Hygiene Standards

28 March 2023

Key points

- During outbreaks of waterborne diseases (cholera, HepE), it may be necessary to increase the number of hygiene promoters (HP), to ensure soap is distributed regularly and used, knowledge about handwashing is increased, and household-water treatment and safe storage is demonstrated and promoted.

- In protracted or post-emergency situations, a KAP survey is recommended at least once a year. (Ideally, conduct one KAP in the dry and another in the rainy season). In emergencies, undertake a baseline survey as soon as the population stabilizes (in location and number), to collect households indicators and adjust WASH interventions and strategy.

- The standardized expanded nutrition survey (SENS) which happens in many operations includes a short WASH module, and covers the core WASH household indicators. In order to use resources efficiently and avoid survey fatigue, liaise with a public health/nutrition officer on whether a SENS is already planned.

- Monitor disease trends and outbreaks (diarrhoea, HepE, cholera) in camps and health centres. The information gathered can guide efforts to prioritize WASH interventions. Within iRHIS, a tool used both by the WASH monitoring system as well as public health programming, WASH trends and water-related disease trends can be compared.

1. Overview

Hygiene promotion is a planned, systematic approach that enables people to act in a manner that ensures that water, sanitation and hygiene facilities and services have a positive impact on health. The approach also promotes participation, accountability and monitoring, because it emphasizes the importance of listening, and employs dialogue and discussion.

Habitat hygiene, food hygiene and personal hygiene are integral elements of sanitation; and are relevant to wider health education and community concerns. It is therefore worth constantly
repeating that water and sanitation activities are most effective when visible, specific and participatory hygiene programmes complement them on the ground.

**Standard / indicators**

The main hygiene promotion standards, defined by Sphere, focus on knowledge and behaviour.

- **Hygiene promotion**: People are aware of key public health risks related to water, sanitation and hygiene, and can adapt individual, household and community measures to reduce them.
- **Identification, access to and use of hygiene items**: Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.
- **Menstrual hygiene management and incontinence**: Women and girls of menstruating age, males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.

The table below summarizes UNHCR hygiene-related indicators in emergencies and post-emergency situations:

Environmental health and hygiene campaigns implemented.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Output Objective</th>
<th>Indicator</th>
<th>Unit</th>
<th>Standard</th>
<th>Camp</th>
<th>Out of Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>Post Emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population lives in satisfactory conditions of sanitation and hygiene.</td>
<td>Environmental health and hygiene campaigns implemented.</td>
<td>Number of persons per bath shelter/shower</td>
<td># of POC</td>
<td>&lt;=50</td>
<td>&lt;=20 aiming for 1 bath shelter or shower per household as soon as possible</td>
<td>yes</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Environmental health and hygiene campaigns implemented.</td>
<td>Number of persons per hygiene promoter.</td>
<td># of POC</td>
<td>&lt;=500</td>
<td>&lt;=1000</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>% of Households with access to soap</td>
<td>%</td>
<td>&gt;=70</td>
<td>=&gt;90</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>% of recipients women of reproductive age who are satisfied with menstrual hygiene management materials and facilities</td>
<td>%</td>
<td>&gt;=70</td>
<td>=&gt;90</td>
<td>yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Soap for personal hygiene and laundry</td>
<td>Grams/person/month</td>
<td>=&gt;450</td>
<td>=&gt;450*</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Soap for menstrual hygiene management (in addition to soap for personal hygiene and laundry)</td>
<td>Grams/females of reproductive age/month</td>
<td>&gt;=200</td>
<td>&gt;=200</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

2. Main guidance


**Emergency standard**

During the initial phase of an emergency operation, at minimum the following hygiene-related standards or indicators should be reported:

- Number of persons per bath shelter/shower: No bath shelter/shower should be used by more than 50 persons during the first phase of an emergency. Only bath shelters/showers that are cleanable, guarantee privacy and are structurally safe should be counted.
- Number of persons per hygiene promoter. At least one hygiene promoter should be available for every 500 refugees. This indicator measures the potential reach of hygiene education and messaging, with respect to use, monitoring and maintenance of WASH facilities, and good hygiene practices.
- % of Households with access to soap: In an emergency situation, 70% of the households should have access to soap. In an emergency situation, this indicator can be obtained by conducting a rapid WASH assessment.
- % of recipients women of reproductive age who are satisfied with menstrual hygiene management materials and facilities: In an emergency situation, 70% or more of women of reproductive age should be satisfied with menstrual hygiene management materials and facilities. In an emergency situation, this indicator can be obtained by conducting a rapid WASH assessment.
- Soap. To maintain health, dignity and well-being, at least 450 grams of soap should be available per person per month (Sphere indicator). 250g is for personal hygiene; 200g is for laundry and other washing purposes. For women and girls of reproductive age, an additional 250g of soap must be available per month for menstrual hygiene management.

The indicator can be reported in a Refugee WASH sector situation report (sitrep) every week, or in the frequency that sitreps are produced by the emergency operation. In addition, the indicator "Number of persons per bath shelter/shower:" shall be reported once a month through the emergency form of the WASH monitoring system.

**Longer-term standard**

The following hygiene standards apply to post-emergency situations and should be monitored once a month through the monthly report card (access indicators) or once a year (household indicators) through an annual household survey also known as "WASH KAP (knowledge, attitude and practices) survey". WASH actors should aim to carry out an initial KAP baseline survey survey within the first 6 months of the emergency and at least once a year (ideally twice a year if there are distinct rainy and dry seasons). A set of tools is available to plan and conduct the survey, as well as tools for easy data analysis at:


- Number of persons per bath shelter/shower: No bath shelter/shower should be used by
more than 20 persons during a protracted situation. Ideally, there should be one bath shelter/shower per household to achieve the best possible outcome in terms of user safety, security, convenience and dignity. Only bath shelters/showers that are cleanable, guarantee privacy and are structurally safe should be counted.

- Number of refugees per hygiene promoter. At least one hygiene promoter should be available for every 1000 refugees. This indicator measures the potential reach of hygiene education and messaging, with respect to use, monitoring and maintenance of WASH facilities, and good hygiene practices.
- % of Households with access to soap: In a post-emergency situation 70% of the households should have access to soap. In a post-emergency situation, this indicator can be obtained by conducting an annual household survey, also known as WASH KAP (knowledge, attitude and practices) survey.
- % of recipients women of reproductive age who are satisfied with menstrual hygiene management materials and facilities: In an emergency situation, 70% or more of women of reproductive age should be satisfied with menstrual hygiene management materials and facilities. In an emergency situation, this indicator can be obtained by conducting a rapid WASH assessment.
- Soap. To maintain health, dignity and well-being, at least 450 grams of soap should be available per person per month (Sphere indicator). 250g is for personal hygiene; 200g is for laundry and other washing purposes. For women and girls of reproductive age, an additional 250g of soap must be available per month for menstrual hygiene management.

More information about the monitoring requirements of these indicators can be found in the UNHCR WASH manual or on the UNHCR WASH website.

**Out-of-camp**
The telephone-based health access utilization survey (HAUS) also includes a WASH module that can be used to understand the WASH situation in out-of-camp settings.

**Annexes**

Sphere Handbook (2018)

**3. Links**

4. Main contacts

DRS/PH Section. At: HQWASH@unhcr.org.