

WASH related non-food items

A briefing paper

Maximising the benefits of the distribution of hygiene items

Non-food items (NFI) such as cooking sets, soap, buckets, jerry cans and sanitary towels will often be required during an emergency. They have an important role to play in preventing disease outbreaks and help those affected by conflict or disaster to carry out everyday requirements such as cooking and collecting water. Some items are life saving, such as jerry cans for collecting water, blankets in cold weather or soap for maintaining hygiene. Other items may simply contribute to people's sense of dignity in difficult circumstances e.g. underwear, razors and toothbrushes. Most NFIs are used for their intended purpose but some may be sold to raise money to pay for other needed items. While people are at liberty to make their own decisions about the use of such items, an important opportunity to enable better health and hygiene may be lost if people are not given sufficient information about the health benefits of the items distributed. The provision of hygiene items by hygiene promoters can also act as an incentive to become involved in Hygiene Promotion activities.

Encouraging women, men and children to make the best use of hygiene items is often the remit of hygiene promoters but items are often selected and distributed by relief teams headed by logisticians. It is recommended that Hygiene Promoters and Logisticians work together to ensure an effective and efficient system is put in place. Large-scale distributions may need to rely on the expertise of logisticians but smaller distributions of tools or cleaning

- It is critical to involve hygiene promoters in the selection and distribution of hygiene items, especially where items may not be used for their intended purpose
- Cluster co-ordinators, hygiene promoters, and logisticians must work together to ensure the efficient distribution and maximum impact of NFIs



materials could be carried out with the help of community mobilisers.

Not only is it important that good use is made of hygiene kits but it is also vital that the distributed items do not have a negative effect on other areas of the intervention e.g. empty water bottles may be used for anal cleansing and may cause latrines to fill up very quickly. Disposable nappies and/or sanitary towels for women may also block latrines or be disposed of inappropriately. Chlorine solution and ORS may be harmful if not used correctly.

The packaging used for hygiene kits can in itself present an additional problem of disposal when items are distributed in large quantities. It may be possible to recycle some packaging materials if people have no need for it.

Improved co-ordination between WASH Hygiene Promotion teams and those who might be distributing non-food items could maximise the health benefits of the distribution and ensure that money and resources are used in the most cost effective way possible.

An evaluation of the hygiene kit distribution in Pakistan following the earthquake in 2006 identified several problems. Underwear for women was distributed only in small and medium sizes and often was not used. Women were also not familiar with disposable sanitary towels and both underwear and sanitary towels should have been packaged separately in the family hygiene kits. Men in the area tended to have beards and razor blades were unnecessary. Some people felt that razor blades were imposed by western people to try to change their culture and religion. Greater community consultation in the selection of hygiene items was recommended. IFRC 2006

Selection of hygiene items

Discussions with affected men and women should form the basis of the selection of hygiene items and while it may not be possible to consult extensively in an acute emergency, there is always some space for dialogue with the affected population. As Sphere suggests:

'existing cultural practices and familiar products should be assessed in specifying the items supplied. Care should be taken to avoid specifying products that would not be used – due to lack of familiarity – or that could be misused (e.g. being mistaken for foodstuffs).'

In areas where there are cyclical emergencies, it is easier to have such discussions as part of the emergency preparedness measures.

Many women in Aceh lost all their belongings during the tsunami. They told hygiene promoters that they had received clothes as part of the relief distributions but they lacked underwear. Arrangements were made for local traders to purchase underwear in a variety of sizes and colours and this was delivered at a pre-arranged time to a secluded area of the camp where the women were able to select what they needed in privacy. A similar arrangement was made for the men at a later date. Oxfam 2005



The following hygiene items might be provided to affected populations but the exact contents of any hygiene kit will depend on specific circumstances.

