



**A TOOLKIT FOR INTEGRATING
MENSTRUAL HYGIENE
MANAGEMENT (MHM) INTO
HUMANITARIAN RESPONSE**

THE FULL GUIDE

ACRONYMS

ACKNOWLEDGEMENTS

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CCCM	Camp Coordination Camp Management	IRC	International Rescue Committee
CFS	Child Friendly Spaces	KAP	Knowledge Attitude And Practices
4 Cs	Coordination, Consultation, Culture, Communication	KII	Key Informant Interviews
CTP	Cash Transfer Programming	M&E	Monitoring And Evaluation
DPO	Disabled Persons Organizations	MHM	Menstrual Hygiene Management
FGD	Focus Group Discussion	NFI	Non-Food Item
FGM	Female Genital Mutilation	NRC	Norwegian Refugee Council
HWF	Hand washing facility	PDM	Post Distribution Monitoring
IDP	Internally Displaced Person	SRH	Sexual And Reproductive Health
IEC	Information Education Communication	UNFPA	United Nations Population Fund
IFRC	International Federation Of The Red Cross	UNHCR	United Nations Refugee Agency
INEE	Inter-Agency Network for Education in Emergencies	UNICEF	United Nations Children's Fund
		WASH	Water Sanitation And Hygiene
		WHO	World Health Organization
		WRA	Women Of Reproductive Age

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PREFACE

The Menstrual Hygiene Management (MHM) in Emergencies toolkit aims to provide streamlined guidance to support organizations and agencies seeking to rapidly integrate MHM into existing programming across sectors and phases. This toolkit was informed by an extensive desk review, qualitative assessments with a range of humanitarian actors and organizations, and direct discussions with girls and women living in emergency contexts and directly affected by this issue.

Toolkit audience: The toolkit was designed to support a range of humanitarian actors involved in the planning and delivery of emergency responses. The guidance is therefore aimed to support 1) program staff directly delivering services; 2) program supervisors and country-level staff responsible for designing, coordinating and monitoring field activities, and 3) technical staff, focused on providing technical support and developing standards.

Resource Format: The MHM in emergencies toolkit is comprised of 2 main sections, serving different functions:

MHM IN EMERGENCIES TOOLKIT: THE FULL GUIDE. This document serves as a more extensive guidance resource. The chapter structure follows the same structure as the sections in the mini-guide, providing deeper discussion on each topic, including key assessment questions, case studies from around the world, design considerations, resources for gathering monitoring and feedback, and links to additional resources.

• **MHM IN EMERGENCIES: THE MINI GUIDE.** This complementary document provides a brief summary of the key actions necessary for addressing MHM during emergencies. It serves as a quick read to gain a basic understanding but it is advised to review the complete guide when designing programs or developing response activities.

The resource has been collaboratively produced by David Clatworthy (International Rescue Committee), Margaret Schmitt (Columbia University, Mailman School of Public Health) and Dr. Marni Sommer (Columbia University, Mailman School of Public Health) with inputs from displaced adolescent girls and women and humanitarian practitioners and organizations (see [acknowledgements](#)).*

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JUST THE FACTS: UNDERSTANDING MENSTRUATION

THE BASICS

MENSTRUATION IS NORMAL! IT IS THE MONTHLY SHEDDING OF BLOOD AND UTERINE TISSUE AND AN IMPORTANT PART OF THE REPRODUCTIVE CYCLE. TYPICALLY, IT LASTS...

2-7 DAYS



THE AMOUNT OF BLOOD IS USUALLY BETWEEN

1 AND 6



TABLESPOONS EACH MONTH AND CAN BE MESSY.

ABDOMINAL CRAMPS, NAUSEA, DIARRHEA AND HEADACHES ARE COMMON BEFORE AND DURING A PERIOD.



WHY IT MATTERS?

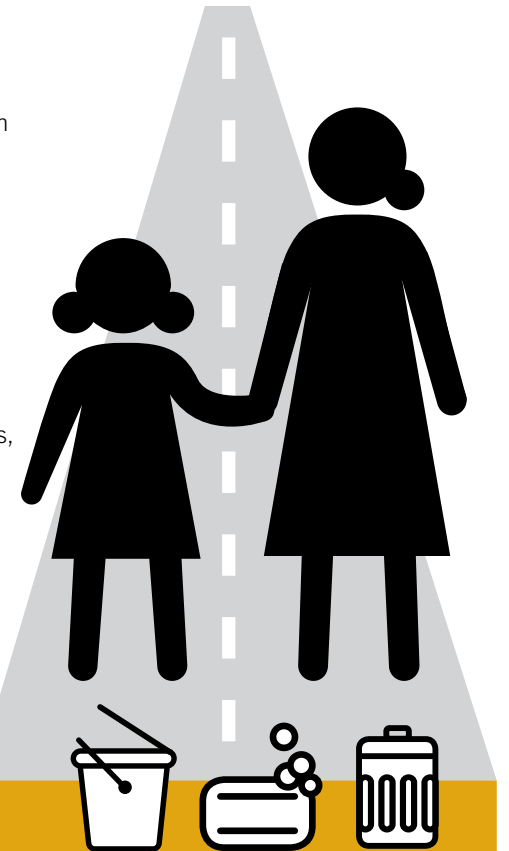
- Girls who get blood on their clothes are often teased by teachers, boys or other girls.
- Social norms may lead women and girls to feel that menstruation is dirty, shameful or unhealthy.
- Without access to good menstrual materials and private toilets or washrooms for changing, girls and women may not want to go far from home. Teachers may miss school, health workers may miss work, and girls and women may not attend school, go to the market or wait in line for supplies.

Menstruation is very personal.

Women and girls often do not want others to know they are menstruating – even other women and girls.

WHAT IS MENARCHE?

