

Vulnerability and socio-cultural considerations for PHE in emergencies

One size does not always fit all. A toilet design which suits one community may be rejected by another. Superstitions over particular water sources can add complications to the selection and development of sources. Water supply facilities inappropriately sited can leave women at increased risk of rape or attack. Use of water resources in semi-arid or arid conflict affected areas can be politically sensitive and risk causing an escalation of conflicts.

This Technical Brief highlights a range of vulnerability and socio-cultural related considerations for the PHE/PHP teams and identifies a number of ways in which they can respond in the field. For example there is a need to try to understand the power dynamics of the environment in which you are working; ask the people themselves what is suitable for facility provision making sure that you ask each of the key groups of people within the affected or host community. If men are unable to speak to women because of the cultural practices of the affected community, then ensure that female staff are available to discuss with women – which is also good practice in most situations. And where privacy is a particular issue, such as where women usually live in *Purdah*, then ensure that privacy is a feature of the technical designs.

Useful questions

Are our technical assessment teams / implementation teams well balanced in terms of gender and representation of minority groups?

Who are the most powerful and least powerful people in this humanitarian context?

What steps do we need to take to be able to listen to and speak freely with the least powerful people?

Are there any protection considerations for the location of facilities for any particular group?

What level of privacy is required for the various groups in this environment vs socio-cultural norms / needs and dignity?

What particular practical facilities do the women need to deal with menstruation?

Will issues such as caste, gender, social-norms, lead to any groups being excluded from using the facilities? If so, what needs to be done to ensure they will be able to access facilities (promotion, discussions with users, additional facilities)?

Are there any cultural beliefs which would lead to people rejecting the use of particular water sources or excreta disposal systems?

What will the likely impacts of developing this water source be? Could local resource based conflicts be worsened? What steps need to be taken with both the affected and host communities to minimise this risk?

Hearing the voice of the vulnerable

People may be differentiated by many factors such as their age, gender, caste, class, wealth, ethnic group, religion or disability. In many situations, although not all, women will be less powerful than men, the poor will be less powerful than the rich, people with disabilities will be less powerful than those without, female-headed households poorer than male headed households, and people from minority groups may have less voice than those from majority groups. If somebody fits into a number of these groups, for example a widowed elderly woman who is disabled and comes from a minority ethnic group, then the likelihood that she will be poor, marginalised and will have less voice in the community will be high. It would also be likely that a child or grandmother heading a family of children because the parents have died from the complications of HIV/AIDS, would also have less voice and likely to be particularly vulnerable.



Children using a clothes and pot washing slab

Whilst it would be impossible to consult with every different group of people in an affected or host community, it is still important for the PHE and PHP teams to understand the power relationships within and between communities and to make a particular effort to consult with those they understand to have 'less voice', or may have particular needs within this given context.

The amount of consultation and the amount of participation of the affected communities which will be possible will depend partly on the immediacy of the risk to life and the stage of the emergency and whether it is fast or slow onset. The little extra time and care taken to involve women and men can have a big impact on accuracy and the potential benefits from the response. However, if it is only possible for limited consultation or involvement in the first few days following a fast on-set emergency event, further consultation and participation should be undertaken or encouraged as soon as possible. For slow on-set or chronic emergencies there is more time to consider the response and these steps should not be omitted.

Be aware that the poorest and most vulnerable will also often be the most difficult to reach.

Gender and equity

Within every community there will be inter-relationships and power differences between men and women, which will form the norms of how men and women relate to each other in that particular community and at that particular period of time. Most of these norms will be socially constructed, they will vary community to community, and will vary over time and in response to the changing economic situation and sometimes also to the impact of the emergencies themselves. 'Gender' refers to the roles and responsibilities which society has determined for men and women and within given communities. The gender roles and relationships can also vary with the age of the person and also between people of different ethnic groups or wealth or poverty levels.

