Ministry of Planning, Economic Development & International Cooperation

STATISTICS DEPARTMENT

Puntland IDP's Knowledge, Attitude and Practices (KAP) SURVEY on

Child Health, Nutrition, Education, water, Sanitation, and hygiene (WASH)

FINAL REPORT

November 2020

FOREWORD

All praise be to Allah, it is a great pleasure and honor for the Ministry of Planning, Economic Development and International cooperation to release Puntland IDP's KAP study report on WASH activities, child health and nutrition management, education and protection. The implementation of this study followed due to three consecutive years with high malnutrition rates for the IDP's in Puntland. The objective of the study was to examine the understanding level, perceptions and way of practices of the IDP households in Puntland toward WASH activities, child health and nutrition management, education and protection services.

The study applied advanced standard methodology during the different stages of the study to ensure the reliability of the data. This compilation will cover social and livelihood problems and challenges faced by IDP communities and to design evidence-based policies, strategies and durable solutions.

It provides deeply required information by policy- and decision-makers, and all other relevant stakeholders in the social sector to make evidence-based programme and policy decisions that deliver effective services to IDP communities in Puntland. The survey findings will enable the Puntland State of Somalia to monitor its respective sectors in the Development Plan, including those relating to improving the lives of women and children, and overall health in Puntland.

My deep appreciation goes to study staff including field enumerators and the technical team members collectively, and more significantly to Mr. Abdullahi Abdulkadir, Abdinasir Ali, Mohamed Said and Abdiaziz Mohamed for their outstanding determination and the significant time and energy invested on manipulating, shaping and completion of this report. I also continue indebted to Abdifitah Mohamed, the Director of Puntland statistics department and Mr. Sharmarke Hassan, the Director General of the Ministry of Planning, Economic Development and International Cooperation for their professional leadership, determination and guidance role. I am also thankful to Ministry of Interior, Federal Affair and Democratization, and the Municipalities Garowe, Galkayo, Qardho and Bosaso districts for their facilitation role.

I am also remained grateful to UNICEF Somalia - Puntland office- for its financial support and the time and effort they spent on reviewing and commenting the study report. More particularly to Mr. Awil Bashir Ahmed- the head of planning, monitoring and evaluation of UNICEF Puntland office for his coordination and facilitation roles. Without the combined efforts, involvement and partnership spirits of the various individuals and institutions definitely it couldn't be possible to develop this release.

Ministry of Planning, Economic Development and International Cooperation will endeavor to ensure the continuation of the annual production of this study report. I look forward to seeing the findings from this report shaping and directing the plans, programs, decision and service delivery approaches to IDPs' and other vulnerable communities.

Hon. Abdiqafar Elmi Hange

Minister of Planning, Economic Development and International Cooperation

Puntland State of Somalia

Acknowledgement

This study of examining the knowledge, attitude and practice (KAP) on tracking behavioral changes of the IDP communities in key areas of Child Health, Nutrition, Education, Clean water, Sanitation and good hygiene means accessibility was successfully completed with the commitment, and deductions of several institutions and their individuals. We would like to express our truthful and heartfelt gratitude to every person contributed it in one way or another.

First and foremost, we would like to thank Puntland statistics department technical staff for professionally managing the processes for designing study tool, training of data collectors, coordinating fieldwork implementation, and for producing a comprehensive and detailed study report. More particularly, I remained indebted to Abdifitah Mohamed (Director of Puntland Statistics Department), Abdinasir Ali (Senior Statistician and technical advisor), Abdullahi Abdulkadir (head of research unit), Mohamoud Said (head of survey coordination and quality control), Abdiaziz Mohamed (head of information technology and Geographic information system section).

I would like to remain grateful for UNICEF Somalia program-Puntland office for providing all the financial support required for conducing this study. We would like to underscore that UNICEF Puntland office has been the leading partner of Puntland Social service providing Institutions and civil-society organization in promoting the accessibility of clean water supply, sanitation and good hygiene materials and infrastructure, improving the conditions of child and mother health conditions of the most vulnerable communities in Puntland included internally displaced people.

We also like to thank the leadership of Puntland Ministry of interion, federal affairs and democratization, regional admirations and local government of the districts under the study for providing technical and administration support during listing and survey fieldwork stages.

Finally, I want to say thank you to all the individuals and institutions who contributed to this survey in form or another including the randomly selected respondents from internal displaced communities, young, disciplined professional enumerators. Thanks All.

Mr. Sharmake Hassan Ali
Director General
Ministry of Planning, Economic Development and International Cooperation

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EXECUTIVE SUMMARY

The study intended to understand the level of knowledge, attitude and practice (KAP) of IDPs communities in Puntland on WASH facilities, education, protection, and Child Health and Nutrition management services. The objective of this KAP study was to examine the IDP communities' level of understanding, perceptions and daily practices toward programs mentioned above to evaluate the impact of the previous interventions and the effectiveness of their implementation approaches of the services provided to these communities in general and mainly those supported by UNICEF.

The outcome of this study will provide benchmark values of the indicators for WASH, child health and nutrition education, protection programs to the governmental social services delivery authorities, UNICEF and other humanitarian partners to better monitor changes in the living conditions of these vulnerable communities. The study findings will also be used as a tool to inform future program planning, as well as, to measure the progress of current programming in the operational areas in Puntland. To achieve the survey objectives, this report addresses key questions regarding the benchmark values for indicators of health, nutrition, education, WASH and protection projects, with collected data providing baseline, mid-line and end-line values depending on the specific project.

The sample unit was determined to be households. **A sample size of 840 households** was calculated based on the target **survey population of 451,55 households** in the selected Towns. Sample size for each cluster was determined independently using a 95 % confidence level and 5 % margin of error. A total sample size of 220 households was calculated for each Town, with an additional 10% to account for the discarding of improperly collected data. The sampling method employed was multi-stage random sampling with equal allocation combining stratification sampling with cluster sampling to select the locations and households for participation in the survey. Due to the high volume of data collected, this report focuses on identifying the progress, gaps, challenges and risks associated with service delivery mechanisms, accessibility and practices pertaining to water, sanitation and waste, hygiene knowledge as well as Health, nutrition, education, and protection of the IDPs at the district level of the sampled four districts.

Study also found that more than half of the IDPs in Puntland displaced from South central regions of Somalia, 23% of households displaced from rural and nomadic areas in Puntland While, 20% of the households in the IDP camps in Puntland migrated from location beyond the international border, mainly the Somali region of Ethiopia. Droughts, famine and/or armed conflicts were the major reasons caused them to displace. Engaging manual labor jobs such as construction, janitor, porter, driving, laundry, cleaning and so on and so forth are the major sources of income for 85% of the surveyed households.

Study also found that IDP communities have a moderate level of understanding and practices in Water safety, and sanitation and hygiene protocols. 79% and 78% of IDP communities describe safer water for those without germs and turbidity respectively. However, 40% of total of IDP population use different source of water for drinking and water for other house purposes such as washing and cooking. Water quality and water quantity are the major determinants for either using same or different source of water. On average, 57 percent of household of IDP communities in Puntland have private toilets, however 71% of the respondents in this study mentioned that they have observed individuals practicing open defection, and children are the most common group who practice open defecation by 69 percent. It's quite worth to mention that respondents from Qardho reported the highest rate of households having private and at same time practicing open defection is lowest in Qardho relative to the IDPs for other districts. In terms of practicing handwashing, IDP communities expressed a moderate level. 86% wash their hands before eating, 61% after going toilet, 54% before cooking.

Study also found that IDP households exhibited for having an average level of understanding regarding the causes of diarrhea. 62% of the respondents were able to easily articulate possible causes of diarrhea as drinking contaminated water, another 54% of them attributed dirty hands as a cause factor of diarrhea, while, 52% said diarrhea is caused by bad weather. It is pretty worth to mention that about 29% of the interviewed households reported the occurrence of one child under five years who suffered from diarrhea during the two weeks before data of this study collected. While, less than 10% of households experienced more than one child with diarrhea during that period. Additionally, the growing methods of avoiding diarrhea reported by households reflect a reasonable understanding of the value of good hygiene practices in relation to health status and conditions. 88% of respondents agree that drinking clean water can avoid diarrhea, 70% think washing their hands before eating will also reduce the exposure to diarrhea, 59 percent assume that washing their hands after going to the toilet can also reduce a person's risk of diarrhea. Furthermore, an average 75 percent of respondents across all four districts reported using ORS or using a homemade mix of ORS to treat diarrhea, while 72 percent of all respondents in the study said they use going to clinic for diarrhea care. It is worth noting that respondents from Qardho presented the highest level of knowledge in describing the causes and treating practices of diarrhea relative to other districts.

In total, 77 percent of study participants reported that they admitted at least one child from their families to health care facilities for supplementary feeding. On average, 40% of residents in Bossaso, Qardho and Garowe IDP camps seek health care services from health facilities that are in place while 18% seek health care services from facilities that are less than 1Km away from their houses. However, 74% of the households in Galkayo IDPs travel more than 5km to reach the health facilities.

Overall, most of the caregivers knew that immunizations prevent diseases and that vaccines were safe for their children, but they could not mention the different vaccine preventable diseases and side effects. Respondents were asked to provide their opinions about vaccines. About two third (66%) of all respondents stated that vaccines prevent illness and infectious disease. Another 33 percent stated that vaccines are good for children and keep children healthy. However, a very small proportions of respondents (1% or less) felt that vaccines do not work. Moreover, 70 percent of respondents have heard or seen vaccination message, However, among the most important sources of vaccine massages cited by respondents are health facilities (30%), mobilizers, (26 %) health workers friends' home visits, (19%) radio. Mass media outlets are less widely used include television 0.5 per cent. Furthermore, in terms of practicing immunization, 91% of children under 2 years had ever vaccinated, among those vaccinated, 78% reported to have a vaccination card but interviewers managed to see only 23% of those cards. Among those shown vaccination cards, 40% of those respective children received Penta1, 34% received BCG and 15% received Penta 3 and only 1% received Penta 2. In IDP households, the decision to vaccinate usually made by mothers (57%) and 22% of the households, mother and father together reach the decision to vaccine children.

Finally, although breastfeeding is a common practice in the IDP communities of the districts under the study (data shows that 92% of children under 2 years were breastfed and across all district) yet study found that there is still a sufficient knowledge gap when it comes the level of understanding and awareness related to importance of breastfeeding of mothers and caregivers of IDP communities. Only 59% of mothers and caregivers participated in this study have attended nutrition education sessions on IYCF. These mothers receive such education from Health workers and mobilisers. 65% of mothers and caregivers in the IDPs know that starting breastfeeding right after the delivery is the best and other 27% know that starting it within an hour is very good. While only 49% of interviewed mothers or caregivers know that child require exclusive breastmilk in the first six months. Additionally, 71% of mothers in IDPs that give their babies something else with the breastmilk believe that doing so is good for the baby. Another 15% of the mothers and caregivers extremely believe that baby should drink something else before he can receive breast milk. On the other hand, 48% of interviewed mothers claimed that a child should receive exclusive milk before he gets 6 months old. However, 56 percent believe that the baby should continue to receive breastmilk until 24 months or more while another 44% said that babies should continue to receive breastmilk less than 24 months.

ACRONYMS AND ABBREVIATIONS

EA:	Enumeration Area
HH:	Household
KAP:	knowledge Attitude and practice
UNICEF:	United Nations Children's Fund
WASH:	Water Sanitation and Hygiene
PSU:	Primary Sampling Units
WHO:	World Health Organization
GBV:	Gender Based violence
MOPIED	Ministry of planning economic development and international cooperation
IDPs	Internal Displaced Persons
SPSS	Statistical Package for Social Sciences

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CHAPTER ONE: INTRODUCTION

Over the last two decades, Puntland government with the Partnership of UNICEF Somalia Program, Puntland office had spent significant efforts on improving the living conditions of the most vulnerable communities by facilitating their access to and delivery of basic services like WASH, Child Health, Nutrition, Education and etc.

Puntland Statistics Department under the auspices of Ministry of Planning, Economic Development and International Cooperation (MoPEDIC) conducted Knowledge, Attitudes and Practices (KAP) study on the access to basic WASH facilities, and delivery of child health and nutrition management, education and protection services to IDP Communities in Puntland. This study was designed to provide and generate information on the knowledge, attitude and way of practice of the IDPs in relation to above-mentioned subjects.

The survey target population for this KAP survey were the IDPs population in the four major towns of Puntland, namely Galkayo, Garowe, Gardo and Bossaso towns where UNICEF supported multi-sectoral integrated intervention in response to persistent malnutrition in three years were implemented.

The study applied standard methodology, advanced data collection tools and techniques and appropriate supervision mechanisms during the different stages of the study to ensure the quality, reliability and representative of the data.

The KAP study attempted to identify knowledge gaps, cultural beliefs, or behavioral patterns that may affect the living conditions of the IDP communities. The study will enable government and humanitarian agencies to systematically think and analyze livelihood problems and challenges faced by IDP communities and to design evidence-based policies, plans and solutions. It will also provide guidelines to assess communication processes and sources that are critical to defining effective activities as well as highlight issues and barriers in program delivery, and solutions for improving quality and accessibility of services. More important will contribute to social sector key indicators for UNICEF assistance to IDP communities and will update the existing sector M&E plans already in place.

Background:

Following three year consecutive high malnutrition rates in IDP camps in 4 districts in Puntland, UNICEF introduced and implemented new multi-sectoral, integrated project for 6 months (from 21st August to 20 February 2020) under the leadership of Communication for Development (C4D) focusing on support and promote behavioral changes among the community in key program areas of Health, nutrition, education, WASH and protection to promote better social practices that can improve the wellbeing and living status of the population in Puntland. Thus, UNICEF established a partnership with Puntland Minority Women

Development Organization to implement integrated project that addresses/ reduces the malnutrition in the above mentioned IDP camps focusing on below areas:

Nutrition: specially areas of exclusive breastfeeding, complementary feedings, proper utilization of nutrition products given from the health facilities etc.

Health: include demand generations of caregivers to immunize their children within the first 12 months of age, refer timely to health centers if the child has any of childhood illnesses and manage mild Diarrhea cases at household level

WASH: promote use of clean drinking water at household level, use of latrines, hand washing with soap/ash at the critical times and the proper and safer ways of disposing garbage.

