



School children with hygiene kits © FLOWERS, 2016

PAKISTAN

**School WASH Project for 92 schools
of flood-hit district Nowshera, KPK, Pakistan**

June 2016

POST DISTRIBUTION MONITORING

**Distribution of hygiene kits to children
enrolled in targeted schools, Nowshera district**

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Executive Summary

Tdh and FLOWERS distributed 26,584 hygiene kits to school children in 92 schools (40 boys schools, 49 girls schools) in Nowshera in April/May 2016. A kit contained a toothbrush, toothpaste, soap, a towel, a nail clipper and 2 combs. The distribution was planned as a one-time activity to support hygiene education sessions and improve personal hygiene behavior of these children. Cost of the kits was CHF 97,903. Distribution was arranged through Health and Hygiene Promoters (HHPs) and school teachers.

A Post Distribution Monitoring (PDM) Survey was carried out in May 2016 to assess the distribution method, use of the kit, its relevance as well as its contribution to the project's impact. 648 children (42% boys and 58% girls) were interviewed by FLOWERS HHPs, based on semi-structured questionnaires.

Survey results confirm that all interviewed children and all children in their classes received a kit. Interviewed children remember the place of distribution and the explanations given during distribution. As such, the distribution is considered just, inclusive and appropriate.

More than 95% of the children stated that towel, nail clipper, soap and combs were available in their families before this distribution. 75% reported tooth paste available, 61% reported a toothbrush. The kit was designed as emergency response kit, aiming to motivate children to apply better hygiene behavior. Distribution at the beginning of the project might have been more relevant to support basic needs and boost motivation.

98% of children reported that the provided items are currently in use. Except for the toothbrush (96% own use), half of the children use the provided items only by themselves, half shares it with family members. The kit contributed to having more items available and especially in case of the toothbrush to have an own item per child. It can be assumed that thereby benefits to personal hygiene of children and families are generated.

Interviewed children confirmed good quality of toothpaste, tooth brush and combs (99%), nail clipper (98%), towel (95%), soap (94%), bag (86%). To find out about appreciation as well as importance of the hygiene kit, children were asked about their preference for the items. Soap is the most favored item, followed by toothpaste, towel, toothbrush, nail clipper and combs. Especially for soap and toothpaste children reason their preference by the necessity for good health and hygiene. Except for the towel "necessary for good health and hygiene" is the answer most often provided for all items. The PDM survey clearly presents that children are aware of the importance of hygiene items. This indicates further that children will use the items also in future.

The survey findings lead to following conclusion and recommendation: The provided hygiene kits are appreciated by the beneficiaries. The kits enable families to have more items available or to have own items available for a child. Children actually use the items and understand their importance for health and hygiene. The kit positively contributes to proper hygiene behavior and improved health. Distribution in the first year of the project would have responded better to basic needs and would have had a more significant impact on motivating towards proper hygiene behavior as children are already well aware of the importance of hygiene items for good health at time of the survey.

1. Introduction

Since 2002 Tdh implements child-focused long-term as well as emergency response projects in the Khyber Pakhtunkhwa (KPK) Province of Pakistan. Since 2005 implementation is fully conducted by the local organization FLOWERS; founded by former Tdh employees. Tdh provides funding, technical back-stopping and supports programmatic and financial monitoring. Tdh maintains an office in Islamabad, whereas FLOWERS has its office in Peshawar.

As part of the 2010 flood response, Tdh and FLOWERS implemented a WASH in school project in 43 primary schools in the districts Nowshera and Charsadda. Schools are equipped with WASH facilities, children are trained through the CHAST approach, the community is involved in hygiene promotion sessions, and the Department of Education KPK approves schools and cooperates during enrolment campaigns. The project (2011-2013) was funded by CdB. Following a needs assessment 73 more schools were identified as being in dire need for WASH infrastructure and therefore, the WASH in school project was extended. A new contract with CdB was signed from Jan 2014-2016. After completion of infrastructure in initially planned 73 schools, an amendment was prepared and 19 additional schools were included in October 2015. 26,836 schools girls and boys in 89 primary and 3 high schools are targeted. The overall objective of the project is to increase access safe drinking water and sanitation facilities in schools, which will contribute to better health status, decrease schools drop outs and increase new enrolment.

