SOMALI COMMUNITY CONCERN

Baseline WASH Assessment Report in Kaxda district, Banadir Region (11-15 May 2024)

Contents

1. Acknowledgements

SCC wishes to write this letter to express its sincerest gratitude and appreciation to you, as well as your organization, for your invaluable contribution and active participation in the recent WASH (Water, Sanitation, and Hygiene) assessment conducted in Kahda district. The success of this assessment would not have been possible without the collaborative efforts of our esteemed partners, local authorities, IDP camp leaders, water management committees, SCC enumerators, SCC data analyzers, and all individuals who dedicated their time and expertise to support this endeavor.

Your commitment and dedication in ensuring the smooth implementation of the assessment have been truly commendable. Your active involvement at every stage, from data collection to analysis, has significantly enhanced the quality and reliability of the findings. Your valuable insights and knowledge have provided us with a comprehensive understanding of the prevailing WASH conditions in the Kahda district.

SCC is greatly appreciating the cooperation and support extended by the local authority, IDP camp leaders, and water management committees throughout the assessment process. Your guidance and cooperation have been instrumental in facilitating access to the necessary resources and ensuring the smooth execution of the assessment activities. Your commitment to improving the WASH situation in the IDP camps is truly inspiring. We would also like to extend our heartfelt appreciation to the SCC enumerators and data analyzers who diligently carried out their tasks with utmost professionalism and accuracy. Your tireless efforts in collecting, organizing, and analyzing the data have been crucial in generating meaningful insights and recommendations for future interventions.

To all the individuals who participated in the assessment, your active engagement in the focus group discussions, questionnaire responses, and sharing of valuable information have been invaluable. Your firsthand experiences and perspectives have provided us with a comprehensive understanding of the challenges and needs related to water, sanitation, and hygiene in the Kahda district.

Once again, we extend our deepest gratitude to each and every one of you for your unwavering commitment, dedication, and contribution to the success of this WASH assessment. Your support and collaboration have been instrumental in advancing our collective mission of improving the living conditions and well-being of the IDP communities in Kahda district. We look forward to continuing our partnership and working together to implement evidence-based interventions that address the identified WASH challenges. Together, we can make a significant difference in the lives of the displaced individuals and contribute to creating a healthier and more sustainable future.

Through your collective efforts we have a baseline and we thank you for this.

Somali Community Concern (SCC)

2. Acronym

ACTED	:	Agency for Technical Cooperation and Development
AWD	:	Acute Watery Diarrhea
CA	:	Catchment Area
CCCM	:	Camp Coordination and Camp Management
CfW	:	Cash for Work
CWW	:	Concern Worldwide
DCs	:	District Commissioners
DRC	:	Danish Refugee Council
FGDs	:	Focus Group Discussions
HHs	:	Households
IDP	:	Internally Displaced People
IMC	:	International Medical Corps
IOM	:	International Organization for Migration
L	:	Liter
M^3	:	Cubic meter
MHM	:	Menstrual Hygiene Management
NGO	:	Non-governmental Organization
ORS	:	Oral Rehydration Solution
PAH	:	Polish Humanitarian Action
SCC	:	Somali Community Concern
SCI	:	Save the Children International
SHF	:	Somali Humanitarian Fund
SS	:	Somali Shilling
SSWC	:	Save Somali Women and Children
WASH	:	Water Sanitation and Hygiene
WS	:	Water Source

3. Introduction

Starting in October 2023, Somalia experienced destructive floods due to heavy rains, severely affecting more than two million households, with a significant impact on the IDP camps in the Kahda district. In response, Somalia Community Concern (SCC) conducted a rapid Needs Assessment to identify challenges related to accessing water, sanitation, hygiene (WASH), and shelter/non-food items (SNFI). The assessment, carried out in May 2024, utilized a Kobo questionnaire, key informant interviews, and observations, targeting camp leaders, newly displaced IDPs, and village elders. It covered 96 sites, aiming to understand the situation and needs of vulnerable populations, including layout, sanitation, hygiene promotion, WASH facilities, latrines, flood preparedness, and accountability mechanisms.

The assessment also aimed to identify the challenges faced during the flooding and the coping mechanisms employed by affected communities. With predictions of above-average flooding due to El Niño, newly displaced IDPs are struggling to access clean water, sanitation, healthcare, and education. Urgent support is required as communities have requested assistance in areas such as food, shelter, WASH facilities, health services, and education.

The devastating floods resulted in the destruction of homes, infrastructure, and loss of lives, demanding immediate humanitarian assistance. Damaged latrines, shelters, and limited access to water worsen the situation. The disruption of agriculture and livestock has led to increased food insecurity and economic instability. Vulnerable groups, particularly women, children, and IDPs, face exploitation, violence, malnutrition, and limited access to healthcare.

Addressing the situation requires a comprehensive humanitarian approach. Emergency provisions should include shelter, water, sanitation, healthcare, and food aid. Special attention must be given to the safety and well-being of women and children, protection against gender-based violence, and specific health and nutrition requirements. Long-term efforts should focus on infrastructure development, early warning systems, improved drainage, flood-resistant buildings, and land management practices.

Effective coordination among government agencies, humanitarian organizations, and local communities is crucial to respond efficiently to future flood events. Immediate action is imperative to alleviate suffering and meet the urgent needs of the affected population. The international community must come together, providing support and resources to rebuild lives, restore basic services, and enhance resilience in the face of future natural disasters.

The situation in Mogadishu, the capital city of Somalia in the Banadir region, remains precarious due to ongoing vulnerability to conflict-related insecurity and recurring natural events like droughts and floods, leading to an influx of newly displaced people. The region has been severely affected by the recent drought, causing significant hardships. Although the Gu rains have provided some relief, challenges persist. The forecasted El Niño poses an additional risk, exacerbating these challenges and affecting approximately 1.2 million people in Somalia this year. This climate event further undermines food security and the resilience of communities.

4. Executive Summary

From May 11th to 15th, 2024, SCC conducted a rapid assessment of Water, Hygiene, and Sanitation (WASH). The assessment covered 180 IDP sites, including both newly established and old ones, as well as villages in the Kahda district of the Banadir region, along with surrounding old IDP settlements. The purpose of the assessment is to identify gaps in WASH activities and address the primary humanitarian needs in this district. The data collection process was carried out by a team of four enumerators.

During the Kahda WASH assessment, the SCC team took into account various aspects of Water, Sanitation, and Hygiene (WASH) to ensure the well-being and health of the displaced population. Key areas considered included the availability, quality, and accessibility of water in the camp, with a focus on identifying safe and sufficient water sources such as boreholes, wells, or water trucking. The team also assessed factors like the distance and waiting times for water collection, as well as the effectiveness of water storage and distribution systems. Additionally, the availability of sanitation facilities and hygiene materials was evaluated.

The assessment revealed that there was limited and unsustainable water availability in the camp. The overcrowding in Kahda IDP sites resulted in a shortage of boreholes, which contributed to the challenge of water scarcity. Another issue identified was the fluctuating and unaffordable prices of water. The cost of water varied depending on the population size and the availability of private boreholes. The high cost of water added to the financial burden of the IDPs and made it difficult for them to afford an adequate supply of water.

The camp's sanitation infrastructure was assessed by the team, who examined the presence and operational status of toilets, latrines, and bathing facilities. They evaluated the level of privacy, cleanliness, and maintenance of these facilities. The team also considered the ratio of users to facilities to ensure that overcrowding was avoided.

During the assessment, it was discovered that there was a lack of sufficient latrines in the camp. Instead, local latrines were available, but they were unclean and did not provide adequate privacy. Additionally, these latrines were being shared by multiple families residing in the same compound.

The SCC team conducted an assessment of the hygiene promotion efforts in the camp, focusing on the availability of handwashing stations equipped with soap or hand sanitizers. They also examined the presence of hygiene promotion campaigns, educational materials, and trained personnel who could effectively disseminate information on proper hygiene practices like handwashing, personal hygiene, and waste management.

The assessment revealed that the overall hygiene conditions in the IDP camps were extremely poor. Insufficient access to water, inadequate sanitation facilities, and a lack of hygiene promotion worsened the situation. The absence of proper handwashing facilities, hygiene education, and materials increased the risk of disease outbreaks and compromised the well-being of the IDP population.

The SCC team assessed the waste management systems in the camp, including the existence of designated waste disposal areas, waste collection methods, and waste segregation practices. The aim was to ensure proper handling and disposal of both solid and liquid waste to prevent environmental contamination and the spread of diseases. The absence of regular solid waste management in IDP camps poses significant challenges in maintaining cleanliness and hygiene within the camp premises. Although some camps have received assistance from Cash for Work (CFW) teams during Camp Coordination and Camp Management (CCCM) projects, the coverage is limited, resulting in many camps lacking adequate waste management systems.