Protection: raise awareness of the community on the dangers of FGM/C risks to girls and that it has no relation to the religion

During the project implementation, different strategies and approaches were applied which include; training and recruiting social mobilizers who will conduct house to house social mobilization activities in all the four IDP camps; organizing community sensitization meetings focusing to one topic in each week and orienting the elders and religious leaders to get their supports and participate promotion activities on health, nutrition, WASH and protection. The UNICEF supported integrated interventions came to an end without prior baseline establishment and/or project evaluation at the end. However,

Therefore, MOPIED and UNICEF planned this KAP study in IDP communities to understand better the knowledge, attitude and practices of the IDP communities and how the multisectoral interventions and other humanitarian assistance contributed to the improving the situation in IDP communities in Puntland and equally, establish benchmarks for future interventions in IDP communities in 4 major towns in Puntland State, Somalia.

KAP Study Objectives:

Overall Objectives

The overall objective of the KAP study was to establish a baseline information. Benchmarks for the program's implementation in 4 IDP communities in Puntland State and establish understanding of the coverage of past interventions.

Specific Objectives:

- To establish benchmarks for UNICEF Health, Nutrition, WASH, Education and Child Protection interventions in 4 IDP communities in Puntland.
- To examine People of Concern's (PoC) knowledge, attitudes and practices related to WASH, Nutrition and health
- To identify and document key gaps in Knowledge, Attitudes and Practices that remain unaddressed within the IDPs population for future mobilization of resources and programming.
- To assess Knowledge, Attitude and Practices in IDP communities in Bossaso, Gardo, Garowe and Galkayo towns.
- To generate baseline levels and measure changes that result from interventions.
- To assess and identify communications processes and important sources for program implementation and effectiveness

CHAPTER TWO: METHODOLOGY

2.1 Survey population

The survey population for the KAP survey consists the IDPs population, including children, women and men, residing in the four major towns of Puntland state namely Garowe Bossaso Galkayo and Qardho where UNICEF is currently operational o as part of health, Nutrition WASH and protection programming. The target population considered for this survey was 45,155 households.

2.2 Sampling design

The sample unit was determined to be households. A sample size of 840 households was calculated based on the target survey population of 45155 households in the selected Towns. Sample size for each cluster was determined independently using a 95 % confidence level and 5 % margin of error. A total sample size of 220 households was calculated for each Town, with an additional 10% to account for the discarding of improperly collected data. The sampling method employed was multi-stage random sampling with equal allocation combining stratification sampling with cluster sampling to select the locations and households for participation in the survey.

2.3 Study Area

This KAP study was conducted in 4 major towns IDP communities in Galkayo, Garowe, Gardo and Bossaso towns where UNICEF in partnership with PMWDO implemented multi-sectoral integrated intervention in response to persistent malnutrition in three years

2.4 Study period

The baseline survey was conducted in Feb-March 2020. The report preparations and finalization continued until the end of June 2020. Though was supposed to publish in September but the review and validations took an extra time.

2.5 Study design

The study was a cross sectional study with two-stage cluster sampling using the 'WHO model for vaccination survey.

2.6 Limitations of Study

Although considerable care was taken in designing the KAP questionnaire to avoid ambiguity, the quality of the responses to a number of questions was highly dependent on the skills of the surveyors. Clear instructions were given in the survey form when to prompt and when to probe for answers; nevertheless, it is expected that some mistakes might happened in the field.

Respondents under 18 years of age were included as they would have been able to provide answers to all questions.

2.7 Ethics and consent procedures

The purpose of the KAP survey was shared with the respondents and agreement to participate was sought prior to the interview using oral 'informed consent' as outlined on the online, structured questionnaire.

Confidentiality was also discussed and confirmed with respondents prior to the interview. Coding based on random household serial number, when applicable and GPS coordinates instead of names was used to further ensure confidentiality of respondents.

2.8 Data collection and quality control

2.8.1 Data collection

The survey focused on quantitative data collection. The quantitative information was collected using tablets and an online structured questionnaire created on Kobo Toolbox developed by the MOPIED Statistics team, the online structured questionnaire was based on a mapping of the key indicators.

Data was collected in the field using the remote, offline function provided by Kobo Toolbox using tablets, with daily uploading of the data using Kobo Collect by the survey teams in the field.

As the KAP survey aim was to collection quantitative data, the use of Key Informant Interviews (KIIs) and Focus Group Discussions (FGD) did not occur as part of the scope of this survey and will take place after the analysis of the quantitative data as deemed necessary. Triangulation will be utilized to ensure the use of more than one method of data collection, including that of qualitative data collection and secondary data sources, to crosscheck and ensure the validity of all information.

2.8.2 Quality control

Data checking and validation for completeness and consistency was carried out daily from downloads from Kobo Toolbox, based on the uploaded entries to Kobo Collect from the tablets. Data that was deemed inconsistent was highlighted and shared with the relevant team at the field location for rectification and cleaning. The main inconsistency that commonly occurred was that the skeptical logic for some question

was missing in the first two days However, quality control was ensured daily, with corrections being carried out on a real-time basis within the first 48 hours of data collection.

2.8.3 Data management and analysis plan

All quantitative data was analyzed using Excel and Statistical Package for the Social Sciences (SPSS). Based on the raw data, available for download from Kobo Toolbox, a master database was developed, and data cleaning was carried out. A quantitative data framework was set up in Excel for all validated data. A series of frequencies count and other statistical methods were employed in the analysis of the data.

2.9 Organization of the Report

This report is structured around five chapters. Chapter 1 describes the background, purpose and objectives of the study. Chapter 2 describes the methodology of the study, including sampling designs, research tools and analysis of data. Chapter 3 presents data tabulation and analysis, Chapter four will show the findings and finally, chapter five will summarize the recommendations and study conclusions.

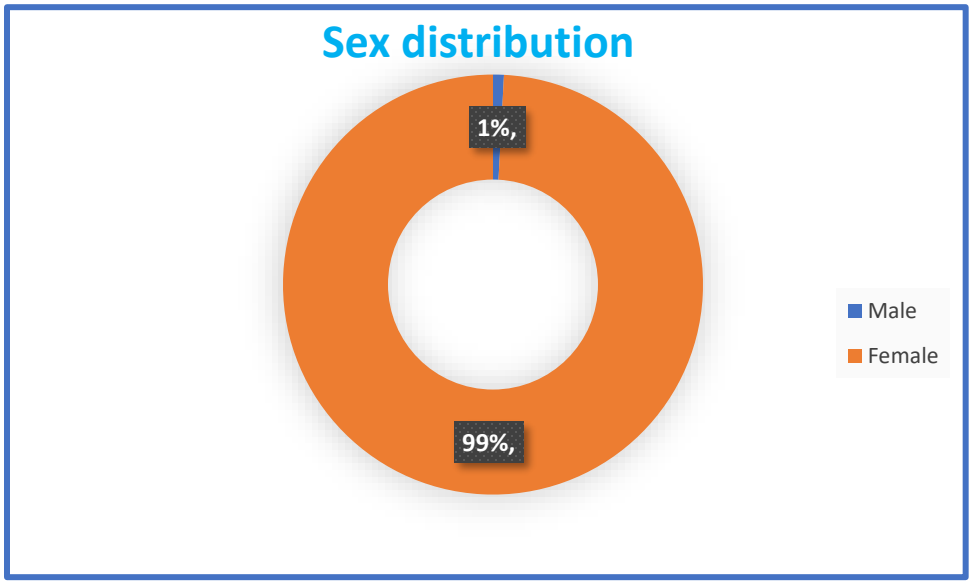
CHAPTER THREE: Data Analysis

3.1: Profile of the Respondents

3.1.1 Sex of respondents

Among the total respondents, the majority (99%) were female, whereas 1 % of them were male.

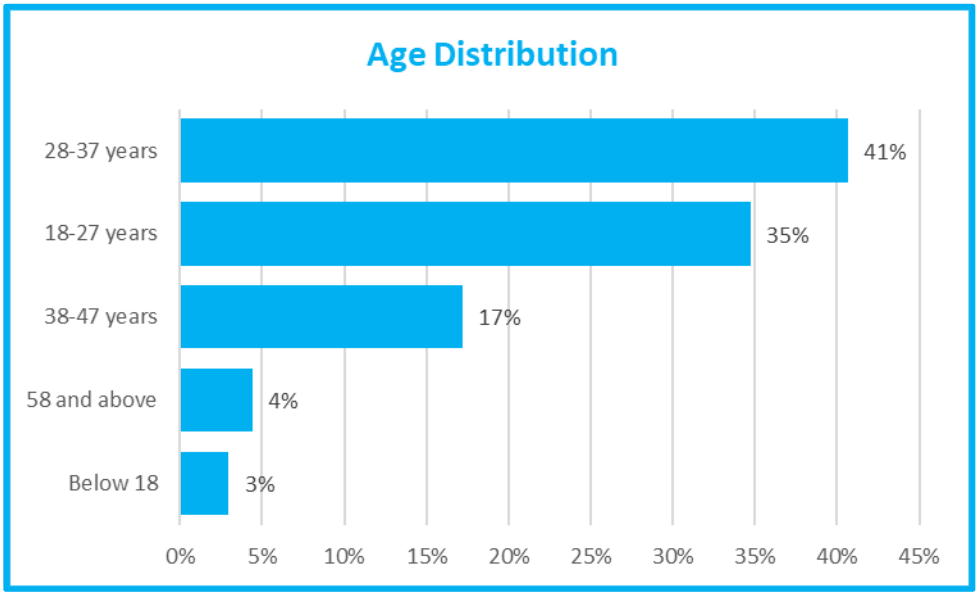
Figure 1: Sex of respondents



3.1.2 Age of respondents

The ages of respondents participated in this study were between 16-72 years old. About 41 % of the respondents aged between 28 to 37 years old. While 35% of them were in the age group of 18 to 27 years old, another 17% of the participants were aged in between 38 to 47 years old, where only 4% and 3 % of the people interviewed aged in the age groups of 55 years and above and below 18 years respectively.

Figure 2: Age Distributions of the study participants



3.1.3 Household size and number of children Under 5 years

The family size and the number of children per family often indicate the pressure a family experiences to support their children. In aggregate, the average family size of the households interviewed in this study was 7.2 and the average number of children under 5-year-old for interviewed households was 2.1 (Table 1), while the national corresponding numbers are 6.2 and 1.46, respectively.

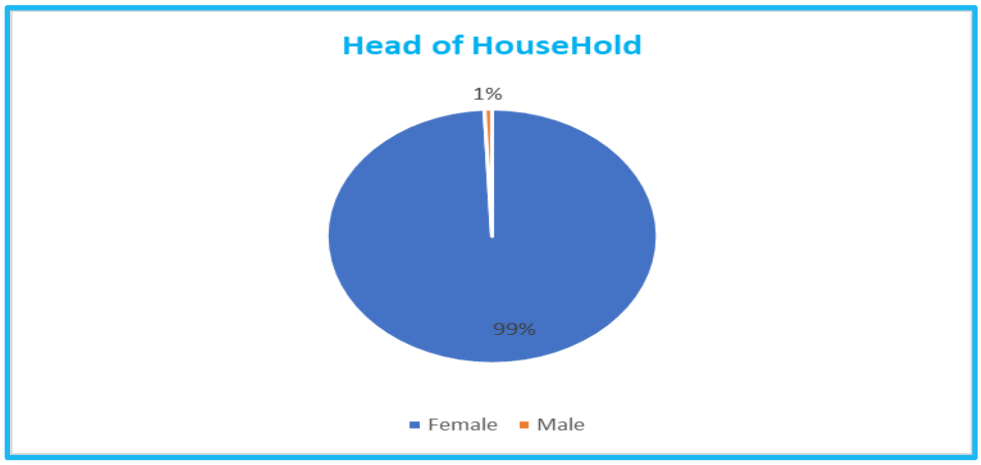
Table 1: Household Size and number of children under 5 year

Districts	Household size	Average children < 5yrs old
Bossaso	**7**	**2**
Galkacayo	**7**	**2**
Garowe	**7**	**2**
Qardho	**8**	**2**
Total	**7**	**2**

3.1.4 Household Headship

According to figure 1.4 the proportion of female headed households was substantial,99% of the respondents were households head and only one percent were headed by male. This occurrence gives an indication of the role of female in IDP community and the high risk of vulnerability

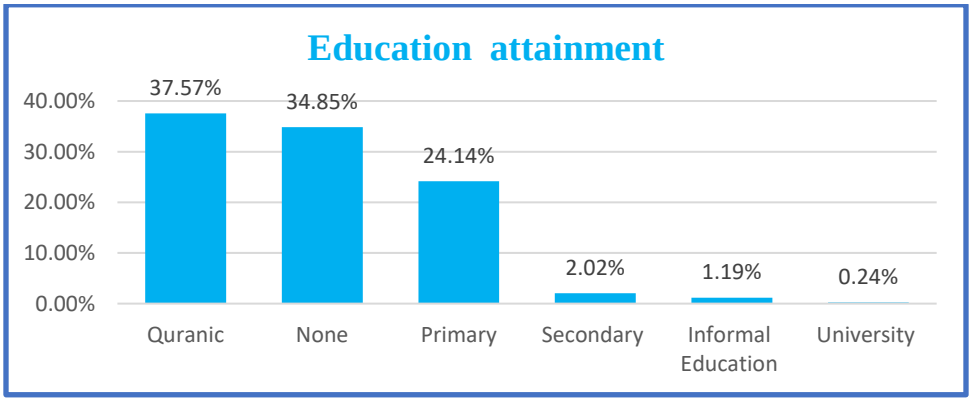
Figure 3: Sex of Head of Household



3.1.5 Education Attainment of respondents

Figure1.5 presents information about the educational attainment of the study respondents. Overall, about 35% of the respondents have never been to school. 38% of the study participants attended Quranic school,24% of them completed at least primary school while only 1.19% attended some informal education, the portion of respondents went to secondary school was also 2.02%, and 0.24% of them attained some formal education after secondary school.