Next to WASH facility construction the project's main component are hygiene promotion activities (CHAST, School Hygiene Committee, global WASH days, cleaning campaigns, Parent teacher committee, fund generation mechanism, etc). The distribution of hygiene kits was planned as a one-time activity to support hygiene education and improved personal hygiene behavior for school children. The kit was designed for both boys and girls, respecting UNICEF standards meaning that it would include the following:

Hygiene kit/child	
1	Tooth brush
1	Tooth paste, 100g
1	Bathing soap, 120g
1	Towel, medium size
1	Nail clipper
2	Combs
1	Plastic bag

The tender for the hygiene kits was advertised on 21st Jan 2016, tender opening was on 1st March 2016. The Bid Analysis was signed on 11th March. Distribution took place between 14th April - 24th May 2016.

Unfortunately the distribution and new admissions fell at the exact same time, due to delay in tendering and distribution planning. However, all children who attended the targeted schools during the term 2015/2016 received a hygiene kit. Children who left the project schools in April to attend higher schools, were called back and provided with a kit. These children participated in CHAST sessions since 2014 and are familiar with the provided hygiene items. Newly admitted children (3115 in April) were excluded from the distribution.

Total cost of hygiene kits was CHF 97'903, excluding transport cost to each school. FLOWERS was able to negotiate provision of a school for storing of kits located centrally to all project schools with the Department of Education. This way no extra warehousing cost occurred.

26,584 hygiene kits were distributed to 26,584 children in 92 schools. Children attending government schools in Nowshera district are considered vulnerable, generally coming from lower income segments and family education level. Families with higher incomes prefer sending their children to private schools. The PDM survey asks 648 children from 80 different schools about their feedback and opinion.

2. PDM Methodology

2.1 Purpose

The Post Distribution Monitoring collects data about the distribution method, satisfaction with and use of the kit. The feedback is collected from school children through interviews with questionnaires. The purpose of the survey is to express how satisfied beneficiaries are with the kit, how adequate, effective and relevant the kits are compared to the needs of targeted children.

2.2 Method

2.2.1 Questionnaires and interviews

The survey is conducted via interviews based on questionnaires. The questionnaire was designed by Tdh Pakistan in cooperation with FLOWERS. The interviews were conducted by FLOWERS Health and Hygiene Promoters (HHPs). HHPs were briefed how to use the questionnaire. The questionnaire is annexed. All tables in this report present the % of answers by interviewed children.

2.2.2 Sampling

The sample size (648) was calculated to be representative of the whole target population (26,836 children), with a confidence interval of 99% and a confidence level of 5%. It was planned to initially survey all 92 schools, due to contract termination of 2 HHPs only 80 (87%) schools could be covered. Children were sampled randomly by the HHPs just before the interview. Per school 7-10 interviews were conducted. 149 children (23%) were interviewed in 19 new schools, 499 (77%) in 73 old schools.