The team conducted surveillance on the occurrence of waterborne diseases, including diarrhea and cholera, in the camp. They discovered the presence of Acute Watery Diarrhea (AWD) and malaria cases.

Health facilities were present in the camps, and trained healthcare workers from organizations like SCI (Save the Children International) and WARDI (Water and Rural Development Initiative) provided medical assistance and responded to disease outbreaks but not cover all areas.

The SCC team took into account the unique requirements of vulnerable groups, including children, the elderly, pregnant women, and individuals with disabilities. They evaluated the accessibility and inclusiveness of WASH facilities to ensure that they could be used safely and comfortably by all. Additionally, the team focused on gender-specific facilities and the provision of resources for menstrual hygiene management (MHM). During the assessment, it was found that there was a lack of gender-segregated latrines and sanitation facilities for particularly vulnerable individuals and also lack of MHM.
These are general aspects observed during the assessment in Kahda IDP settlements giving special consideration to new arrivals and people with disabilities.

5. Scope

Qualitative data was gathered from a range of stakeholders, including local authority members, site leaders, recently established IDP committees, elders, chairladies, youth leaders, leaders representing IDP individuals with disabilities, and members of the IDP community. This data collection took place in the 12 Catchment Areas located in the Kahda districts of the Banadir Region, spanning from May 11th to May 15th, 2024. The survey involved the assessment of IDP settlements, boreholes, shallow wells, water points, and hygiene and sanitation facilities within the district. A total of 96 IDP camps, 14 water sources, and functional and non-functional latrines in the district were visited.
Throughout the assessment, the team collaborated with District Commissioners (DCs) or other designated staff from the district, household heads, caregivers, duty bearers at households, community leaders, and water management teams. The various aspects of the assessed locations, as well as the different types, sizes, and variations of WASH (Water, Sanitation, and Hygiene) needs, were taken into account.
The assessment covered all five zones of the Kahda district and the Garasballey settlement (Zones 6, 7, 8, 9, and 10). It included a total of 12 Catchment Areas (CA3, CA4, CA5, CA6, CA7, CA8, CA12, CA13, CA14, CA15, CA16, and CA17), which were further divided into randomly selected camp levels. The targeted key informants comprised five local authority members from both Garasbaley and Kahda, as well as 96 individuals representing site leaders, recently formed IDP committees, elders, women, youth leaders, leaders representing IDP individuals with disabilities, and members of the IDP community. Additionally, 96 participants took part in Focus Group Discussions (FGDs) conducted in these areas.

6. Justification

The fundamental activity in implementing any developmental program is to conduct baseline survey. It is usually the basis of many projects from planning to implementation and evaluation. The results and findings of a baseline study is rich resource for specific issues targeted in the projects. To identify the current situation of water, sanitation, hygiene, the data collected will be used to measure the impact after project implementation.

7. Demographic Information.

7.1. Target Population

The assessment revealed that there is a total of 33,657 households (HH) residing in the IDP camps. Among them, more than 5,000 households were identified as new arrivals, indicating a continuous influx of displaced individuals into the settlements. The population includes individuals with disabilities, women, elders, and children, emphasizing the diverse needs and vulnerabilities present within the IDP community.

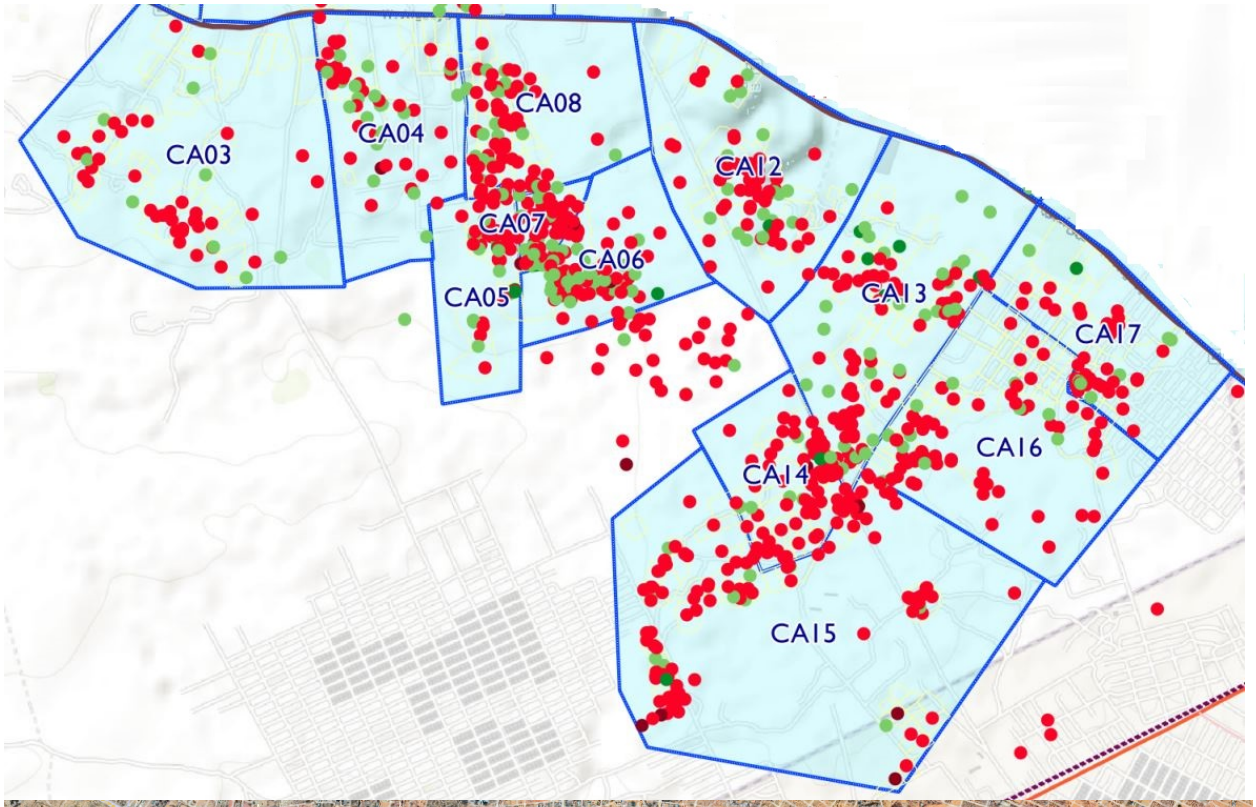
The study placed particular emphasis on the 12 Catchment Areas in the Kahda district of the Banadir Region. Questionnaires were administered to heads of households, camp leaders, and water management teams. Focus group discussions involved the participation of individuals with disabilities, adult males, and females from the communities where the study was conducted. The study was carried out in collaboration with the local district authority of the surveyed district, along with Somali Community Concern.