- Menarche is the onset of menstruation. Girls generally get their first period between ages 11–15, although some can be younger or older.
- **The first period is generally a surprise!** Sometimes girls are scared or worried they are sick. They may not know who to ask for advice.
- Information about menstruation is frequently passed on from mothers, friends, sisters or aunts, and is often a mixture of cultural beliefs, superstition and practical information that is sometimes helpful and sometimes not.
- In many cultures mothers may feel uncomfortable to talk to their daughters about periods because it is linked to sexuality.



WHAT DO THEY NEED?

- A range of materials can be used to catch the blood, including a sanitary pad (disposable or reusable), a tampon, or a piece of cloth in their underwear.
- **Menstrual periods are irregular and can catch girls and women by surprise.** This causes anxiety about finding a bathroom and materials quickly!
- Menstruation can be messy! Women and girls need a private space with water and soap to clean themselves and soiled materials.
- Even when using good menstrual materials, women and girls may be worried about blood stains on their clothes.
- Women and girls need access to a private, clean space (toilet or washroom) to change materials throughout the day and night and to hygienically dispose of menstrual waste.



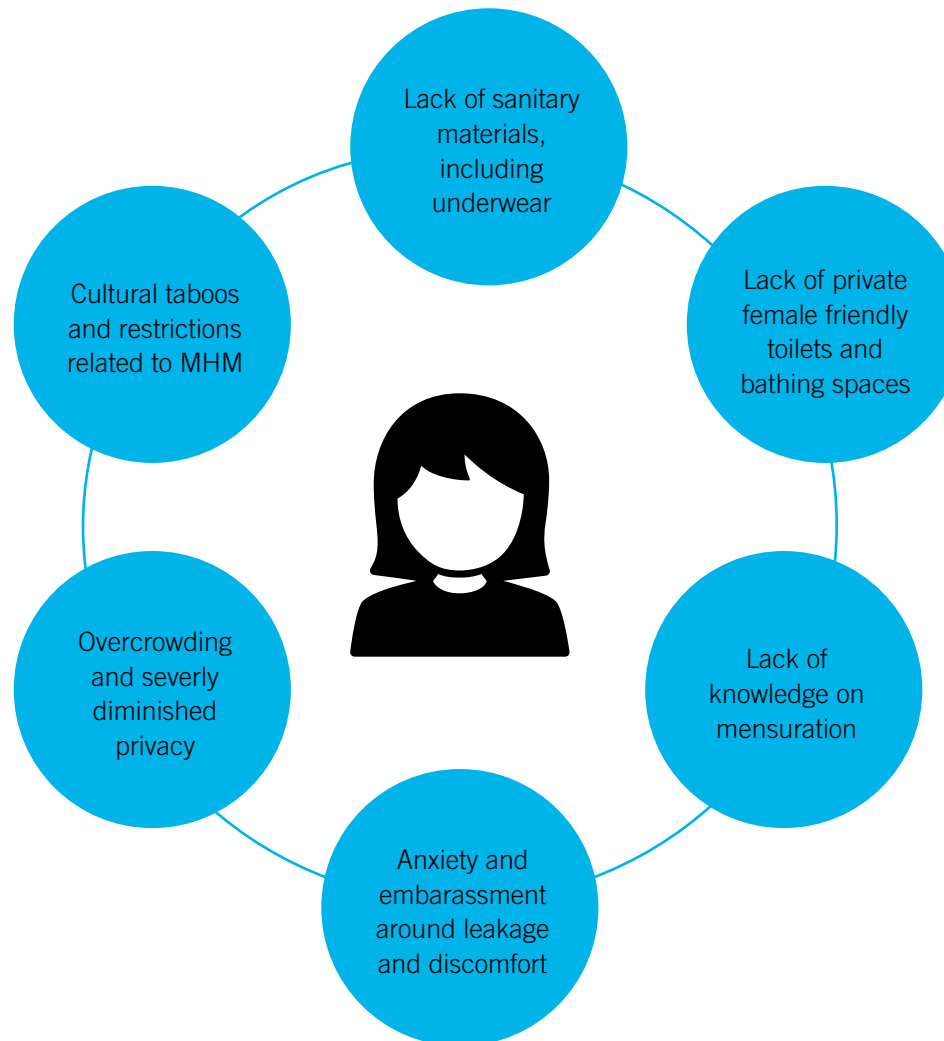
1 INTRODUCTION



Managing menstruation in resource-poor settings is often challenging, especially when away from home all day. Such challenges are increased by societal taboos, secrecy and embarrassment around menstruation. During emergencies, girls and women face even greater barriers managing menstruation given the loss of privacy and safety often associated with living in emergency contexts and the transitory nature of displacement.

Menstrual Hygiene Management (MHM) programming in emergencies involves adjustments and improvements to a range of sectoral interventions including Water Sanitation and Hygiene (WASH), Protection, Reproductive Health, Education, Non Food Items (NFIs) and Shelter. While some components are specific to menstruation (such as the provision of sanitary pads), most components of MHM programming are concerned with improving the safety, privacy and dignity with which women and girls can live in emergency contexts. Therefore, they are helpful for overall quality of service provision and lead to improved outcomes which are expected for all the aforementioned sectors.

MHM CHALLENGES FACING GIRLS AND WOMEN IN EMERGENCIES



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THE 4 Cs OF EFFECTIVE MHM PROGRAMMING:



COORDINATION



- At the onset of an emergency, generate consensus on MHM by promoting dialogue through presentations at meetings (i.e. interagency, camp coordination and management, cluster) and discussions with field staff.
- Partner with other agencies, including government entities, to maximize impact and minimize gaps, overlaps and misunderstandings.
- The WASH sector is usually tasked with leadership on MHM programming. However, a strong partnership between WASH and Protection actors, and engagement of other sectors, is more effective.
- Delegate MHM focal person(s) from WASH and Protection to track mainstreaming across relevant sectors.