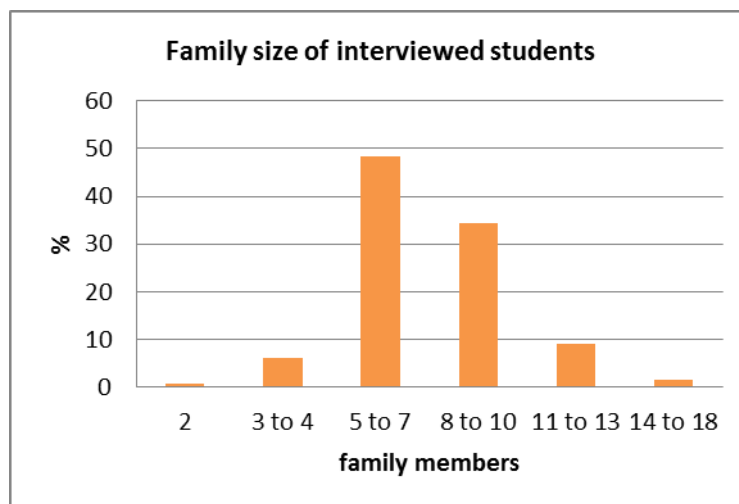
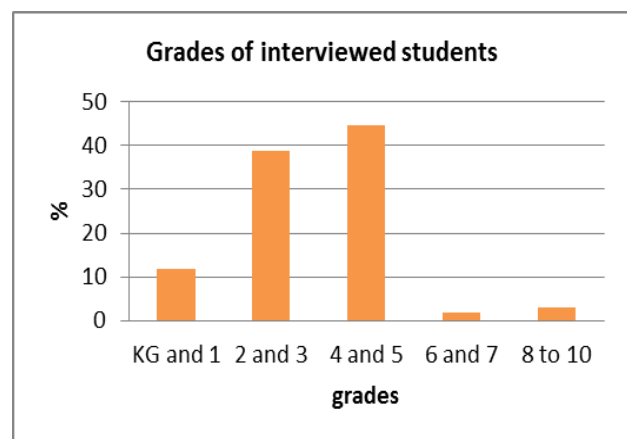
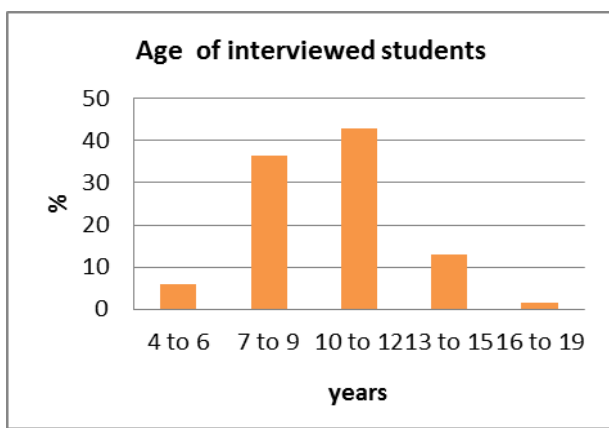
2.2.3 Study duration

The data collection took place from 24th – 27th May 2016, before schools holidays commence on 1st June. Given the delay in distribution, start of the school holidays and thus non-availability of respondents, the time between receipt of kit and PDM are only 3-5 days for 35 interview respondents. The span of other questionnaires is 4 weeks (14th April) to 1 week between distribution and PDM.

3. General information on beneficiaries; age, gender, family composition of beneficiaries

The project is implemented in 89 primary schools (49 for girls and 40 for boys) and 3 high schools (2 for girls and 1 for boys). Primary school consists of class KG (pre-schools) until grade 5, high school covers grade 6 to 10. The age groups in primary classes vary, mainly from 5-12 years. The PDM survey

included 272 boys (42%) and 376 girls (58%). 38 children are 4 to 6 years (6%), 237 are 7-9 years (37%), 279 are 10-12 years (43%), 85 are 13-15 years (13%) and 9 are between 16 and 19 years old (1%).



Children are living in families, with an average of 7.4 members, compared to 6.8 members for the whole of Pakistan. 0.6% of interviewed children are living with only 1 member, 6% with 3-4 family members, 48% with 5-7 members, 34% with 8-10 members, 9% with 11-13 members, and 1% with up to 18 family members. An indication about the economic status cannot be derived.

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4. Distribution; place, equal provision, completeness of kits, explanation about the kits

FLOWERS distributed hygiene kits per school class in cooperation with the teachers. Members of the Parent Teacher Committee were present in several schools too, to ensure a just distribution process. Due to harvesting time not all PTCs were available. A handing over certificate is signed with each head teacher about the number of kits provided per school. The head teachers validate that all children enrolled during the term 2015/2016 received a kit.

The PDM survey confirms that all interviewed children received a kit. All interviewed children confirm that each child in their class has received a kit, which indicates that the distribution was just and inclusive.

75% of children received the kit in the classroom, 16% on the veranda, 7% in the yard and 2% in another location in the school. To distribute to those children who had already left grade 5 in the past term toward High schools, FLOWERS called them back to their schools on the distribution day.

During distribution FLOWERS HHPs explained which material was available in the kit and how it shall be used. All interviewed children verify that all items were included in their kit. A list of items was pasted on the kit bag. All children can remember the explanations about the hygiene items. Remembering the education session as well as distribution inside or in front of the classroom indicates that the distribution method was appropriate.

