Context

Mogadishu, the capital of Somalia, is also referred to as the Banadir region. The city, governed by a mayor, is divided into 16 districts, each headed by a district commissioner. There are no recently verified population figures for Mogadishu, but UNDP’s 2005 report estimated it at 900,000, while according to the Federal Government of the Republic of Somalia (FGRS), the current population figure is 2.5 million. The October 2011 inter-agency assessment indicates that 184,400 IDPs live in makeshift settlements and abandoned public buildings across the city. Most arrived from the southern and central regions (Lower and Middle Shabelle, Lower and Middle Juba, Bay and Bakool) during the drought emergency between July to September 2011. Over 40,000 arrived during the military offensive in Afgooye between February and May 2012. The year conflict in Mogadishu has resulted in huge population displacement into and out of the city. The peak of the conflict was in 2007 when the joint Transitional Federal Government (TFG) / Ethiopian forces fought the Islamic Courts Union (ICU). In subsequent years, TFG/AMISOM forces continued to fight Al-Shabaab (AS), which also led to massive displacements. An estimated 409,000 people left the city, fleeing to the nearby Afgooye corridor in the Lower Shabelle region, during the two decades of conflict. This conflict displaced an estimated 800,000 Somalis from Mogadishu, destroying houses and basic infrastructure services.

In the middle of 2012, Mogadishu witnessed new political and security developments that offered greater possibilities for peace and security than the country has seen in over 20 years. The transition of power from the eight years of Transitional Federal Government (TFG) rule to a permanent arrangement, with the drafting of a new constitution, the election of a new President and Speaker of Parliament, and the selection of a new Prime Minister, is a landmark achievement. The current government visualized itself bringing changes through a policy of six pillars: stability, economic recovery, peace building, service delivery, international relations, and the unity and integrity of the country.

The nature of the conflict and the security risk in Mogadishu changed from 6 August 2011 following the withdrawal of AS from most of their positions. However, threats to the UN are rising in Mogadishu and across Somalia. The presence of various clan militia groups poses security risks and protection concerns to the local population, IDPs and humanitarian workers. The general security conditions adversely impacted on livelihoods and humanitarian access. The security situation is slightly improving in Banadir region, however.

Despite the enormous challenges, aid agencies continue to deliver assistance to IDPs affected by conflict and drought, as well as the vulnerable host population. The tri-cluster strategy to provide integrated multi-sector assistance to IDPs was operationalized in June 2012. Health, WASH and Shelter clusters started to provide integrated assistance to the largest IDP settlement in Zone K of Hodan district. The initiative brought together response efforts from 20 organizations aiming at scaling up humanitarian assistance. The first ever IDP profiling exercise took place in two IDP settlements, Majo and Ala Dalla, where 3,325 households were interviewed to determine their socio-demographic and displacement profile, and livelihood, shelter and protection needs.

Growing needs, glaring gaps in the provision of basic services and protection concerns require continued and scaled-up assistance in order to sustain the improvements made. The eviction of IDPs from government-occupied buildings is another impending challenge for humanitarian community.

Humanitarian Needs

Mogadishu is a highly complex humanitarian environment. The prolonged conflict destroyed most of the basic social services infrastructure and the SNG needs international support to renovate and restore necessary services. The IDP settlements are scattered across the city and the limited space in the settlements poses a huge challenge to the delivery of services.

Food Security: Food continues to be the number one priority for all the IDPs. According to the August 2012 Food Security and Nutrition Analysis Unit (FSNAU) report, some 60,000 people in the region are in crisis. Malnutrition among Mogadishu IDPs and urban population has improved from very critical phase (with GAM of 20-22per cent) in January 2012 to serious phase. Current GAM arête is 9.6 per cent for Mogadishu IDPS and 10.8 per cent for the urban population. The crude death rate for Mogadishu IDPs and urban-dwellers is in the range of 1- 1.49/10,000/day indicating a critical situation, and highest in the country, but nevertheless below UNICEF’s emergency threshold of 2/10,000/day. The limited coping mechanisms available to the IDPs and other vulnerable people mean that food aid is a continuing requirement. Although livestock prices improved, Somali shilling appreciated against the US dollar and employment opportunities were enhanced. However, with the poor Gu 2012 cereal production, El Niño in
the Deyr season (Oct-Dec ‘12), and the anticipated rise in global food prices combined with prevailing insecurity, a negative impact on the urban food security situation is predicted. An increase in food prices, weakening purchasing power and disruption in trade and commodity movements are likely before the end of the current year. Businessmen are normally reluctant to import food commodities for fear that the humanitarian supply would depress prices.

The IDP settlements in Banadir regions remain in emergency (IPC 4), as demonstrated by the high proportion of IDP households with low food consumption scores (42 per cent with a “poor” Food Consumption Score (FCS)) and the high proportion of IDP households relying on severe to very severe coping strategies (35 per cent of households). In addition, a large proportion of IDPs’ incomes in this settlement, that is an average of 85 per cent, is spent on food.