Figure 4: Education Attainment of respondents



3.2 Displacement Status

Table 2: Place of origin

	Town				
Place of origin	**Bosaso**	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Awdal	0.0	0.5	0.0	0.0	**0.1**
Bakool	1.9	1.0	1.9	0.0	**1.2**
Banaadir	35.7	17.6	33.3	14.8	**25.4**
Bari	1.0	29.0	4.3	0.5	**8.7**
Bay	1.9	18.6	6.2	3.8	**7.6**
Beyond the Border	28.1	9.5	6.7	37.1	**20.4**
Galgaduud	0.5	0.0	0.5	1.9	**0.7**
Gedo	4.3	1.0	1.9	0.0	**1.8**
Hiiraan	3.8	2.9	5.2	1.9	**3.5**
Jubada dhexe	1.0	0.0	1.9	0.5	**0.9**
Jubada hoose	1.0	4.8	1.9	1.0	**2.2**
Mudug	0.5	1.4	3.3	27.1	**8.1**
Nugaal	0.0	4.3	20.5	1.0	**6.5**
Sanaag	1.4	1.0	0.0	0.0	**0.6**
Shabeelada Dhexe	6.2	4.8	4.3	2.4	**4.4**
Shabeelada hoose	10.0	3.3	1.9	6.7	**5.5**
Sool	0.5	0.0	3.8	1.4	**1.4**
Togdheer	0.0	0.0	1.0	0.0	**0.3**
Woqooyi Galbeed	2.4	0.5	1.4	0.0	**1.1**
Number of Households	**210**	**210**	**210**	**210**	**100**

Table 2 indicates the origin regions of the households in the IDPs of the districts under the study. 36% of the households in the IDPs in Bossaso came from Banadir where another 28% came from beyond the border of Somalia, especially, the Somali region of Ethiopia. In Qardho, 29% of the household's resident to IDPs in this district displaced from the districts of Bari included areas surrounding to Qardho itself, while, 19% from Bay region, 18% from Banadir and and another 10% of the households in Qardho IDPs immigrated from neighbor countries mainly Ethiopia. According to the households interviewed from IDPs in Garowe district, 33% of them stated that they displaced from Banadir region, while 20% displaced from rural and nomadic areas of Nugal region and another 7% of them are immigrants from neighbor countries, mainly they are Somalis from the Somali region of Ethiopia. in Galkayo, 37% of households came from the neighbor countries and another 27% of the household in Galkayo IDPs displaced from other parties of Mudug region.

Table 3: Reasons of displacement from home of origin and reasons chosen current location

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Displacment Reason					
Armed conflict in my village	87.6	46.7	73.8	28.6	**59.2**
Violence and discrimination	45.7	9.5	26.2	6.2	**21.9**
Drought / famine / flood	69.5	45.7	44.3	41.0	**50.1**
Lack of property like home	43.8	66.7	41.0	30.0	**45.4**
Lack of employment opportunities	54.8	54.8	41.0	7.1	**39.4**
Death of husband / family reasons	13.8	6.2	4.3	2.4	**6.7**
IDP relocation program	4.3	11.0	7.1	4.3	**6.7**
Having relative here	6.7	14.8	1.9	6.7	**7.5**
Don't know	1.9	5.2	1.4	2.9	**2.9**
Why you Select to displace Puntland					
Better security	90.0	72.9	85.7	59.5	**77.0**
Better access to home / land / livestock	50.0	27.1	31.4	46.7	**38.8**
Better access to education and health services	72.4	52.4	32.4	28.6	**46.4**
employment opportunities	67.6	87.6	48.6	12.9	**54.2**
To join family / family reasons	26.7	32.9	9.5	15.2	**21.1**
I knew people who settled in this place	7.1	3.8	9.0	4.8	**6.2**
Access to humanitarian aid	23.3	30.5	21.4	23.3	**24.6**
Other reasons (specify)	0.5	3.3	1.9	2.4	**2.0**
Don't know	0.0	0.5	0.0	0.0	**0.1**
Refused to respond	0.0	0.0	0.5	0.0	**0.1**
Number of times H.Hold Changed Residence					
0	16.1	1.4	14.3	43.8	**18.9**
1 - 3	65.9	96.2	82.4	56.2	**75.2**
4 - 6	9.5	2.4	3.3	0.0	**3.8**
7 - 9	8.1	0.0	0.0	0.0	**2.0**
10+	0.5	0.0	0.0	0.0	**0.1**
Number of Households	**210**	**210**	**210**	**210**	**100**

Table 3 shows the percentage distribution of reasons forced households in the IDPs of the districts under this study. Respondents had the option to provide more than one reason for answering reasons of displacing from their initial settlement and reason to prefer their current locations.

According to respondents from IDPs in Bossaso, the major reasons they had displaced from their home region were armed conflicts (88%); climate change related factors such droughts and floods (70%); unemployment (55%), violence and discriminations (46%) and difficulties in access to basics of livelihood

such as lack of shelter (44%). The data shows that they chose Bossaso to answer the above challenges. Regarding to this question, respondents from Garowe IDPs had nearly similar responses with those in Bossaso.

Lack of shelter (67%), Unemployment (55%), armed conflicts (47%) and natural disaster (46%) were the major reason forced IDPs in Qardho to displace from their place of origin.

In Galkayo, Lack of shelter (41%), natural disasters (30%) and armed conflicts (28%) were the major reasons they displaced from their original settlements. It is noteworthy to mention that the percentage of households in Galkayo district who displaced their home origin for seeking employment is significantly different from the corresponding percentages of other districts.

The data further reveals that 75% of the respondents have changed their residence one to three times before they came to the current settlement, while 19% of the respondents have never made any shift from their first settlement since they displaced from their place of origin.

Table 4: Number of IDPs revisited their home origin and the number of times they did so in case they did.

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Household member has ever revisited to place of origin					
Yes	35.2	38.1	18.6	22.9	**28.7**
No	64.8	62.0	81.4	77.1	**71.3**
Number of times a member of household revisited their place of origin					
1 - 3	83.8	92.5	92.2	81.1	**87.4**
4 -7	10.8	7.5	2.6	12.6	**8.4**
8+	5.4	0.0	5.2	6.3	**4.2**
Number of Households	**210**	**210**	**210**	**210**	**100**

Table 4 represents whether a member of the household returned to their origin and the number of times they returned by district

About 29% of the interviewed 840 households reported that at least one member of their family has ever visited back their original settlement since they displaced from it. And the other 72% mentioned that any member of household had never gone back their original settlement.

IDP residence in Qardho district have the highest rate of going back with a 38%followed Bossaso 35% and Galkayo 23% while Garowe has the least with 19%. About 87% of the respondents who had said earlier that at least one member of their family revisited to the home region pay 1 to three visits.

3.3 EDUCATION

Basically, education is an essential element for the different aspects of socioeconomic development. Education improves capabilities and is strongly associated with various socioeconomic variables such as lifestyle and income.

Table 5: The percentage distribution of personal believes on education and rate of children go to school in IDPs

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Respondent's perception on the impact of education to a person's life					
Yes	91.9	98.1	91	99	**95.0**
No	8.1	1.9	9	1	**5.0**
Children at the age of school go to school					
Yes	47.9	60	42.9	67.6	**54.6**
No	40.3	23.3	42.4	14.8	**30.2**
Below the age of school	11.8	16.7	14.8	17.6	**15.2**
Reasons why Children don't go to school					
Can't afford tuition fees	53.61	58.21	67.83	63.64	**60.8**
No education services available	36.08	10.45	13.91	24.24	**21.2**
Schools are too far	5.15	5.97	5.22	0.00	**4.1**
Children work	4.12	17.91	4.35	3.03	**7.4**
No transportation	1.0	7.5	8.7	9.09	**6.6**
Number of Households	**210**	**210**	**210**	**210**	**100**

Overall, 95 % of the respondents believe that education has an impact on person's life. However, only 55% of children who reached age of school currently go to school in IDPs. At the district level, Galkayo and Qardho have the highest percentage of children go to school (68% and 60% respectively), where Bossaso and Garowe have 48% and 43% precedingly.

61% of respondents who reported that their children don't go to school said because of difficulties in paying their children's educational fees, about 21 per cent said lack of education service on their camp and about 7 per cent reported that their children can't go to school because alternatively do work to earn income for the family.

3.4 LIVELIHOOD

Table 6: The number of times that IDPs households missed one or more meal for economic constraints in the last month before the survey

	Town				
	Bosaso	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Number of meals a family usually gets in every 24hrs					
One meal	20.5	9	15.7	23.3	**17.1**
two meals	75.2	76.2	70.5	64.8	**71.7**
three meals	4.3	14.8	13.8	11.9	**11.2**
Household missed the three meals of the day for an economic reason during the month prior to the survey					
Yes	85.7	72.9	82.4	66.2	**76.8**
No	14.3	27.1	17.6	33.8	**23.2**
Number of days a family went hungry throughout the day because of lack of money to buy food					
Number of days	4.5	7.8	3.9	5.0	**5.3**
Number of Households	**210**	**210**	**210**	**210**	**100**

Table 6 shows the percentage distribution of household missed at least one meal for an economic reason and the number of times households experienced such constraint during the last month before the survey was conducted.

Table six reveals that 71% of IDP households usually get two meals in a day and miss the other meal. Furthermore, 77% of the households in IDPs stated that they had experienced went hungry for a whole day during the month before the survey due to economic-related constraints. The respondents who experienced this problem additionally mentioned that they had suffered from this challenge an average of 5 days during the month before the data collection date.

Table 7: Major sources of income for IDPs and if their tents has access to electricity service

	Town				
	Bosaso	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Source of income					
Employment	93.3	94.8	83.8	70.0	**85.5**
Remittance	1.9	2.9	5.2	6.7	**4.2**
Humanitarian Aid	42.4	40.0	30.0	24.3	**34.2**
Zakat/ Sadaqa	31.0	7.1	17.6	8.1	**16.0**
Access to Electricity					
Yes	35.7	63.3	16.7	8.1	**30.95**
No	64.3	36.7	83.3	91.9	**69.05**
Number of Households	**210**	**210**	**210**	**210**	**100**

According to table 7, employment is the major source of income for the households of the IDPs (86%) under study, this is followed by Humanitarian aid dependents (34%), and Zakat/Sadaqat (16%) and approximately Only 4% of the IDPs populations receive Remittance as major source of income. Variances among the four districts are not much.

Almost about two third or 69% of total interviewed households in this study do not have access to electricity, the access rate of electricity is relatively higher in Qardho 63% followed by Bossaso 36% and Garowe 17% while Galkayo has the least with only 8% of its IDP residence do have access to electricity.

3.4 WATER SANITATION AND HYGIEN

This section presents information on sources of drinking water, sanitation, and hygiene

Table 8: The sources that displaced families receive from water they use for the various household needs

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Use of different sources of water for drinking and washing					
Yes	7.6	32.9	72.4	45.7	**39.7**
No	92.4	67.1	27.6	54.3	**60.4**
Why use different Water Sources					
quantity of water	18.8	63.8	13.2	64.6	**40.1**
quality of water	87.5	76.8	75.7	69.8	**77.4**
Tradition	0.0	11.6	21.1	5.2	**9.5**
personal believe	0.0	11.6	8.6	3.1	**5.8**
everybody is doing it	87.5	2.9	28.9	0.0	**29.8**
Others	0.0	5.8	28.9	0.0	**8.7**
No answer	0.0	0.0	0.7	0.0	**0.2**
Source of water for drinking					
from the water tank	50.5	73.3	63.8	13.3	**50.2**
from communal tank	30.5	41.0	19.0	5.2	**23.9**
from the communal tap-stand	31.0	16.7	38.6	46.2	**33.1**
from household tap	1.4	8.6	4.8	5.2	**5.0**
from water bottle (shop)	15.7	8.6	7.1	26.7	**14.5**
from water bottle (distribution)	1.9	1.4	2.4	11.4	**4.3**
Other	1.0	1.0	8.6	2.4	**3.2**
Source of water for washing, Cooking and Cleaning					
Directly from the water trucks	57.6	72.9	53.8	18.1	**50.6**
from the tank in front of the tent	42.9	29.0	18.6	3.3	**23.5**
from the communal tap-stand	32.9	19.0	61.4	72.9	**46.5**
from my household tap	1.0	7.6	1.0	10.5	**5.0**
from water bottle (shop)	12.4	1.9	1.0	1.9	**4.3**
from water bottle (distribution)	1.9	1.0	1.0	1.4	**1.3**
Others	0.5	0.0	0.5	0.0	**0.2**
Number of Households	**210**	**210**	**210**	**210**	**100**

About 72% of the interviewed households from Garowe IDP camps reported that they receive water for drinking and water for other household purposes from different sources. The corresponding rates for Galkayo and Qardho were about 46% and 33% respectively and only about 8% of respondents from sampled IDP camps in Bosaso said they use different source for drinking water and water for other purposes.

In Qardho, regarding those said that they use different water source for drinking and washing, about 64% and 77% of them justified that because of the quantity of different water source available and quality

difference of the different water sources available to them were the main reasons for using different source. The justification of the respondents sampled from Galkayo that use different water sources was not much different from their counterparts in Qardho. While in Garowe, 76% of the respondents that use different water source for drinking and washing justified because of the quality difference and another 29% reasoned it because they saw other doing so.

On average, 50% of households interviewed in this study said that they receive drinking water from water tank while the percentage distributions of district level were 51%, 73%, 64% for Qardho, Garowe and Bossaso, respectively. Where only 13% of households in Galkayo obtain water for drinking from water Tank.

On the other hand, 24% of the study respondents receives water for drinking from the communal tank with a percentage distribution at districts level of 41%, 31%, 23%, 19% and 5% for Qardho, Bossaso, Garowe and Galkayo correspondingly. While 33 % of study participants get drinking water from communal tap-stand with different percentage portions at district level of 46%, 39%, 31% and 17% for Galkayo, Garowe, Bossaso, and Qardho respectively. Additionally, 27% of the respondents from Galkayo and 16% of those surveyed from Bosaso said that they use processed bottled water from shop as source of water for drinking.

Moreover, the above table also presents source of water for washing and cooking. 51% of the respondents in the study receives water for washing and cooking purposes from water trucks directly, 47% of them get it from the communal tap-stand while, 24% of them obtain from the tank in front of the tent.