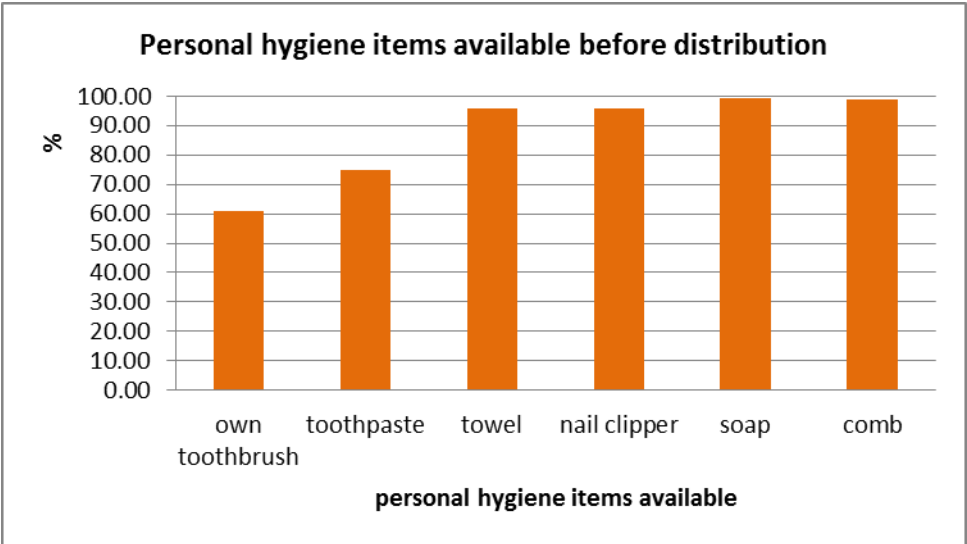
3 children from 2 schools informed that they received a similar kit in the past weeks. These children are IDPs and migrate between their place of origin in FATA and their host communities in Nowshera. Kits were received at their origin villages where humanitarian assistance is provided to returnees.

645 children stated that they did not receive any other kit. No other hygiene kit distribution intervention by NGOs or state department is known in the project area, duplication is excluded.

5. Adequacy of the hygiene kit

5.1 Relevance of the distributed hygiene kit

This section shall explore if the provided kits hygiene kits are a relevant form of assistance to the target group.

