

INTRODUCTION

Since August 2017 an estimated 723,000¹ Rohingya refugees have arrived from Myanmar to Cox's Bazar district in Bangladesh, bringing the total number to approximately 912,000.² The unplanned and spontaneous nature of the post-August Rohingya refugee camps have combined with high population densities and challenging environmental conditions to produce a crisis with especially acute water, sanitation and hygiene (WASH) needs.

In July 2019, REACH implemented this hygiene item assessment in support of the Cox's Bazar WASH Sector's Hygiene Promotion Technical Working Group (HP TWiG). This assessment took the form of a household survey covering 33 out of the 34 camps recognized by the Inter-Sector Coordination Group (ISCG), with Kutupalong Registered Camp the only exception due to ongoing security concerns. Findings are generalisable to the population of all assessed camps with a confidence level of 95% and a margin of error of 5% (unless stated otherwise).

Please see [page 5](#) for the full methodology.

OBJECTIVES

A key objective of the HP TWiG in 2019 is to improve distributions of hygiene kits and menstrual hygiene management (MHM) kits, to assist in meeting the hygiene-related needs of refugees residing in the camps. In order to inform effective decision-making for this objective, the HP TWiG requires a strong evidence base on refugees' needs, preferences, and experiences.

With over 30 implementing partners distributing different types of hygiene kits at varying frequencies, this assessment aims to produce data to support the HP TWiG in updating sector-level hygiene item lists, as well as developing new sector-level guidelines for implementing partners to follow before, during and after distributions.

Findings from the Hygiene Item Assessment are presented within this factsheet. For further information please see the [REACH Hygiene Item Assessment, July 2019 Upazila Level Factsheets](#), the [REACH Hygiene Item Assessment Dataset](#), the [REACH Hygiene Item Assessment Terms of Reference](#), and the [REACH MHM Item Assessment \(July 2019\)](#).

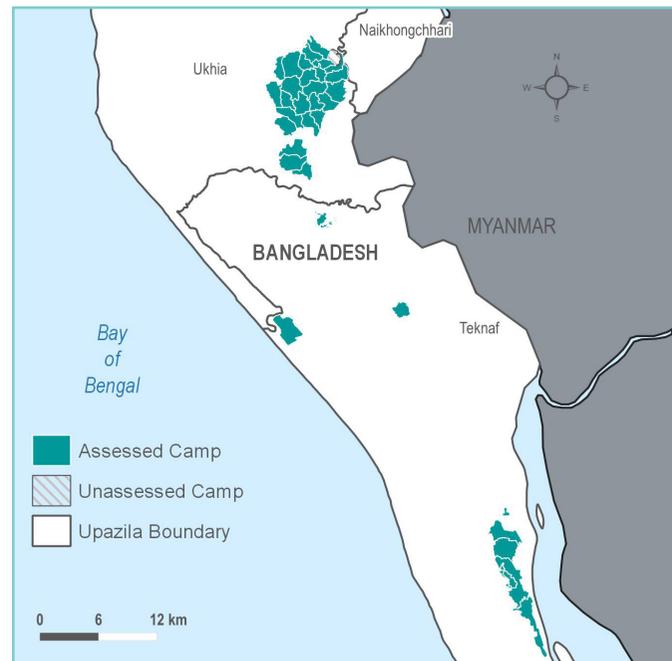
KEY FINDINGS

- Only **38%** of households reported being aware of a location to provide complaints or feedback regarding the hygiene item distribution process.³
- **79%** of respondents directly collecting distributions were the head of household and **65%** were male.⁴
- **99%** of households reported receiving bathing and laundry soap.⁵ However, a significantly lower proportion of households reported that they received a sufficient amount of bathing soap (**58%**) or laundry soap (**54%**) the last time they received a hygiene kit at a distribution.³
- **10%** of households reported not needing a toothbrush. Some of these households stated that they prefer to use a miswak, a halal teeth cleaning twig commonly used in Muslim communities.⁶
- **One piece of soap (approximately 100 grams)** was the average reported amount of bathing soap needed per person, per month. The SPHERE handbook recommends that an individual should have access to a **minimum of 250 grams** of soap per person, per month.⁷ This suggests there is a significant difference between refugees' perceived need in terms of soap quantities and the minimum amount recommended by SPHERE.