At district distribution levels, households in Bossaso IDPs get water for cooking and washing from water trucks (58%), communal tanks in front of the tents (43%) and 33% from the communal tap-stand. In Qardho, IDPs gets water for these purposes from water trucks, communal tanks in front of the tents and from the communal tap-stand with a percentage distribution of (72%, 29% and 19%) respectively. While IDPs in Garowe the percentages of household that obtain water for cooking and washing from these above-mentioned major sources are (54%, 19% and 61%) correspondingly. For IDPs in Galkayo, the major sources of water for washing and cooking are communal tap-stand, water trucks, personal household tap with the following percentages (73%, 18% and 10%) respectively.

Table 9: level of tank availability and the safety of the container for drinking water

	Town				
	Bosaso	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Containers safety					
All containers are clean	20.5	53.8	41.4	47.6	**40.8**
All containers are covered	26.2	59.5	39.5	50.0	**43.8**
Some containers are clean	46.7	37.1	45.2	44.8	**43.5**
Containers are not clean	51.4	25.2	15.2	29.0	**30.2**
All containers are not covered	50.5	22.9	14.8	27.1	**28.8**
Store water for drinking inside the tent					
Yes	63.5	91.9	89.5	84.3	**82.3**
No	36.5	8.1	10.5	15.7	**17.7**
Tank availibility for the plot					
Yes	53.1	62.9	30.5	56.2	**50.7**
No	46.9	37.1	69.5	43.8	**49.3**
If the Tank is clean					
Yes	86.6	90.9	93.8	94.1	**91.3**
No	13.4	9.1	6.3	5.9	**8.7**
Number of Households	**210**	**210**	**210**	**210**	**100**

For container safety and cleanness, about 41% of the total respondents answered that their containers for drinking water are all clean and almost the percentage distributions at district levels were (54%, 48%, 41% and 21%) for Qardho, Garowe, Galkayo and Bossaso respectively. While the percentage of the respondents who said that their water containers are not clean at all were 30% and more specifically, Bossaso has a 51% of households mentioned that their containers are unclean. Another, 44% of the total study participants said that their containers are partially clean.

The percentage of the study respondents that said “their water containers are most often covered” were 44% and at district level, Bossaso has the lowest number of households with containers that are usually covered (29%). On the other side, the average percentage with totally uncovered water containers were 29%. In contrary, Bossaso in this case had the highest percentage of 51%.

On average, 51% of households in the four districts have tank for their plot. Qardho has the highest percentage (63%) of households with tank is available for their plot and Garowe has the lowest percentage of 31%. And Among 840 households surveyed 82% use their containers for drinking water inside the tent.

Table 10: Respondents perception on water quality and safety

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
The quality of the water source currently available					
Good	72.9	71.9	38.6	84.3	**66.9**
Not good	26.2	27.6	59.5	15.7	**32.3**
Donot know	1.0	0.5	1.9	0.0	**0.8**
Respondents perception on safe water					
No germs	66.2	90.0	67.1	90.0	**78.3**
No turbidity	81.9	88.1	57.6	82.4	**77.5**
Good taste	80.0	71.0	55.7	41.0	**61.9**
No smell	27.1	60.5	28.6	45.2	**40.4**
Other	19.0	21.0	23.3	3.3	**16.7**
I donot know	0.0	1.0	2.4	0.0	**0.8**
If the water is not good, what are the reasons					
chlorine	25.5	32.8	76.8	24.2	**39.8**
Bad taste (not chlorine)	49.1	29.3	46.4	63.6	**47.1**
Turbid	60.0	67.2	45.6	30.3	**50.8**
Bad smell	65.5	58.6	64.8	48.5	**59.3**
Hot/Cold	40.0	24.1	28.8	18.2	**27.8**
Open container	61.8	55.2	7.2	18.2	**35.6**
tank/container is dirty	45.5	29.3	1.6	12.1	**22.1**
piped network is not functional	14.5	3.4	0.8	6.1	**6.2**
borehole is not good	12.7	15.5	1.6	3.0	**8.2**
other	9.1	5.2	12.8	0.0	**6.8**
Number of Households	**210**	**210**	**210**	**210**	**100**

The above table shows that 67% of the respondents consider good the quality of their current water source. At district level, all districts showed percentages higher than the average rate except Garowe with only 39% of its IDPs residents consider the quality of their current source of water is good. Only 32% of the total respondents said that the quality of their current water source is not good.

The major reasons that respondents in Bossaso characterized the poor quality of their current water source were: bad smell (65%), open container (62%), Turbidity (60%), bad taste not caused by chlorine (49%) and tank or container is dirty for (45%).

In Qardho, poor quality water is described as the following: Turbidity (67%), bad smell (58%), open container (55%) and too much chlorine (32%) were the major reasons respondent attributed why the quality of their current water source is not good. In Garowe, too much chlorine (77%), bad smell (66%), turbidity and bad test not caused by chlorine (46%) for each were the major reasons t participants characterized why the quality of their current water source wasn't good. And Finally, residents in Galkayo IDP camps described the reasons that the quality of their current water source was bad due to as follow: bad taste not

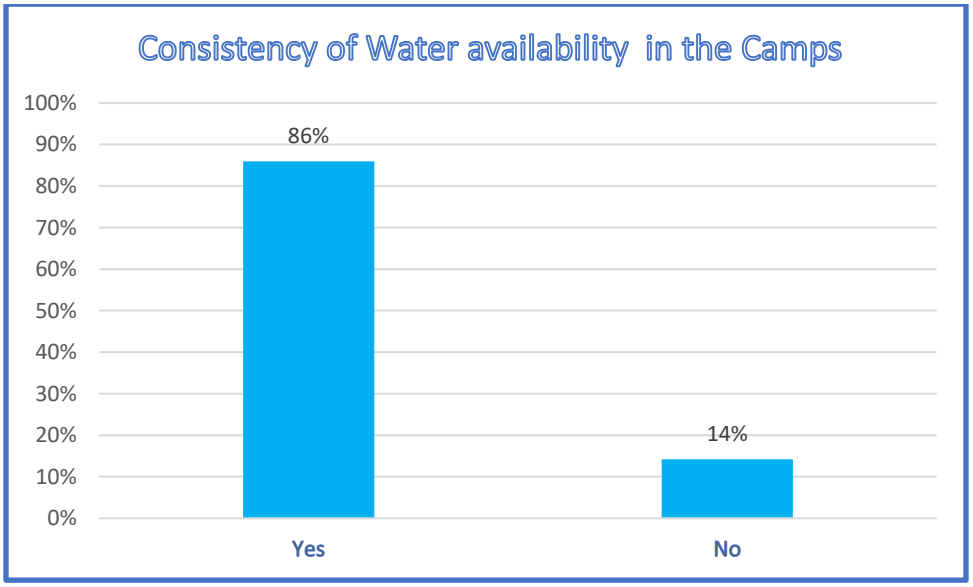
caused by chlorine (64%), bad smell (48%), turbidity (30%) and too much chlorine said by 24% of the participants sampled from Galkayo.

Across the four districts, respondents were asked about their understanding on safe water. The respondents were allowed to provide more than one respond, due to this, each quality was considered as independent case, meaning that answers provided by respondents were independent to one and another.

On average, 78% of the respondents characterized safe water for those with no germs. Again, 78% of the total respondents consider safe water as those with no turbidity. While 62% and 42% of respondents characterized safe water as a water with good test and no smell respectively. And there is a fewer variance in each of those characterization in respect to respondent's location.

On average, 78% of the respondents characterized safe water for those with no germs. 78% of the total respondents consider safe water as those with no turbidity. While 62% and 42% of the respondents characterized safe water as a water with good test and no smell respectively. And there is a fewer variance in the percentages of those water safety measurements described above in terms of the respondent's place of residence.

Figure 5: Respondents answers for the consistency of water availability



As the above figure depicts that 86% of the total respondents reported having experienced water interruption at least one single day in the last 2 weeks.

Table 11: The level of IDPs Toilet Accessibility and the Practicing of Open Defecation

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Private toilet availability for the household					
Yes	40.8	78.1	61.9	47.1	**57.0**
No	59.2	21.9	38.1	52.8	**43.0**
Open Defecation Practice					
Yes	78.2	57.6	71	76.7	**70.9**
No	21.8	42.4	29	23.4	**29.1**
Type of people practicing open defication					
Adult	44.3	8.6	37.1	22.4	**28.1**
Teenagers	58.1	12.9	31.4	38.6	**35.2**
Children	77.1	56.2	69.0	73.8	**69.0**
Number of Households	**210**	**210**	**210**	**210**	**100**

Data in the above table presents that 57% of the households in this study have access to toilets. Qardho IDPs has the highest percentage of the households that have access to toilets (78%), while Galkayo and Bosaso has the lowest percentage of 47% and 41% respectively.

Regarding the practice of open defecation, 71% of the respondents in this study mentioned that they have observed individuals practicing this act and the percentages observed this practice at district levels were almost similar to the average except Qardho with rate of 58%. It can be justified that the higher rate of households in Qardho who have access to toilets attributed the lower rate of people practicing open defecation relatively to rates presented by other districts.

With regard to identifying the category for people practicing open defecation, respondents were allowed to provide more than one answer, this implies that answer for each category is an independent to the answers of other categories.

According to IDP respondents surveyed from Bosaso, open defecation practice is highly common among all the different categories of the resident in Bosaso IDPs. 77% of people seen defecating outside were children, 58% of the respondents observed teenagers practicing open defecation and 44% saw adults. This can be attributed to the limited number of households who have access to toilets (47%).

In Garowe, the percentage of respondents saw adults and teenagers practicing open defecation were 37% and 31% correspondingly. While, 69% of people seen defecating outside were children. Similarly, in Galkayo, the rate of study participants who saw adults and teenagers practicing open defecation were 22% and 39% respectively, whilst 74% saw children excreting open areas.

However, in Qardho, the percentage of respondents observed people practicing open defecation were 58%. Most of the people seen excreting outside were children (56%). The percentages of respondents observed adults and teenagers practicing open defecation were only 9% and 13% correspondingly. The lower rate of open defecation practice in Qardho relatively to other districts can be positively correlated to higher rate of households claimed that they have access to latrines.

Table 12: Ways of managing young children excretions

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Where do Young Children under five use to toilet					
On a potty	31.0	92.9	71.0	81.0	**68.9**
On the floor	45.2	15.7	21.0	20.5	**25.6**
In the toilet	15.2	21.0	8.1	3.3	**11.9**
Others	25.7	1.0	20.0	1.4	**12.0**
There is no answer	0.5	0.5	1.4	0.0	**0.6**
If it's on a potty or on the floor, where do you put the excreta after?					
Existing toilets	32.4	95.2	56.2	75.2	**64.8**
Existing shower	6.2	1.9	1.0	0.0	**2.3**
Buried into the plot	12.4	1.9	11.4	2.4	**7.0**
Garbage container	15.7	0.5	27.1	0.5	**11.0**
I throw it outside of the camp	47.1	7.6	26.7	18.6	**25.0**
I throw it inside of the camp	17.6	0.0	4.3	5.2	**6.8**
Other	15.7	0.5	11.9	1.0	**7.3**
There is no answer	0.0	0.5	0.5	0.5	**0.4**
Number of Households	**210**	**210**	**210**	**210**	**100**

On average, 69% of the participants in this study said that their kids use potty seat for excretion. Households in Bossaso IDP camps have the lowest rate of children using potty seat (31%), whereas Galkayo and Qardho have the highest rates of kids using potty seat 93%, and 81%, respectively. In contrary, 45% respondents from Bosaso IDPs stated that their children defecate on tenant's floor, the matching rates of this indicator for Galkayo and Garowe are 26% and 21% respectively.

In Qardho, 95% of the families with children under five who use to excrete in the potty seat or floor dispose of the excreta into toilets. The percentage of households in Galkayo and Garowe who dispose excreta into toilets after children defecate on potty seat or floor are 75%, and 56 % accordingly. Only 32% of households in Bossaso IDPS put feces into toilets after kids relax on potty seat or floor. However, about 63% of households of the IDPs in Bossaso with children that excrete on potty seat or floors throw it either to the outside of the camp 48), inside the camp (18%), or pour it to garbage container (16%) or burry it into the plot (16%).

In Garowe, 47% of IDP families manage improperly to children feces after they excrete to potty or floor by either putting it inside the garbage container (20%), throw it outside the camp (19%) or burry it inside their

plot (8%). The Largest percentage (18%) of Households in Galkayo IDPs who dumps children excreta improperly after they excrete on potty or floor mentioned that they throw it outside of the camp.

Table 13: Solid waste management practices in IDP Camps

	Town				
	Bosaso	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Communal waste collectors in the camp					
Yes	27.0	81.0	23.3	31.4	**40.7**
No	73.0	19.0	76.7	68.6	**59.3**
Dispose garbage					
In a plastic bag in the tent	46.8	75.5	42.0	27.0	**47.8**
In a bin inside the tent	1.9	16.3	17.8	13.1	**12.3**
Throw it outside tent	22.4	3.0	20.3	24.3	**17.5**
In public bins	0.4	3.9	3.1	15.3	**5.7**
Others	28.5	1.3	16.7	20.3	**16.7**
Epmting plastic bags					
In front of the tent	2.6	19.7	31.4	28.3	**20.5**
In the communal waste collectors	16.7	21.5	26.5	31.1	**24.0**
Communal bin in the camp	37.4	52.4	24.2	25.6	**34.9**
Other	43.3	6.4	18.0	15.1	**20.7**
Frequent solid waste is taken away from the camp					
Everyday	2.4	36.2	10.5	5.7	**13.7**
Several times per week	19.4	40.5	18.6	26.2	**26.2**
Less than once per week	8.5	8.6	15.7	17.1	**12.5**
Once per week	16.6	9.0	14.3	9.0	**12.2**
I don't know	53.1	5.7	41.0	41.9	**35.4**
Willing to pay for the garbage collection					
Yes	4.3	35.7	15.7	37.1	**23.2**
No	77.7	56.2	48.1	53.3	**58.8**
it depends	18.0	7.1	33.8	6.2	**16.3**
no answer	0.0	1.0	2.4	3.3	**1.7**
Number of housholds	**210**	**210**	**210**	**210**	**100**

The percentages of respondents said that "there are no enough communal waste collectors in their camp" were 77% for Garowe, 73% for Bosaso, and 69% for Galkayo. in contrary, about 81% the respondents from Qardho reported that "there are enough communal waste collectors in their locations"

For solid waste disposal management, the surveyed households of the sampled IDPs in Qardho showed that they properly manage solid waste through either disposing garbage in a plastic bag inside their tents (76%) or a bin inside the tent (16%).