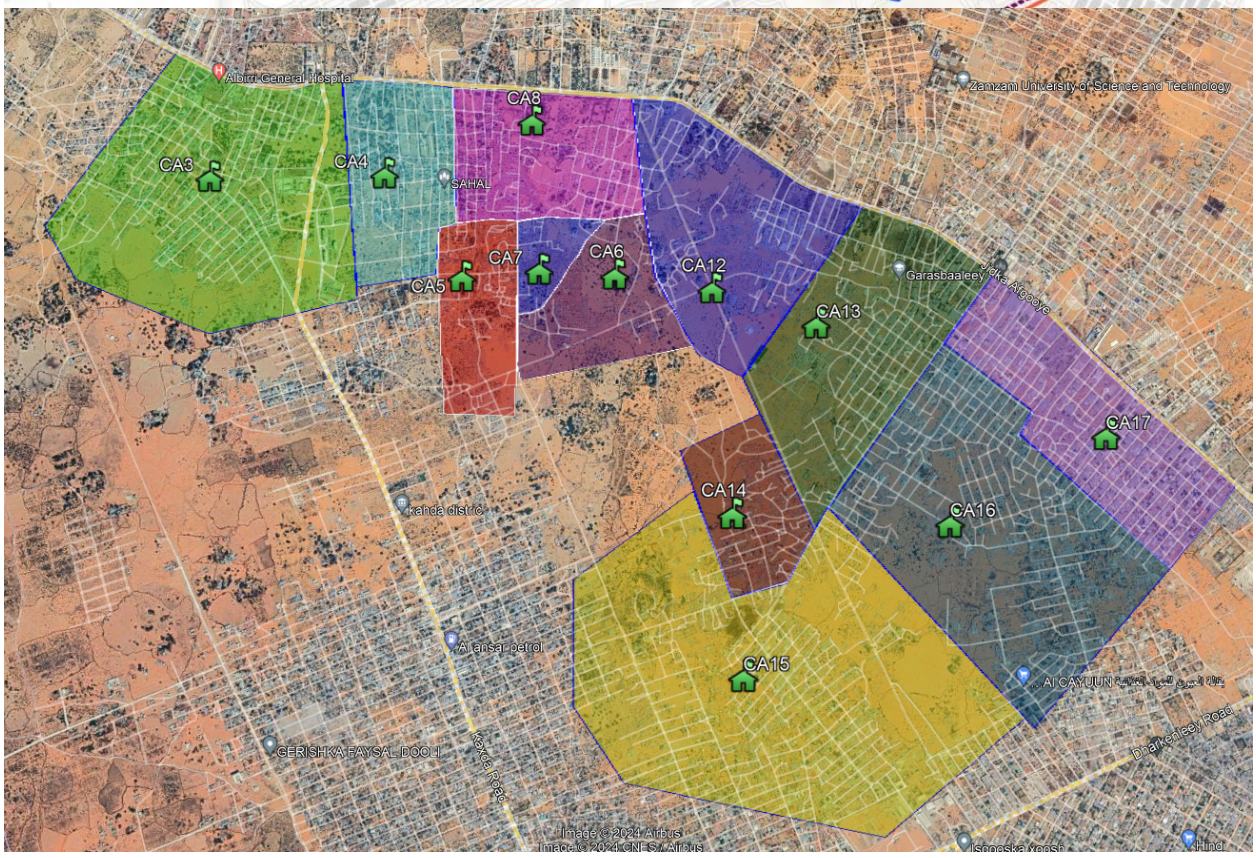
To assess the prevalence of water, sanitation, hygiene conditions, and associated health issues and complications, a wide range of participants were included in the study. These participants represented various key groups, including local authority members, site leaders, recently formed IDP committees, community elders, youth leaders, IDPs, water rig operators, traditional birth attendants, and mothers.

The selection process of participants involved purposive sampling, which focused on specific characteristics during the selection process. Participants were chosen based on their roles and affiliations within the community, ensuring representation from community committee members and leaders who possessed valuable insights and knowledge regarding the existing conditions and challenges related to water, sanitation, and hygiene. This approach allowed the study to gather information from individuals actively involved in decision-making, implementation, and the day-to-day management of water and sanitation services. Additionally, participants who directly experienced the health implications associated with these conditions were included as well. By employing purposive sampling, the study aimed to capture a comprehensive understanding of the prevailing conditions and perspectives from key stakeholders who held valuable expertise and first-hand experiences in the field of water, sanitation, and hygiene. This approach ensured that the study gathered insights from individuals who were well-positioned to provide relevant and meaningful information for a comprehensive assessment.

	Description	Total	Remarks
1	Sample size	8 camps per CA	
2	Number of Catchment Areas	12 Catchment Areas	3, 4, 5, 6, 7, 8, 12, 13, 14, 15, 16, 17
3	Number of Respondents	96 Key Informants	
4	Number of HH	11,064	
5	Population	62,235	
6	Shallow Well (WS)	1	
7	Bore Hole (WS)	14	
8	Private Water Supplier (WS)	12 out of 15	
9	Solar Pump Water source	3 out of 15	
10	Unfunctional Latrines	610	
11	Functional Latrines	215	
12	Hand-washing Facility	85	

Catchment Areas in Kahda District





Target Site Prioritization Matrix in Khada District

#	Zone	IDP Sites	HHs	Individuals
1	CA03	99	8798	48023
2	CA04	59	7889	43082
3	CA05	76	9856	51011
4	CA06	74	8288	46697
5	CA07	73	13949	71178
6	CA08	80	10786	49622
7	CA12	102	7076	41884
8	CA13	135	9420	54443
9	CA14	94	9663	52486
10	CA15	123	13845	73043
11	CA16	87	6294	33955
12	CA17	107	7752	42424
	Total	**1109**	**113616**	**607848**

The table above illustrates the division of Banadir IDP settlements in Dayniile and Kahda districts into 10 zones, with each district having 5 zones. These zones were further subdivided into catchment areas. Zones 6, 7, 8, 9, and 10 correspond to the Kahda district and the Garasballey settlement. The allocation of catchment areas was based on the density of the IDP population. In Kahda, a total of 12 catchment areas were identified, namely CA3, CA4, CA5, CA6, CA7, CA8, CA12, CA13, CA14, CA15, CA16, and CA17. The table provides information on the number of IDP sites, households (HH), and population per catchment area.

For the purpose of the SCC assessment, the team randomly selected 8 IDP sites per catchment area, along with the corresponding number of households and population. These selections are indicated in the table below, based on the numbers presented in the previous table.

Table below shows IDP sites assessed during data collection.

#	Zone	# IDP Sites Assessed	Total HHs	Individuals
1	CA03	8	791	4749
2	CA04	8	1070	6419
3	CA05	8	1037	6224
4	CA06	8	896	5376
5	CA07	8	1529	9171
6	CA08	8	1078	6470
7	CA12	8	555	3331
8	CA13	8	558	3350
9	CA14	8	822	4934
10	CA15	8	877	5264
11	CA16	8	579	3472
12	CA17	8	579	3475
	Total	**96**	**11,064**	**62,235**

8. Objectives.

The main objectives of WASH (Water, Sanitation, and Hygiene) assessments in IDP (Internally Displaced Persons) camps are to evaluate and address the water, sanitation, and hygiene needs of the displaced population. Here are some of the key objectives:

- *Assess Water Availability and Access:* Determine the quantity and quality of water sources within the IDP camp, assess the availability of water for drinking, cooking, and personal hygiene, and evaluate the accessibility of water points for the displaced population.
- *Evaluate Sanitation Facilities:* Assess the availability, functionality, and adequacy of sanitation facilities such as latrines, bathing areas, and handwashing stations. Determine if the facilities meet minimum standards and evaluate their capacity in relation to the camp population.
- *Assess Waste Management Practices:* Evaluate the management of solid waste, including garbage collection, disposal, and recycling within the IDP camp. Identify any potential environmental hazards or health risks associated with improper waste management.
- *Promote Hygiene Practices:* Assess the knowledge, attitudes, and behaviors related to hygiene practices among the displaced population. Identify gaps and barriers to practicing safe hygiene behaviors such as handwashing, menstrual hygiene, and safe food handling.
- *Identify Health Risks:* Identify potential health risks related to inadequate water, sanitation, and hygiene conditions in the IDP camp. This includes assessing the prevalence of waterborne diseases, vector-borne diseases, and other communicable diseases within the camp.

The rapid assessment that will serve as a solid basis for evaluating the current conditions of water, sanitation, and hygiene (WASH) and identifying appropriate methods and interventions to improve these parameters. The assessment will be used by SCC (Somalia Community Concern) for the development, improvement, and evaluation of an appropriate strategy.

The expected outcomes of the rapid assessment

- A comprehensive understanding of the existing WASH conditions, including access to clean water, sanitation facilities, and hygiene practices.
- Identification of key challenges and gaps in the current WASH infrastructure and services.
- Recommendations for targeted interventions and improvements in WASH practices and infrastructure.
- Reliable figures concerning the present water sources functioning in all sites
- Enhanced capacity of SCC to develop evidence-based strategies and interventions for addressing WASH needs in the assessed areas.
- Observe the current situation in order to provide accurate information for effective response planning.
- Increased awareness and knowledge among the affected communities regarding WASH practices and their importance for health and well-being.

9. Methodology

Assessment methodologies used during WASH assessments in IDP settlements include:

- *Household Surveys:* Conducting household surveys involves collecting data directly from individuals or families living in the IDP settlement. Surveys typically include questions about water access, sanitation facilities, hygiene practices, and health-related information. This method provides a comprehensive understanding of the WASH situation at the household level.
- *Key Informant Interviews:* Key informant interviews involve speaking with individuals who have knowledge and expertise regarding the WASH situation in the IDP settlement. These individuals could be camp managers, community leaders, health workers, or WASH service providers. Key informant

interviews help gather qualitative data, insights, and perspectives that may not be captured through other assessment methods.