CONSULTATION



- MHM is private and personal but women and girls are usually willing to talk about it if given the opportunity and appropriate environment.
- Appreciate that one-size-fits-all solutions are not ideal for something so personal.
- Consult girls and women on MHM programming, including materials and supplies, facilities, and information needs.
- Share learning from consultations across sectoral actors.
- Continue consultation throughout implementation (i.e. Post Distribution Monitoring (PDM), interviews, Focus Group Discussion (FGD)).

CULTURE



- Understanding cultural sensitivities and social norms around MHM in the beneficiary population is crucial for developing an appropriate response.
- Culture may have direct implications for selection of materials, design of facilities, disposal methods, waste management, and washing, drying and privacy needs.
- Many staff, including women, may be uncomfortable discussing MHM. Assess staff comfort levels and sensitivities on menstruation to inform capacity building trainings.
- Trainings can promote the mainstreaming of MHM across sectors.

COMMUNICATION



- An effective MHM response requires on-going communications with MHM focal person(s) and working groups across relevant sectors. Update partners on programming, beneficiary feedback, lessons learned, and challenges.
- Communicate directly with beneficiaries about MHM, ensuring they understand how to use MHM supplies, dispose of menstrual waste and have access to basic education on menstrual health and hygiene.
- Target communication towards other relevant stakeholders such as caregivers, partners and boys.

THE HIERACHY OF MHM NEEDS

Providing an MHM response requires a range of sectors to identify which elements or activities may fall within their mandate. Figure 1 depicts the range of MHM considerations (e.g. basic materials and supplies, information, facilities, safety, privacy and dignity) and how these may fall within the responsibility of various sectoral actors. Effective coordination and communication across sectors is critical. Sectoral responsibility may vary considerably from one context to another.

DIGNITY

Harmful cultural norms addressed; a supportive environment; access to information about puberty and reproductive health; engagement with boys & men

PRIVACY

Ability to privately manage menstruation including to wash, dry and/or discretely discard disposable materials.

SAFETY

A secure environment; ability to access facilities of choice throughout the day and night

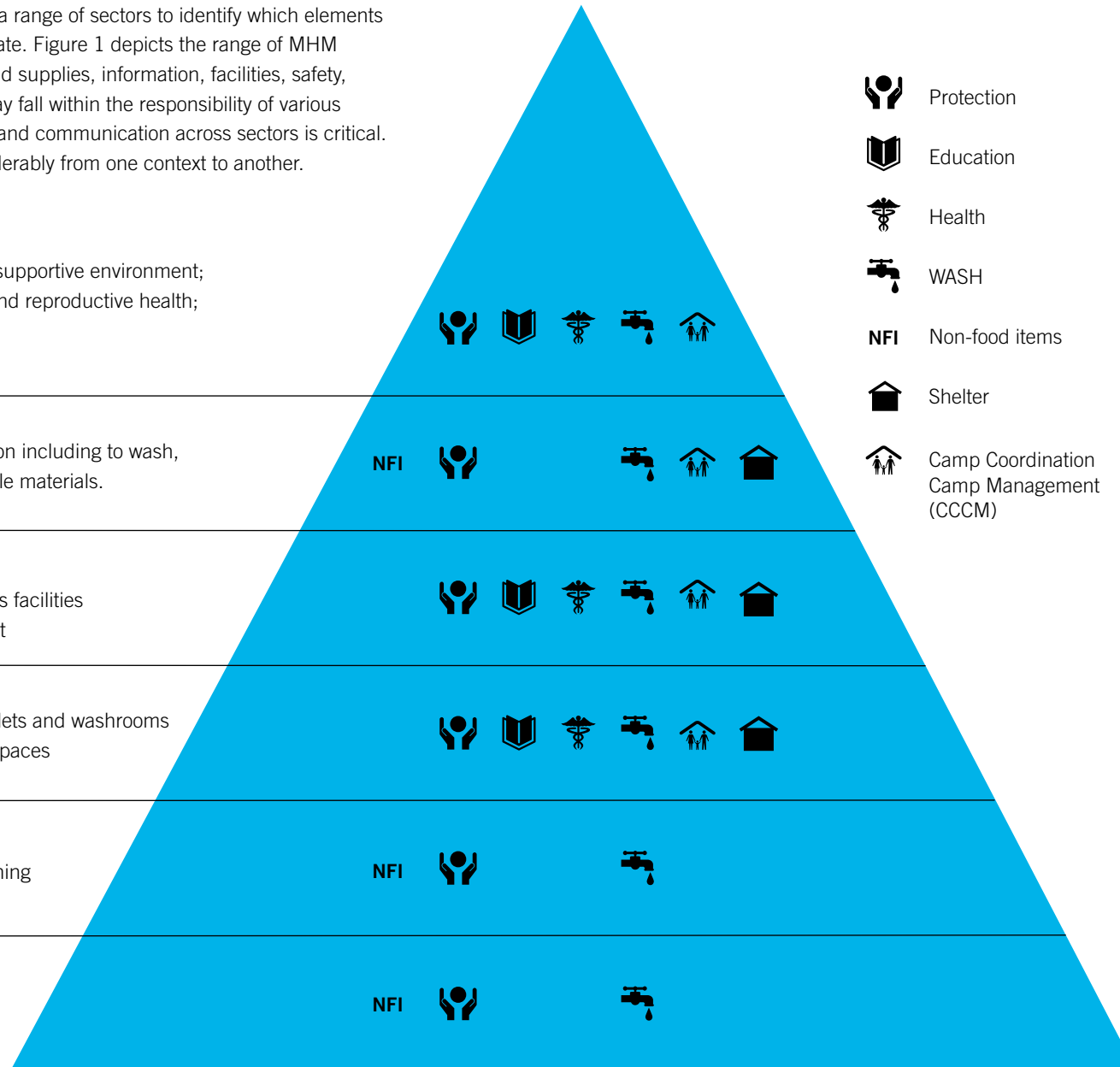
FACILITIES Private female friendly toilets and washrooms at home and in public & institutional spaces

