



1.8. Living conditions in the camps

Living conditions are in general quite poor in informal camp settlements, with IDPs' lives characterised by precarity, structural uncertainty, housing and tenure insecurity, poverty, and constant risk of eviction.[123](#) According to the Office for the Coordination of Humanitarian Affairs (OCHA, 2023), already in 2023, 87 % of IDPs who had been displaced for more than a year in Mogadishu were unable to meet their basic needs.[124](#)

○ Land, shelter and tenure types

According to a 2024 study by the Norwegian Refugee Council (NRC) on housing, land and property needs among minority, marginalised, and displaced communities in Mogadishu, 87 % of IDPs in Mogadishu lack clear tenure arrangements, while 92 % do not own any property.[125](#) An expert on House, Land and Property (HLP) rights confirms this by indicating that 87 % of the IDP population is 'land tenure insecure'. In most cases there is no formal agreement in place, most land tenure agreements being oral agreements only, when they exist.[126](#)

A related study provides for the following breakdown in terms of tenure types: (a) free occupancy of private land, including landowner authorised (~45 %); free occupancy of communal or customary-free land (~16 %); paying rent, cash or in-kind (~30 %); squatting, without owner's or caretaker's knowledge (~8 %).[127](#) However, figures must be taken with caution. For instance, according to the Somalia CCCM Cluster, about 54 % of site residents in Dayniile and Kahda paid rent in form of cash at the end of 2024.[128](#) At the same time, the NRC noted that still in Dayniile and Kahda, landowners have often allowed IDPs temporary, free settlement in their properties, in order to increase land value, to subsequently evict them after market development and land appreciation.[129](#)

Accessing land (and property) in Mogadishu is extremely challenging for displaced, marginalised and minority groups, who are confronted with an intricate web of multiple and fake title deeds, illegal sales, public property and land grabbing, real estate development projects, as well as discriminatory practices.[130](#) The vast majority of IDPs

in Mogadishu (95 %) lives in temporary makeshift huts or tents, while the remaining 5 % is accommodated in metal houses or shelters. Most of these structures are either owned by the camps (72 %) or directly by landlords from whom IDPs rent.[131](#)

○ **Jobs**

Camp dwellers make for a significant proportion of the lowest paid labour force in urban contexts.[132](#) In fast growing cities such as Mogadishu, (recently displaced) IDPs play a crucial role in the local job markets, particularly as labour force in the construction and in the domestic services sectors, as well as small-scale retailers.[133](#) In the construction sector, they are also crucial for the clearing of encampments that can temporarily host IDP sites and are later exploited for real estate developments, thus resulting in cycles of subsequent evictions.[134](#) IDP women often offer laundry services, either domestically,[135](#) or in local markets, or engage in petty trade. Others, especially those originating from Bay and Bakool, may also engage with street begging. Increasingly, they display signs showing their mobile numbers in order to receive digital transfers for support.[136](#)

While recently displaced people are the most vulnerable, more reliant on humanitarian aid and less likely to be employed, long-term IDPs are reportedly more settled and able to negotiate life in the camps and in the city.[137](#) Being labelled as an IDP – and to a lesser extent as a returned refugee for whom the same word is used – is equated with being poor.[138](#)

A study conducted in 2018 found that about 10 % of IDP household heads are in paid work.[139](#) More recent information on this point could not be found during the research timeframe.

○ **Mobile phones**

Mobile phones and mobile money are a central feature of IDPs' daily life in urban camps.[140](#) Mobile phones are crucial for reaching out to relevant contacts in the city (such as gatekeepers, potential employers, etc.), for maintaining contacts with family and support network members, for accessing the job market and receiving casual payments, and for receiving (cash) humanitarian assistance, among others.[141](#) Hence,

the cost of maintaining mobile phones is an essential component of people's living expenses, with many IDPs only irregularly able to top-up their airtime.[142](#)

○ **Water, health, civil documentation and other (government) services**

According to a cross-sectional 2025 study on household water practices in IDP settlements (Sahal, Anfac) in the Kahda district, most IDPs - who reside predominantly in informal, unplanned, temporary shelters on private land - rely primarily on unprotected wells and shared water resources. Patterns of waterborne disease transmission linked to their IDP condition were identified by the study that also revealed that: (a) more than 80 % of respondents face challenges in accessing water; (b) almost 60 % experience slightly contaminated water and over 2 % heavily contaminated one;[143](#) (c) main sources of water for IDP dwellers are hand-dug wells (77.9 %); (d) among those accessing water through communal water taps (21 % of respondents), almost 60 % indicated availability one day per week; (e) more than 60 % of respondents are unaware of households' water treatments and storage methods.[144](#)

Based on a 2025 study conducted across Daynile and Khada IDP sites, Crude Death Rate (CDR) peaked during the baseline period (October 2022 – February 2023) in the two districts - at 3.15 and 1.26 respectively, while the countrywide CDR was estimated to be between 0.33 and 0.38 deaths per 10 000 person-days, and with the Under 5 Death Rate (U5DR) nearly twice as high. In the overall period under investigation (October 2022 – November 2023), severe malnutrition emerged as the leading cause of death, followed by unspecified infectious diseases, neonatal pneumonia, anaemia of pregnancy, and road traffic accidents.[145](#)

A 2025 study on health seeking behaviour among IDPs in Somalia, with focus on Mogadishu (and Baidoa), revealed that: (a) almost 70 % of respondents reported facing barriers in accessing health services, including lack of transportation, long wait times, unavailability of medicaments and treatments, unavailability or difficulty finding a healthcare facility;[146](#) (b) diarrheal diseases were the most frequently reported health issue; (c) among those who sought healthcare in the previous three months (almost 55 % of the IDP population), acute illness was the most common reason, followed by injury/accident, and by pregnancy/childbirth; (d) Maternal and Child Health (MCH) facilities, typically operated by international NGOs and local partners, were the primary source of healthcare for the majority of IDPs (51.9%), followed by government hospitals (~17 %), and NGOs hospitals (9.5 %).[147](#)

Against this backdrop, among other barriers to children vaccination – e.g. caregivers’ lack of awareness and decision-making power – health facilities often experience vaccine stock-outs, short supplies, do not provide any vaccination services, or lack outreach capacity.[148](#)

According to UNHCR RMS data, a mere 16 % of all surveyed IDPs at country level possess a form of legally recognised identification.[149](#) Within this context, a recent survey conducted by the NRC among Mogadishu’s IDPs, found that 98 % of the surveyed marginalised and minority IDP households completely lacked any form of legal identity and civil documentation, and some 94 % lacked easy access to birth certificates and business certificates.[150](#) While identity documents are required to sign site-level lease agreement, minority and marginalised groups often rely on the ‘*Damiin*’ system, whereby clan elders, community leaders, or camp managers (gatekeepers) vouch for them.[151](#) For further information on the implications of the lack of ID documents see section [4. IDs and access to services](#).

Among other issues mentioned above, 74 % of those who have children lacked easy access to education services.[152](#)

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