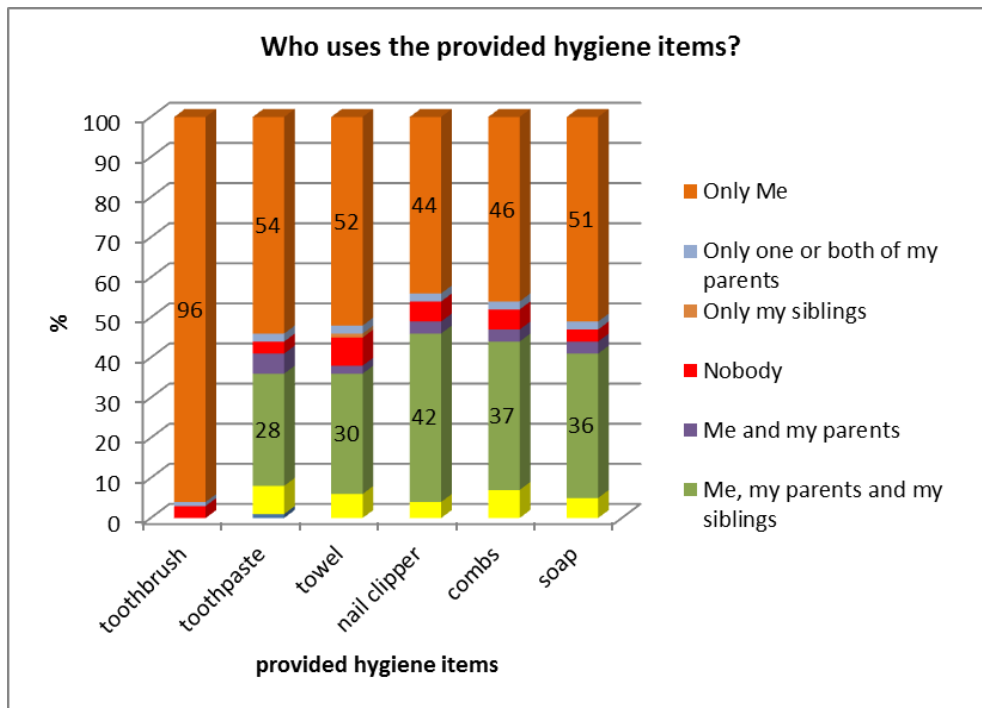


Children were asked about availability of kit items in their household. 61% of the children answered that they had a toothbrush before the distribution. The kit contained plastic tooth brushes. Traditionally a wooden stick is used for teeth brushing. This stick might not have been considered by the children when answering. 75% of children say that they had tooth paste in their households before the distribution. 95% had a towel, 96% a nail clipper, 99% soap and 99% a comb in their families before the distribution. It must be concluded that all items were available in nearly all families before the distribution; however the percentage of toothbrushes is rather low. The kit is designed for emergency response and should have been distributed at the beginning of the project to be more relevant. 6 years after the flood emergency these basic items have been replaced and are affordable for most families. However, in many cases the kit ensures that a child has an own hygiene item or that simply more items are available in the households, which has a positive impact on their use for personal hygiene. Next to providing basic items, the kit also aimed to support hygiene education and is considered as an incentive or motivation booster for children to actually apply what they have learned during CHAST sessions in school. The following sections show that children are indeed using the provided items and that awareness about health and hygiene is increasing.

5.2. Kits' usefulness

This section investigates who actually uses and how useful the distributed kit is for the children and their families. By asking a child if the kit was handed over to somebody or kept by him/herself, it was intended to investigate a child's ownership over the kit. This ownership is considered as an indicator for taking over responsibility and in this case using the item. 22% of the interviewed children handed over the kit to their parents. Though not asked further, it is expected that parents administer or store the kits. 77% of children kept the kit for themselves. 2 children gave the kit to another person other than their parents. Most children "own" the kits, which contributes to the usage of the items by children. These figures also indicate that kits are generally not sold, exchanged or rejected. 634

children (98%) replied that all or some items received are currently in use in their family. 14 (2%) report that the items are stored in their house..



The provided toothbrush is used only by the child who received the kit (95%). In 21 cases

(3%) the tooth brush is stored, in 4 families (1%) the parents use the new tooth brush. 54% of the children report that only they use the new tooth paste, 28% answer that they share it with parents and siblings, 7% that they share only with their siblings, 5% that they share only with their parents. 11 children (1%) explained that only their parents use the new tooth paste. 17 (3%) report that the new paste is not in use. 52% of the children explained that only themselves use the new towel, 30% share it with parents and sibling, 6% with siblings. 7% of the children answer that the new towel is currently not in use.

44% of interviewed children report that the nail clipper is used only by them, 42% share it with their parents and siblings. 32 children (5%) report that the nail clipper is not in use at the moment. 15 children (2%) report that only their parents use the clipper. The comb is used only be the children themselves who got the kit in 46% of the answers. 36% of the children reply that they share the combs with parents and siblings, 7% say they share only with the sibling. 31 children (5%) explain nobody uses the comb these days. 14 children (2%) explain that only their parents use the comb. 51% of the children report that they use the new soap only themselves. 36% share with parents and siblings. 5% share only with sibling, 3% only with parents. In 19 cases (2%) the soap is not in use now. 13 children (2%) explain that only their parents use the new soap.

Except for the toothbrush, a relation between items available and increased use of the item only by the child could not be found, as it was not investigated who used the items already available. A toothbrush is now available for each child, compared to 61% before the distribution. Toothpaste is now available for each child, though shared with other family members, compared to 75% availability before.