**Nutrition:** The nutrition situation in Banadir has improved from very critical to serious; however the IDP nutrition situation remains vulnerable due to a dependence on humanitarian assistance, income from petty trade and casual labor opportunities that are closely linked with rural and urban livelihoods. Sustainable nutrition interventions are required to reduce malnutrition.

**WASH:** The introduction of the tri-cluster in two key camps, Zones K and 77, improved WASH services. WASH activities continue to grow and need regular scaling up as a result of new arrivals and intra-camp displacement. The city lacks a sufficient waste collection system, with many neighbourhoods and IDP settlements often overwhelmed by uncollected garbage. Vulnerable people are at risk of a cholera outbreak during the rainy season.

**Health:** Under the tri-cluster response mechanism, the Health Cluster closely collaborates with the WASH and Nutrition Clusters in IDP settlements in Zones K and 77. In the camps there is insufficient shelter, overcrowding, bad hygiene conditions, and a limited access to basic services/amenities such as health, clean water, latrines, and health education activities. This resulted in increased cases of communicable diseases such as upper and lower respiratory tract infections, skin infections, outbreaks of acute watery diarrhoea (AWD), and confirmed cholera and measles cases. The Deyr rains from October to December normally increase the risk of AWD. Immediate clean water, hygiene promotion activities and the strengthening of camp-wide health service delivery were necessary, especially in the large camps. Crude death rates (CDR) are estimated at a critical level of 1.41 per 10,000 people per day. (FSNAU Post Gu 2012)

**SHELTER and NFI:** Shelter and non-food items (NFIs) remain the second most important need among IDPs. Makeshift shelters are congested and in very poor condition, with a significant number situated in low-lying areas exposed during the Gu rains, and a moderate El Niño is expected between October 2012 and January 2013.

**Protection:** The general insecurity situation in Mogadishu remains a crucial protection concern. Civilian lives are endangered, access to livelihoods is limited, and IDPs are exposed to countless violations including but not limited to, gender-based violence (GBV), rape and murder during movement and aid distribution. They are also exposed to looting of relief supplies, forced early marriages, domestic violence; child labour and forced conscription of minors.

**Education:** There are no functioning public schools in Mogadishu but private and emergency education schools operate. Most of the pre-war’s 194 public primary, intermediate and secondary schools were either destroyed or occupied by IDPs, armed militia or private business people who let out the buildings. The TFG started an eviction programme to reclaim public school buildings for restoration to their original intended use. The Federal Government of the Republic of Somalia has not launched massive evictions. However, in October, over 470 households were evicted from a school with 20 rooms in Hodan district, which they were living in the last two decade. The local authorities stated that the instructions to remove the IDPs came from the Ministry of Education, as the latter planned to rehabilitate the school.

**Response and Gaps**

**Food Security:** The Food Security cluster assisted 447,000 people in September exceeding its monthly target by 43 per cent. The Food Cluster used various modalities geared towards improving food access to the IDPs and vulnerable host populations. Some modalities include wet feeding, targeted supplementary feeding, provision of school meals and limited general food rations when appropriate. The cluster continues to engage with other non-member actors who are yet to report on their activities.

**Nutrition:** The Nutrition cluster partners scaled up and reached 176,000 people or 292 per cent of the target population for the period between January and September 2012. In September, over 10,000 people were assisted. The cluster enacted community mobilization, supplementary feeding programmes (SFP), outpatient therapeutic feeding programmes (OTP), established stabilization centres (SC), and strengthened coordination with maternal and child health centres (MCHs) and WASH. As well as enhancing the capacity of partners, the number of partners increased and malnutrition rates dropped from...
very critical to serious. However, the situation still demands continuous efforts to decrease malnutrition among children under five, as AWD, cholera and other diseases may nullify the gains.

WASH: With the large influx of drought-related IDPs in the middle of 2011 and additional arrivals from neighbouring regions like the Shabelle and Bay, the cluster scaled up WASH interventions. By September 2012, the WASH partners provided 689,000 people (204 per cent) with a temporary supply of water and 314,000 people (93 per cent of the target population) with sustained access to water. The WASH cluster provided operational support and maintenance of around two dozen water supply systems, chlorination of water sources, and distribution of water treatment substances. The cluster partners scaled up the implementation capacity of local authorities to meet emerging needs and also developed more sustainable water sources in line with the plans of the Ministry of Water, Energy, Petroleum and Mineral Resources (MWE&P&MR). The necessity to manage operational partners and build capacity was identified. WASH lacks water sources data to support planning and address gaps, and faces challenges coordinating with non-cluster members. Insecurity restricts response monitoring. Sanitation continues to be a concern and a priority at the IDP settlements.