- *Focus Group Discussions:* Focus group discussions bring together a small group of individuals from the IDP community to discuss WASH-related topics. These discussions allow for the exploration of community perceptions, experiences, and challenges related to water, sanitation, and hygiene. They can provide valuable qualitative data and facilitate community engagement.
- *Direct Observation:* Direct observation involves physically visiting and observing the IDP settlement to assess the physical infrastructure and hygiene practices. This method allows for the assessment of water sources, sanitation facilities, waste management systems, and general hygiene conditions. It can provide insights into the actual state of WASH facilities and practices.
- *Participatory Approaches:* Participatory approaches involve engaging the IDP community in the assessment process. This can include participatory mapping, transect walks, and community consultations. By involving the community, these approaches help ensure their active participation, ownership, and empowerment in addressing WASH issues.

9.1. FGD Methodology

SCC team conducted 12 focus group discussions (FGDs) as part of a WASH assessment in IDP settlements in the 12 Catchment areas 1 FGD each . Here are some considerations for selecting participants from the IDP community:

- *Diversity:* This includes (women, men, children, elderly individuals, people with disabilities, and members of different ethnic or cultural backgrounds). Diversity in participants helps capture a comprehensive understanding of the community's needs and challenges.
- *Random Sampling:* If the IDP settlement has a large population, random sampling can be used to select participants for the FGDs. This involves randomly selecting individuals from different sections or households within the settlement to ensure a representative sample. Random sampling helps avoid bias and ensures that the FGD participants are a true reflection of the community.
- *Inclusion of Marginalized Groups:* This can include individuals with disabilities, elderly people, single parents, or those facing discrimination based on ethnic background. Take proactive measures to ensure their inclusion and create a safe space for their meaningful participation.
- *Community Leaders' Input:* Seek input from community leaders or representatives to identify individuals who can effectively represent the community's perspectives in the FGDs. They can provide insights into which members of the community should be included and help identify those who may be more comfortable sharing their experiences and opinions.
- *Local Knowledge:* Consult with local community-based organizations or community leaders who have in-depth knowledge of the IDP settlement. Their input can help identify community members who possess valuable insights and can contribute meaningfully to the discussions.
- *Gender Balance:* Ensure gender balance in the composition of FGD participants. This helps ensure that the perspectives of both women and men are represented, as they may have different experiences, needs, and priorities related to WASH.
- *Informed Consent:* Obtain informed consent from participants before their involvement in the FGDs. Clearly explain the purpose of the discussion, the topics to be covered, and ensure confidentiality and anonymity. Participants should have the right to decline participation or withdraw from the discussion at any time.

10. Findings

10.1. Water and Sanitation related diseases

The interviews with key informants indicated that all the internally displaced persons (IDPs) are currently experiencing problems related to water, sanitation, and hygiene. They mentioned a limited water supply, resulting in a long queue of 30 to 40 minutes and having to walk for several minutes to obtain 20 liters of water. At times, they resort to begging for water from other nearby IDPs and host communities. The cost of domestic water is high, with an average price of 4,000 Somali Shillings for 20 liters. The IDPs lack access to safe water and proper hygiene, relying on nearby IDPs and host communities as they lack reliable water sources.

The available water is safe for drinking and cooking, but the cost is too expensive for many families, and they often don't have enough jerrycans to store water. Only a few IDP camps, such as Alnuur IDP Camp, Xaqdhowr IDP Camp, Harweyn Bismillah, and Fiqi (in catchment 6), have access to water through water trucking services provided by organizations like IOM, PAH, and Human Appeal. Additionally, some IDP camps like Ceelcali IDP Camp, Maleyley, and Harweyn (supported by Save the Children, IOM, and SSWC) have constructed tube wells. However, these camps have a very high population.

The availability and accessibility of safe water, proper hygiene, and sanitation facilities are severely limited in the IDP settlements for new arrivals, primarily due to a lack of funding. The settlements are overcrowded, resulting in long queues at the nearest water points, which are sometimes subject to cutoffs and time-consuming delays. Furthermore, there is a risk to public health due to open defecation and poor sanitation conditions. Although organizations like PAH, Alight, IMC, Human Appeal, IOM, SCI, and CWW continue their water, sanitation, and hygiene (WASH) activities, these efforts are insufficient to cater to the needs of both new and existing IDPs.

The recent influx of IDPs has overwhelmed the available services, and although humanitarian access to the camps has improved since the reduction of restrictions, there is still no permanent source of water or adequate sanitation facilities in the aforementioned IDP camps. There is a shortage of latrines in the settlements, and many IDPs resort to open defecation. This situation increases the risk of acute watery diarrhea (AWD) and infectious disease outbreaks due to overcrowding and poor sanitation conditions. In the past two months, there have been suspected cases of cholera in some sites, and awareness sessions and campaigns by CCCM partners have been conducted to reduce the risk. Some IDPs in the visited settlements mentioned using sand or ashes for handwashing after using the latrine, while others reported using water or discarded papers for cleaning.

10.1.1.1. Water

10.1.1.2. Water resources

The assessment revealed that there are 14 water sources available in the IDP camps. However, these water sources are predominantly privately owned, indicating limited access for the IDP population. The scarcity of public water sources poses a significant challenge in meeting the water needs of the residents.

10.1.1.3. Water Quantity

In IDP settlements where residents are unable to avoid purchasing water from vendors due to displacement from their homes, it has been reported that the available water is approximately 2-3 liters per person. Both men and women are able to obtain this limited amount of water. However, the availability of water is not sustainable in most areas. During times of floods and displacement, water boreholes for vendors and water pools often increase their prices. Unfortunately, there is currently no organization providing assistance with water in Kahda IDP sites, which has made the situation more challenging for IDPs. Last year, from October until now, IDPs had to rely on water tankers and pay for water despite the usual rainfall.

This year, water shortages are expected to occur much earlier due to over population. Additionally, the overcrowding in Kahda IDP sites has led to a shortage of boreholes. As a result, accessing water from these sources poses significant difficulties. In all the assessed locations, the cost of a 20-liter jerry can is approximately 3000 to 4000 Somali Shillings (SS). The prices may vary depending on the population and the availability of private boreholes that IDPs rely on. When water becomes scarce, IDPs are not provided with water as frequently, exacerbating the challenges they face.

10.1.1.4. Water Quality

In the majority of the assessed locations, there is a significant concern regarding the use of contaminated water or water that is at risk of contamination. Many individuals living in these areas dispose of rubbish and dirt near the water wells or in the surrounding areas of the channels that bring water to these wells. During periods of heavy rainfall, floods can carry this waste directly into the water wells, further compromising their cleanliness. As a result, the prevalence of diarrhea and other water-related diseases is high in these areas, primarily due to the consumption of unclean water. Unfortunately, there are no existing water treatment facilities or services available to address this issue.

The quality of water from private boreholes in IDP settlements presents a significant challenge. Many of these boreholes fail to meet the necessary standards for providing safe drinking water. Consequently, the water obtained from these sources is often contaminated, posing health risks to the IDPs who rely on it. Several factors contribute to the poor water quality in private boreholes. Firstly, the proximity of the boreholes to potential sources of contamination, such as latrines or waste disposal areas, increases the likelihood of water contamination. Secondly, the lack of regular monitoring and maintenance of these boreholes leads to a deterioration in water quality over time. Without proper management and routine testing, harmful bacteria, viruses, or chemical pollutants can be present in the water.

As a result of the compromised water quality, IDPs are at an increased risk of waterborne diseases and other health issues. Contaminated water can cause diarrheal diseases, cholera, typhoid, and other illnesses, particularly affecting vulnerable populations such as children, pregnant women, and the elderly. Addressing the challenges related to water quality in private boreholes is of utmost importance. It requires implementing regular monitoring and testing of water sources, adopting appropriate treatment methods

to ensure the provision of safe drinking water, and raising awareness among IDPs about the significance of water hygiene and sanitation practices.

10.1.1.5. Water Accessibility

Water accessibility in IDP (Internally Displaced Persons) settings is a significant challenge, especially for women and girls. They face multiple protection issues when fetching water, which is often their responsibility in many communities. In IDP settlements, accessing a safe and reliable water supply can be difficult. Water sources may be limited, and IDPs often have to rely on alternative means such as vendors or water trucking services. This can result in insufficient quantities of water for daily needs. Additionally, the distance to water sources can be a barrier, particularly when IDP camps are located far from water points or boreholes. When women and girls go to fetch water, they encounter various protection risks.

The long distances they have to travel to reach water sources can expose them to physical assault, harassment, or gender-based violence. The lack of proper lighting and security measures along the routes further exacerbates their vulnerability. Moreover, the time and effort spent on water collection tasks can have adverse effects on the lives of women and girls. They may have to spend hours each day fetching water, which prevents them from attending school, participating in income-generating activities, or engaging in community life. This perpetuates the cycle of poverty and limits their opportunities for education and economic empowerment.