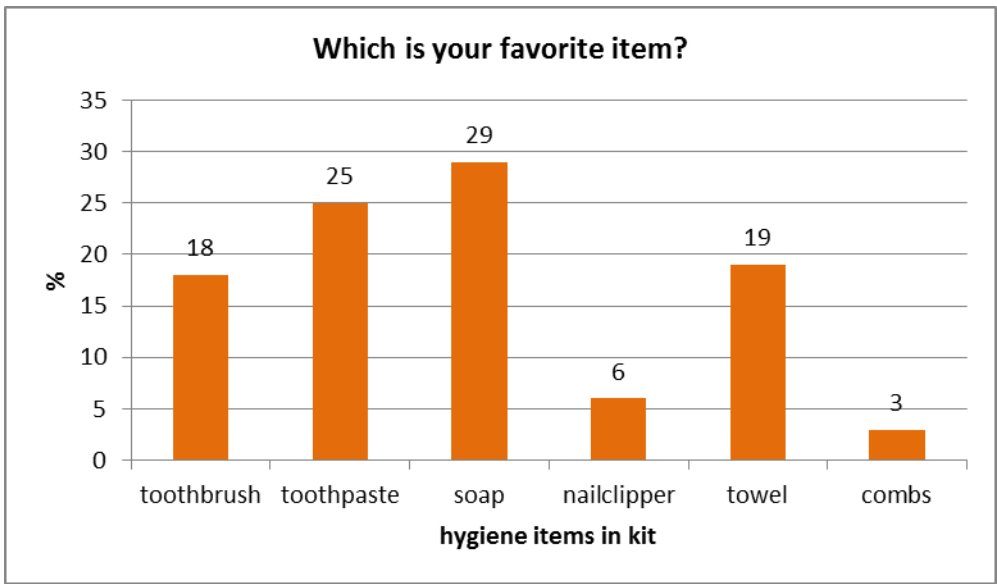
As such, it is estimated that the new items are either used to replace, refill or add to already existing items directly after distribution. An additional benefit to the personal hygiene of the children and families is assumed.