There are a number of reasons why gender and equity should be considered in technical projects, but as the bare minimum, if gender relationships in a community are not understood and technical projects are not designed accordingly, it can reduce the effectiveness of a programme and can in some cases lead to vulnerable people becoming more vulnerable. Other reasons for considering gender and equity include a commitment to equity of involvement and provision, or to support the empowerment of marginalised groups and a belief that it is the right of people to be involved in decisions which affect their own lives. OXFAM has a policy on gender equality and has developed short booklet covering the main issues to be aware of in relation to gender - **'A Little Gender Handbook for Emergencies or Just Plain Common Sense'**. Within this booklet it notes that emergency response is always conducted with the long term goal of gender equity and recommends using participatory approaches throughout the project cycle.

Examples of gender related considerations for PHE include:

1. The privacy needs for women, men and children for personal hygiene / bathing. In camp situations separate and private bathing areas or units must be provided, for both men and women. In cold climates, warm water for bathing should also be provided or a means and fuel for people to warm their own bathing water.
2. The location of the water and sanitation facilities should be appropriate to ensure that women and children will not be vulnerable to harassment or attack. In Albania women had to go to the toilet in pairs as the units had no locks on them. In Bangladesh in the camps for Burmese refugees, tapstands were moved to reduce harassment of women by the security forces. The facilities should also be lit at night.
3. Consider the location of shelters for female- or child-headed households or particularly vulnerable groups to ensure that they are secure.
4. Specific considerations for women living in seclusion (see below for further details).
5. Consider the needs of women in terms of dealing with menstruation (this consideration is related to a biological need rather than a gender related need).
6. Making sure that both men and women gain the benefit of the water, sanitation and hygiene interventions by understanding and 'rules' that apply to their particular gender in relation to these services. For example, some communities have specific cultural related rules such as daughter-in-laws cannot use the same toilets as mother-in laws and in others women hygiene promoters may not be able to speak with men. In this second case, it would be important to ensure that both men and women hygiene promoters and community facilitators are trained.
7. Both women and men should have the opportunity for paid employment as part of the PHE/PHP programme.
8. Make sure that meetings, discussions etc tie in with the availability of both women and men and do not clash for example with the times when women are preparing the family's meals.
9. Women and men may have different knowledge on water sources.
10. Women and men may have different preferences for construction tools, for example headpans versus wheelbarrows for earth moving.

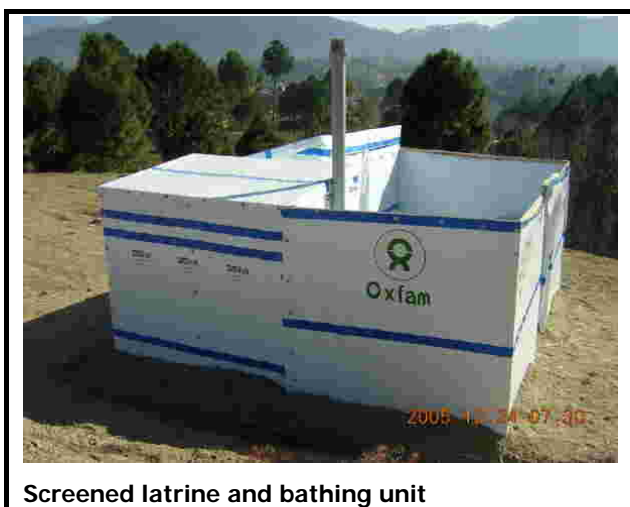
Women living in seclusion

Women living in seclusion / *Purdah* pose additional challenges for the PHE / PHP teams. Seclusion is sometimes practiced by women who are Muslim in a number of countries and also by some women who are Hindu in communities in India, although different communities practice it in different ways and to different degrees. It is possible that the women previously living in seclusion will have more freedom to leave their living areas in emergency situations. However, if they are unable to leave their living areas then female PHE / PHP staff will

need to negotiate access to their living areas and undertake individual discussions with the women, to find out their needs and problems. If the provision of communal facilities is not appropriate, then in some instances household facilities (and particularly latrines) will need to be considered. Where communal facilities are possible, then particular care should be made to ensure the privacy of the users, for example, by providing additional screening around toilet and bathing areas (see below).