The financial burden of paying for water on a daily basis also contributes to the poverty faced by IDPs. The cost of purchasing water from vendors or other sources can be a significant expense for families already struggling to meet their basic needs. This financial strain makes it difficult for IDPs to escape poverty and improve their living conditions. Addressing water accessibility and protection issues for women and girls in IDP settings requires comprehensive efforts. This includes improving the availability and proximity of water sources within the camps, implementing safety measures along water collection routes, and promoting gender equality and women's empowerment. Providing affordable or subsidized water services to IDP communities can also alleviate the financial burden of paying for water on a daily basis. Efforts should also focus on livelihood support, skill development, and income-generating activities to alleviate poverty and reduce dependency on external water sources. By addressing these challenges and protecting the rights and well-being of women and girls, we can work towards ensuring equitable access to water and improving the overall conditions in IDP settlements.

10.1.1.6. Access to Water Supply in IDPs

Based on the team's findings, in Kahda IDP camps, approximately 85% of households obtain their drinking water from improved water sources. The primary source of water for these households is piped water vendors. These vendors sell water in jerry cans, with a typical price range of 2000 to 4000 Somali Shilling (equivalent to approximately US $0.07 to $0.14) per jerry can. This corresponds to a cost of around US $3.5 to $7 per cubic meter ($m^3$) of water. The water is typically obtained from public water taps located at a distance of approximately 500 meters to 1 kilometer away from the settlements.

On the other hand, approximately 15% of households receive water vouchers from non-governmental organizations (NGOs) as a means of accessing drinking water. These vouchers likely provide the households with a way to obtain water from alternative sources or subsidize their water expenses.

Upon further inquiry about the responsibility and maintenance of the water points, the respondents provided additional details. According to their responses, the majority (58%) stated that the owners of the water points bear the primary responsibility for their upkeep. These owners could be individuals, organizations, or entities in charge of the water infrastructure.

Furthermore, a significant portion (29%) mentioned that water vendors within the camp also play a role in maintaining the water points. These vendors are likely involved in the distribution and sale of water to the IDP community, and they contribute to the ongoing functionality and maintenance of the water

points. The remaining respondents (13%) identified water committees as being responsible for the upkeep of the water points. Water committees are typically community-based organizations or groups formed to manage and oversee the water supply infrastructure within the IDP camps. They are involved in decision-making, monitoring water quality, and ensuring the proper functioning and maintenance of the water points. These findings highlight the shared responsibility among various stakeholders for the sustainability and maintenance of the water points in the IDP camps. The owners of the water points, water vendors, and water committees all have distinct roles and contributions to ensure the availability of clean and accessible water for the IDP population.

10.1.1.7. Water Use

Further analysis reveals additional details about the water consumption patterns and expenditure among the IDP population in the Kahda district.

Of the total IDP population, approximately 54% consume more than 35 liters of water per day. This indicates a relatively higher water consumption rate, possibly due to larger household sizes or specific needs such as cooking, bathing, and hygiene practices.

On the other hand, 46% of the IDP population use less than 35 liters of water daily. This could suggest either more conservative water usage habits or smaller household sizes that require a lesser amount of water for their daily needs.

When it comes to the cost of water, at least 33% of the IDP population pays less than US $2 per day. These individuals and families may have access to more affordable water sources or have implemented water-saving measures to reduce their expenses.

Conversely, the remaining 67% of the IDP population spends more than US $3 per day on water. The higher expenditure could be attributed to factors such as reliance on more expensive water vendors or a larger family size that necessitates greater water usage.

It's important to note that the amount spent on water varies depending on the size and specific circumstances of each family within the IDP population. Factors such as availability of water sources, proximity to water points, and income levels can all influence the daily water expenditure for different households. This information provides insights into the water consumption patterns and associated costs within the Kahda district's IDP population, highlighting the diverse range of water needs and financial implications faced by individuals and families in the region.

10.1.1.8. Water Collection and Transportation in IDPs

The daily task of collecting water for household use is primarily carried out by adult women, who transport the water using jerry cans over long distances. Almost all of the individuals interviewed (84%) confirmed that adult women are responsible for fetching water for the household, while a smaller percentage (16%) mentioned that little girls also contribute to this task. None of the respondents mentioned male adults or children being involved in fetching water from the water point. This pattern indicates that women bear the responsibility for managing their families' water needs and domestic chores.

In terms of distance and time, approximately 73% of the families surveyed fetch water within a 500-meter radius. The time spent on this task ranges from 15 to 30 minutes. On the other hand, the remaining 27% of families must travel more than 500 meters to reach the water source, resulting in a total time expenditure of more than 30 minutes, including waiting in queues.

These findings shed light on the gendered division of labor within the community, where women predominantly take on the role of water collection for their households. Additionally, it highlights the physical and time-related challenges faced by these women, as they endure long journeys and potentially lengthy waiting periods to obtain water.

10.1.1.9. Water Storage

During assessments conducted in IDP settlements in the Kahda district, it has been observed that a significant number of IDPs resort to using dirty or contaminated jerry cans for storing water. Due to limited resources and inadequate access to clean water sources, IDPs have to make do with whatever containers are available. Unfortunately, this often leads to the use of unclean jerry cans, which can compromise the safety and quality of the stored water.

Buckets and jerry cans are commonly used for collecting and storing water in these settlements. The assessment team found that 100% of the IDP respondents use jerry cans for storing drinking water. Among them, 20% use more than two jerry cans, while 80% use two jerry cans or less. It was observed that these containers are often without lids, which is a poor practice. Open barrels and jerry cans without lids can easily lead to water contamination.

Only 46% of households had clean water containers, and the general practice among the population is to wash the containers using water only. Shockingly, 54% of the households do not wash their water containers at all.

According to the assessment results, 73% of the population washes their containers before filling them with water. Another 12% washes them either when they are dirty or during the process of fetching water. However, 15% of the population does not have good practices when it comes to washing water containers, either washing them infrequently, such as once a month or even longer periods. Only 18% of the IDP households surveyed practice water treatment, with the most common method being chlorination. The majority, 82%, do not treat their water.

Furthermore, as emphasized in the assessments, these findings highlight the urgent need for improved water storage options and hygiene practices within IDP settlements. It is crucial to ensure that clean and safe water is readily available to the displaced population by addressing these issues effectively.

Water Needs: The findings indicate a critical need for water, particularly in Camps CA12 and CA14. The existing water sources are insufficient to meet the basic needs of the IDPs, resulting in water scarcity and inadequate access to safe and clean water. This situation jeopardizes the health and well-being of the IDP population, especially vulnerable groups such as women, children, and the elderly.

8.2.1. SANITATION

8.2.2. Sanitation Facilities

The assessment revealed a shortage of latrines in the IDP camps. The existing sanitation facilities are unable to adequately cater to the population, leading to overcrowding and poor sanitation practices. The lack of sufficient latrines poses a significant health risk, as it increases the likelihood of open defecation and the spread of waterborne diseases.

Water shortage in assessed Camps has significantly and harmfully affected sanitation and hygiene practices among IDP communities in Kahda Camps, because without water the hygiene and sanitation could not be provided. Lack of adequate sanitation and safe water may lead to outbreaks of waterborne diseases which cause high mortality and morbidity rates of children and women in Somalia.

8.2.3. Excretal disposal.

The participants raised significant concerns regarding the negative consequences of improper waste disposal within the community. They noted that many people dispose of their garbage in front of their homes or near water sources, highlighting the urgent need for designated waste collection points or bins. They also emphasized the importance of raising awareness about the health hazards associated with improper waste management.

In the areas that were assessed, sanitation committees were found to be absent, except for certain sites in zones 7 and 6 where CCCM partners such as SCC, DRC, IOM, and ACTED have employed Cash-for-Work (CfW) programs and community mobilizers conduct daily awareness activities. However, in other areas, the absence of sanitation committees increases the risk of diarrheal and malaria cases. Additionally, the participants mentioned a shortage of mosquito nets, with only one net available per household, putting the entire villages at risk.

To tackle these challenges, it is crucial to establish sanitation committees in the assessed locations. These committees can play a vital role in improving waste management practices, including the implementation of proper waste disposal systems and educating the community about the health risks associated with improper waste disposal. Furthermore, efforts should be made to increase the availability of mosquito nets to reduce the risk of malaria transmission. By implementing these measures, the community can effectively address the health risks associated with improper waste disposal and mitigate the incidence of diarrheal and malaria cases.