INFORMATION

Practical information on wearing, washing and disposing provided materials

BASIC MATERIALS AND SUPPLIES

Pads, underwear and soap



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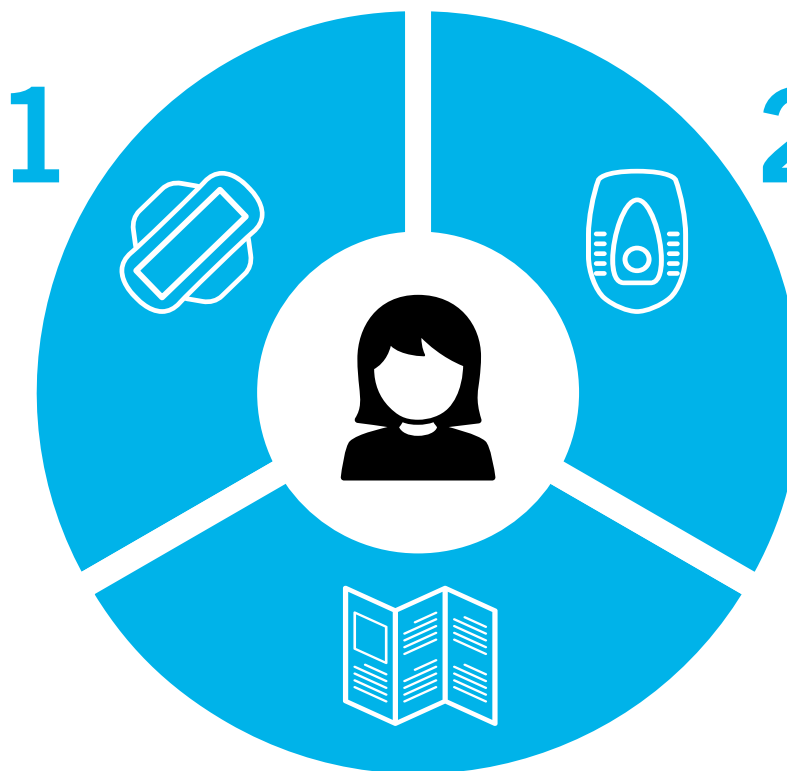
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THREE ESSENTIAL COMPONENTS OF A COMPLETE MHM HUMANITARIAN RESPONSE

MHM is a cross-sectoral issue. In order to deliver an effective response, the various sectors must coordinate to ensure that the three central components are addressed.

1 MHM MATERIALS & SUPPLIES

- Appropriate menstrual materials (pads, cloths, underwear).
- Additional supportive materials (e.g. soap, bucket) for storage, washing and drying.
- Demonstration on how to use MHM materials.



2 MHM SUPPORTIVE FACILITIES



- Safe and private toilet and bathing facilities with water for changing, washing and drying menstrual materials.
- **Convenient and private disposal options for menstrual waste.**
- **Waste management systems in place for menstrual waste.**

3 MHM INFORMATION

- Basic menstrual hygiene promotion and education.
- Basic menstrual health education (especially for pubescent girls).
- Address harmful cultural or social norms related to menstruation.

RELEVANT SECTOR SECTIONS
















BRIEF SUMMARY OF SECTORAL ROLES IN SUPPORTING MHM RESPONSE	RELEVANT CHAPTERS
<p>WASH</p> 	<ul style="list-style-type: none"> • Ensure access to gender-sensitive water and sanitation facilities; • Provide appropriate MHM materials (NFIs) and demonstrate their use; • Provide MHM promotion; • Develop disposal and solid waste management systems to support MHM through coordination with Protection.
<p>SHELTER</p> 	<ul style="list-style-type: none"> • Ensure that shelter structures and public facilities provide adequate privacy for girls and women who may need to change their menstrual materials there. This includes adequate lighting, privacy partitions, and doors with locks (on the inside).



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BRIEF SUMMARY OF SECTORAL ROLES IN SUPPORTING MHM RESPONSE		RELEVANT CHAPTERS
<p>CCCM</p> 	<ul style="list-style-type: none"> • Facilitate access to female friendly water and sanitation facilities • Monitor availability of MHM materials and supplies and advocate for the provision of appropriate MHM materials and demonstration of their use. • Advocate for the design of and/or monitoring of available MHM services and where to access them. 	<p>Ch 2: Training Staff on MHM</p> <p>Ch 3: Conducting a needs assessment</p> <p>Ch 6: MHM and Shelter</p> <p>Ch 7: MHM and Water and Sanitation Facilities</p> <p>Ch 14: MHM and Monitoring and Evaluation</p>
<p>HEALTH</p> 	<ul style="list-style-type: none"> • Provide health education on MHM (general & schools); • Support distribution and demonstration of MHM materials; • Ensure access to gender-sensitive water and sanitation facilities (at health posts and clinics); • Distribute MHM materials (especially for specific clinical conditions). 	<p>Ch 2: Training Staff on MHM</p> <p>Ch 3: Conducting a needs assessment</p> <p>Ch 4: Providing MHM Materials & Supplies</p> <p>Ch 9: MHM and Hygiene Promotion and Health Education</p> <p>Ch 10: MHM and Vulnerable Populations</p> <p>Ch 12: MHM and Health</p> <p>Ch 14: MHM and Monitoring and Evaluation</p>
<p>EDUCATION</p> 	<ul style="list-style-type: none"> • Ensure access to gender-sensitive water and sanitation facilities at schools; • Train staff on MHM and provide MHM to pubescent girls; • Provide of appropriate MHM materials. 	<p>Ch 2: Training Staff on MHM</p> <p>Ch 3: Conducting a needs assessment</p> <p>Ch 4: Providing MHM Materials & Supplies</p> <p>Ch 9: MHM and Hygiene Promotion and Health Education</p> <p>Ch 11: MHM and Education</p> <p>Ch 14: MHM and Monitoring and Evaluation</p>