CONTENT LISTS FOR FULL HYGIENE KITS AND TOP-UP HYGIENE KITS (AS AT JULY 2019)⁸

	Item	Detail	#	Unit	
Full hygiene kit	Bathing soap	100 grams	39	Pieces	
	Laundry soap	130 grams	21	Pieces	
	Nylon rope	10 meters	1	Pieces	
	Nail cutter		1	Pieces	
	Non-disposable nappy		6	Pieces	
	Plastic badna ⁹		1	Pieces	
	Potty	1-1.5 litres	1	Pieces	
	Plastic bucket (lid)		1	Pieces	
	Aluminium Pitcher	12 litres	2	Pieces	
	Plastic jug	15-18 litres	1	Pieces	
	Mug	2-3 litres	5	Pieces	
	Safety pin clip		6	Pieces	
	Hygiene top-up kit	Bathing soap	100 grams	39	Pieces
		Laundry soap	130 grams	21	Pieces
Toothbrush			5	Pieces	
Toothpaste		100 grams	3	Pieces	
Gamcha/Towel			2	Pieces	
Sandals (adult)			2	Pairs	
Sandals (child)			2	Pairs	

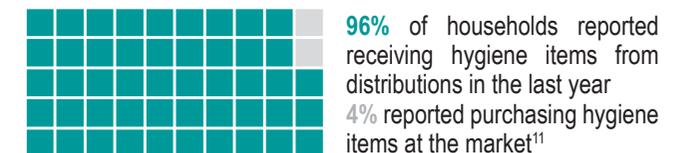
COVERAGE MAP



DEMOGRAPHICS & HYGIENE KITS RECEIVED

Population in assessed camps (individuals)¹ **886,703**
 Population in assessed camps (families)¹⁰ **205,152**
 Average age of respondent **34**
 Average household size **5**
57% of respondents were female

Primary source of hygiene items in the 12 months prior to data collection:



¹ Population numbers in assessed camps were derived from the UNHCR Population Data and Key Demographical Indicators Dataset from 30 April 2019.
² Population figures for the total numbers of refugees in Cox's Bazar are derived from the ISCG Situation Report Rohingya Refugee Crisis from May 2019.
³ This question was only asked to households where the respondent reported that they themselves had received items at a hygiene distribution in the six months prior to data collection.
⁴ This question was only asked to households that reported directly receiving a distribution in the six months prior to data collection.
⁵ Other terms used in the response for bathing soap are: hygiene soap, handwashing soap, and personal hygiene soap. As all terms are translated the same, this assessment uses the SPHERE term 'bathing soap.'
⁶ This question was asked to all assessed households.
⁷ Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018.
¹⁰ This assessment considers a 'household' as a 'family' as defined in the UNHCR Population Data and Key Demographical Indicator datasets.
¹¹ Households were asked if they received a kit containing hygiene items like soap, toothbrushes, or plastic buckets in a distribution in the 12 months prior to data collection.

⁸ Full hygiene kits are recommended to be distributed upon arrival to the camps and replenished yearly. Hygiene top-up kits are recommended to be distributed every three months.
⁹ A tool used for cleansing after using the bathroom or before prayer time.

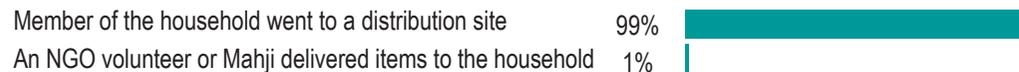
% of households reporting receiving a distribution of a kit containing hygiene items in the 12 months prior to data collection (July 2018 - July 2019):



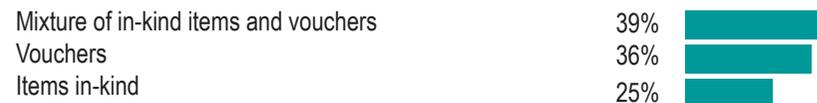
DISTRIBUTIONS, COMPLAINTS / FEEDBACK, NOTIFICATIONS, HYGIENE ITEM NEEDS

Of the 458 households surveyed as part of this assessment, **419 (92%)** reported receiving hygiene items in a distribution in the six months prior to data collection. Findings presented below relate to a range of questions that were asked only to these households, with the exception of questions on hygiene item needs which were asked to all households. All data presented are representative at the response level with a 95% confidence level and a 5% margin of error.