Women living in seclusion may also have difficulty accessing relief supplies. In some of the rural villages in northern Pakistan, women from female-headed households were unable to come down the mountainside to collect relief supplies and tents. Therefore OXFAM's partner staff from Sungi Development Foundation made additional visits into the mountains to collect information on the needs of women headed-households and then to arrange delivery by mule.

Refer to the case study at the end of this Technical Brief for the layout of a screened block as used in Pakistan in response to the October 2005 earthquake. This particular block was provided separately for both women and men. For occasional women's units a menstruation or 'hygiene unit' was also included inside, or was attached to the outside of the units for the women to be able to use for washing and drying their menstrual cloths.



Screened latrine and bathing unit

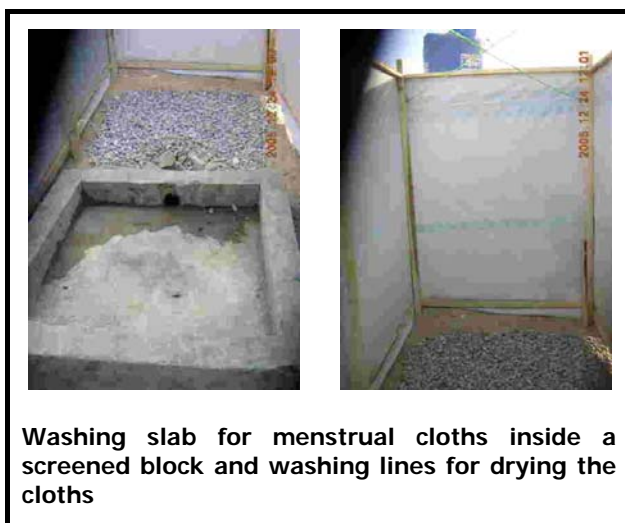
Menstruation

Girls and women of child-bearing age have to deal with menstruation, a natural bodily process which occurs on a monthly basis when their bodies release un-required blood from their reproductive systems. In most cultures menstruation is a taboo subject and many women do not discuss the issue very often, even with other women. Women and girls use a variety of ways to cope with the loss of menstrual blood. Some use products such as sanitary towels / pads, but many use cloth which may be re-used. Some women bleed into boxer shorts or saris and some use plastic or natural materials to catch and soak up the blood. Younger and older women from the same communities may use different methods.

Dealing with menstruation needs a significant degree of privacy. This is less available in the context of an IDP or refugee camp, particularly where the girl or women's shelter space may be limited to a one room tent or a self built shelter which is shared with her family.

Issues to consider when supporting women and girls with dealing with their menstruation needs:

1. What do women and girls usually use for dealing with their menstruation – cloths, sanitary pads etc? Make sure the required materials are provided with or alongside hygiene kits (if cloth is provided this should be of a dark colour and never white).
2. What do the women and girls want in terms of facilities for dealing with menstruation? Note that it is essential that the women and girls are asked, as if the facility is not exactly what they feel they want and would feel secure to use, then it is unlikely that it will be used.
3. If disposable sanitary pads are to be provided then facilities for effective collection and disposal are essential. Where waste disposal is not effective there will always be the risk that used sanitary pads will end up on piles of refuse thrown into the road or public areas. This is unhygienic, unsightly, and could pose a risk to health.



Washing slab for menstrual cloths inside a screened block and washing lines for drying the cloths

It may be that the women and girls will be happy simply with the supply of cloth or sanitary pads, but it may be that they need specific areas to be able to wash and dry their cloths, as they may be unable to dry them in the confined spaces of their shelter where other family members could see them. Whatever is provided for the women and girls, it should be of an acceptable privacy level for their needs and other people should not be able to see any blood coloured water coming from the unit when the cloths are washed, or see the towels being dried.

Menstruation / 'hygiene' units in Pakistan

In Pakistan, in Jabba camp the women appreciated having separate units within the latrine blocks to wash and in some cases dry their menstruation cloths. The separate units were constructed inside the existing screened latrine and bathing block structures.