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BRIEF SUMMARY OF SECTORAL ROLES IN SUPPORTING MHM RESPONSE		RELEVANT CHAPTERS
PROTECTION 	<ul style="list-style-type: none"> • Ensure access to gender-sensitive water and sanitation facilities; • Provide appropriate MHM materials (NFIs) and demonstrate their use; • Provide MHM hygiene promotion; • Develop disposal and solid waste management systems to support MHM through coordination with WASH. 	Ch 2: Training Staff on MHM
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NFIs 	<ul style="list-style-type: none"> • Provide appropriate MHM materials; • Develop private and safe methods to distribute and demonstrate use of MHM materials (link with the Health, WASH and Protection Sectors). 	Ch 2: Training Staff on MHM
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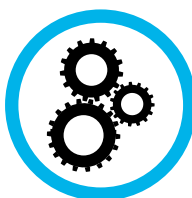
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THE 4 Cs IN PRACTICE

In a large-scale emergency, interventions should ideally be planned based on joint assessments, and coordinated across agencies. Assessments of recent emergencies suggest that different organizations will respond independently in the early stages, often distributing different products, having overlapping beneficiaries, and having less focus on disposal, washing facilities and the impact of products on infrastructure and the environment.

While this piecemeal approach is not ideal, it may expose beneficiaries to more than one option, and help to inform the strengths and weaknesses of the different interventions. The humanitarian community should move to evaluate these interventions early in the emergency, collect feedback, and agree on a set of best practices that reflects the culture and circumstances of the emergency context, and enables full coverage of the population.



Coordination



Consultation



Culture



Communication



AIM AND MISSION OF TOOLKIT

The objective of the MHM in Emergencies toolkit is to provide streamlined guidance to support organizations and agencies seeking to rapidly and appropriately integrate MHM across programming, sectors and phases for a more cohesive response.

Although there are many competing priorities inherent to an emergency response, a minimum level of MHM standards and programming can and should be introduced at the immediate onset and continued throughout an emergency to ensure that basic standards of dignity, safety and health are ensured for all girls and women.

2 TRAINING STAFF ON MHM



Regardless of gender, all staff should be knowledgeable and comfortable discussing MHM. Although male staff in most contexts should not be directly discussing MHM with the female beneficiaries, male staff can be involved with planning and implementing MHM activities (i.e. dignity kit distribution, water supply, sanitation and bathing facilities, solid waste management, etc.).

A brief MHM training should be conducted to sensitize all program staff on MHM and to provide guidance on how to appropriately and confidently discuss it with both the target population and colleagues.

Training of more senior staff can help ensure that MHM is mainstreamed into program planning and coordination while training of field staff helps to ensure effective day to day programming. Staff at all levels could benefit from MHM training. This includes at the Inter-agency level, clusters, ministries, camp management and field staff.

THE TRAINING OBJECTIVES ARE TO ENSURE ALL STAFF BECOME:

- Knowledgeable on the basics of MHM
- Capable of speaking professionally about MHM.
- Versed in the cultural specifics of MHM for a given emergency context.



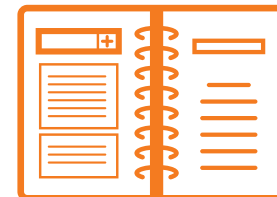
CULTURAL SENSITIVITY

In some cultures, it might be necessary to have separate male and female MHM staff trainings. In some environments, men may be more willing to ask questions and discuss issues related to MHM when females are not present and vice versa. Therefore, it should be assessed beforehand whether these sessions should be held collectively or separately. Over time the team should become comfortable discussing MHM as a mixed gender team.

2.1

TRAINING CONTENT

An MHM training should make sure to cover a range of key topics related to menstruation and its management. It is essential to become familiar with the local beliefs and taboos surrounding menstruation prior to conducting the sessions. In addition, it is important to become familiar with the language and terms used locally when describing menstruation. This information should be integrated into the training sessions.



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TRAINING IS THE SINGLE MOST EFFECTIVE TOOL FOR MAINSTREAMING MHM INTO MULTISECTORAL EMERGENCY RESPONSES.



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KEY TOPICS TO COVER:

- Menstruation basics, including: What is menstruation? How long is a menstrual period?
- What are the symptoms of menstruation? At what age does it start? At what age does it end?
- How do girls and women manage their menstruation in this context?
- What are the challenges experienced by girls and women when managing their menstruation?
- What are the local cultural taboos and myths that exist around the management of menstruation? How do these impact girls and women?
- What are the full spectrum of MHM needs of girls and women living in emergencies?
- What are the different sectoral roles in supporting MHM?
- What are the operational impacts and/or restrictions for girls and women when accessing basic services while menstruating (e.g. access to NFIs)?

Familiarize staff with menstrual hygiene materials:

A few basic samples of MHM supplies should be brought to trainings to increase staff familiarity with the items. This includes:

- Samples of menstrual hygiene supplies relevant to the context (i.e. disposable pads, reusable pads, cloth, cotton squares, ties/belts and underwear).
- Waste bins (with lids)
- Laundry soap, body soap, a designated MHM bucket with a lid.
- Information Education Communication (IEC) materials on the menstrual cycle, menstrual waste disposal, etc.

These materials should be passed around so that participants can touch and feel the materials.