However, residents in Bosaso IDP camps, only about 47% of them dispose garbage in a plastic bag, 22% mentioned that they use to throw garbage outside tent, while, 29% of the respondents apply other options like burning. Households in Garowe IDP camps have almost similar garbage dispose management behavior as with those in Bosaso IDPs except that Garowe has a higher percentage of households use to dispose a bin inside tents.

The percentage of households from Galkayo IDP camps dispose garbage in a plastic bag or a bin inside the tent were 27% and 13% respectively. Other 15% dispose garbage into public bins, while 24% of them throw it outside the tent and another 20% of interviewed households mentioned using other techniques which are not included the list of options offered like burning.

According to the surveyed households from Bosaso IDP camps who stated earlier that they do dispose garbage in a plastic bag, 17% of them use to transfer garbage to the communal waste collectors to empty their plastics bag, another 37% communal waste bin in the camp to empty their plastic bag, and 43 % of them had said that they use other scenarios such throwing garbage outside the camp or open areas to empty their bags. For Qardho, 52% of the families who earlier said they use plastic bags and bins to dispose garbage transfer the remains into communal waste bin in the camp if the plastic bag gets congested. 22% of them use to empty the plastic bag by transferring the trash in to communal waste collector and 22% dispose garbage in front of their tents to empty their bags.

Regarding to respondents from Garowe IDP camps, 46% respondents who earlier claimed they use bins or plastic bags in their tents throw garbage Infront of their tents to empty their bags or bins. Another 39% and 35% said they dispose trashes by transferring communal waste collectors or communal waste bin in the camp.

Approximately, 31% of households in Galkayo IDPs that use Plastic bag for disposing garbage transfer it to communal waste collectors, 28% of them dump the debris in front of their tent as the bag gets congested, another 26% of them put the trashes into communal waste bin in the camp, while another 15% use other techniques such as burning or dumbing it open areas.

About 86% of the respondents in Qardho said waste is taken away from the camp at least once per week including those were collected on daily basis. Where 38% of the respondents from Bosaso IDPs said waste is collected at least once in a week. 44% and 41% of respondents in Garowe and Galkayo correspondingly said solid wastes are collected at least once per week. On the other hand, an average 12% of the total respondents said garages are taken less than once per week. Moreover, 35% of the total respondents don't have knowledge about the frequency that solid waste is taken away from the camp.

Almost 59% of the IDP households are not willing to pay a fee for the garage collection while 23% are willing to pay and the 16% will pay depending on their ability.

Table 14: Hand wash practices and levels and ways of bath taking

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
when often respondents wash their hands					
After going to the toilets	44.3	76.7	59.0	62.4	**60.6**
Before eating	95.2	90.0	77.6	80.5	**85.8**
After eating	72.9	56.2	69.5	61.0	**64.9**
Before cooking	54.8	69.0	59.5	32.4	**53.9**
After take care of the children	33.3	63.3	27.6	51.9	**44.0**
Before prayer	13.3	42.9	8.1	27.6	**23.0**
After playing	1.4	13.3	0.5	0.5	**3.9**
Others	1.9	4.3	6.2	1.4	**3.5**
Frequency of bath taking					
More than once per day	13.8	44.8	17.1	40.5	**29.1**
Once per day	37.1	32.4	31	45.7	**36.6**
Less than once per week	31.4	21.4	43.3	11.9	**27.0**
Other	17.6	1.4	8.5	1.9	**7.4**
place for bath taking					
Inside the tent	29.9	11.4	31	17.6	**22.5**
inside the private showers	0.5	0	0	4.3	**1.2**
inside the toilet	35.1	88.6	53.8	74.8	**63.1**
Other	34.6	0	14.3	2.9	**13.0**
There is no answer	0	0	1	0.5	**0.4**
Are you satisfied with your showering place.					
Yes	45.5	92.9	50	58.6	**61.8**
No	54.5	7.1	50	41.4	**38.3**
If not happy, why?					
No water pressure	2.6	33.3	16.2	5.7	**14.5**
cabin design	28.9	0.0	41.0	18.4	**22.1**
No enough privacy	44.7	53.3	20.0	70.1	**47.0**
Other	21.9	6.7	21.0	4.6	**13.5**
There is no answer	2.6	6.7	1.9	1.1	**3.1**
Number of households	**210**	**210**	**210**	**210**	**100**

Regarding the practice of hand washing, respondents were asked about the key moments they wash their hands. About 86% of the respondents of this study mentioned that they wash their hands before eating. On average across the four districts, 61% of the respondents answered that they usually wash their hands after

going to toilets, Bossaso has the lowest rate of respondents that wash their hand after going to toilets (43%). Moreover, 54% of the total respondents to this study stated that they wash their hands before cooking.

About 66% of the respondents of this study claimed that they usually take bath at least once per day. However, 27% of the total respondent mentioned that they normally take bath less than once per week. When it comes place of bathing, 63% of the interviewed respondents from all districts reported to take shower inside toilets, whereas, 23% stated that they take-bath inside their tents. It pretty worth to give additional attention to the case for Bosaso IDP camps for this indicator since only 35% of the respondents surveyed from Bosaso IDP camps stated to take shower inside toilets, another 30% of IDPs from this district use to take bath inside their tents and the remaining 35% mentioned to take other places like seashore.

In Qardho, almost 93% of the respondents expressed that they are satisfied with the current service conditions of their shower facilities. While, on average 50% of respondents for each of the other three districts expressed their satisfaction with the quality of their current showering facilities. The unsatisfied respondents from Bossaso, Garowe and Galkayo attributed their unhappiness due to lack of sufficient privacy and bad cabin design of their showering structures.

3.6: CHILD HEALTH and Nutrition

Table 15: Respondents' knowledge on causes of diarrhea and its treatment practices

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Number of children under five affected by diarrea					
No one	64.0	58.6	66.2	57.6	**61.6**
1 child	25.6	31.9	23.8	32.9	**28.6**
2 children	9.0	6.7	7.6	6.2	**7.4**
More than 2 children	0.9	2.9	1.9	3.3	**2.3**
There is no answer	0.5	0.0	0.5	0.0	**0.3**
causes of diarrhea					
Bad weather	59.0	47.1	68.6	35.7	**52.6**
Water is bad	63.3	67.1	69.0	50.0	**62.4**
Too much chlorine	38.1	28.6	20.0	11.0	**24.4**
Dirty hands	53.8	66.7	32.9	61.0	**53.6**
Sun / temperature	32.9	27.6	27.1	16.2	**26.0**
OTHER	30.5	23.3	19.5	4.3	**19.4**
I don't know	4.8	4.3	0.5	1.0	**2.6**
ways of preventing diarrhea					
By drinking safe water	86.7	93.8	96.7	73.3	**87.6**
By washing hands before eating food	79.5	85.2	64.3	50.5	**69.9**
By washing hands after toilet	56.2	75.7	55.7	49.5	**59.3**
By covering food / washing fruits / food hygiene	46.2	62.4	38.1	41.9	**47.1**
By using latrine / safe disposal of excreta	31.4	21.9	17.1	17.1	**21.9**
By protecting food from flies / other vectors	24.3	23.8	3.8	14.8	**16.7**
Other	12.4	14.3	4.8	1.9	**8.3**
Public percepception on water disease transitivity					
Yes	70.6	96.7	84.3	84.3	**84.0**
No	22.7	2.9	14.3	15.7	**13.9**
I don't know	6.6	0.5	1.4	0.0	**2.1**
Diarrhea treatment					
Nothing	1.9	1.9	6.7	4.3	**3.7**
Buy drugs from the shop	35.2	25.7	31.9	9.0	**25.5**
go to the clinic	71.4	95.7	55.7	65.7	**72.1**
give ORS / use home mixture of ORS	93.8	74.3	71.9	61.4	**75.4**
Traditional medicine	25.2	21.9	31.0	44.3	**30.6**
Others	4.3	5.2	19.0	0.0	**7.1**
Number of Households	**210**	**210**	**210**	**210**	**100**

About 62% of the total study respondents have not experienced a single case of a child under 5years suffered from diarrhea during the two weeks prior to the date of the survey. The variation is relatively same among the four districts of the study. However, about 29% of the sampled households had a child under five years

that suffered from diarrhea during the last two weeks before the data collection period. The variation across the four districts is almost the same. This implies that in every two weeks, about one household in every three households of the IDPs had a child under age five suffered from diarrhea, even though it would be necessary to give attention to the seasonality factor.

Respondents demonstrated a moderate level of understanding in terms of the factors that cause diarrhea. 62% of the respondents were able to easily articulate potential causes of diarrhea as drinking contaminated water, 54% of them attributed dirty hands as a cause factor of diarrhea, while, 52% said diarrhea is caused by bad weather, 26% of the respondents said its cause by sun/temperature, another 24% said it is caused by the level of chlorin in water, and 19% expressed that it is caused by other factors such as not keeping latrine clean. Whereas only 3% said that they have no clue on the causes of diarrhea.

The common methods cited by the households to prevent diarrhea demonstrates moderate understanding of the importance of good hygiene practices in relation to health status and conditions. 88% of the respondents believe drinking safe water can prevent diarrhea, 70% of respondents consider washing hands before eating could also minimize the exposure of suffering diarrhea, 59% believe that washing hands after going to toilet eliminates the likelihood a person could suffer from diarrhea. The perception difference between respondents from the various districts according to these factors is imperceptible. Additionally, 47% of respondents across the IDP camps of the four districts believe that covering food, washing fruits and food hygiene could also be used to prevent from suffering diarrhea, while only 17 percent believe that occurrence of diarrhea can be minimized by using latrines or proper disposal of wastes and excreta.

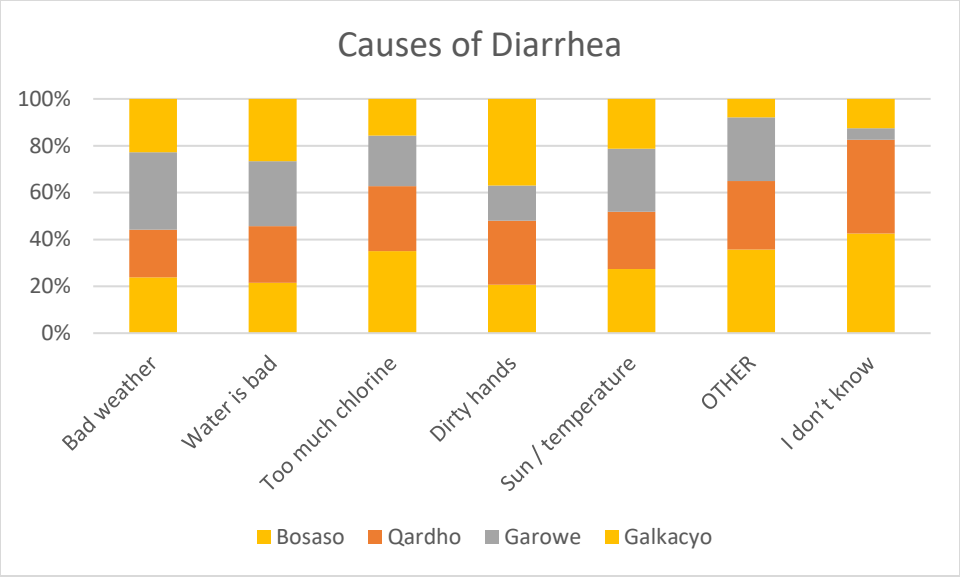
Despite that 88% of the total study respondents across all districts believe drinking safe water can reduce the possibility of diarrhea occurrence, additionally, an average 84% of the respondents from the districts under the study know that water can transmits diseases. It is worth to mention that 97 of the respondents from Qardho considers the water can transmit diseases.

On average, 72% of all the respondents participated in the study said that they use going to clinic for diarrhea treatment and Qardho has the highest rate (97%) of respondents that goes to clinics for treatment and Garowe has the lowest rate (56%). On average, across all four districts participated this study, respondents said that they use ORS or use homemade mixture of ORS for treating diarrhea were 75% and Bosaso had the highest rate (94%) of respondents that use this scenario of diarrhea treatment and Galkayo had the opposite of 61%.

On average, 72% of all the respondents participated in the study said that they use going to clinic for diarrhea treatment even though the specific rate of this indicator for Qardho higher than average rate (97%) and Garowe has the lowest rate (56%). The average respondents across all four districts stated that they

use ORS or use homemade mixture of ORS for treating diarrhea were 75% and Bosaso had the highest rate in this case (94%).

Figure 6: Respondents' knowledge of the causes of diarrhea per town



3.7 INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION

Health care services provided to mothers during pregnancy and after deliveries are essential for the survival and the well-being of the mother and the infant. Antenatal care (ANC) can reduce health risks for mothers and their babies through the monitoring of pregnancies. This section focuses on the nutritional status of children and provides indicators that can be used in planning and monitoring efforts to improve nutrition. The chapter describes the nutritional status of children under age 5.

Table 16: Shows number of children under 5 year per family of the sampled IDP camps

	Town				
	Bosaso	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Number of children under 5 years					
0	0.0	1.0	1.4	0.0	**0.6**
1 - 2	81.0	60.5	68.1	61.9	**67.9**
3 - 4	18.0	38.6	30.0	37.1	**30.9**
5+	0.9	0.0	0.5	1.0	**0.6**
Number of children have birth certificate					
Yes	1.9	28.1	8.6	4.3	**10.7**
No	98.1	71.9	91.4	95.7	**89.3**
Number of Households	**210**	**210**	**210**	**210**	**100**

About 68% of the respondents reported that they had 1 to 2 children under 5 years in their respective families, while 31% said that they had between 3 to four children of under age 5 years, where less than 1 said having more than 5 children under 5 years old. Additionally, 89% of these children don't have birth certificates.