% households reporting different methods for receiving hygiene kits:^{12,13}

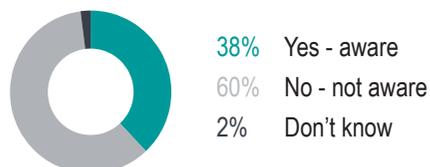


% of households reporting preferred modalities for receiving hygiene items:¹²

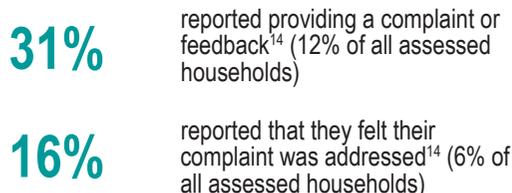


Complaints / Feedback

% of households reporting being aware of a location to provide complaints or feedback regarding the hygiene item distribution process:¹²



Of the **38%** of households reporting being aware:¹²



Notifications

Notifications prior to distributions:^{12,13}

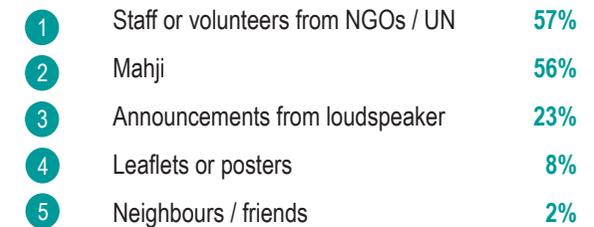
49% of households reported that they were notified of distributions one day before they occurred. Slightly less common, **36%** of households reported being notified the same day, **14%** reported that they were notified a week before, and **less than 1%** reported that they were notified over a week ago.

Current versus preferred means of notification for distributions (five most commonly reported answers shown):^{12,13,15}

% of households reported being notified through:



% of households reported that they would prefer to be notified through:



Perceived hygiene item needs per individual¹⁶

The WASH sector has identified a need to better understand refugees' monthly consumption rates for the following four items: bathing soap, laundry soap, shampoo, and toothbrushes. REACH assessed the average amount of items each household needs per month for bathing soap, laundry soap, and shampoo, and divided this amount by the number of household members. Additionally, enumerators asked how many months a single toothbrush could be used for. Below are the findings:



Pieces of bathing soap

1 per month



Packets of laundry soap

2 per month



Bottles of shampoo¹⁷

1/6 per month



Toothbrush

2 months of use for one item

¹² This question was not asked to households that reported receiving a distribution more than six months prior to data collection.

¹³ This question refers to the last time households received a hygiene kit at a distribution.

¹⁴ Data for the % of households reporting being aware of complaints mechanisms are shown.

¹⁵ Respondents could select multiple responses.

¹⁶ These questions were asked to all assessed households regardless of if they received a distribution in order to fill an information gap on quantity needed of these items.

¹⁷ If the households reported receiving up to 100 5ml packets of soap it was counted as one bottle.

EXPERIENCES WITH DISTRIBUTIONS

Of the 458 respondents, **207 (45%)** reported directly receiving hygiene items at a distribution site. All findings presented on this page relate to a range of questions that were only asked to these households. These findings are representative with a 95% confidence level and 7% margin of error at the response level.

Experiences at distribution sites

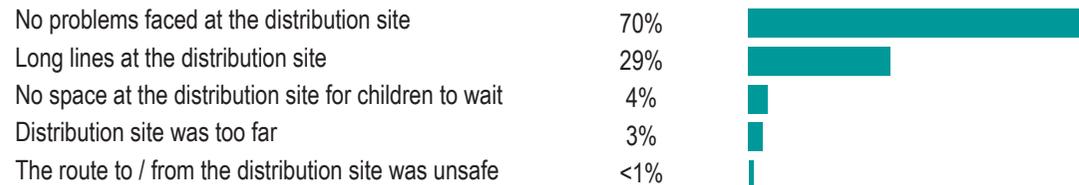
Average time spent waiting at the distribution site



Average time spent transporting items home from the distribution site



% of respondents reporting facing problems at the distribution site:¹⁸



Characteristics of respondents directly collecting distributions

Gender breakdown of respondents reporting directly collecting distributions



- 79%** of respondents directly collecting distributions were the head of household
- 6%** of respondents directly collecting distributions were either single, divorced, or widowed
- 3%** of respondents directly collecting distributions were aged 60 or above

The short list of Washington Group Questions - which measure disability by asking how much difficulty people face with six key functions in their daily lives - were asked to respondents that directly attended distributions as a means to understand the proportion of people with disabilities attending distributions. Overall, a low proportion of respondents reported facing difficulties - although it is important to note that people with disabilities may be proportionally less likely to attend distributions due to the access barriers presented by current modalities. The proportions below represent respondents that reported facing **a lot of difficulties**.¹⁹

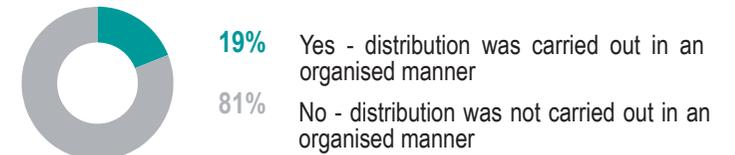


Experiences at distribution sites (cont.)

