses/health care providers are available in the assessment area?			
Other key information/ notes on health data:			