Table 17: Accessibility of health facilities

	Town				
	Bosaso	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Admitted Child to a Health facility for supplementary feeding					
Admitted	77.7	88.1	67.1	73.8	**76.7**
Never Admitted	22.3	11.9	32.9	26.2	**23.3**
Distance to the health facility					
In place	37.9	62.9	51.4	5.2	**39.4**
Less than 1km	34.6	19.5	15.7	2.4	**18.1**
1 to 5 Km	26.5	15.7	27.6	17.6	**21.9**
More than 5 km	0.9	1.9	5.2	74.8	**20.7**
Means of Transportation					
Walk	87.2	88.6	76.2	40.0	**73.0**
Private Car	0.0	0.5	0.5	0.0	**0.3**
Public Transport	4.3	7.1	1.9	59.5	**18.2**
Bajaaj	8.5	3.8	21.4	0.5	**8.6**
Time to Reach Health Facility					
Less than 10 minutes	25.6	48.6	51.9	5.7	**33.0**
10 to 30 minutes	43.6	35.7	27.1	20.0	**31.6**
30 to 60 minutes	26.1	11.4	15.7	44.3	**24.4**
More than 60 minutes	4.7	4.3	5.2	30.0	**11.1**
Charges for the services offered in the Health facility					
Yes	12.8	9.0	17.1	12.4	**12.8**
No	87.2	91.0	82.9	87.6	**87.2**
Number of Households	**210**	**210**	**210**	**210**	**100**

On average,77 percent of IDPs admitted at least one child of their family to the health facilities for supplementary feeding. Qardho district had the highest percentage of admitted children with 88% children relative to the other three -districts. While 23% never admitted their children to health facilities across all districts.

The inhabitant of the IDP camps in Qardho, Bosaso, and Garowe who seek health care services from health facilities far away their tents less than 1Km were 83%, 73% and 67% respectively, where only 7% of the residents in Galkayo IDPs reported to search for health services from health centers less than 1 Km away. An average 84% of the respondents from the IDP camps in these three cities use by walk to reach their respective health facilities and 78% of them reported that it takes less than half an hour to get health care

center. However, about 75% of the respondents in Galkayo said that they travel more than 5km to reach the child feeding division of the main city hospital which is the main facility they normally use. 60% of the residents from Galkayo IDP camps use Public transport (Buses) to reach health care centers and rest use by walk. Finally, 87% of IDPs households across the districts under the study proved that they are not charged for the services offered by health facilities across all districts.

Table 18: Shows the number of Antenatal Care Visits made by pregnant mother in IDP Camps

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Number of Antenatal Care Visits					
0	53.8	17.1	25.2	74.3	**42.6**
1 - 4	34.3	41.0	57.6	20.0	**38.2**
5 - 8	11.4	18.1	14.3	3.3	**11.8**
8+	0.5	23.8	2.9	2.4	**7.4**
Number of households	**210**	**210**	**210**	**210**	**100**

According to the survey data, about 74% and 54% of the respondents from Galkayo and Bosaso respectively said that they don't attend health facilities to receive ANC services during pregnancy period. It is remarkable to mention that majority of the study respondents were mothers. The corresponding rates for Qardho and Garowe were only 17% and 25%.

Regarding to Qardho IDP respondents, the percentage of mothers who visits 1 to 4 times to health facilities to receive ANC services were 41%, the percentage who reported to do more than four visits during pregnancy and after delivery was 42%. According to respondents from Garowe IDPs, about 58% of those use to go health facilities to acquire ANC services mentioned that they do between 1 to 4 visits, and only 17% reported to do more than 4 visits. However, in Bosaso, 34% stated to do between 1 to 4 visits, whereas 12% claimed to visit health centers to acquire ANC service during pregnancy and after the delivery. The percentage of the respondents that do at least one visit to acquire ANC service were 26% in Galkayo.

Figure 7: Average number of antennal care visits per town

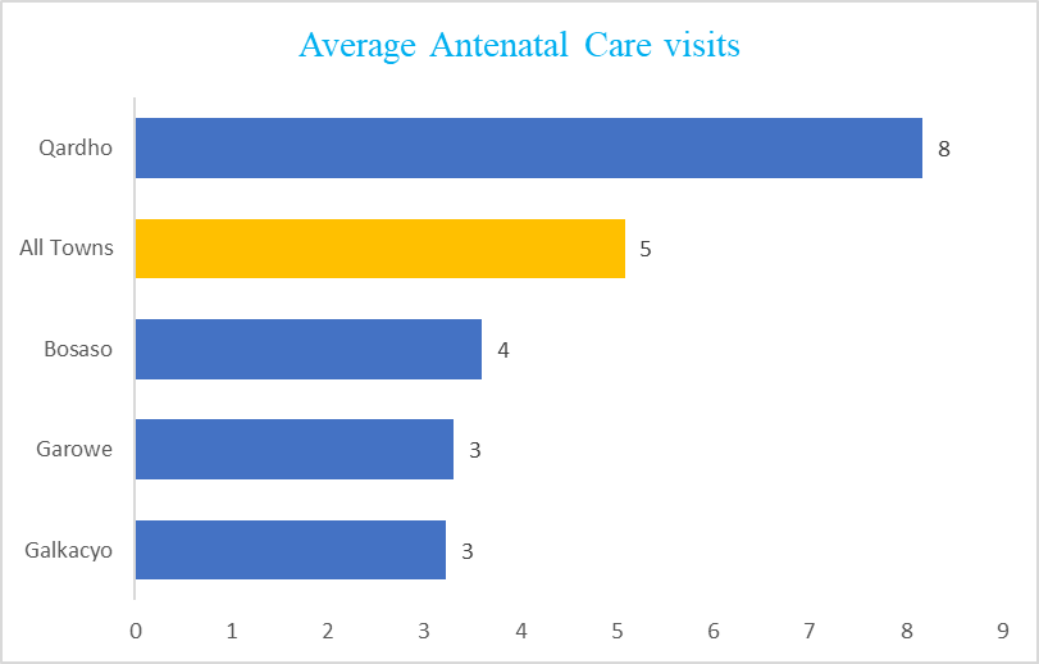


Figure 7 depicts the average number of antennal care visits per town made by IDPs residence, Qardho has the highest average compare to all other town with an average of 8 time followed by Bosaso 4 times, Garowe and Galkayo 3 times each.

Table 19: Health Orientation programs and Service Accessibility in the IDPs

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Received training on nutrition issues					
Yes	44.5	84.3	17.6	59.5	**51.5**
No	55.5	15.7	82.4	40.5	**48.5**
Learned outcomes					
Where to give birth	23.0	15.3	11.5	7.7	**14.4**
Importance of immunizing the child	27.0	22.7	32.7	33.5	**29.0**
Breastfeeding including exclusive breastfeeding	21.6	24.2	28.8	27.4	**25.5**
How to prevent malnutrition	17.7	21.6	20.2	18.1	**19.4**
how to treat malnutrition	8.9	14.3	5.8	10.1	**9.7**
Others	1.8	2.0	1.0	3.2	**2.0**
Kind of service provided by the health facility					
Antenatal Care services	15.4	21.2	30.8	14.5	**20.5**
Maternity services	30.9	20.4	24.7	27.8	**26.0**
Immunizations	22.2	19.8	25.0	30.1	**24.3**
Nutrition counseling and education	14.3	18.1	11.2	16.1	**14.9**
Rehabilitation of the malnourished	8.2	9.2	5.2	0.8	**5.9**
Advice and education on hygiene and sanitation	6.8	6.2	1.3	2.3	**4.1**
General medical advice and education	2.2	5.1	1.7	8.4	**4.3**
Pay charges for the services					
Yes	1.9	3.8	7.6	6.7	**5.0**
No	98.1	95.7	91.4	92.4	**94.4**
Number of households	**210**	**210**	**210**	**210**	**100**

The average percentage of the study participants received training on nutrition issues was 52%. But at the cluster level, 84% of the respondents from IDPs in Qardho received trainings followed by Galkayo 60%, Bosaso 45% and Garowe had the lowest percentage of 18% received training on nutrition related programs compared to other three districts.

Almost about one-third of the respondents across the different clusters mentioned the learnt outcome for the training sessions they had attended was the importance of child immunization. About 26% of the respondents stated to learnt the importance of breastfeeding including exclusive breast feeding, another 20% received information about how to prevent malnutrition, 14% of the respondents have learned through training on where to give birth. Less than 10% stated how to treat malnutrition was the main outcome of the training they were provided.

Respondents were asked if they have been offered any of the following services: antenatal care services, maternity services, Immunization services, Nutrition consoling and education, rehabilitation of malnourishing by their respective health facilities and their answer distributions were as following:

26% received maternity services, 24% received Immunization services, 20% received antenatal care services, 15% were provided Nutrition consoling and educational services, 6% received rehabilitation of malnourishing, while 4% received training on general medical and education as well as advice and education on hygiene and sanitation. Across all four districts the variation was similar any of the following service providers.

Almost all (96%) of the women surveyed had ever visited a clinic or health facility, while more than half (59%) had ever visited a drug store. Fewer proportions of women reported ever visiting a community health worker or traditional healer (13% and 14%, respectively). Many factors can prevent women from obtaining medical advice or treatment for their children when they are sick including economic factors, cultural perceptions. Information on such factors is particularly important in understanding and addressing the barriers that women face in seeking care during pregnancy and delivery.

And finally, 94% of IDPs residence received these services for free and the percentage is similar across all districts.

3.8 CHILDREN UNDER 2 YEARS

Table 20: Characteristics of Children Under 2 years

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Child Under 2 years old					
Yes	87.7	93.8	89.0	99.5	**92.5**
No	12.3	6.2	11.0	0.5	**7.5**
Sex of of the child					
Boy	61.6	56.2	47.1	53.3	**54.6**
Girl	38.4	43.8	52.9	46.7	**45.5**
Child age					
0 to 5 (Months)	39.9	45.6	47.5	28.2	**40.3**
6 to 23 (months)	60.1	54.4	52.5	71.8	**59.7**
Primary Caregivers					
Mother	95.1	97.0	94.1	97.6	**95.9**
Sister	1.6	1.5	0.0	0.0	**0.8**
Grand Mother	3.8	1.5	5.9	2.4	**3.4**
Number of Households	**210**	**210**	**210**	**210**	**100**

Ninety three percent of families across all the districts reported having a child under 2 years, where those Galkayo almost 100% have a child followed by Qardho with 94 percent. while on average, only 7% of families across four districts reported not having any child under 2 years. 55% percent of those children

under 2 years reported by the families were boys while the rest were girls. On the other side, 40% of all children under 2 years were the age between 0 to 5 months and the rest were between 6 to 23 months.

96% of the 840 primary caregivers identified were mothers (96%), followed by grandmothers 3% and only less than 1% were sisters.

3.9: IMMUNIZATION

Immunization is one of the most cost-effective public health tools for combating and eliminating infectious diseases. It has led to a decline in morbidity and mortality associated with vaccine preventable diseases (VPDs) since the implementation of the immunizations schedule recommended by the World Health Organization (WHO). Immunizations coverage rate is a surrogate measure of protection.

Table 21: Child Immunization

	Town				
	Bosaso	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Child ever vaccinated					
Yes	94.8	95.7	86.7	84.8	**90.5**
No	5.2	4.3	13.3	15.2	**9.5**
Child have a vaccination card?					
NO	2.9	24.3	25.7	35.2	**22.0**
Yes, and I have it with me	28.6	16.2	35.2	11.4	**22.9**
Yes, but I do not have it with me	68.6	59.5	39.0	53.3	**55.1**
Child's vaccination card					
BCG	63.3	44.0	81.0	26.1	**53.6**
Penta 1	20.0	45.3	8.6	69.6	**35.9**
Penta 3	16.7	9.3	10.3	4.3	**10.2**
Penta 3	0.0	1.3	0.0	0.0	**0.3**
Who makes the decision on vaccination					
Father	13.3	24.8	28.6	5.7	**18.1**
Mother	58.8	61.9	42.9	65.2	**57.2**
Consensus of father and mother	25.6	11.0	25.7	25.2	**21.9**
Other relatives	1.4	0.5	1.9	1.9	**1.4**
Other Specify	0.9	1.9	1.0	1.9	**1.4**
Purpose of vaccine					
They don't do any good	1.0	0.5	2.9	0.0	**1.1**
Not sure what they're for	0.0	1.4	1.9	0.5	**1.0**
So children will grow up healthy.	48.1	18.6	38.6	21.9	**31.8**
To prevent diseases.	51.0	79.5	56.7	77.6	**66.2**
Number of Households	**210**	**210**	**210**	**210**	**100**

In case the respondent's family had children less than two years old before the date of surveying, then they were asked to show to the interviewer the vaccination card(s) for those kid (s). If the respondent abled to show the vaccination card to the interviewer, then the dates of vaccinations received were copied from the card to the questionnaire. If a child had never received a vaccination card or if the respondent was unable to show the card to the interviewer, the mother was asked specific questions about whether the child had received each vaccine. If she indicated that the child had received any of the multi-dose vaccines, she was asked the number of doses the child received.

The survey data shows that almost all IDPs children age 0-23 months (91%) had ever vaccinated, among those vaccinated, 78% were reported to have vaccination card but interviewers managed to see only 23% of those cards. Among those shown vaccination cards, 54% of the children which interviewer managed to see their vaccination cards received BCG, 36% received Penta1 and 10 % received Penta 2 and only less than 1% received Penta 3.

The study also discovered that at IDP Communities, 57% of the respondents, whom majority of them were child caregivers reported that the decision to vaccinate the child made by mothers, 22% said that such decision were reached on the basis of mother and father consent, 18% said that fathers did the decision to vaccinate and one percent said other relatives and (1%) said others.

mothers and care givers were asked questions to assess their basic knowledge regarding the use of vaccination. To this question, most of the parents and care givers (66.0%) rated that vaccination could prevent infectious disease, (32%), vaccinated child to grow up and maintain health.