8.2.4. Public Health Promotion

During the assessment of IDP sites, the participants raised concerns about public health promotion factors that contribute to poor hygiene standards and pose risks to public health. Specifically, they highlighted issues such as the improper disposal of garbage in public areas and the practice of open defecation. It is worth noting that 47% of the women who participated in discussions demonstrated a good understanding of the use and benefits of oral rehydration solution (ORS). This indicates positive progress in public health knowledge and awareness among the community.

However, one notable concern is the absence of a water management committee in the IDP sites. This lack of a committee hinders effective water management practices and may contribute to water-related challenges within the community. To address these issues, it is important to prioritize public health promotion efforts that specifically target the risks associated with poor hygiene practices, such as promoting proper garbage disposal methods and discouraging open defecation. Additionally, establishing a water management committee would be beneficial in addressing water-related challenges and ensuring proper water management practices within the IDP sites. Furthermore, the community would greatly benefit from the provision of free permanent boreholes for clean water access, the construction of latrines for improved sanitation, and the provision of small shelters to enhance living conditions. By addressing

these concerns and implementing appropriate measures, the community can improve their overall public health, hygiene standards, and living conditions within the IDP sites.

8.2.5. Handling Faeces

As SCC team conducted assessment in Kahda IDP settlements, the team found out that there is a difference between the sites. The team made a walk around each camp with the camp leader or leader from the community.

IDP communities have no access to sanitation facilities. Few latrines constructed by NGOs in IDP camps which are not enough, some IDPs constructed local latrines made of sticks covered with old rags. For those who have no latrines, the most common methods for defecation include sharing with neighbors' and using the bush/backyard/field. One third of IDP people practice open defecation, especially children and weak people. In addition to that 70% of the IDPs use full latrines where there is no space to defecate, at the same time seems open defecation.

Open defecation refers to defecation practices that pose public health risk such us defecating openly on the ground, plastic bag and in full toilets where flies and other vectors have direct contact with the faeces.

Most households in IDPs 72% say that it is expensive to have family latrines, while others say there is not enough land space for construction 28%. 43% of the communities mainly throw baby faeces into the toilet which are full, 37% in the open spaces, 12% use local latrines like sticks covered with old rags, and 8% bury in the ground.

8.3.0. HYGIENE

8.3.1. Hygiene Conditions

The assessment highlighted that the overall hygiene conditions in the IDP camps are very poor. Inadequate access to water, insufficient sanitation facilities, and limited hygiene promotion exacerbate this situation. The lack of proper handwashing facilities, hygiene education, and hygiene materials contribute to the increased risk of disease outbreaks and compromise the well-being of the IDP population.

8.3.2. Hand washing Practices

The majority of the participants in the survey reported practicing handwashing at crucial moments, particularly before eating and after using the latrine. Out of those interviewed, 76% stated that they wash their hands both before and after eating meals. A smaller percentage, 14%, mentioned that they wash their hands only when they appear dirty. Additionally, 7% of the respondents reported washing their hands after using the latrine, while 0.5% mentioned doing so before feeding their child. Furthermore, 1% stated that they wash their hands after handling rubbish, and another 1% mentioned doing so after changing their baby's diaper or dealing with feces. A minimal percentage of 0.5% mentioned washing their hands before food preparation, while none of the respondents reported washing hands after handling animals. Encouragingly, none of the respondents indicated that they never wash their hands.

8.3.3. Material for Hand washing

When inquired about the materials used for handwashing, the majority of respondents (85%) stated that they use water alone. A smaller percentage of respondents (7%) mentioned using both water and soap for handwashing. Additionally, 5% reported using water and sand, while 3% mentioned using water and ash as materials for handwashing.

When discussing the factors that prevent the use of soap for handwashing, 80% of the respondents attributed it to negligence or laziness. They indicated that the lack of consistent soap usage stems from a

lack of motivation or failure to prioritize proper hand hygiene. Another 8% mentioned that soap is not readily available everywhere, which could limit their ability to use it regularly. Similarly, 8% of the respondents stated that using soap is not a common practice for them, even before the current situation. Finally, 4% of the respondents expressed the belief that water alone is sufficient for handwashing and did not see the necessity of using soap.

These responses highlight the predominant reliance on water for handwashing among the respondents, with a significant portion citing negligence or laziness as the main reason for not using soap. The availability and cultural practices surrounding soap usage also play a role in its limited use for hand hygiene.

8.3.4. Solid waste management

The lack of regular solid waste management in IDP camps creates significant challenges in maintaining cleanliness and hygiene within the camp environments. While some camps have received assistance from CFW teams during CCCM projects, the coverage is limited, leaving many camps without proper waste management systems in place.

The CFW teams that are deployed to assist with waste management typically collect and burn the garbage in designated disposal areas within the camps. However, during FGDs, when residents were asked about their waste management practices, it became apparent that a significant proportion of them simply dispose of their waste in open areas throughout the camps. This indicates a lack of awareness or understanding of the importance of proper waste disposal.

As a result, the camps are plagued by a pervasive presence of garbage. Plastic bags, papers, and other waste materials are scattered throughout, contributing to an unsightly and unclean environment. Furthermore, the issue of feces being openly discarded adds a significant health risk, as it can contaminate the surroundings and potentially lead to the spread of diseases.

The absence of an organized waste management system not only affects the visual appearance but also poses serious health and environmental concerns. The accumulation of waste attracts pests, creates breeding grounds for disease-carrying vectors, and contributes to the pollution of soil and water sources in and around the camps.

Efforts to address this issue should focus on implementing comprehensive waste management strategies within the IDP camps. This includes raising awareness among the residents about proper waste disposal practices, establishing designated waste collection points, and implementing waste segregation and recycling initiatives. Collaborative efforts involving camp management authorities, humanitarian organizations, and the IDP community are crucial to improving the waste management situation and creating a healthier living environment for the displaced population.

8.3.0 Diarrhea

During the focus group discussion held in the IDP camps, the majority of the respondents reported that diarrhea is a common occurrence in the sites. They mentioned that there has been an increase in Acute Watery Diarrhea (AWD) cases in the Kahda district over the past few weeks, with a significant number of IDP children being referred to hospitals for treatment. Diarrhea tends to affect the IDP areas more than once a year. Surprisingly, 65% of the respondents admitted to having no knowledge about the causes of diarrhea. Only 8% recognized that dirty hands can contribute to diarrhea, while 11% had some understanding that drinking impure water can be a cause. Many respondents attributed contaminated food as the main cause of diarrhea, accounting for 16% of the responses. This lack of knowledge and prevailing poor hygiene and sanitation practices likely contribute to this perception.

When it comes to seeking medical care for diarrhea, the respondents mentioned that they usually take patients with AWD to Banadir Hospital. However, they are unaware of the benefits of drinking Oral Rehydration Solution (ORS) for people with diarrhea. Interestingly, some members even mentioned that they resort to burning the patients with diarrhea as a form of treatment. Overall, the participants in the

focus group discussion believed that diarrhea incidents cannot be prevented and are simply a matter of fate.

8.4.0 Challenges

8.5.0 WATER

- **Cost of Water:** The primary source of drinking water for approximately 85% of households in the IDP camps is piped water vendors who sell water in jerry cans. The cost of water can range from 2000 to 4000 Somali Shilling per jerry can, equivalent to approximately US $0.07 to $0.14. This corresponds to a cost of around US $3.5 to $7 per cubic meter of water. The affordability of water may be a challenge for some households, particularly those with limited financial resources.
- **Distance to Water Sources:** The water points, typically public water taps, are located at a distance of approximately 500 meters to 1 kilometer away from the settlements. This distance may pose challenges for households, especially those with mobility limitations, to access water easily and regularly.
- **Reliance on Water Vouchers:** Around 15% of households receive water vouchers from NGOs to access drinking water. While these vouchers provide a means of obtaining water from alternative sources or subsidizing their water expenses, the availability and distribution of these vouchers may not be sufficient to meet the water needs of all households in the IDP camps.
- **Proximity to Contamination Sources:** The location of boreholes near potential sources of contamination, such as latrines or waste disposal areas, increases the risk of water contamination. Improper sanitation practices, where rubbish and dirt are disposed of near water wells or in the surrounding areas of water channels, further compounds the problem. During heavy rainfall and floods, the waste can be carried directly into the water wells, compromising their cleanliness and safety.
- **Lack of Regular Monitoring and Maintenance:** The compromised water quality in private boreholes is also attributed to the lack of regular monitoring and maintenance. Without proper management and routine testing, the quality of water deteriorates over time. Harmful bacteria, viruses, or chemical pollutants can contaminate the water, posing health risks to those who rely on it. Regular monitoring of water sources is essential to identify and address any potential issues promptly.
- **Health Risks and Waterborne Diseases:** The consumption of contaminated water from private boreholes puts IDPs at an increased risk of waterborne diseases. Diarrheal diseases, cholera, typhoid, and other illnesses can spread due to the consumption of unclean water. Vulnerable populations, such as children, pregnant women, and the elderly, are particularly susceptible to these health risks. Addressing water quality issues is crucial to prevent the outbreak and spread of waterborne diseases within the IDP settlements.
- **Lack of Water Treatment Facilities:** The report highlights that there are no existing water treatment facilities or services available to address the water quality issue. The absence of such facilities further exacerbates the challenge, as it limits the options for treating and purifying the water to make it safe for consumption. Establishing water treatment facilities or implementing alternative treatment methods is essential to provide IDPs with access to clean and safe drinking water.
- **Limited and unsustainable water availability:** Overcrowding in the camps led to a shortage of boreholes, contributing to water scarcity. Fluctuating and unaffordable water prices further exacerbated the situation, making it difficult for IDPs to afford an adequate water supply.

