

# Beyond Basic Needs: Understanding the Role and Difference of Dignity Kits and Hygiene Kits in Humanitarian Assistance



### What is this kit?



### **Dignity Kit**

Dignity kits (DKs) are typically distributed to women and girls linked to other GBV activities. They contain hygiene and sanitary items, as well as other items explicitly tailored towards the local needs of women and girls in particular communities. DKs provide the essential material needs that women and girls often struggle with in order to enhance their safety, facilitate basic hygiene, and enable access to humanitarian services.



### Hygiene Kit

Hygiene kits/items are typically distributed to households and comprise essential items designed to support personal and domestic hygiene, with a focus on areas where market access to hygiene items is limited.

In some instances (e.g. displacement/people on the move, specific targeting), they may be distributed to vulnerable individuals/households, and are expected to be tailored to the specific needs and feedback from different vulnerable groups targeted (e.g. elderly, people with disabilities, female-headed households, etc.). Such health & hygiene support would ideally be part of a broader support package.

# What is in this kit?

### **Dignity Kit**

**Hygiene Kit** 

The contents may vary based on the specific needs of the women and girls in the community being served—typically DKs contain menstrual hygiene materials, soap, underwear and information on available GBV services, including where and how to access those services. Dignity kits should also include items that may help mitigate GBV risks such as LED flashlights, radios, whistles, etc.

# Why distribute this kit?

DKs serve as an entry way to broader GBV programming and response services in a number of ways:

- to begin working with women to identify the GBV risks in the community;
- to raise awareness and encourage communities to engage in discussions on important topics such as preventing and responding to GBV;
- 3. to share information on where women can access GBV services;
- 4.to reach women and girls at risk, including GBV survivors, and pregnant and lactating women, those in hard to reach frontline areas, and others. And, to ensure women knorw where and how to access available services.

Note: The exception for this is when dignity kit distribution is undertaken as an acute emergency response activity

various special need groups (infants, elderly, etc.). These recommendations are being updated drawing on available post-distribution monitoring (PDMs), but are not prescriptive - they should be adapted based on consultations.

The socio-economic impact of the conflict is accentuating pre-existing.

These kits typically encompass personal hygiene items like soap,

toothbrushes, toothpaste, toilet paper, menstrual hygiene products, amongst others, and occasionally include domestic cleaning supplies. Suggested minimum content/quantities have been elaborated for

individuals/households in displacement, affected households, and

The socio-economic impact of the conflict is accentuating pre-existing inequalities and vulnerabilities, notably in communities in proximity to the front-line, where additional barriers to access often exist.

In-kind or voucher-based support for personal or domestic hygiene items to vulnerable households/individuals can help to offset expenses, and ensure critical items for health and hygiene are not de-prioritised - mitigating health and hygiene risks for already vulnerable groups. In frontline areas where market access may be disrupted, in-kind approaches help ensure basic hygiene practices are maintained.

### **To Whom** Should this Kit be distributed?

Individual Vulnerable Women and Girls (Note that it is NOT meant for a household. It is also NOT meant for men/boys)

Note: All partners are requested to identify women and girls with special needs (including women and girls with disabilities, female-headed households, older women and pregnant women), including those who are unable to join queues at distribution points and ensure that women and girls get the products that they need. There are different kits available for women and girls of reproductive age as well as those for older women. Please contact the GBV AoR for more details on this.

Vulnerable households / individuals in affected communities.

This might include, amongst others:

- -Individuals / households in displacement (on the move or in transit or collective centers)
- -Elderly or disabled, notably those without family support.
- -Female or elderly-headed households.
- -People with chronic illnesses.
- -Households with no regular source of income.
- -Households/individual remaining in hard to reach areas, close to the frontline without access to markets

Ideally, in-kind or voucher-based support is complemented by other interventions at the individual (e.g. protection) or facility (e.g. health center, collective center, social institution) level.





## **How** should the kits be distributed?

**Dignity Kit** 

**Hygiene Kit** 

GBV partners are responsible for providing DKs to female survivors and those at risk of GBV - GBV partners should have a supply of DKs to enable confidential and timely distribution. Other clusters are requested not to actively seek out GBV survivors. There should be coordination with partner agencies and national authorities (as feasible) on the distribution.

The most commonly DKs are distributed in (list is not exhaustive):

- Centers for women and girls
- Mobile teams
- Door-to-door delivery
- Collective sites
- Humanitarian convoys
- Healthcare facilities
- Schools, etc.

Post-distribution monitoring should be conducted to assess satisfaction with distributed items and determine whether

- any additional risks were created as a result of distribution
- if any additional items have been identified by women and girls needed for protection purposes.

Multiple entry points exist for specific vulnerable groups that can be pursued - ideally linked to other complementary support (see

WASH partners are expected to consult with target populations to determine the most appropriate distribution modalities and kit contents/voucher values.

These might include:

- home delivery notably for those with movement difficulties
  collective sites, health care centers or other institutions
- humanitarian convoys where access is limited
- distribution points.

Where distribution points are used, adequate communication should be ensured around:

• staggered scheduling (minimising queues/ groups).

sections of the Ukraine WASH Cluster website.

the size & weight of the kits

It's useful to consider:

- packaging to support transport (e.g. shopping strollers).
- fast-tracks or authority / volunteer mechanisms for elderly, disabled or pregnant women

Post-distribution monitoring of in-kind or voucher-based support will ideally help to improve / refine recommended kit contents, communications, and delivery modalities.

# Good practices from around the world

- Complement In-kind or voucher-based support by other interventions at the individual (e.g. protection) or facility (e.g. health center, collective center, social institution) level.
- Consult with women and girls to inform dignity kit content selection. Whenever possible, questions related to dignity kits should be integrated into other assessments (e.g. sexual and reproductive health, GBV) or activities to minimize duplication and avoid overburdening women and girls.
- · Where feasible, community consultation should be undertaken to understand voucher or in-kind approach requirements. Similarly, consultation with the target groups ahead of kit assistance to ensure kit contents are necessary and appropriate, and that other needs (e.g. adult diapers) or other tailored kits (e.g. MHM, PWS, institutional) are not needed additionally or in place of standard kits.
- Ensure all people involved in identification, consultation of distribution of kits have signed code of conduct, are aware of SEA risks / mitigation, and knowledgeable about handling / referring disclosuresWhere relevant, personnel would benefit from other training related to MHPSS and to be aware of protection services available in the area for referral.
- Ensure recipients are aware of what to expect, and how to flag concerns or register complaints.
- Conduct post-distribution monitoring of in-kind or voucher-based support to improve / refine recommended kit contents, communications, and delivery modalities.

| Resources  Dignity Kit                          | Hygiene Kit  |
|---|--|
| Kobo form for Tracking Dignity Kit Distribution | Find resources in the Gender & Inclusion, and the Hygien |

Dashboard for Dignity Kit Distribution (coming soon!)

**GBV AoR Ukraine webpage** 

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