Personal Hygiene

- Soap for laundry and personal hygiene (Sphere recommends 250gms bathing soap per person per month and 200gms laundry soap per person per month)
- Water collection AND storage containers (Sphere specifies at least 2 water collecting containers of 10-20 litres plus 'enough water storage containers to ensure there is always water in the house')
- Washable/disposable sanitary towels for women
- Underwear for women and men (and children where appropriate)
- Washable nappies for babies
- Potties for young children
- Bedpans/urinals for those with disabilities
- Anal cleansing containers
- Razor blades, nail clippers, combs, shampoo
- Toothbrushes and toothpaste
- Insecticide Treated Nets
- ORS sachets

Communal Hygiene

- Tools and equipment for digging and/or cleaning latrines or digging drainage (e.g. shovels, picks, wheelbarrows, buckets, boots etc.)¹

A phased approach to distribution is recommended. An example of this is given below:

1st PHASE

2 water containers (1 collection & 1 storage)

Soap for laundry and personal hygiene for 2 weeks (225gms)

Depending on the specific situation other items may also be distributed in the first phase e.g. anal cleansing containers, ITN's or Water treatment agents (where people have some familiarity with these).

2nd PHASE

Additional water container (see water treatment agent in the next column)

Soap for one month (see Sphere)

Cloth (ideally for menstrual hygiene but could be used for other purposes, 1x3m either dark or light cotton cloth per woman)

Water treatment agent for household usage for 15-30 days minimum – including instructions on use and water treatment and storage container (can be provided in 1st Phase if people are already familiar with this)

Potties for young children

3rd PHASE

Locally defined and purchased hygiene items

¹ Each situation must be judged according to accepted norms and considerations of health and safety. Discussion with the engineers will also be important in deciding what items to provide for these activities

Catalogues from other agencies

UNICEF Emergency Relief Items: Compendium of Generic Specifications (2 volumes) 1999-2000 www.unngm.org/Pages/Information/Documents/erc_vol1.pdf

UNICEF www.supply.unicef.dk/catalogue

ICRC – Emergency Items Catalogue 2004 www.icrc.org/emergency-items

Oxfam GB Catalogue – section on Health & Hygiene – CD only

IRC – Emergency Hygiene Promotion Kit – CD only

ACF catalogue – CD only

It is important to consider quality as well as cost – the cheapest items do not always last very long. In Chad angry refugees returned tools they had been given for cleaning up the camps when the tools broke after a few days.

Distribution

It may be possible to organise a mass distribution of some pre-stocked priority items, such as soap or water containers, in the very early stages of a large emergency but with other items there must be an assessment of what people need and what is culturally appropriate.

It is recommended that only items that are not culturally sensitive, such as soap (for laundry and personal hygiene) and water containers, be stockpiled for mass distribution in the first few days of an emergency. For other more culturally sensitive items (e.g. sanitary pads and underwear) pre-assessment is critical.

It is beneficial to procure some items locally, where possible, to ensure that they are acceptable.

It may also be possible to organise the provision of cash or vouchers to enable people to make their own decisions about the purchase of hygiene items especially for items such as underwear or sanitary material, thus enhancing people's dignity and ensuring appropriateness.

Some of the above items e.g. soap and disposable sanitary towels may need a repeat distribution every few months to replenish supplies, depending on people's capacity to meet their own needs.

Monitoring of the acceptance and use of the hygiene kits should take place as soon as possible after the distribution, and modifications made, as necessary, prior to the next distribution.

If distribution is done through an intermediary e.g. community leaders or partner NGO, follow up is also vital. Support may be needed to ensure adequate and systematic monitoring and follow up.

In areas of high literacy it may also be possible to provide a written leaflet to accompany the materials distributed. This should clearly explain the contents of the kit, their use, and, where necessary, warnings about misuse. It should also explain people's rights in relation to the distribution.