8.6 SANITATION

- **Insufficient sanitation infrastructure:** The assessment revealed a lack of sufficient latrines in the camp. Local latrines were available but were unclean and lacked privacy. Multiple families were sharing these inadequate facilities.
- **Barriers to Family Latrine Construction:** Many households (72%) perceive the cost of constructing family latrines as a significant challenge. Additionally, 28% of the IDP communities cite a lack of available land space as a barrier to constructing latrines for their families.
- **Lack of gender-segregated facilities and menstrual hygiene resources:** Vulnerable individuals, including women, children, and people with disabilities, faced challenges due to the absence of gender-segregated latrines and sanitation facilities. Additionally, there was a lack of resources for menstrual hygiene management (MHM).
- **Open Defecation Practices:** Due to the lack of adequate latrines, open defecation is a common practice among the IDP population. This includes defecating in shared spaces with neighbors or using natural surroundings such as bushes, backyards, or fields. This poses a significant public health risk, particularly for vulnerable individuals such as children and those who are weak.
- **Unhygienic Conditions in Full Latrines:** Around 70% of the IDPs use full latrines where there is no space to defecate, resembling open defecation. This leads to unhygienic conditions where flies and other disease vectors come into direct contact with feces, further contributing to the spread of diseases.

8.7 HYGIENE

- **Poor hygiene conditions:** The overall hygiene conditions in the IDP camps were extremely poor. Inadequate access to water, insufficient sanitation facilities, and a lack of hygiene promotion efforts increased the risk of disease outbreaks and compromised the well-being of the IDP population.
- **Inconsistent Handwashing:** While a majority of the participants reported practicing handwashing at crucial moments, there is still a significant percentage (14%) who only wash their hands when they appear dirty. This indicates a lack of consistent handwashing habits among a portion of the respondents.
- **Inadequate waste management systems:** The absence of regular solid waste management posed significant challenges in maintaining cleanliness and hygiene within the camps. While some camps received assistance from Cash for Work (CFW) teams during Camp Coordination and Camp Management (CCCM) projects, many camps still lacked proper waste management systems.
- **Lack of Comprehensive Waste Management Strategies:** The absence of an organized waste management system calls for the implementation of comprehensive strategies within the IDP camps. This includes raising awareness among residents about proper waste disposal practices, establishing designated waste collection points, and implementing waste segregation and recycling initiatives.
- **Limited Coverage of Waste Management Assistance:** While some camps have received support from Cash-for-Work (CFW) teams during Camp Coordination and Camp Management (CCCM) projects, the coverage is not comprehensive. This leaves many camps without proper waste management systems in place, exacerbating cleanliness and hygiene challenges.
- **Lack of Awareness and Understanding:** During focus group discussions (FGDs), it was evident that a significant proportion of residents lack awareness or understanding of the importance of proper waste disposal. Many simply dispose of their waste in open areas throughout the camps, indicating a need for education and awareness campaigns regarding the significance of responsible waste management.

- **Pervasive Presence of Garbage:** The absence of organized waste management systems has led to the accumulation of garbage in IDP camps. Plastic bags, papers, and other waste materials are scattered throughout the camps, contributing to an unsightly and unclean environment. This situation poses challenges to maintaining a healthy and hygienic living environment for the displaced population.
- **Improper Disposal of Baby Feces:** The report highlights that 43% of the communities mainly dispose of baby feces into already full toilets, which could exacerbate sanitation issues. Furthermore, 37% resort to open spaces for disposal, 12% use makeshift latrines made of sticks and old rags, and 8% bury the feces in the ground.
- **Health and Environmental Risks:** Openly discarded feces in the camps present a significant health risk. Improper waste disposal can contaminate the surroundings, leading to the potential spread of diseases. Additionally, the accumulation of waste attracts pests and creates breeding grounds for disease-carrying vectors. Moreover, the pollution of soil and water sources in and around the camps becomes a concern.
- **Presence of waterborne diseases:** The assessment detected cases of Acute Watery Diarrhea (AWD) and malaria in the camps, highlighting the need for disease surveillance and response measures.

9. Recommendations:

Recommendations for addressing the challenges in the Kahda IDP settlements:

Water:

- **Improve water affordability:** Introduce measures to make water more affordable for households with limited financial resources, such as exploring subsidies or vouchers for water purchases.
- **Enhance water accessibility:** Install additional water points within the IDP camps, reducing the distance that households need to travel to access water. Consider the needs of individuals with mobility limitations and ensure water points are easily accessible to them.
- **Increase water voucher distribution:** Collaborate with NGOs and relevant stakeholders to expand the availability and distribution of water vouchers, ensuring that all households have access to sufficient water resources.
- **Implement water source protection measures:** Establish and enforce regulations to prevent contamination of water sources, including maintaining a safe distance between water points and potential contamination sources such as latrines and waste disposal areas. Promote proper sanitation practices to prevent waste from polluting water channels during heavy rainfall.
- **Strengthen water quality monitoring and maintenance:** Implement regular monitoring and maintenance programs for private boreholes and public water sources to ensure the provision of clean and safe drinking water. Conduct routine testing for bacterial, viral, and chemical contaminants and take prompt action when issues are identified.
- **Promote hygiene practices:** Launch hygiene promotion campaigns to educate the IDP population on the importance of clean water, proper handwashing, and water treatment methods. Provide information on waterborne diseases and prevention strategies to raise awareness and encourage behavior change.

Sanitation:

- **Increase latrine availability:** Collaborate with humanitarian organizations and local authorities to construct additional latrines in the IDP camps, ensuring an adequate number of facilities to meet the needs of the population. Consider innovative solutions such as shared latrines or community sanitation blocks to address space limitations.

- **Support family latrine construction:** Provide financial support or subsidies to households for constructing family latrines, addressing the perceived cost barriers. Explore alternative construction methods and materials to make latrine construction more affordable and feasible.
- **Establish gender-segregated facilities:** Prioritize the construction of gender-segregated latrines and sanitation facilities to ensure the privacy, safety, and dignity of women, children, and people with disabilities. Include facilities that cater specifically to menstrual hygiene management (MHM) needs.
- **Promote proper waste disposal:** Conduct awareness campaigns and community education programs to promote responsible waste management practices. Emphasize the importance of waste segregation, recycling, and proper disposal methods to keep the camps clean and hygienic.

Hygiene:

- **Improve hygiene infrastructure:** Enhance access to water and sanitation facilities within the camps to improve overall hygiene conditions. Increase the number of handwashing stations, promote hand hygiene practices, and ensure the availability of soap or hand sanitizers.
- **Strengthen waste management systems:** Develop comprehensive waste management strategies that include waste collection, segregation, recycling, and disposal. Establish designated waste collection points and engage the IDP communities in waste management initiatives.
- **Conduct hygiene promotion campaigns:** Launch targeted hygiene promotion campaigns to educate the IDP population about the importance of hygiene practices, including handwashing, proper waste disposal, and personal hygiene. Use various mediums such as community meetings, posters, and radio messages to disseminate information effectively.
- **Enhance disease surveillance and response:** Establish a robust disease surveillance system within the IDP camps to monitor and respond to waterborne diseases promptly. Collaborate with healthcare providers, NGOs, and local authorities to ensure timely detection, treatment, and prevention of disease outbreaks.

10. Conclusion

By implementing these recommendations, the Kahda IDP settlements can make significant progress in addressing the water, sanitation, and hygiene challenges identified in the assessment report. Continued collaboration and support from humanitarian organizations, local authorities, and the international community are vital to achieving sustainable improvements and ensuring the well-being of the displaced population.