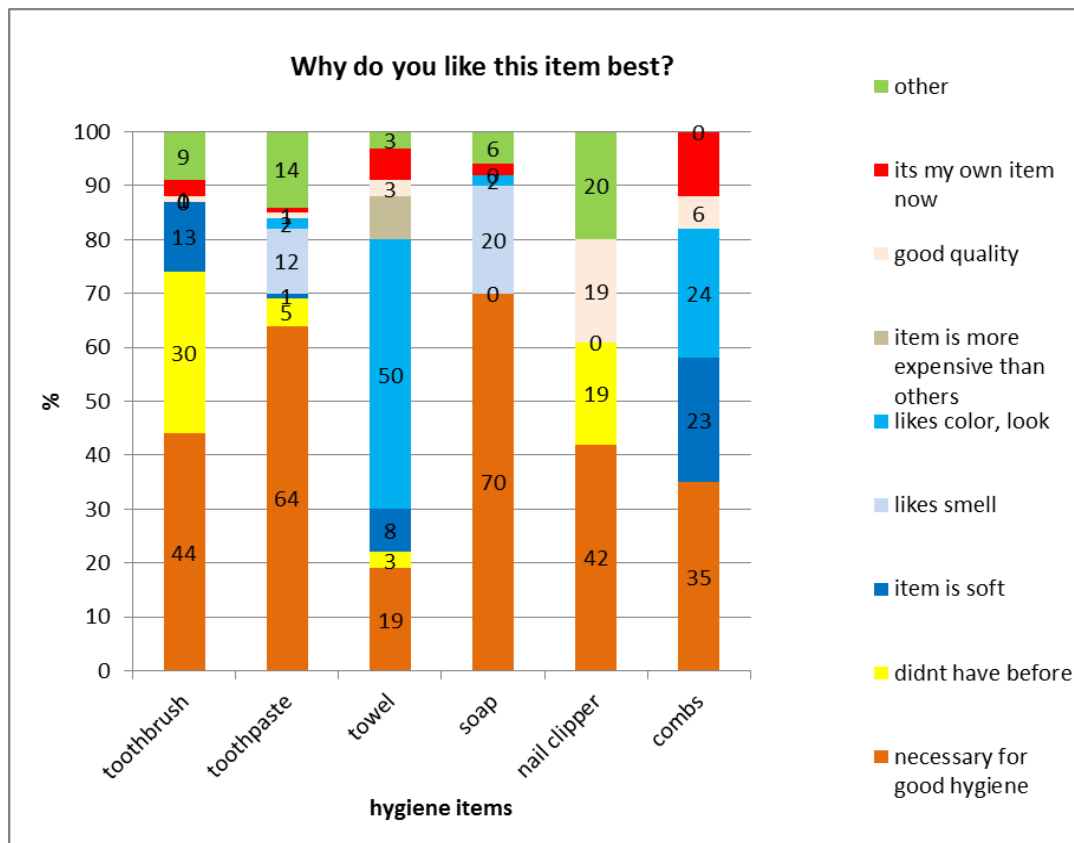
5.3 Quality of provided hygiene items

The interviewed children were happy with the kits and confirmed good quality. 99% of the interviewed students reported good quality of the toothbrush, toothpaste and comb, 95% good quality of the towel, 98% good quality of the nail clipper, 94% good quality of the soap. 86% reported good quality of the bag, 7% average and 6% bad quality of the bag. The lower number of children reporting good quality of the bag can be explained through comparison of the bag for this kit and previously provided bags by other organizations. UNICEF, for example, provided blue parachute cloth bags for schools books. It could be an idea to improve the bag of hygiene kits to be used for other purposes. Children were not asked to provide reasoning for their quality assessment, as it was expected that the children would not be able provide such reasons. Instead, children were asked about their preferences and perceptions.

5.4. Preference of children on hygiene items

The section reports the preference of children towards hygiene items and the reasons for their preference. This reasoning shall first give an indication about the obtained understanding and awareness of personal hygiene during the project period, about the children’ perception about the usefulness of the kit and secondly inform about the underlying motivation triggers of children with regard to the use of hygiene items. These motivation triggers could be taken more into account during Hygiene promotion.





The most favored item is soap (29%), toothpaste (25%), the towel (19%), toothbrush (18%), the nail clipper (6%) and the combs (3%). Asking the reasons for favoring an item, for all items except the towel, “necessary for good hygiene and health” as explanation is provided most often. Especially for soap (70%) and toothpaste (64%) children are highly aware about the need of the items for good health and hygiene. For the toothbrush 44% provide “necessary for good hygiene and health” as reason for favoring this item, for the nail clipper this is 42%, for the combs 35% and for the towel 19%. It can be concluded that children are aware and understand the importance and use of these hygiene items. This can be interpreted as strong motivation for the children to actually use the items.

Relating the findings of this survey with the previous conducted KAP survey (2014), the PDM survey provides evidence that hygiene knowledge and practice of children has improved. The initial KAP survey found that only 30% of interviewed children were aware that handwashing is necessary for good health. Only 12% practiced handwashing with water only before meals, no one practiced handwashing with soap before meals. 28% washed their hand with water only after latrine use, 0.25% washed their hands with soap after latrines use. Now, children are aware of especially the need of soap for good health and hygiene. Soap is the most favored item in the kit. 70% of the children who favor soap, reason their preference through the need for good health/hygiene. CHAST sessions have a strong focus on handwashing with soap and proof successful.

When comparing results from 73 old and 19 new schools, children of the new 19 schools provide the answer “necessary for good health/hygiene” slightly more often for favoring soap and toothpaste than those in the 73 schools. CHAST sessions are still ongoing in all project schools. It can be concluded that hygiene promotion also in the 19 schools shows good learning success though it was started only in the last quarter of 2015. The results here also verify above data about availability of hygiene items. For the toothbrush, for example 30% of interviewed children state that they favor the toothbrush because they did not had this item before the distribution. “Not having” an item before is not an important

reason to favor the other items, except for the nail clipper. Provision of this hygiene kit was indeed useful to improve personal hygiene of targeted children.

It becomes obvious that children favor an item also because of its sensory characteristics: color, look, smell, softness are important features for the interviewed children. It might be worth including these motivation triggers in Hygiene education methodologies.

6. Remaining needs

This PDM survey asked children about their recommendations and remaining needs. As the interview was about provision of hygiene items, no relation was made to the WASH facility construction of the general objective of the project. Needs are mentioned likewise.

60% of children who provided recommendations informed that they need uniform, bags, shoes or socks. 16% explain that they need hygiene kits again after few months (every month-6 month), 4% say they need more hygiene kits for their families. 8% of the children recommend putting more of the same hygiene items in the kit. One girl explained that also items for women should be included. 2,7% demand more soap in the kits, 1.2% say that more toothpaste should be provided.

7. Conclusion and recommendations

The hygiene kits are appreciated by children and are useful for them and their families. Though the provided items are mostly available with the children's families a contribution towards improved personal hygiene could be made. In most families the new items are in use, this means they replaced old items or are used additionally, both having a positive impact on personal hygiene. This survey shows that most interviewed children have a good understanding about personal hygiene by now. It can be assumed that the hygiene kit further motivates the children to follow good personal hygiene in future. It can be concluded that the kits are appropriate and effective.