Overall, most of the caregivers knew that immunizations prevent diseases and that vaccines were safe for their children, but they could not mention the different vaccine preventable diseases and side effects. Respondents were asked to provide their opinions about vaccines. About two third (66%) of all respondents stated that vaccines prevent illness and infectious disease However, about (33%) stated that only a one percent (33%) said vaccines are good for children and keep children healthy. Very small proportions of respondents (1% or less) felt that vaccines do not work.

Table 22: Respondent's Access to Vaccination Information

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Seen or heard messages on vaccination					
Yes	89.6	87.1	41.9	54.8	**68.4**
No	10.4	12.9	58.1	45.2	**31.7**
Source of Information					
Radio	28.0	0.5	38.6	7.0	**18.5**
Television	1.1	0.0	0.0	0.9	**0.5**
Health facility	28.6	54.1	11.4	25.2	**29.8**
Mobilizers	15.3	26.2	39.8	20.9	**25.6**
Children's school	0.5	3.3	0.0	0.0	**1.0**
Home visit by health workers	26.5	15.8	10.2	46.1	**24.7**
Other Specify	0.0	0.0	0.0	0.0	**0.0**
Use this information					
Knowing where to vaccinate the child	29.9	31.4	16.7	10.5	**22.1**
Having more information	27.0	25.2	14.8	31.4	**24.6**
Decided to vaccinate the child	21.3	36.2	20.0	26.7	**26.1**
don't Use	21.8	7.1	48.6	31.4	**27.2**
Other Specify	0.0	0.0	0.0	0.0	**0.0**
Lack of information on vaccination					
Yes	84.8	85.7	82.9	81.4	**83.7**
No	10.0	13.8	16.2	18.6	**14.7**
Don't know	5.2	0.5	1.0	0.0	**1.7**
Number of households	**210**	**210**	**210**	**210**	**100**

Data on exposure to mass media are essential in the development of educational programs and the dissemination of all types of information, particularly information about vaccination and other important health topics. According to the data, percentages of respondents who have heard or seen a vaccination message in Bossaso and Qardho were 90% and 87% respectively. Whereas the rates for Galkayo was 55% and Garowe 42%.

The most important sources of information on vaccination massages cited by respondents include health facilities (30%), Mobilizers, (26%) home visit by health workers friends, (19%) Radio. Less commonly consumed mass media sources include television 0.5%

27% of the respondents do not use this information however, in Qardho IDPs, only 7% of the respondent don't use vaccination information compare to other three districts, 25% use vaccine massages to have more knowledge and information about vaccines, 26% decided to vaccine their children because of vaccine

massages and 22% said that they use this information to identify where they can go to vaccinate their children.

About 84% of respondent believe that they lack sufficient information about vaccines and across all four districts the need is common. Only, 16% of respondents reported they have enough information about vaccination.

3.10 BREASTFEEDING PRACTICES

This section describes feeding practices that are important in ensuring adequate nutrition for infants and young children, including breastfeeding and complementary feeding practices, dietary diversity, and meal frequency.

Appropriate infant and young child feeding (IYCF) practices include exclusive breastfeeding in the first 6 months of life, continued breastfeeding at age 2 years, introduction of solid and semisolid foods at age 6 months, and gradual increases in the amount of food given and frequency of feeding as the child gets older. It is also important for young children to receive a diverse diet (i.e., foods from different food groups to address growing micronutrient needs) (WHO 2008).

Table 23: Level of Child Breastfeeding of Households int the IDPs

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Child ever breasfeeded					
Yes	92.9	99	78.1	97.1	**91.8**
No	7.1	1	21.9	2.9	**8.2**
Initiation of Breastfeeding					
Immediattely with in first hour	84.8	82.4	85.7	79.5	**83.1**
More than 1 day (24 hours)	1	3.8	2.3	4	**2.8**
with in first day (1 to 23 hours)	12.3	12.8	10	10	**11.3**
Don't know	1.4	1	2.4	6	**2.7**
Main reason to breastfeed after that time					
Early initiation of breastfeeding is good for my baby	86.7	86.2	83.8	96.2	**88.2**
Colostrum is bad for my baby	6.7	6.7	7.1	0.5	**5.3**
My baby had to drink something else before he can receive breast milk	1.4	0.5	3.8	0.5	**1.6**
I was sick and could not breastfeed my baby	4.3	5.2	3.8	2.4	**3.9**
Other, specify	0.5	1.4	0	0	**0.5**
I don't know	0.5	0	1.4	0.5	**0.6**
decision to breastfeed the child					
I did	93.8	91.4	65.7	40	**72.7**
My mother / mother in law did	3.3	3.8	23.3	57.6	**22.0**
My husband did	1.4	1.4	1.9	2.4	**1.8**
The Traditional Birth Attendant (TBA) did	1	1.9	6.2	0	**2.3**
Other, specify	0.5	1.4	2.9	0	**1.2**
Number of housholds	**210**	**210**	**210**	**210**	**100**

Early initiation of breastfeeding is important for both the mother and the child. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Early initiation of breastfeeding also encourages bonding between the mother and her newborn, facilitating the production of regular breast milk. Thus, it is recommended that children be put to the breast immediately or within 1 hour after birth and that prolateral feeding (i.e., feeding newborns anything other than breast milk before breast milk is regularly given) be discouraged.

Table 23 shows that breastfeeding is common practice for the households in the IDP camps of the districts under the study. data shows that 92% of children under 2 years were breastfed and across all district the rate is above 90% except Garowe with 78% of children received breastmilk.

Most of the interviewed IDPs mothers (83%) answered that they usually do child breastfeeding immediately or within the first hour after delivery, 11% of the mothers reported that a child should be breastfed within the first day (from 1 to 23 hours), and 3 % of the interviewed mothers stated they start child breastfeeding at least a day after giving birth and 3% of mothers did not know when they started breastfeeding.

About 88% of the respondents stated they belief that early initiation is good for their babies and that is the reason they do start breastfeeding with in the first day, followed by 5 percent who said colostrum is bad for their babies and that is the reason they delay child breastfeeding at least one day, 4 percent stated that they were sick and they could not breastfeed their baby, 2 percent stated that their baby should take something else before he receive breast milk, and 1 percent said that they do not know the reason why they breastfeed the baby after that time.

Respondents were asked about who reach the decision to breastfeed new child in their respective households, 73% reported that the decision to breastfeed the new baby reached by mothers, 22 percent stated that Child's grandmothers had the decision to breastfeed the child, 2 percent said that their husband had the decision, 2 percent said the traditional birth attendant had the decision, and one percent mentioned other person.

Table 24: Extent of Practicing Exclusive Breastfeeding

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Give child anything to drink other than or in addition to breastmilk					
Yes	64.3	14.3	48.6	23.3	**37.6**
No	35.7	85.7	50.0	76.7	**62.0**
Don't know	0.0	0.0	1.4	0.0	**0.4**
Type of liquid					
Plain water	32.6	16.7	43.1	55.1	**36.9**
Sugar water or glucose water	63.0	33.3	39.2	30.6	**41.5**
Powdered or fresh animal milk	1.5	20.0	5.9	10.2	**9.4**
Infant formula (add locally available brand names)	2.2	20.0	11.8	2.0	**9.0**
Other	0.7	10.0	0.0	2.0	**3.2**
Main reason to give something else to baby					
It is better for my baby	63.8	79.0	66.2	75.7	**71.2**
My baby had to drink something else before he can receive breas	19.5	8.6	24.3	8.1	**15.1**
My baby was thirsty	11.0	0.0	0.0	0.5	**2.9**
I don't have enough milk, milk not nutritious enough	2.4	2.4	2.9	1.0	**2.2**
My baby was sick	0.5	0.5	3.8	2.9	**1.9**
I was sick and could not breastfeed my baby	1.4	4.3	2.4	1.4	**2.4**
I don't know	1.4	5.2	0.5	10.5	**4.5**
Breastmilk using a spoon, cup or bottle					
Yes	76.2	50.0	62.9	37.6	**56.7**
No	23.8	49.5	35.2	62.4	**42.7**
Don't know	0.0	0.5	1.9	0.0	**0.6**
Number of housholds	**210**	**210**	**210**	**210**	**100**

About 38% of respondents reported that themselves or caregivers in their households provide child something to drink to the child mixed with breast milk with in the first three days after the delivery date. Among those caregivers, the main substance they give to the child in the first three days after delivery are: sugar water (42.0%), plain water (37%), infant formula (9%), powdered or fresh animal milk (9%), other type of liquids (3%).

Care givers were asked reasons why they give their babies something else with the breastmilk and 71 percent said its better for their babies, 15 percent sad that their baby had to drink something else before he can receive breast milk, 3 percent said the baby was thirsty, 2 percent said they don't have enough milk, 2 percent said the baby was sick at that time , 2 percent stated the they were sick and they could not breastfeed at that time, and 3 percent said they don't know the reason.

In average, 57% reported that themselves or caregivers in their household use spoons, bottles and cups for feeding their children less than 23 months. While 42 percent stated that these materials are not used in their

household to feed children under two years, and one percent did not know how to feed babies in their households.

Table 25: Optimal Infant and Young Child Feeding Practices of the households in the IDPS

	Town				
	Bosaso	Qardho	Garowe	Galkacyo	Total
Ever attend nutrition education group session on IYCF					
Yes	64.8	89.5	32.9	49.0	**59.1**
No	33.3	10.5	65.7	50.5	**40.0**
Don't know	1.9	0.0	1.4	0.5	**1.0**
If yes by Who					
Health Workers	46.3	58.5	53.6	64.1	**55.6**
Mobilizers	10.3	29.8	36.2	29.1	**26.4**
NGOs	43.4	11.7	10.1	6.8	**18.0**
Others specify	0.0	0.0	0.0	0.0	**0.0**
Time to start breastfeeding baby after delivery					
Right after	73.3	86.2	65.7	34.8	**65.0**
within 1 hour after birth	7.6	10.0	27.6	63.3	**27.1**
Don't know	19.0	3.8	6.7	1.9	**7.9**
Duration baby should receive only breastmilk					
Less than 6 months	42.9	49.0	58.6	41.4	**48.0**
until 6 month	55.2	46.2	37.1	57.1	**48.9**
Don't know	1.9	4.8	4.3	1.4	**3.1**
Age baby should start to eat food					
Less than 6 months	27.1	11.4	38.1	2.9	**19.9**
6 month of age	70.0	81.4	57.6	93.3	**75.6**
Other answer/Don't know	2.9	7.1	4.3	3.8	**4.5**
Duration baby should continue to receive breastmilk					
Until 24 month or more	55.7	69.0	59.5	39.0	**55.8**
less than 24 month	44.3	31.0	40.5	61.0	**44.2**
Number of Households	**210**	**210**	**210**	**210**	**100**

About 59% of caregivers reported that they have attended nutrition education sessions on IYCF among those who ever attended in Qardho were 90% followed by Bossaso (65%), however Garowe had the least of only 33 percent of care givers ever attended education session on IYCF 40 percent of care givers across all districts did not receive nutrition education sessions on IYCF and only one percent did not know the existence of education session.

Regarding to those who have attended education sessions 56% of them mentioned that they receive it from health workers, 26% provided by mobilizers, and 18% get it from NGOs.

Respondents were asked were asked about the time they or Caregivers of their households usually start breastfeeding, 65% said right after delivery, 27% said within one hour, and 8 percent said they don't know the right time to start.

Respondents were asked the duration that their babies or of their household is provided exclusive breastmilk and about 48% of them said less than 6 months, 49% said until 6 month and 5 % said that they do not have knowledge about it. However,76 percent of care givers stated that child starts eating food after 6 months of age, 20 percent said baby should start eating food less than 6 months, and 5 percent said they do not have knowledge on that.

Most caregivers (56%) mentioned that babies usually continue to receive breastmilk until 24 months or more while (44%) said that babies are stopped receiving breastmilk before reaching 24 months.

3.11: GENDER BASED VIOLANCE

Table 26: Percentage distribution of GBV incidence perception of practicing by town

	Town				
	Bosaso	**Qardho**	**Garowe**	**Galkacyo**	**Total**
Perceiption on practicing FGM					
Yes	86.7	87.6	78.1	91.4	86.0
No	13.3	12.4	21.9	8.6	14.1
Age of Marriage for the Girls of IDP Community					
Between 10 years to 12 years	0.0	1.0	0.0	0.0	0.3
Between 13 years to 15 years	71.1	33.8	24.8	13.8	35.9
Between 16 years to 17years	28.4	45.2	59.0	68.1	50.2
At or greater than 18 years	0.5	20.0	16.2	18.1	13.7
Have you heard or met with rape cases/victims					
Yes	28.0	11.4	13.8	31.0	21.1
No	72.0	88.6	86.2	69.0	79.0
Which female category are the most valunerable to rape?					
Children	12.1	0.0	24.1	0.0	9.1
Teenagers	77.6	62.5	51.7	46.2	59.5
Adult women	10.3	37.5	24.1	53.8	31.5
Number of Households	**210**	**210**	**210**	**210**	**100**

One of the objectives of this study was to know the level of knowledge of gender-based violence to measure this goal a number of questions have been added to the to the data collection tool and respondents were asked to name things that happen in the community that harm women and girls of which they aware off. The practices of FGM, 86% of respondents believe FGM has harmful impact on women and

According to the data, half of the girls at the camps get married at the age between 16 and 18 years while 36% marry between 13 to 15 years and 14 percent marry at or greater than 18 years, and there were no girls who married at the age between 10 to 12 years.

79 percent of respondents reported that they have heard rape cases or meet rape victim, while 21 percent said they did not hear or meet rape related cases or victim, among those stated that they have hear or meet rape victim, Galkayo had the highest percentage of 31%, followed by Bossaso 28% Garowe 14 and finally Qardho had the lowest of 11%.

The most common victim groups of rape were teenagers 59%, adult women 31 percent followed by children 9 percent.

CHAPTER FOUR: FINDINGS

Socio-demographic characteristics of households: Almost all the survey respondents were significantly female (99%). About 81% of the survey participants were their respective household head. There were no significant differences in education status between respondent who were household head and those who were not. About 38% of the respondents claimed to have attended only Madrasah, 26% attended at least primary school and have the writing and reading skills of the local language. Another 34% of the respondents never attended any form of schooling system. The size of the typical household interviewed in this study were7 persons.