In Havelian camp however, where the additional units were added on the outside of the standardised toilet and bathroom blocks, but with the door entering from inside the block, the women would not use the units even though they had requested them. They rejected them as both men and women became curious as to what was inside the extended blocks and as their walls were made of tarpaulin they could be easily punctured. This made women feel insecure. These women reported that instead they washed their cloths in the bathing units and then hung them up to dry with their clothes, but covered them with another item so that they could not be seen.

Children

Children may have specific needs and small children may not be able to use the latrines or may be frightened of doing so.

Programme design considerations in relation to children:

1. Potties can be provided for parents of small children and / or scoops for picking up children's faeces. For both of these items the users will need adequate facilities to be able to wash the items after use.
2. If slabs are not pre-formed and are being constructed on site, then smaller holes for children can be designed into a proportion of slabs.
3. Child friendly designs for latrines can also include latrines without a superstructure, where the child can defecate as though they were in the open, such as were used in Rwanda, but where they are actually defecating into a latrine pit.
4. Provision of cloth nappies. Care would also be needed to ensure effective disposal if disposable nappies are provided. Disposable nappies can block pour flush latrines if the users do not understand their correct disposal.

Caste

The caste system operates a strong hierarchy within some Asian societies. People from the lower castes are sometimes excluded from using the same water sources as people from the higher castes. Unless the people from the lower castes are particularly targeted to be involved in discussions in areas where the caste system is particularly strong, it would be unlikely that lower cast people would be able to sit together with, or speak in the presence of higher caste people.

In Pakistan where a form of caste system exists, but is not as strong as in neighbouring countries, such as in Nepal or India, it proved difficult to engage the general population in the clearing of refuse. The clearing of

refuse as well as the cleaning of public toilets are tasks assigned by society to a group of people who are considered at the bottom of the social scale and known as 'sweepers'. The people whose job means that they were known as 'sweepers' did an excellent job in response to the emergency, but it meant that involving volunteers in the cleaning of communal refuse or latrines proved difficult.

Other cultural / tradition / religious related considerations

For PHE/PHP it is also important to be aware that sometimes there may also be specific cultural, traditional, or religious related beliefs or needs with respect to water, hygiene or sanitation. These may vary widely.

The way to find out about them is to ask the people themselves or people who are likely to know, such as the OXFAM local staff (not just PHE or PHP) that may have inside knowledge of the practices and beliefs of people from particular ethnic groups.

Examples of cultural, traditional or religious beliefs and needs which affect PHE / PHP programmes

1. That particular water source types (springs which never dry up, high yielding wells etc) have supernatural powers. This may affect whether the existing users of the source will allow them to be further developed.
2. In the Islamic faith, good hygiene is very important before prayer. Therefore wherever there is a Mosque, the provision of an adequate water source or supply will help the people who utilise the Mosque to be able to fulfil their religious needs effectively.
3. For Muslim communities, latrines should be placed so that the user is not facing Mecca when he or she uses the latrine. An acceptable direction for the latrine should be confirmed through discussion with the users.
4. There may be particular traditions which it would be appropriate to follow when utilising a new water source, such as the slaughtering of a goat before its use.
5. The use of chlorine may be rejected by some people who are not used to the taste. Particular effort on promotion will be needed with the water users if this is the case, to ensure that they do not revert back to using unsafe sources.
6. In Indonesia in response to the Tsunami in 2004, people who were used to pour-flush latrines rejected the use of direct drop latrines.
7. Some cultures may find the handling of excreta offensive. In such cultures the use of ecological sanitation may be inappropriate as people will not want to handle the waste after it has decomposed and would not want it used on their fields as a fertiliser. It may also cause problems with finding people who are prepared to repair damaged latrines, or emptying the latrines.