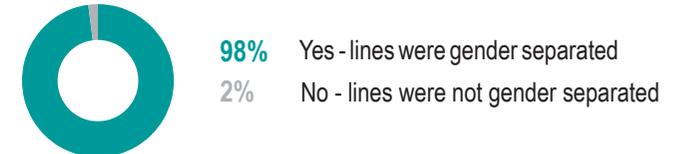
% of respondents reporting feeling safe and secure at the distribution site while receiving the hygiene items:



% of respondents reporting that the hygiene item distribution was carried out in an organised manner:²⁰



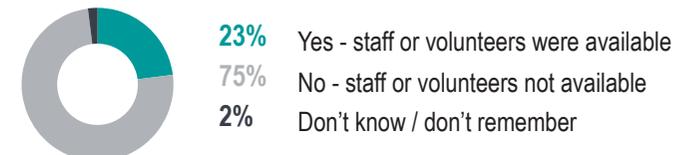
% of respondents reporting there were separate lines for men and women at the distribution site:



% of respondents reporting there were special procedures in place at the distribution site for older people or people with disabilities:



% of respondents reporting that there were staff or volunteers available to take care of children at the distribution site:



¹⁸ Respondents could select multiple responses.

¹⁹ As per standard practice for analysing data for Washington Short Group indicators, a respondent is considered to have a certain type of functional difficulty (seeing, hearing, walking, remembering, washing/dressing, or communicating) if they reported that they 'cannot do at all' or face 'a lot of difficulties'. In this assessment, no respondents reported 'cannot do at all' for any type of functional difficulty.

²⁰ An 'organised manner' means that the distribution site was not overcrowded, and that the respondent did not have to wait long to receive items.



HYGIENE ITEMS RECEIVED AT A DISTRIBUTION IN THE LAST 12 MONTHS

The 440 households that reported receiving a distribution of hygiene items in the last 12 months were asked a range of questions relating to the items they received. In addition, the WASH Sector identified an information gap relating to the six listed in light green in the table below, and on the right-hand side of this page. To assist in filling this information gap, a range of additional questions were asked for each of these items regarding usage, quantity, quality, and suggestions for improvement. All data presented on this page are representative at the response level at a 95% confidence level and a 5% margin of error.

Received hygiene items, usage, and quantity

Name of assessed items	% of households that reported receiving items in the last twelve months	% of households that reported using items ²¹	% of households that reported receiving a sufficient quantity of items ²¹
Bathing soap	99%	100%	58%
Laundry soap	99%	100%	54%
Jerrycan	40%	99%	71%
Aluminum pitchers	26%	99%	63%
Bucket with tap ²²	15%	97%	89%
Plastic jug	32%	99%	78%
Nail cutters	72%	-	-
Non-disposable nappy	11%	-	-
Disposable nappy	14%	-	-
Plastic badna	42%	-	-
Potties	29%	-	-
Plastic buckets (10L)	41%	-	-
Plastic buckets (20L)	70%	-	-
Water tank	12%	-	-
Mugs	39%	-	-
Safety pins	35%	-	-
Gamcha towels	54%	-	-
Sandals (children)	67%	-	-
Sandals (adult)	73%	-	-
Torches	54%	-	-
Single household wastebin	15%	-	-
Shared household wastebin	31%	-	-

²¹ The proportion of households reporting on usage, quantity, quality, and suggestions for improvement for bathing soap, laundry soap, jerrycans, aluminum pitchers, bucket with tap, and plastic jugs is a subset of assessed households that reported receiving the item.

²² The sample size of respondents that received the item 'bucket with a tap' is below the 95/10 confidence level. Therefore, all data on use, quantity, quality, and improvements of the item are indicative only.