Displacement status: About 53% of the households in Puntland IDP camps displaced from south central regions of Somalia, 23% of households displaced from rural and nomadic areas in Puntland due to the effects of droughts, floods and famine. While, 20% of the households in the IDP camps in Puntland migrated from location beyond the international border, mainly the Somali region of Ethiopia. The main reason caused to the interviewed households to displace were seeking better life necessities such as shelter, food and income (34), armed conflicts (24), and climate related factors (22%).

The major reason they chose to move their current locations were better security (34%), 58% of the interviewed IDPs moved to Puntland for looking access to basic life services such as shelter, food, employment, health and education. Furthermore, study reveals that 75% of the respondents have changed their residence one to three times before they come to their current residence, while 19% of the respondents have never made any shift from their first settlement since they displaced from their place of origin.

Education: Among respondents interviewed 95% believe that education has an impact on people's life while 55% of children who are the age of school go to schools in the IDPs. The main reason that 62% of the children at the age of school fail to go to school is due household's incapacity to pay tuitions.

Livelihood: engaging manual labor jobs such as construction, janitor, porter, driving, laundry, cleaning and so on and so forth are the major source of income for 62% of the surveyed households followed by Humanitarian aid (24%), and Zakat/Sadaqat (11%) and approximately Only 3% of the IDPs populations receive Remittance as major source of income.

The study found that 71% of IDP households usually get two meals in a day and miss the other meal. Furthermore, 77% of the households in IDPs stated that they had experienced went hungry for a whole day during the month before the survey due to economic-related constraints. The respondents who experienced this problem additionally mentioned that they had suffered from this challenge an average of 5 days during the month before the data collection date. Study also found that only one-third of the IDPs have access to electricity services in their tents.

WASH Knowledge: Respondents showed a moderate level of understanding about what is meant safe water. Approximately 79% consider safe water for those with no germs, 78% described safe water as water with no turbidity, and while another 62% defined safer water for those with good teste.

WASH Practice: 40% of total population use different source of water for drinking and water for other house purposes such as washing and cooking. 77% of them do it because of water quality while 40% do use different water source because of the scarcity in improved water quantity. 52% of IDPs residents get drinking water from tanks while 33% get it from communal tap stand. On the other hand, 51% of the interviewed households reported to get water for cooking and washing from water trucks, 40% get from communal tap stand and half of households have tanks for their plot,

57 percent of household have private toilets, however 71% of the respondents in this study mentioned that they have observed individuals practicing open defection, and children were the most common group who were observed doing open defecation by 69 percent.

Only 40 percent of respondents reported the availability of communal waste collectors' service in their respective camps. 57 percent of the respondents dispose garbage in plastic bags inside tents and 40% empty these plastic bags in communal bins in the camps. Moreover, 40% of the study respondents reported that garbage is collected at least once per week.

Respondents showed moderate level of good handwashing practices; 86% wash their hands before eating, 61% after going toilet, 54% before cooking and 65% after eating. The study reveals that 66% take bath at least once per day even though 27% reported that they usually take bath less than once per week.

WASH Attitude: nearly 70% of the respondents believe that the quality of their current water source is good, However, among those who showed negative expression about the quality of their water source attributed to bad smelling (60%) and turbidity 51%.

Diarrhea Knowledge: About 62% of the interviewed households have not experienced a single case of a child under 5years suffered from diarrhea during the two weeks before the date of the survey. However, about 29% of the households experienced one child under five years who suffered from diarrhea during the two weeks before data of this study collected. Less than 10% of households experienced more than one child with diarrhea during that period.

Respondents revealed an average level of understanding about the causes of diarrhea. 62% of the respondents were able to easily articulate potential causes of diarrhea as drinking contaminated water, another 54% of the respondents attributed dirty hands as a cause factor of diarrhea, while, 52% said it is caused by bad weather.

Diarrhea Attitude: Around 84% of the respondents from the districts under study agree that contaminated water spread diseases, 88% of the respondents across the districts assume that drinking healthy water will minimize the risk of diarrhea. It is worth noting that 97% of the Qardho respondents believe that water can transmit diseases.

Diarrhea Preventing Practice Measures: The growing methods of avoiding diarrhea reported by the interviewed households reflect a reasonable understanding of the value of good hygiene practices in relation to health status and conditions. 88% of the respondents agree that drinking clean water can avoid diarrhea, 70% responded to use washing hands before eating to reduce the exposure to diarrhea, 59 percent reported they use to wash their hands after going to the toilet to prevent the risk of diarrhea.

Additionally, 75 percent of the respondents across the all four districts reported use ORS or a homemade mix of ORS to treat diarrhea, while 72 percent of all respondents in the study said they use going to clinic for diarrhea care, and Qardho has the highest rate of respondents (97 percent) going to care clinics and Garowe has the lowest rate (56 percent), however, the incidence of diarrhea among survey respondents is 39 per cent.

Integrated management of Acute Malnutrition: Around 68 percent of the respondents reported having 1 to 2 children under the age of 5 in their respective households, while 31 percent reported having between 3 to 4 children of the age under 5 years and less than 1 percent said they had more than 5 children of the age under 5 years. The study found that about 83% of these children have no birth certificates.

About 77 percent of the interviewed households reported at least one child from their families were admitted at health care facilities for supplementary feeding. On average, 40% of residents in Bosaso, Qardho and Garowe IDP camps seek health care services from health facilities that are in place while 18% seek health care services from facilities that are less than 1Km away from their houses. However, 74% of the households in Galkayo IDPs travel more than 5km to reach to health facilities. The main facility they use is the regional hospital, child feeding division. Around 60% of the residents from Galkayo IDP camps use Public transport (Buses) to reach health care centers and the rest use by walk. Data shows that it takes 44% of them to get health facilities between 30 min to 60 minutes. While, it takes 30% of them more than an hour to reach centers.

However, in average, 84% of the residents in Bosaso, Qardho and Garowe IDP camps use walking by foot to access their respective health facilities and about 78% of them stated that it takes less than half an hour to reach their respective health center. Finally, 87% of the IDPs residents across the four districts under the study proved that they are not charged for the services offered by the health facilities they use to visit.

Study found that 83% and 75% of the mothers in Qardho and Garowe respectively receive antennal care services at least one time during the pregnancy and after delivery period. In contrary, about 74% and 54% of the respondents from Galkayo and Bosaso correspondingly, don't totally attend health facilities to receive ANC services during pregnancy period.

According to the mothers do visits to health facilities to receive ANC services, in Qardho, 41% of them do between 1 to 4 visits, 18% do between 5 to 8 visits and about 24% of them do more than 8 visits during pregnancy. According to Garowe, about 58% of them do only 1 to 4 visits, 14% do between 5 to 8 visits and less than 3% do more than 8 visits.

On average, 51% of the households in IDPs received nutrition training. Infant immunization, breastfeeding including exclusive breastfeeding, and how to prevent malnutrition were the major knowledge they absorbed from training sessions. Additionally, the major services offered by health facilities to the IDPs are maternity services, child immunization services, antenatal care services and nutrition consoling and education to IDP households.

Children under two years: Ninety-two per cent of families in all districts reported having a child under 2 years of age and about 55% of those children were boys. Additionally, 40 percent of all children under 2 were between 0 and 5 months of age, and the rest were between 6 and 23 months of age. About 96% of the 840 primary caregivers were mothers, followed by grandmothers 3%.

Immunization Knowledge: About two third (66%) of the respondents showed a moderate level of understanding on the importance by knowing that vaccines prevent illness and infectious disease, about (33%) stated that vaccines are good for children and keep children healthy. Moreover, 70 percent of respondents have heard or seen vaccination message. The most important sources of vaccine massages reported by the respondents are health facilities (30 percent), mobilizers, (26 percent) health workers friends' home visits, (19 percent) radio. Mass media outlets that are less widely used include television 0.5 per cent.

Immunization Practice: 91% of children under 2 years had ever vaccinated, among those vaccinated, 78% were reported to have vaccination card but interviewers managed to see only 23% of those cards. Among those shown vaccination cards, 40% of those respective children took Penta1, 34% received BCG and 15% received Penta 3 and only 1% received Penta 2. The decision to vaccinate is usually made by mothers (57%) whereas, 22% of the interviewed reported that mother and father together reach the decision to vaccine children.

Immunization Attitude: approximately 84 per cent of respondents believe they lack adequate knowledge about the vaccinations and the need is wide common throughout the all four districts. Only 16 percent of the respondents reported having adequate knowledge of vaccination.

Breastfeeding Knowledge: 59% of the mothers and child caregivers of the communities under study attends nutrition education sessions on IYCF. These mothers receive such education from Health workers and mobilisers. 65% of the mothers and caregivers in the IDPs know that starting breastfeeding right after the delivery is the best and other 27% know that starting it within an hour is very good. Furthermore, 49% of the interviewed mothers or caregivers stated that the child requires exclusive breastmilk in the first six months. Additionally, 76% of caregivers know that it is good to be started giving children food after 6 months of age.

Breastfeeding Attitude:

The study found that 88% of the mothers or caregivers in the IDP camps believe that early initiation of breastfeeding is good for their babies and that is the reason they do start breastfeeding with in the first day. 71% of the mothers in IDPs who give their babies additional things with the breastmilk believe that doing so is good for the baby. Another 15% of those mothers and caregivers extremely believe that baby should drink something else before he can receive breast milk. On the other hand, 48% of interviewed mothers deeply know that the baby should receive exclusive milk before s/he gets 6 months old. Additionally, 56 percent believe that babies should continue to receive breastmilk until 24 months or more.

Breastfeeding Practice

First and famous, breastfeeding is a common practice for the households in the IDP camps of the districts under the study. data shows that 92% of children under 2 years were breastfed and the result is almost the same across all the four districts. The study also found that 83% of the mothers in the IDPs start child breastfeeding immediately or within the first hour after delivery. This report reveals that mothers and child's grandmothers reach the decision to breastfeed the child 73% and 22% respectively.

About 38% of the caregivers interviewed in this study reported that they give child something to drink with the breast milk in the first three days after delivery. Among those caregivers, the main drinks given to the child during the first three days after delivery were: sugar water (42.0%), plain water (37.0%), infant formula (9%), powdered or fresh animal milk (9%), other type of liquids (3%). And 57% of caregivers use spoons, bottles and cups for feeding children under 2 years.

GBV related Attitude and practice: the study found that 86% of IDP communities believe FGM has harmful impact on women and girl's life. The study also reveals that 36% of the girls of the IDPs get married before aged 16 years old. Furthermore, 71% of the study respondents have heard or met rape victim and the most common victim groups were teenagers 59%, followed by adult women (31%) and children 9%.

CHAPTER 5: RECOMMENDATIONS AND CONCLUSION

5.1 Conclusions

This study aimed to explore knowledge, attitudes and practices about nutrition specially areas of Water Safety, Sanitation, Hygiene, Breastfeeding, Complementary feedings, proper utilization of nutrition products given from the health facilities , health include demand generations of caregivers to immunize their children within the first 12 months of age, refer timely to health centers if the child has any of childhood illnesses and manage mild Diarrhea cases at household level, WASH promoting use of clean drinking water at household level, use of latrines, hand washing with soap/ash at the critical times and the proper and safer ways of disposing garbage, and Protection to examine awareness of the community on the dangers of FGM risks to girls and that it has no relation to the religion on four towns in Puntland Gardo Galkayo Garowe and Bosaso.

In this study, changes in practice were found contributed by changes in knowledge to a large extent and by attitude to some extent. However, besides knowledge and attitude, there are many structural factors that influence changes in practice. These include presence or absence of community development programs, transportation system, perceived cost of receiving health care and deep-seated socio-cultural practices such as open defecation, washing hands with materials other than soap, depriving newborn children of first milk, and seeking health service from health facilities "

Amid many positive findings, this study has found several indicators which could not improve significantly. For example, in the case of limited construction of latrine, deep-seated habits of open defecation, followed by scarcity of and the quality of water stand as major barriers.

To sum up, the study found that several indicators had difficulty to evolve in desirable direction. These findings have several program implications. Thus, to ensure that the program design addresses them in the future, it made the above recommendations.

5.1 Recommendations

- The result shows that WASH and Child health interventions provided to the IDP communities in Puntland has been progressive in terms of the impact and the moderate level of knowledge, attitude and practices as presented in this report. Therefore, the study recommends the continuation of these programs to bridge up the remaining gap.
- Study recommends that during planning and designing of the actions plans and programs related to WASH, Child Health and nutrition, and protection should be aligned with the aspiration of durable solution. As the IDP communities from the districts under the study suggested during the validation session, land acquisition for the IDPs long term resettlements is profoundly essential for the implementation and the sustainability of the outcome of social services provided to these communities. Based on the context, and the experience of the IDPs communities' leaders, the impact of social service including WASH and Child and mother health provided to IDPs in a rent land is less effective and less durable compared to those who have acquired land.
- The study found that IDPs in Bossaso city which host the largest IDP communities in Puntland are poorest in many aspects relative to other cities especially sanitation and hygiene related issues, Leaders of the displaced community in Bosaso attributed this to the fact that landowners did not allow latrines to be built on their land. therefore, the study recommends to the Ministry of Interior, and the local government of Bosaso district in collaboration with their international partners to plan land to resettle these IDP communities.
- Puntland Government and its partners should design and implement a long-term livelihood building integrated programs to enable IDP communities to reconstruct decent life in their own capacity. Building the resilience capacity and facilitating the basic social services including health services and skill building service and utilities will enable those communities to integrate, regain their self-esteem and to run their life independently
- Restructuring and expanding community based educative programs to increase the capacity and the awareness of the IDPs and the other vulnerable communities toward the various life development dimensions from understanding and demanding basic human rights, to basic health services, skill building will be essential from the prospective of the long-term solution.
- IDP communities in Galkayo seek health services to clinics that are far away from their residence locations, an average 5km away from their camps, thus the study recommends establishing health post and clinics close to their residents to expand their accessibility of health services.

- At last but not the least, the study acknowledges that IDPs in Qardho district are leading in terms of knowledge, attitude and practices of the all studied subjects and even in terms of service accessibility relative to other studied cities. Therefore, the study recommends to take advantage the successful experience of the Program implementation approaches for Qardho district.