It may also be useful to provide demonstrations on how the menstrual materials are used as some staff, especially males, may not know this information. For example, it is useful to demonstrate:

- How to insert menstrual pads into underwear;
- How the sanitary pads absorb blood; and
- How to wash and dry reusable pads.



2.2



ADDITIONAL RESOURCES



Additional resources to support the process of training and sensitizing staff on MHM include:

- Just the Facts: Understanding menstruation ([link](#)).
- Sample facilitator's note for Menstrual Hygiene Management - Staff Training ([link](#)).
- Sample presentation for Menstrual Hygiene Management Staff Training ([link](#)).
- Menstrual Hygiene Matters Practitioner's guide ([link](#)).

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CONDUCTING A NEEDS ASSESSMENT



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3.2

KEY ASSESSMENT AREAS:

Adolescent girls' and women's strategies for managing menstruation vary greatly across countries and cultures. Understanding local MHM practices is essential for integrating MHM effectively into the emergency response. At the onset of an emergency, the addition of a few key MHM questions can serve as a quick and informative tool for guiding programming. More comprehensive MHM assessments are advised in later phases of an emergency response.

3.1

TRAIN STAFF ON MHM

Regardless of gender, all staff should be knowledgeable and comfortable discussing MHM. See [Chapter 2](#) for more information on training staff on MHM.

For definitions of MHM materials and supplies, see [Chapter 4](#).

MATERIALS & SUPPLIES

1 PREFERENCES?
What are girls' and women's preferences for menstrual materials? What is feasible in this context? Any specific type/brand?

2 TARGET POPULATION?
Who should receive MHM materials and supplies (identify scale of need)?

3 DISTRIBUTION?
How should MHM materials and supplies be safely and privately distributed to the target population?

FACILITIES

4 FACILITIES?
What do girls and women want or need in terms of facilities for dealing with menstruation?

5 DISPOSAL AND WASHING?
How can women and girls privately dispose of or wash and dry used materials?

INFORMATION

6 KNOWLEDGE GAPS?
Are girls and women familiar with the MHM materials and supplies, disposal options and good hygiene practices?



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3.3

ASSESSMENT METHODS

Several methods can be used to determine the MHM practices and needs of adolescent girls and women in a given emergency. It is essential to gather this information directly from adolescent girls and women.

Important information can also be obtained from program staff, key individuals, existing population based surveys (i.e. access to WASH), multi-sectoral or rapid assessments and institutional knowledge.

It is important to protect confidentiality when interviewing girls and women, especially those deemed underage.



CONSULTATION AND RESPECT FOR CULTURE ARE KEY TO DESIGNING AN EFFECTIVE ASSESSMENT



A needs assessment can include both qualitative and quantitative methods:

QUALITATIVE METHODS		
Focus Group Discussion (FGD)	Age segmented groups of girls or women (8-10 participants per FGD) led by a female facilitator. Recommend segmenting age groups (15-19; 20-25; 26-49). Younger girls may be uncomfortable or shy discussing MHM.	Qualitative methods are used to explore beliefs or perceptions, specific aspects of a program and to capture beneficiaries' direct voiced experiences. These methods provide in-depth information and are useful when discussing sensitive topics.
Structured interviews with key individuals	This can include female WASH committee members, girls and women from the target population, or program staff.	
Discussions with local staff	This method is most useful when staff are from the same population as the female beneficiaries, as in the case of Internally Displaced Persons (IDP), or have worked with the population before.	
QUANTITATIVE METHODS		
Checklists/ walk-throughs	This can include physical inspections of existing WASH facilities (communal, family and schools) and can utilize qualitative methods as well.	Quantitative methods are used to measure extent of coverage, changes in impact, and to obtain statistical data on knowledge and perceptions, such as of usefulness or satisfaction.
Surveys (i.e. PDM or Knowledge, Attitude and Practices (KAP)	This can be useful for assessing NFIs and identifying gaps in MHM knowledge and access.	
Market assessment	Explore availability of products in local markets to inform existing norms (and consider vouchers).	



ASSESSMENT QUESTIONS

Additional sector specific assessment questions can be found in sector chapters.

KEY QUESTIONS WHEN ESTABLISHING AN MHM RESPONSE:

Overarching Questions

1. What challenges exist for girls and women when managing their menstruation here?
2. In what ways are girls and women's access to public spaces and services restricted by menstruation?
3. How did adolescent girls and women from your community manage their menstruation before this emergency (or being displaced)? (i.e. materials, where they changed)

Materials

4. What materials do they now use? How are these materials disposed of? If reusable, how are these materials washed and dried?
5. What types of menstrual materials do adolescent girls and women prefer?
6. How would you prefer to receive menstrual materials?
7. At what age do girls in your community typically reach menses (see [Box 3A](#))?
8. Are men and boys aware of and/or supportive of MHM?

Information

9. What taboos or cultural beliefs exist around menstruation in your community? What beliefs exist around disposal of materials?

Facilities

10. Where do girls and women prefer to change their menstrual materials?
11. How do girls and women prefer to dispose of their menstrual materials? Are there any taboos in their culture around disposal?
12. In what ways could toilets be designed better to support girls and women managing their menstruation? (For example, distance from their shelter, lighting, locks).
13. In what ways could bathing facilities be designed to support girls and women washing their used menstrual materials? (For example: household versus communal, private spaces, screens, hooks, close water sources).
14. In what ways could shelters be designed to support girls and women who may be changing or managing their menstrual materials in these locations?

SHARING ASSESSMENT FINDINGS CAN STRENGTHEN EACH SECTOR'S RESPONSE



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TIPS TO ASSESS AGE OF MENARCHE

The range of age of menarche may differ in various populations. The below can assist with guesstimating to assure MHM response is appropriately targeted.