The relevance of the kit designed as an emergency kit and to motivate children towards improved hygiene practices would have been more significant if the distribution would have been conducted at the beginning of the project. In 2014, livelihoods might have been less re-established and family incomes lower. Children showed very poor personal hygiene practices in the initial KAP survey. A distribution of items before 2016 and before having good knowledge of hygiene anyway, might have contributed to a faster application of good practices at least in 73 schools. The contribution to the desired impact of the project might have been stronger with a distribution earlier during the project duration.

Hygiene kits accounted for approx. CHF 98,000.-, only for material, excluding transport. Approximately the same amount was spent to establish 79 boreholes. Given the comparably high cost and the lower contribution to project impact, the efficiency of the hygiene kits activity is questionable.

Recommendations:

- Distribution of hygiene kits to boost motivation of children to apply improved hygiene practices should happen before/during hygiene knowledge and understanding is established.
- Design/content of hygiene kit should be adjusted to the needs of the target group; more consumables (tooth brushes, toothpaste, soap) could have been included to reduce family expenses, several rounds

of tooth care products could have been provided over time to ensure that each child uses an own toothbrush, etc. A respective needs assessment should be conducted before design of kits.

- A cost benefit analysis should be carried out to assess distribution of hygiene kits in a long term project versus provision of school WASH facilities or more innovative hygiene promotion methods to contribute to project impact.
- The bag of a kit should be designed to be re-used for other purposes.



All photos© FLOWERS

Hygiene kit Post Distribution Monitoring – Questionnaire-

Date of interview/questionnaire	
Name of interviewer	
Name of school	
FLOWERS school code	
Date of distribution	
Gender of answering (student)	() Boy () Girl
Age of answering student	
Grade/class	
Name of teacher who distributed the kit	

1.	Did you receive a hygiene kit in your school ?	() Yes () No
2.	Did all children in your class receive a kit?	() Yes () No
3	Where did the distribution took place?	<input type="checkbox"/> Classroom <input type="checkbox"/> Verandah <input type="checkbox"/> yard <input type="checkbox"/> other specify: _____
4.	Where all items inside the kits, as described on the sticker on the back of the kit?	() Yes () No
5.	If an item was missing, did you get a replacement?	() Yes () No
6.	What have you done with the kit?	<input type="checkbox"/> I gave it to my parents <input type="checkbox"/> I kept it for myself <input type="checkbox"/> I gave it to somebody else
7.	How many members are in your family (parents + siblings)	
8.	Did you receive a similar kit during the last weeks from any other organization/person?	() Yes () No

9. Quantity present before		
Which item did you (and your family) had already before?	Yes	No
Own toothbrush		
toothpaste		
towel		

Nail clipper		
soap		
comb		

10. Actual use of items				
Are one or more items of the kit in use these days?			<input type="checkbox"/> yes <input type="checkbox"/> No, they are stored in our house <input type="checkbox"/> No, they are not in our house anymore	
If yes; Who in your family is using the new items (multiple answers possible)	Me	One or both of my parents	My siblings	Nobody
toothbrush				
toothpaste				
towel				
nail clipper				
combs				
soap				

11. Quality of items				
How is the quality of the items?	Good	Average	Bad	Don't Know
toothbrush				
toothpaste				
towel				
nail clipper				
soap				
combs				
bag				

12.	Do you know how to use all items in the kit?	toothbrush <input type="checkbox"/> Yes <input type="checkbox"/> No toothpaste <input type="checkbox"/> Yes <input type="checkbox"/> No Soap <input type="checkbox"/> Yes <input type="checkbox"/> No Nail clipper <input type="checkbox"/> Yes <input type="checkbox"/> No Towel <input type="checkbox"/> Yes <input type="checkbox"/> No Combs <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	During distribution, did you hear about how to use the	<input type="checkbox"/> Yes <input type="checkbox"/> No

	items?	
14.	Which of the items is your favorite? (name only one item)	<div><div>()</div>Toothbrush</div> <div><div>()</div>Toothpaste</div> <div><div>()</div>Soap</div> <div><div>()</div>Nail clipper</div> <div><div>()</div>Towel</div> <div><div>()</div>Combs</div> <div><div>()</div>Bag</div>
15.	Why is it your favorite item? (open question)	
16.	Do you have any recommendations for FLOWERS?	