The disaster-affected population has access to and is involved in identifying and promoting the use of hygiene items to ensure personal hygiene, health, dignity and well-being.

Consult all men, women and children of all ages on the priority hygiene items they require.

All women, men and children have access to information and training on the safe use of hygiene items that are unfamiliar to them.

A basic minimum hygiene items pack consists of water container (buckets), bathing and laundry soaps, and menstrual hygiene materials.

All people have safe and equitable access to a sufficient quantity of water for drinking, cooking, and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.

Identify appropriate water resources for the situation, taking into consideration the quantity and environmental impact on the sources.

The maximum distance from any household to the nearest water point is 500 metres.

The following factors should be considered in water source selection: availability, proximity and sustainability of sufficient quantity of water; whether treatment is needed; and its feasibility, including the existence of any social, political or legal factors concerning the source.

The food items provided are appropriate and acceptable to recipients so that they can be used efficiently and effectively at the household level.

Assess people’s ability to store food, their access to water and fuel, and cooking times and requirements for soaking when selecting food types.

Programme design takes into account access to water, cooking fuel and food processing equipment.

There should be no untargeted distribution of free or subsidised infant formula, milk powder, liquid milk or milk products as a single commodity (this includes milk intended for mixing with tea) in a general food distribution or a take-home supplementary programme as their indiscriminate use may cause serious health hazards.

The method of targeted food distribution is responsive, timely, transparent and safe, supports dignity and is appropriate to local conditions.

Inform recipients in advance of the distribution plan and quality and quantity of the food ration.

Recipients should not have to walk more than 10 kilometers to the distribution site, i.e. no more than a four-hour walk.

Food should be targeted to the people assessed to be most in need: the most acutely insecure households and malnourished individuals.

Cash and vouchers are considered as ways to address basic needs and to protect and re-establish livelihoods.

Assess and analyze if people could buy what they need in local markets at prices that are cost-efficient compared with alternative transfers, and analyze the market chain.

All targeted populations meet some or all their basic food needs and other livelihood needs (e.g. productive assets, health, education, transportation, shelter) through purchase from the local markets.

The choice of delivery mechanisms requires an assessment of options and consultation with recipients. Issues to consider are costs for recipients (bank charges, travel time and costs, time at collection points) costs for the organization (charges and set-up costs of provider, staff time to set up and administer, and transport, security, education, and training of recipients), efficiency, and effectiveness (reliability, resilience, accountability, transparency, monitoring, flexibility, financial control, financial security and access by vulnerable people).

The planning of return, host or temporary communal settlements enables the safe and secure use of accommodation and essential services by the affected population.

Identify and use existing planning processes where possible, informed by agreed best practice, minimizing settlement risk and vulnerabilities.

All settlement plans demonstrate that risks and vulnerabilities in the use of shelters, covered areas and essential services have been identified and mitigated.

Disaster-affected populations returning to the site of their original homes, being hosted or accommodated in temporary communal settlements all require safe, secure and equitable access to essential services. These include, as appropriate, water, sanitary facilities, fuel for cooking or communal cooking facilities, healthcare, solid waste disposal, schools, social facilities, places of worship, meeting points, recreational areas, including child friendly spaces and space for livestock accommodation.

Local safe building practices, materials, expertise and capacities are used where appropriate, maximizing the involvement of the affected population and local livelihood opportunities.

Involve the affected population, local building professionals, and the relevant authorities in agreeing to appropriate safe building practices, materials, and expertise which maximize local livelihood opportunities.

All construction is in accordance with agreed safe building practices and standards.

The rapid provision of shelter solutions or materials and tools, either separately or in the form of a predefined kit, can enable the affected population to erect or construct shelters themselves.

The disaster-affected population has sufficient clothing, blankets and bedding to ensure their personal comfort, dignity, health and well-being.

Identify the blanket and bedding needs of the affected population and ensure access to blankets and bedding as required to provide sufficient thermal comfort and to enable appropriate sleeping arrangements.

All women, girls, men and boys have at least two full sets of clothing in the correct size and that are appropriate to the culture, season and climate.

Those people most at risk should have additional clothing and bedding to meet their needs. This includes people with incontinence problems, people with chronic illness, pregnant and lactating women, older people and individuals with impaired mobility.

People have access to information and services that are designed to prevent the communicable diseases that contribute most significantly to excess morbidity and mortality.

Implement appropriate vector control methods for malaria, dengue and other vector-borne diseases depending on local epidemiology.

Incidence of major communicable diseases relevant to the context are stable (not increasing).

General prevention measures include good site planning, provision of clean water and proper sanitation, access to hygiene facilities, vaccination against specific diseases, sufficient and safe food supply, personal protection and vector control, and community health education and social mobilization.