- Conduct FGD with older adolescent girls to ask when they started as they are more likely to be menstruating and more comfortable discussing the topic.
- Conduct FGDs with mothers or caregivers (Note: Only useful if girls in the local culture tell their mothers about menstrual onset).
- Conduct interviews with adolescent girls and compare to FGD feedback. Although girls may be less shy in a group discussion, there may be peer pressure to be seen as “normal” and they may answer to be like the other girls.
- **Alternative approach when girls are literate:** If working with groups of girls who are literate, the facilitator can ask the girls to write down on a piece of paper (with no name on it) their age at their first period. The facilitator should explain the answers are confidential and there is no right/wrong answer. The girls should then fold the papers for collection, and the facilitator walks around with a bag to collect them.

Note: If conducted with several groups, the average should give a reasonable estimate of the lower end age.

3.5

ADDITIONAL RESOURCES



Additional resources in the reference supplement may be useful for the design of needs assessment materials, including:

- Sample MHM Needs Assessment Focus Group Discussion Guide ([link](#)).
- Sample MHM Needs Assessment Key Informant Discussion Guide ([link](#)).
- Oxfam’s Rapid MHM Focus Group Discussion Guide ([link](#)).

Summary of Key Actions from Chapter 3: Conducting a needs assessment		✓
1. Determine the key areas relevant for an MHM response to assess.		
2. Select assessment method(s).		
3. Train all male and female program staff to be confident and knowledgeable discussing and planning MHM activities.		
4. Conduct the needs assessment.		
5. Communicate relevant learning across your organization, with cross-sectoral partners and relevant working groups.		



4 PROVIDING MHM MATERIALS AND SUPPLIES



Although an MHM response is more than supplies, the MHM Needs Assessment (Chapter 3) informs the procurement and distribution of MHM materials and supplies (see Box A).

Menstrual material preferences are influenced by culture, environment, access to funds, water, and privacy.

When selecting menstrual pads or cloths, it is important to consider the life cycle of usage (procurement, distribution, usage, washing/drying, disposal, and waste management).

When procuring and planning distribution, it is important to consider the emergency phase, the emergency type (conflict, natural disaster), climate (dry/rainy), population and setting (camps, urban areas, informal settlements). For example, in many settings, finding private spaces for washing and drying reusable materials can be a significant challenge.

BOX A: BEYOND PADS: THE RANGE OF SUPPLIES NEEDED BY GIRLS AND WOMEN

Menstrual Materials

Refers to the materials used to catch blood. This could be a pad, piece of cloth, tampon, cup or any other preferred method.

Menstrual Supplies

Refers to the other items needed to support the management of menstruation.



THROUGHOUT THIS TOOLKIT WE DIFFERENTIATE BETWEEN MHM MATERIALS AND MHM SUPPLIES.



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4.1

TRAIN DISTRIBUTION STAFF

All staff, regardless of gender, should be knowledgeable and comfortable discussing MHM. See [Chapter 2](#) for more information.

KEY CONSIDERATIONS WHEN SELECTING MENSTRUAL MATERIALS:

- Preferences of adolescent girls and women
- Comfort, speed of drying, and absorbency (likelihood of leakage?)
- Affordability and availability
- Do they need underwear? How many and what sizes?
- How much or many (cloth/disposable or reusable pads) are needed for each menstrual period?
- Washing, drying, storage
- Disposal options (collection, transfer and final disposal)

4.2



SELECT MENSTRUAL MATERIALS

Although a diverse range of sanitary materials are used around the world, the table below provides a brief summary of the most commonly used materials in emergency contexts, and specifically those currently being used in low-income settings.

A more extensive list of menstrual material options can be found in Menstrual Hygiene Matters in Module 3: sanitary protection materials and disposal ([see link](#)).

CASE STUDY



In a set of camps valuable insights were gathered from girls and women following a large distribution of reusable pads. Many girls and women indicated challenges related to the color of the pads and their long drying times, the latter due to the pad's extra absorbency. The distinctive color made it difficult to discreetly dry them on top of tents, on clothing lines, and on hooks inside the house. One solution was to cover them with other clothing and blankets, which further lengthened the drying time. Thus, many girls and women would reuse the pads while they were still damp, resulting in discomfort and irritation. When possible, it is important to consult girls and women using actual samples of various options of available sanitary pads/cloths before large procurements. Such discussions can yield important insights on concerns related to color, texture, and drying times and may minimize the challenges which arise with select materials.

THE TYPE OF MATERIAL SELECTED HAS IMPLICATIONS FOR OTHER ASPECTS OF THE MHM RESPONSE SUCH AS WASH FACILITIES, DISPOSAL AND WASTE MANAGEMENT SYSTEMS, NFIs, HYGIENE PROMOTION, SHELTER AND CASH ASSISTANCE.



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TABLE 1. BENEFITS AND CONSTRAINTS OF MOST COMMON MHM MATERIALS USED IN EMERGENCIES