Tips for improving the distribution of hygiene items

Before distribution

- Participatory identification and prioritisation of appropriate hygiene items should be done with the community if possible during the rapid assessment. The emphasis is on providing items that people are familiar with, especially where these may be important for cultural or religious reasons e.g. containers for anal cleansing.
- Where possible provide people with samples of items so that they can choose according to preference e.g. materials for women's menstrual protection or items available on the local market.
- A clear, detailed description of the item is required when ordering, along with an indication of the item's priority.
- NFIs should be packaged for ease of handling and transportation by beneficiaries, and securely enough to prevent leakage of liquids.
- A registration list of beneficiaries' households is required (indicating male, female, anyone with a disability or special needs, children, elderly people, and any other vulnerable group (e.g. female or child headed household) and the total number of household population/occupants).
- Ideally, use existing registration lists e.g. those for food distribution, or identify respectable leaders or volunteers within each area to do the registration. This can be cross-checked by random visits to some of the registered households to verify information given by leaders.
- A record of what was distributed needs to be kept – ideally by both the agency and each beneficiary. (In Malawi people were given a card to keep, that provided the details from the registration form and, on the back, listed their specific rights in relation to NFI distribution processes.)

- An NFI distribution team should be identified for each location and should include a distribution officer, beneficiary leader(s), and volunteers.
- A plan for distribution management, task allocation to various teams, flow management, recording, and security will also need to be drawn up. A distribution venue must be identified. Other requirements may include: ink for thumb prints, pens for signatures, and tables and chairs for distribution committee members.
- A distribution schedule detailing dates/times, distribution sites, targeted beneficiaries, items needed, and the responsible persons for every site must be prepared. The list should be shared with the logistics team/warehouse to enable them to prepare transport and support if required.
- Information about the time, place, and nature of the distribution must also be communicated to the affected population via their leaders, notices, community health workers etc. If the distribution is targeted, the beneficiary selection criteria should also be made known.
- If necessary, organise and train separate teams to carry out demonstrations or provide information on assembly and use of items distributed e.g. water filters, chlorine solution and ORS

During distribution

- Ensure that beneficiaries understand the criteria for beneficiary selection, NFI content and use, in order to encourage transparency. They will also need to be made aware of their rights in regard to distribution (specifically that the distribution is free) and the complaints procedure, should the need arise.
- Try to address queries or complaints as they arise and ensure that disruptions to the distribution are dealt with quickly and effectively.
- Where possible, ensure that the materials distributed are intact and functioning e.g. that buckets have lids and taps, and that water filters have all the component parts.

After distribution

- Monitor beneficiary satisfaction with the distribution process and the hygiene items, and observe the use of the items provided. This can be done by randomly selecting a percentage of households for interviews and/or through focus group discussions (a monitoring checklist is contained in the data collection guidance manual and toolkit).
- Monitoring may also highlight where items have been sold in order to purchase items that are considered more important e.g. food or medicines, and may thus highlight other unmet needs.
- Compile distribution reports of items distributed, the number of people receiving items and their level of satisfaction with the items received.
- Reconcile stock levels with broken or defective items etc. Document emerging issues and lessons learnt.

- Ensure that lessons learnt feed into subsequent distributions.

Suggestions for improving co-ordination

- Expertise in setting up distribution mechanisms is required for effective distribution to large populations and may be best managed by logistics teams.
- Hygiene Promotion teams should include an assessment of the hygiene kit requirements of women, men, and children in the initial rapid assessment and ensure that feedback is provided to the Shelter/NFI cluster leads.
- Hygiene Promotion co-ordinators/WASH programme managers should attend the NFI coordination meetings and explain their remit and what they can offer in terms of maximising the benefits of hygiene NFIs e.g.:
 - *selection of appropriate items*
 - *content of relevant information that should be provided with hygiene items*
 - *information/hygiene activities during or soon after distributions*
 - *monitoring of use and acceptability of distributed items*
- Shelter/NFI cluster leads should ask each agency to provide a plan of when distributions will take place and what items will be distributed so that they can be shared with Hygiene Promotion teams.
- Shelter/NFI cluster leads should recommend that each agency that will distribute hygiene items should consult with the WASH agency operating in their area to discuss the best way to provide supporting information and how the distribution will be monitored.

December 2007