**HYGIENE KIT STRATEGY FOR RAKHINE AND KACHIN EMERGENCY RESPONSE**

**Background & Subject Scope**

Since the cluster setup early 2013 the Hygiene kit strategy has evolved, both in its distribution frequency and contents. The contents has been review several time in the years, and shared with cluster partners.

The Hygiene Promotion Working Group (HPWG) of the Rakhine wash sub-cluster has work intensively in a collective manner to formalize and set up principle and minimum standard to define the Hygiene Kit strategy.

Several exchanges has been also conducted during the Wash cluster 2014 strategy review, ans during national wash cluster meeting.

Then this document defines the minimal composition of the Hygiene and Refilling kits for both Kachin and Rakhine emergency response, and the distribution mechanism and frequency to follow in order to respond homogeneously to the affected population needs.

This document will be review every 6 months, in order to ensure to take into consideration context evolution, partners field analysis, based on lesson learn and adequate assessment/monitoring.

To be notice that the 2014 Wash Cluster Strategy identifies the need to associate the need evaluation with early recovery analysis in regards of economic situation of the population targeted.

**Strategy**

Target population:

IDPs rather in camps or host families.

The coverage of the Host communities with Hygiene kit has not been set up as a priority and then a minimum requirement to follow. But more lessons learn from wash actors targeting also the host population are expected for the next review.

Principle:

Each IDPs family should have access to the items required to carry out safe hygiene practices. Then distribution frequency and quantities defined by type of items should be respected by all actors as minimum standard.

Every agency must know the community it is working with, their habits, culture and requirements, based on assessment, review study, monitoring…

All distributed items must be accompanied by a demonstration of usage and recommendations about maintenance and disposal, and ideally integrated in a regular Hygiene Promotion activities/project.

Every distribution must be followed by a post-distribution monitoring (PDM) 2 to 6 weeks after distribution, gender split. The aim of the PDM is to monitor if:

* Beneficiaries received their entitled kits
* Distributed items are used as intended (used, deviated usage, shared, consumed, exchanged)
* Distributed items are appropriate to the local practices
* Beneficiaries perceive that their needs are fulfilled
* Beneficiaries are satisfied with the distribution method
* Identify problems the beneficiaries faced during distribution
* evaluate the overall effectiveness of the distribution process
* gender balance are respected to the access and definition of items proposed

*Appendix : PDM methodology example*

The content of the hygiene kit could be tailored[[1]](#footnote-1) (see adaptable list of item below) to fit the specific population practice. In particular:

* Anal cleansing:
	+ Muslim communities prefer “lotta” (plastic container that a person takes with her to the latrines for personal cleaning). “Lotta” are not available in Yangon, they can be purchased in Bangladesh through Sittwe suppliers
	+ Buddhist communities prefer “bucket and bowl” placed in the latrine and is used by everyone.
* Menstruation management: some communities are used and prefer single use sanitary pads. Others prefer reusable sanitary pieces of cloth, if there is an available place to wash them and dry them.

Item type definition:

* Long-lasting items: Non consumable items, the duration expected for long-lasting items is up to one year
* Consumables the duration expected for long-lasting items is up to one month

Agencies may organize differently the fulfillment of these needs, according to their logistic requirements and limitations. Usually, 2 types of kits are used for the same community:

* Full hygiene kit: Contains long-lasting items defined for a year and consumables for a month. All families should receive at least once per year
* Refill hygiene kit: Contains consumables for a month and will be distributed in a regular basis to cover monthly needs. However refilling kits can be distributed with cumulative quantities to cover up to 3 months need. It is not recommended to distribute refills with quantities to cover more than 3 months, to limit the risk of merchandizing of items. In addition to the full hygiene kit already containing one month consumable, each families should receive quantities corresponding to 11 additional months

**Minimum Hygiene Kit content**

The minimum hygiene kit content is based on the agencies field experience and Sphere guidelines.

The table below lists the minimum items per person or per household.



**Annex: Post monitoring distribution**



1. To be noticed that family size can be variable: The wash cluster decided for logistic and other practical reason purpose to harmonize quantities based on average family size: 6 persons per household. Post monitoring distribution would allow also to measure if social mechanism allow or not a re-distribution of items in between communities, by free or monetized exchanges. [↑](#footnote-ref-1)