Disability

People with physical disabilities may not be able to use standard water and sanitation facilities. In natural disasters, or in conflict zones where there are many landmines, the number of people with physical disabilities may also be much higher than in other contexts. Consideration should be given to the needs of disabled people for their water, hygiene and sanitation needs and modifications made to the programme. This may include adding in a disabled access unit into a latrine block in a camp, or providing commode chairs, bedpans or additional hygiene items to allow the person to be able to manage their water, sanitation and hygiene needs with dignity. Refer to the Technical Brief on 'Excreta disposal for people with physical disabilities in emergencies' for specific ideas of how the PHE / PHP teams can respond.

People living with HIV/AIDS

The HIV pandemic has left millions of people with additional vulnerabilities on-top of existing ones which they already may have due to their previous position in society. People living with HIV/AIDS (PLWHA) and their carers may also have additional water and sanitation needs to the general population. PLWHA may be house or bed-bound and unable to move very far to use the toilet. As they become increasingly sick, their carers will have to increasingly help them with their hygiene care and support their water and sanitation needs.

In emergencies for PHE & PHP the following should be considered re PLWHA:

1. Do PLWHA need additional or different water or sanitation related facilities versus the general population? Is this possible to provide in the specific context and how?
2. Would the provision of a commode chair or bed pan assist the PLWHA or their carers to deal with the excreta disposal needs of the PLWHA?
3. Would the provision of additional hygiene items to the family help them in their care – for example additional body soap, laundry soap, cloths for washing, drying towels, buckets, bowls for undertaking laundry, water containers to collect and store water, or wheelbarrows or other devices to allow the family to collect larger volumes of water.
4. Consider special deliveries of water to people who are bed-ridden.
5. Is there a need to provide any additional support for waste disposal for the families of PLWHA, or to consider combining collection and disposal with other medical wastes which may already be disposed of in the programme area or camp scenario? The feasibility of this option would depend on the distance and availability of safe methods of transporting the waste.

Because of the high level of hygiene support that a very sick PLWHA will need, it is likely that the family will require larger volumes of water than they usually would

need for hygiene purposes. They will also have specific waste disposal needs.

PLWHA may also be more vulnerable to parasitic or diarrhoeal diseases which can speed up the progress of their illnesses and hence water quality and quantity and effective sanitation and hygiene promotion will be particularly important.

Additional vulnerabilities in conflict situations

During conflicts the provision of water supply and sanitation becomes more complex. There may be the deliberate cutting off of piped supplies, the deliberate destruction of facilities, deliberate destruction of power supplies used to run water treatment plants, hindrance to access because of mines, booby traps or a risk of shelling, restriction on the delivery of some equipment, chemicals or spare parts, loss of staff used to operate the equipment and facilities, the looting of equipment or deliberate or unintended poisoning of water supplies (ICRC, 1994).

Resource based conflicts such as those seen in many countries across Africa, such as those between pastoralists and settled farmers, will also lead to complications for humanitarian interventions. Increasing water use in semi-arid or arid areas to support large populations of displaced people will also risk the development of conflicts between the host and affected populations and people with different livelihood bases, which in 2006, is being highlighted as a risk in the Darfur Region of Sudan.

In both political and natural resource based conflicts, men, women and children may have additional vulnerabilities from the conflicting parties. In northern Uganda children have been particularly vulnerable to abduction at night and hence water and sanitation facilities were required in safe areas or shelters. Conflict related vulnerabilities may also include increased risk of rape or murder if people in conflict environments have to walk too far to collect water or collect firewood.

The following questions should be considered in relation to conflict scenarios:

1. Are there conflicts in this area and if so what are the reasons behind the conflicts and who are the conflicting parties?
2. Who is using this water source at present and who uses it throughout the year (including intermittent users such as migratory pastoralists)?
3. What may the impacts be of using this resource for new users or existing users?
4. Who needs to be involved in the discussions over the permission to use this water source?
5. What security risks would the development of this water source / sanitation facility / other facility pose for the users and how can this be overcome?