Health: The Health cluster partners provided primary and basic secondary services to over 41,000 people in September meaning a cumulative coverage in 2012 by 82 per cent. Health, WASH and Nutrition clusters under the umbrella of the tri-cluster, augmented the response in Zone K and 77 IDP camps. The cluster also scaled up the response capacity of the Ministry of Health, and provided drugs and supplies, including AWD kits. Vaccination campaigns increased to prevent incidences of common communicable diseases. The cluster is focusing on: strengthening existing health facilities, expanding health services to districts with new IDPs and returnees, furthering preparedness, monitoring closely for AWD and other disease outbreaks, along with monitoring and ensuring the availability of drug supplies. AWD, measles and other communicable diseases still pose risks to the population, particularly children, especially during the rainy season.

Shelter and NFI: The cluster partners assisted over 14,000 people in September and 152,000 from January to September 2012 or 118 per cent of the yearly target. While the cluster provided support to a significant number of families, needs are evident in the IDP camps and settlements. Issues of dignity, safety and security remain a priority, with 71 per cent of families living in a 3.14m2 single room (equivalent to a two-person camping tent) and 89 per cent of the shelters insecure with no lock. Under the tri-cluster umbrella, three partners have completed 750 shelters out of a planned 7,000.

The cluster partners together with the Food Security cluster launched the return of IDPs on voluntary basis to their areas of origin. One major challenge facing the cluster is coordination with non-traditional actors such as the Turks and OIC coalition partners.

Protection: The cluster has assisted over five times the number of people targeted for protection services in Banadir region. In September, the cluster provided protection services to over 30,000 people which bring the cumulative number of people assisted from January to September to over 322,000. Scaled up interventions include protection monitoring activities to document violations in IDP settlements and along displacement routes to advocate for adherence to international humanitarian and human rights law. It is also scaling up its population tracking systems to document population displacement and return. The cluster is supporting policy development, building community resilience, collaborating on livelihood projects and improving access to protection services through close collaboration with local community policing systems. The complexity of the Mogadishu situation, limited capacities and a scarcity of resources makes it extremely challenging for the cluster members to cover existing and emerging needs. Other areas of focus include gender-based violence, where significant efforts are made to systematically document and respond to violations through the establishment and reinforcement of referral pathways, and child protection activities aimed at reducing the impact of the conflict on children. Access challenges remain the biggest obstacle to monitor and respond to protection violations. As population displacement due to conflict in neighbouring regions occurs occasionally, responding to the protection issues of the newly displaced population will require special attention.

Education: The Education cluster partners achieved 68 per cent of the yearly target by assisting around 57,000 people by September. Most schools have two or three classrooms, do not follow the standard syllabus, and most students leave classes to line up for food at the wet feeding centers. After grade 5, many IDP children are unable to afford enrolment in private schools. The schools also suffer from high teacher turnover, leaving for better paid jobs. Any new displacement from neighbouring regions strains existing educational institutions in the city and a large number of children may drop out due to insufficient places. The cluster prioritizes supporting education facilities in the areas where schools are closed due to fighting and is appealing to partners to provide furniture, school uniforms, and support for training for teachers and community education committees (CECs). It is also advocating for school feeding programmes in IDP schools to discourage students from leaving early to queue at the wet feeding centers.
Likely Developments

The installation of a new government in Mogadishu is a new hope for the Somalis. Turning military gains into political success will be the real test for the new government. Although AlShabaab has suffered heavy territorial losses, their military capability is not overly affected. An anti AlShabaab offensive in the surrounding regions of Bay, Juba and the Shabelles may trigger population displacement as well as interrupt the voluntary return of the IDPs. Overcrowding and poor sanitary conditions continue to heighten the risk of disease outbreaks. Although a heavy influx of IDPs is not expected to Mogadishu, any mass displacements from AS -controlled areas as a result of fighting will cause further strain to the limited basic services in the IDP settlements, therefore increasing the risk of disease outbreak, especially with the impending Deyr rains. Although the eviction of IDPs from government-occupied buildings, including dozens of schools, stall in the last few months, any eviction will worsen the already existing camp congestion and exacerbate problems. Security concerns continue to limit access to people most in need. The dynamic context that IDPs invariably move in and out of within Mogadishu continues to present challenges for stakeholders when meeting the needs of the long-term and newly displaced, and IDPs experiencing recurring displacement. Forecasted average to above average Deyr rains from October to January are likely to lead to flooding along the Shabelle River. As the riverine Deyr harvest will likely be below average and delayed by localized flooding, a poor harvest may contribute to further food insecurity in Banadir region.

Operational Agencies:

44 key international NGOs
9 Red Crescent Societies
39 key local NGOs
26 international OIC partners
15 local OIC partners

Altogether there are some 373 local NGOs registered with the Ministry of Interior in Mogadishu.

For feedback please contact:

Aslam Khan  khan136@un.org  +252 (0)616 002 280
Ahmed Aden Mohamed  adenmohamed@un.org  +252699987744 or +252618105533