Perceived quality and suggestions for improvement²¹

Items	% households reporting quality of item:	Top three most commonly reported suggestions to improve items: ²³
<p>Laundry soap</p>	<p>93% Good 4% Average 3% Poor</p>	<p>1 No improvement needed 77%</p> <p>2 Different material 13%</p> <p>3 Different smell 6%</p>
<p>Jerrycan</p>	<p>100% Good</p>	<p>1 No improvement needed 88%</p> <p>2 Different material 9%</p> <p>3 Different design 4%</p>
<p>Aluminium Pitcher</p>	<p>99% Good 1% Poor</p>	<p>1 No improvement needed 86%</p> <p>2 Different material 10%</p> <p>3 Different design 6%</p>
<p>Bucket with tap²²</p>	<p>100% Good</p>	<p>1 No improvement needed 90%</p> <p>2 Different colour 5%</p> <p>3 Different material 3%</p>
<p>Plastic jug</p>	<p>99% Good 1% Poor</p>	<p>1 No improvement needed 88%</p> <p>2 Different material 7%</p> <p>3 Different design 5%</p>
<p>Bathing soap</p>	<p>95% Good 3% Average 2% Poor</p>	<p>1 No improvement needed 79%</p> <p>2 Different material 12%</p> <p>3 Different smell 7%</p>

47% of households that received soap reported that they received information on how to use it the last time it was distributed. Of these, 55% reported that they received information at the distribution site, followed by 35% having received a demonstration at a different time from the distribution, 9% through neighbours and / or friends, and 1% through leaflets.²⁴

²³ Different material: refers to respondents' preference for the item to be composed of a more durable material (e.g. enumerators reported some soap melted in humidity/heat, or containers were made of not durable plastic/aluminum). Different design: refers to respondents' preference on shape or brand of item.

²⁴ This question was only asked to households that reported receiving information on how to use soap the last time it was distributed.

METHODOLOGY

REACH conducted this household survey using a random sampling approach stratified by Ukhiya and Teknaf Upazilas with findings aggregated to both the Upazila level and the overall response level. In order to attain a representative sample at the Upazila as well as overall response level, the sampling frame was developed using UNHCR population data (30 April 2019) to determine the number of interviews per camp. Households to survey in each camp were determined by using [the UNOSAT shelter footprint](#), with GPS points dropped on shelters within each camp. Within each Upazila, a random distribution of sample points was drawn to provide a sample representative at 95% confidence level and 10% margin of error; aggregated together they provide a sample significant at 95% confidence level with 5% margin of error at aggregate level for the overall response. Data collection took place from 2-8 July 2019. For findings at the Upazila level, please see the [REACH Hygiene Item Assessment \(July 2019\) - Upazila Level Factsheet](#).

This survey contained two components. The first was asked of all eligible respondents and focused on hygiene items received, engagement with distribution processes, complaints and feedback, and modality preference. The second focused on experiences at distributions and was asked only in cases where respondents reported directly attending distributions themselves. Since less than half of the assessed households contained an available respondent with direct experience of attending a distribution, these questions have a 10% margin of error at the aggregate level only (i.e. not stratified by Upazila).

The research and analysis plan were developed by REACH in consultation with the Cox's Bazar WASH Sector's Hygiene Promotion Technical Working Group (HP TWiG). Tools were translated into Rohingya language with the support of Translators Without Borders. REACH collected data in July 2019 with a gender-balanced team of 32 enumerators (four teams of eight

enumerators) using Kobo forms. All teams initially completed data collection for the hygiene item component of the assessment. Data was cleaned daily throughout the collection process, and checked to monitor consistency and enumerator performance. Data analysis was conducted in R based on the analysis plan. The finalized dataset is available [here](#).

This assessment includes two separate surveys, developed due to differing target respondents. This survey targeted male and female respondents with a focus on hygiene items and experiences during distributions of hygiene items, while the other survey targeted female respondents only with a focus on menstrual hygiene management (MHM) items and distribution of MHM items. For further information on the MHM items, please see the [REACH MHM Item Assessment \(July 2019\)](#).

CHALLENGES AND LIMITATIONS

The findings cannot be extrapolated to sites that were not visited; aggregate data for this assessment is therefore representative of the refugee population living within camps exclusive of Kutupalong RC.

Data collection was halted for one day on July 7th due to heightened security concerns, it resumed again on the 8th of July.

Differences between camps that fall within the study's margin of error may represent random variation rather than "true" differences. Findings should be verified before making decisions on resource allocation.

Respondent bias (social desirability bias) is likely to have influenced the responses to some questions. Families might have felt pressure to give answers that are socially acceptable or perceived to be the 'right' answer.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information, please visit our website at www.reach-initiative.org, contact us directly at geneva@reach-initiative.org or follow us on Twitter at [@REACH_info](https://twitter.com/REACH_info).