Further information

ICRC (1994) Water and war symposium on water in armed conflicts

IRC / NETWAS (1994) Together for Water and Sanitation; Tools to apply a gender approach; The Asian experience, Occasional Paper Series 24

Jones, H and Reed, R.A. (2005) Water and sanitation for disabled people and other vulnerable groups, WEDC, UK

NAC, UNICEF (2003, first edition) Zimbabwe water and sanitation sector HIV/AIDS response

OXFAM-GB (2004) Gender induction package, Humanitarian Dept

OXFAM-GB, A little gender handbook for emergencies or just plan common sense

OXFAM-GB, Mainstreaming and integrating HIV in humanitarian emergencies

Suwaiba, Yakubu Jibirin (2003) Water and sanitation problems faced by women in seclusion, In: proceedings: 'Towards the Millennium Development Goals', 29th WEDC International Conference, Abuja, Nigeria

WaterAid (2003) Social conflict and water; lessons from north-east Tanzania

Williams, S. Seed, J. Mwau, A. (1994) The OXFAM gender training manual, OXFAM (UK and Ireland)

Checklist for practically responding to gender and other socio-cultural issues

Assessments

- Ensure that the assessment team have both female and male team members and also people representing, or with good knowledge of minority groups, or groups with particularly strong cultural norms (e.g. pastoralists).
- Investigate traditional beliefs re handling excreta, whether all members of a family can use the same water and sanitation facilities, social norms re privacy etc. Determine the usual cultural practices for sanitation (direct drop pit, pour-flush, bush etc) and materials used for anal cleansing.
- Understand the power relations within and between communities and the context of existing and potential conflicts (participatory techniques such as the Venn diagram, gender activity and resource analysis and other can be useful)
- Ask women, men, children, and people from minority groups, people with disabilities, PLWHA and their carers, their particular needs and priorities for water, hygiene, sanitation, dealing with menstruation, including the level of privacy needed in the designs, etc.

Planning

- Involve the women, men and children from the affected communities in discussions on designs and locations of facilities – as a bare minimum this should include checking selected sites for latrines and water points with women to ensure that they will feel safe to use them. Site latrines near enough to the tents / shelters that people will use them (which can be particularly important for women living in seclusion), but far enough away that they are not disturbed by the smell.
- Consider whether separate facilities may be needed for people of different castes, or whether working with the community leaders and through education and persuasion, people from the lower castes will be able to access the communal facilities.
- Develop gender disaggregated indicators.

Design

- Include features for sanitation for people with physical disabilities – for example, wider doors, cleanable seats, handrails, provide commode chairs, provide bedpans and additional hygiene equipment.
- Include additional screening around, and ensure adequate separation of latrine and bathing facilities for men and women in camp situations for communities where the women usually live in seclusion.
- Include toilet units for small children with smaller holes, or without superstructures, or provide potties or scoops for parents to clear up the faeces of their small children.
- Provide a bathing area for men near to or alongside Mosques.
- Include facilities or private spaces for women to deal with their menstruation such as washing and drying sanitary cloths or washing soiled clothes – the design of facilities for this will be culturally specific and must be determined in discussion with the women themselves.
- Construct trial facilities and invite comments / suggestions for improvement - for example for menstruation cloth washing and drying units or facilities for disabled people.

Implementation

- Use public health promotion pictures which represent the culture and dress of the affected people to promote discussions on needs, concerns, and ideas and for sharing various messages with particular groups.
- Consider how both women and men can be involved in the implementation of projects. If there are certain norms that cannot be broken, for example women in a conservative Muslim society not being able to undertake construction work, then consider other tasks which could be undertaken by women, for example, relating to the distribution of hygiene items, or preparation of hand-washing facilities.
- Ensure that both women and men hygiene promoters are involved in encouraging the correct use of facilities and good hygiene practice.

Operation & maintenance

- Both women and men should have opportunities for paid employment for operation and maintenance.
- Consider who would normally operate and maintain water and sanitation facilities in the home and make sure that they are consulted on the process for operating and maintaining new facilities.

Monitoring and evaluation

- Monitor with women, men, children, the elderly, disabled people and other users how well the facilities have suited their needs and their suggestions for improvement. Use participatory techniques. Use the information for improvement.