11. Annexes

11.2.0. Annex I. Assessed Areas

#	IDP Name	Latitude	Longititude	CA	HHs	Indivitual
1	Nasteexo - Ceel Ali	2.0674456	45.2320025	CA03	150	450
2	Nogoob	2.0660368	45.233949	CA03	200	800
3	Sabiib	2.0651293	45.2151341	CA03	130	780
4	Safina	2.0651293	45.2151341	CA03	73	438
5	Wal Waal - Quuri	2.0661822	45.2356003	CA03	150	900
6	Dhuumoshiid	2.0625084	45.2232617	CA03	53	318
7	Banaaaney - Furuqley	2.060322	45.2320746	CA03	89	534
8	Arjac - Xagar	2.0633506	45.2285766	CA03	123	792
9	Bilnuur - Bula Sheikh	2.0680633	45.2371193	CA04	160	560
10	Bilnuur - Duldiir	2.0673601	45.2372213	CA04	180	470
11	Feynus - Alindi	2.067279	45.2374089	CA04	165	589
12	Halgan - Sahal	2.0691059	45.2362998	CA04	400	900
13	Hiigsi - Budbud	2.0654328	45.2377692	CA04	60	180
14	Hodan - Cowl	2.0651601	45.2374892	CA04	200	650
15	Hoosweyne - Laamoole	2.0675908	45.2390192	CA04	164	1,080
16	Libanta Qoryoley 3 - Wadajir	2.069137	45.2361258	CA04	128	539
17	Daljir	2.0609267	45.2430633	CA05	108	648
18	Ducaale - Jeebeey	2.058455	45.2440512	CA05	201	1,206
19	Falastii	2.0614149	45.2435031	CA05	120	720
20	Gumarey	2.0521738	45.2453345	CA05	89	267
21	Kaafi - Bushra	2.0558617	45.2426717	CA05	97	269
22	Mustaqim	2.0613745	45.2431807	CA05	120	720
23	Safaari	2.0564363	45.2424707	CA05	100	600
24	Shiniile - Aransooy	2.0599255	45.2430628	CA05	160	960
25	Bulsho Bile - Bacaad	2.0601511	45.2465518	CA06	306	1,836
26	Dabdheer - Dabdheer2	2.0549979	45.2452485	CA06	105	630
27	Dubaay - Karoot 2	2.0580178	45.2475103	CA06	245	1,470
28	Fiqi - Beereey	2.0576498	45.246539	CA06	60	360
29	Isra - Habaq Talaal	2.0560846	45.24614	CA06	131	786
30	Saacid - Carishley	2.058293	45.2482842	CA06	503	3,018

31	Xaqdhawr - Cooflawe	2.058867	45.2464396	CA06	300	1,200
32	Xaqdhawr - Seeska	2.0593427	45.2469639	CA06	250	1,500
33	Bulsho Bile - Baaloow	2.0597038	45.2461043	CA07	267	1,602
34	Bulsho Bile - Dahab	2.0608031	45.2457521	CA07	396	2,376
35	Buulo - Barako	2.0611581	45.2451336	CA07	173	1,038
36	Fiqi - Arbowheeroow	2.0589489	45.2447814	CA07	125	749
37	Fiqi - New Sablale	2.0593868	45.2452393	CA07	230	1,380
38	Horyaal	2.0650041	45.243891	CA07	110	660
39	Saaxil	2.0614368	45.2456258	CA07	51	306
40	Xaqdhawr - Qodqod	2.0595588	45.2459703	CA07	310	1,860
41	Bismilaah	2.0639155	45.2449482	CA08	860	5,160
42	Ciiltire	2.0619862	45.2458156	CA08	796	4,776
43	Hanaqaad	2.0619867	45.2461967	CA08	450	2,700
44	Ik - Hagar Diid	2.0650272	45.2439858	CA08	1,022	6,132
45	Macqul	2.0630451	45.2449505	CA08	889	5,334
46	MahadAlle	2.0631523	45.2440523	CA08	1,664	6,699
47	Samodeeq	2.0625689	45.2452966	CA08	1,228	7,358
48	Sharaf - Farxane	2.0666605	45.2488579	CA08	157	942
49	Sarmaan - Imaan	2.0615238	45.2578598	CA12	100	600
50	Masha Allah - Masha Allah	2.0603961	45.2562119	CA12	115	690
51	Kun Yasiin - Bulosarmaan	2.0630155	45.2540367	CA12	100	600
52	Dulmidiid - Baydhabo Yarey	2.0638513	45.2544093	CA12	65	390
53	Da Iyo Danyar - Dulqaweyne	2.062633	45.2547441	CA12	80	480
54	Cadiimole - Cadiimole	2.0606967	45.2549525	CA12	55	330
55	Al Subxaan - Cadaawe Nugul	2.0613731	45.2548587	CA12	60	360
56	Al Nuur - Al Nuur	2.066796	45.2540871	CA12	110	660
57	Al Najuum - Hagardiid	2.0566927	45.2608019	CA13	83	415
58	Biyo Adde - Biyo Adde	2.0557756	45.2605726	CA13	110	660
59	Cambar Bin Cali - Geleyr	2.0572741	45.2612654	CA13	150	900
60	Faradahab - Durdur	2.0551557	45.2584142	CA13	100	600
61	Ijaabo - Boodaan	2.0580725	45.2586703	CA13	170	1,032
62	Maciin Alle - Maciin Alle	2.0604296	45.2594847	CA13	105	630
63	Sur Malab - Dooro Weere	2.0548046	45.2567352	CA13	140	846
64	Xoogyare - Derisurone	2.0532614	45.2598623	CA13	327	1,962
65	Baali - Taredishe	2.0504306	45.2550439	CA14	130	780
66	Banyaal - Awbale	2.0467498	45.254924	CA14	300	1,500
67	Careys - Iidle Yare	2.0513255	45.2558825	CA14	390	1,524
68	Gom Gom - Haaruun	2.0502952	45.2548974	CA14	3,000	6,000
69	Saadaq - Al-Nasri	2.0497427	45.2568917	CA14	330	1,980
70	Waaf-Dhaay - Yaaqle	2.0507276	45.2570661	CA14	2,506	15,036
71	Xukun - Sirmaqabe	2.0464921	45.255627	CA14	1,083	5,953

72	Yustar - Rajo Wanaag1	2.049222	45.2552967	CA14	330	1,980
73	Banyaal - Baydhabo	2.0464625	45.253897	CA15	214	1,284
74	Biyo Badeed - Rajo Wanaag	2.0467274	45.2572894	CA15	235	1,410
75	Ceel Dheer - 4 Waab Dhobey	2.0444542	45.2519353	CA15	216	1,296
76	Duceysane - Duceysene	2.0455783	45.2542114	CA15	150	900
77	Geedoole - Tufah	2.0485278	45.2583002	CA15	1,532	9,192
78	Janaale - Dayah	2.0459777	45.2544719	CA15	1,500	9,000
79	Saabir2 - Zaaid	2.0458986	45.2502693	CA15	455	1,709
80	Somali Weyn - Baal Guri	2.0456625	45.2530186	CA15	205	1,230
81	Baslawe - Baslaawe	2.053801	45.2641607	CA16	390	2,340
82	Cifole	2.0527257	45.2667851	CA16	190	1,140
83	Daarow - Daarow	2.0500292	45.2632558	CA16	180	1,080
84	Farey - Kheerdoon	2.0529229	45.2673143	CA16	70	570
85	Fulaayle - Ow-Qaarow	2.0538038	45.2655346	CA16	436	2,429
86	Horseedka Walaalaha	2.0534309	45.2625229	CA16	2,000	5,000
87	Mahad Alle - Mahad Alle	2.0554377	45.266961	CA16	410	1,920
88	Raha - Raha	2.051766	45.2604323	CA16	400	2,400
89	Adan Yabaal - Owfloow	2.060092	45.266693	CA17	220	1,166
90	Anshax - Ansax1	2.0556783	45.2720867	CA17	121	726
91	Bakar	2.0574101	45.2664633	CA17	100	600
92	Deeq Rabi2 - Deeq Alle	2.0543849	45.2680976	CA17	85	510
93	Farey - Farey	2.0529404	45.2684475	CA17	241	1,446
94	Ileess	2.059064	45.2679327	CA17	100	600
95	Qeeru Raasiqiin - Buurgaabo	2.0543885	45.2696856	CA17	100	600
96	Xidigoole	2.0562564	45.2677104	CA17	120	720
					33,657	**170,418**

11.3.0. Annex 2 Photos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