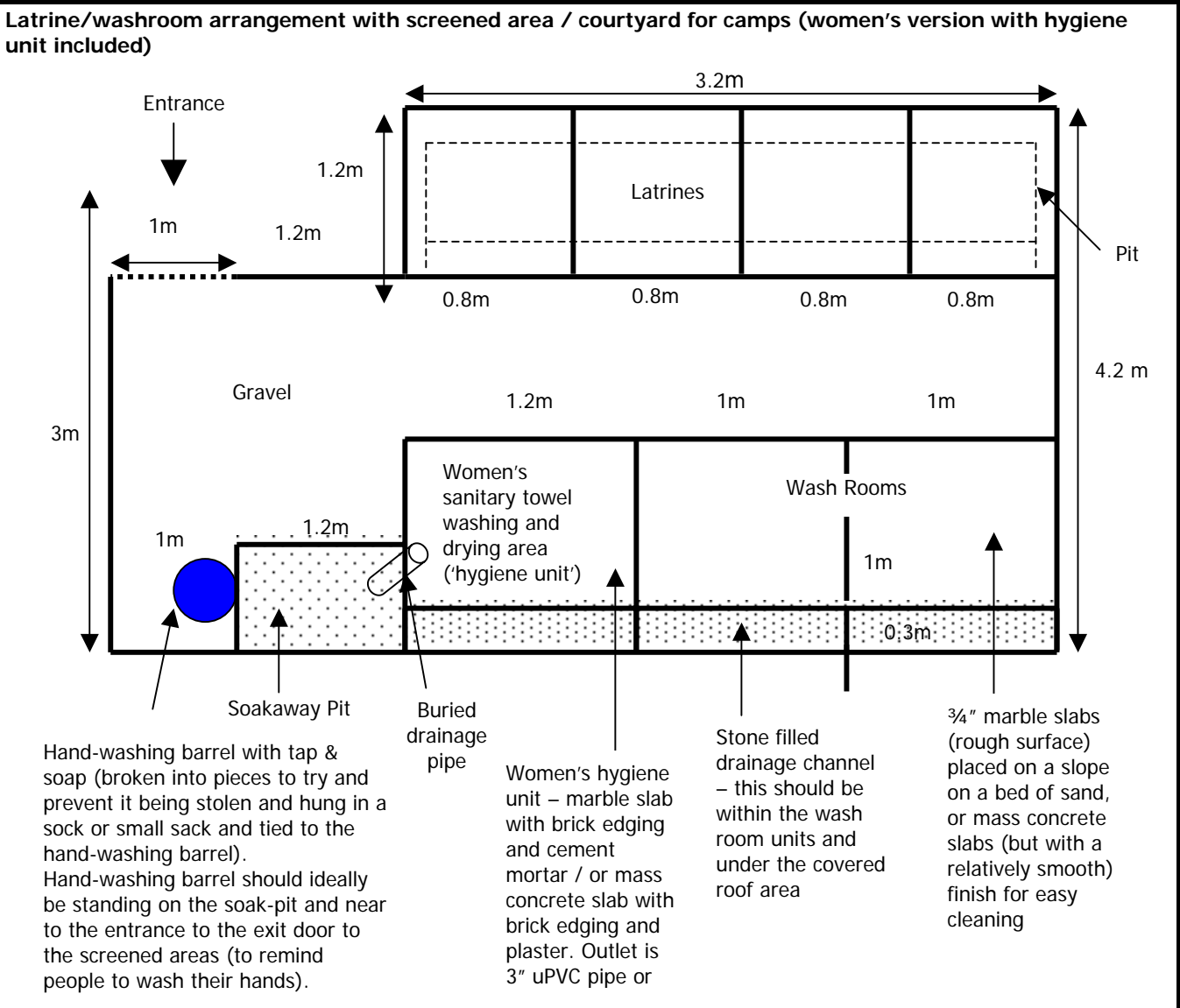
Case study

Adapting communal sanitation facilities for communities where women previously lived in seclusion, OXFAM response to the earthquake in Pakistan, October 2005

In October 2005, an earthquake hit South Asia with its epicentre in AJK and affecting large areas of northern Pakistan. Most of the people affected by the earthquake were Muslim and many of the communities affected who were living in the remote areas followed the practice of *Purdah* for women. In some of these communities, the women are only able to interact with men when they are members of their direct family and the women have to keep their heads covered when leaving their shelters or homes. A number of IDP camps known as 'tented villages' were set up below the mountainous areas, where people could come to for shelter during the winter months. OXFAM provided water, sanitation and undertook hygiene promotion activities in a number of these camps. In these particular camps, the women were in the context of the emergency, able to move outside their tents and hence were able to use the communal facilities.

Following discussions within the team, particularly relying on the knowledge of the local team members about how close it would be possible to locate toilet blocks for men and women, and then checking with users if the initial facilities were acceptable, a screened toilet and shower block was developed.

The blocks were constructed in a range of sizes from 2 toilets and 2 bathing units per screened block, to 12 toilets and 6 bathing units per block. The design below was developed to try to maximise space with minimal materials. By standardising the screened units on one site some of the frame units were manufactured off-site by OXFAM's partner, RWSSP, and then fixed together when on site. The block below also has a single unit for washing and drying women's menstruation cloths, next to the bathing units. The bill of quantities for this particular screened unit is presented on the following page.



General principles behind the screened blocks:

1. Women and men should not be able to see each other as they enter the toilet or bathing units.
2. When there was limited space and the men's and women's blocks had to be next to each other, it was possible to ensure that the entrances were at the opposite ends of the blocks to each other to try and maintain as much privacy as possible.
3. It was important to construct screened facilities for men as well as for women, as this also gave the men a degree of privacy in the camp scenario. It also ensured that women would not feel uncomfortable seeing, or walking by the men when they were entering toilets or bathing units.
4. The hand-washing facilities should be located near to the door so that the users will remember to use them after using the latrines as they leave the blocks.



Looking inside a screened latrine and toilet block

Bill of quantities for the latrine / washroom arrangement with screened area / courtyard (women's version with menstruation / hygiene unit) - 4 latrines, 2 washrooms and 1 hygiene unit

Item	Detail	Quantity	Unit
1	Wooden posts 2" x 2" x 8ft (2.4m)	14	Nr
2	Wooden posts 2" x 2" x 7ft (2.1m)	9	Nr
3	Wood 2" x 1" x 7ft (2.4m) – used for cross bars and bracings for latrines, bath units and screens	36	Nr
5	Wood 6" x 2" x 1.6m - wooden frame for supporting the latrine slabs at the top of the pit	9	Nr
4	Small gravel chippings – no fines – for the ground surface, the stone drain for bath units and the top of the soakpits	0.6	m ³
5	Large stones / rocks for filling soakpit	1.2	m ³
6	Tarpaulin / plastic sheeting (thick, ideally coloured / not white, with fabric weave where possible)	100	m ²
7	'Washels' (washers to use with standard 2" nails – could be replaced with roofing nails, or rubber washers)	3	Kg
8	Nails 3"	1	Kg
9	Nails 2"	5	Kg
10	Nails 1"	1	Kg
11	Binding wire – for door locks and additional bracing for screen if required	2	Kg
12	Sand – for bedding to form the slope for the marble bathing slabs and for constructing the edging for the hygiene unit	0.5	m ³
13	1m x 1.2m OXFAM slabs (produced in India)	4	Nr
14	1m x 1.2m x 3/4" marble sheets – with rough surface – for bath units and base of hygiene unit	3	Nr
15	Cement – for plastering brick edges to hygiene unit and forming connection to uPVC pipe outlet	0.5	25 kg bag
16	Burnt bricks – for constructing edging for the hygiene unit to direct water into the pipe	30	Nr
17	3"UPVC pipe	0.5	M

Note – For ease of bulk supply the wood has been kept to standard lengths and the pieces cut to size on site. The remaining cut off pieces can be used as marking out pegs or for constructing small stools to raise up the OXFAM buckets off of the ground.