TYPE OF MATERIAL	CLOTH (STRIPS OF CLOTH)	DISPOSABLE SANITARY PADS (COMMERCIALY PRODUCED)	REUSABLE SANITARY PADS (COMMERCIALY PRODUCED)
BENEFITS	<ul style="list-style-type: none"> • Available in local markets. • Re-usable. • Maintains traditional practices. • Easier to dry in open discreetly. 	<ul style="list-style-type: none"> • Generally easier to procure rapidly. • Perceived as ‘easier’ to manage in privacy-limited situations (i.e. camps). • May be procured locally. 	<ul style="list-style-type: none"> • Cost effective. • Re-usable.
CONSTRAINTS	<ul style="list-style-type: none"> • Requires a private space for washing and drying cloth and access to water. • Requires an additional (separate) bucket and soap. • A clothesline and clips may need to be provided for drying. • Poor final disposal practices result in clogged latrines and other sanitation challenges. 	<ul style="list-style-type: none"> • Environmental implication regarding disposal. • Need disposal system (immediate, transfer and endpoint). • Sustainability challenges (in protracted contexts). • Poor disposal practices result in clogged latrines and other sanitation challenges. • Washing facilities. 	<ul style="list-style-type: none"> • Requires a private space for washing and drying pads and access to water. • Requires an additional (separate) bucket and soap. • A clothesline and clips may need to be provided for drying. • Poor disposal practices result in clogged latrines and other sanitation challenges.
OTHER CONSIDERATIONS	<ul style="list-style-type: none"> • Color, size, and absorbency of the cloth can influence its acceptability. • Considerations for end-point disposal and waste management systems. • Underwear or supportive ties should be provided. 	<ul style="list-style-type: none"> • Provision of disposable pads must be accompanied with appropriate disposal and waste management systems. • Underwear should also be provided. 	<ul style="list-style-type: none"> • May require additional cotton or cloth inserts. • Considerations for end-point disposal and waste management systems. • Underwear should also be provided.
SECTOR IMPLICATIONS	<ul style="list-style-type: none"> • WASH sector needs to provide and maintain private washing/drying spaces. • Sectoral actors need to ensure adequate soap (laundry & bathing) and dedicated MHM bucket provided. 	<ul style="list-style-type: none"> • WASH sector needs to provide disposal mechanisms and waste management systems. • WASH/Health/NFI sectors needs to ensure demonstrations on use are provided during distributions. 	<ul style="list-style-type: none"> • WASH sector needs to provide and maintain washing/drying spaces. • WASH/Health/NFI sectors needs to ensure demonstrations on use are provided during distributions. • Sectoral actors need to ensure adequate soap (laundry & bathing) and dedicated MHM bucket provided.

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4.3

SELECT MHM SUPPLIES
















Although many organizations and agencies design their own kits, **there are essential MHM supplies to include in the various kits being distributed (i.e. dignity kits, hygiene kits, core relief items).** The below examples illustrate the range of MHM-supportive NFI items needed for reusable and disposable options.

SAMPLE A: MHM SPECIFIC KIT CONTENTS (REUSABLE)			
Item	Specifications	Quantity	Other information
Soap	Laundry and bathing soap	200g of each	Will need to continue to distribute monthly.
Bucket	With a lid	1	Must be a separate container, as many women may not feel comfortable using communal family washing containers.
Reusable menstrual pads	At least 4-5 pads or inserts for rotating.		Commercial manufacturers often provide complete sets of pads and inserts which can be distributed one set per female. Quantity estimates generally take into account drying times.
Underwear	Size options should be available.	3 pairs	Redistribute every 6 months.
Safety Pins		6-8	
Storage bag for used cloths/pads	Should be non-transparent, washable and leakproof.	1	These bags may be used to carry used menstrual materials and therefore must be leakproof and discreet.
Carry bag for all menstrual supplies	Should be non-transparent and able to hold the storage bag, extra pads and underwear.		Bags are intended for discreetly holding menstruation supplies for girls and women while they are not in their households.
Cloth (when appropriate)	Culturally acceptable forms could include a kanga, sarong, etc.		Ensure that the texture and color are acceptable to target population. Cloth may be used as a backup method, to cover stained clothes or for covering pads/underwear drying on a clothesline to enhance privacy. A minimum of 4 square meters should be provided.
Torch	With batteries or solar	1	Should be designated for female household members for safer passage to toilets at night.
IEC pamphlet on MHM			Providing useful information on how to use pads, wash and dry them, and eventually dispose of them. Consider local languages and culture.
Clothes lines and pegs		1 set	



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SAMPLE B: MHM SPECIFIC KIT CONTENTS (DISPOSABLES)

Item	Specifications	Quantity	Other information
Underwear	Size options should be available.	3 pairs	Redistribute every 6 months.
Soap	Laundry and bathing soap	200g of each	
Bucket	With a lid	1	Although pads will not be washed, will still need separate bucket to wash soiled underwear or clothing.
Sanitary pads		12-15 pieces	Estimated amount for a monthly menstrual period; may need to continue distribution.
Carry bag for menstrual supplies	Should be non-transparent.	1	Bags are intended for discreetly holding menstruation supplies for girls and women while they are not in their households.
Cloth (when appropriate)	Culturally acceptable forms could include a kanga, sarong, etc.		Ensure that the texture and color are acceptable to target population. Cloth may be used as a backup method or to cover stained clothes. A minimum of 4 square meters should be provided.
Torch	With batteries or solar	1	Should be designated for female household members for safer passage to toilets at night.
IEC pamphlet on MHM			Consider local languages and pictures.



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INNOVATION



In environments with seasonal water shortages, it can be useful to consider a mixed kit, which contains both reusable and disposable options. For example, if girls and women prefer a reusable method, periodic lack of water access may make washing difficult. In such situations, providing a disposable option might also be necessary, along with essential education on usage and disposal practices to girls and women. The local sanitation actors should also be informed of material shifts in order to adapt the waste management system.

CASE STUDY



In a Norwegian Refugee Council (NRC) warehouse in southern Ethiopia that was supplying sanitary pads to schools in the Dollo Ado camp, there were found to be serious distribution delays. It was soon determined that the reason was that many of the Somali men working in the warehouse were refusing to touch or move the sanitary pads. This resulted in female teachers, already busy with their teaching, to have to make extra trips to local markets to ensure they had supplies for their students. It is crucial that all staff, regardless of gender and position, are sensitized and supportive to MHM programming needs (NRC/Columbia University Teacher's College, 2014).

4.4



PROCURE MHM MATERIALS & SUPPLIES

Key considerations when developing a procurement plan:

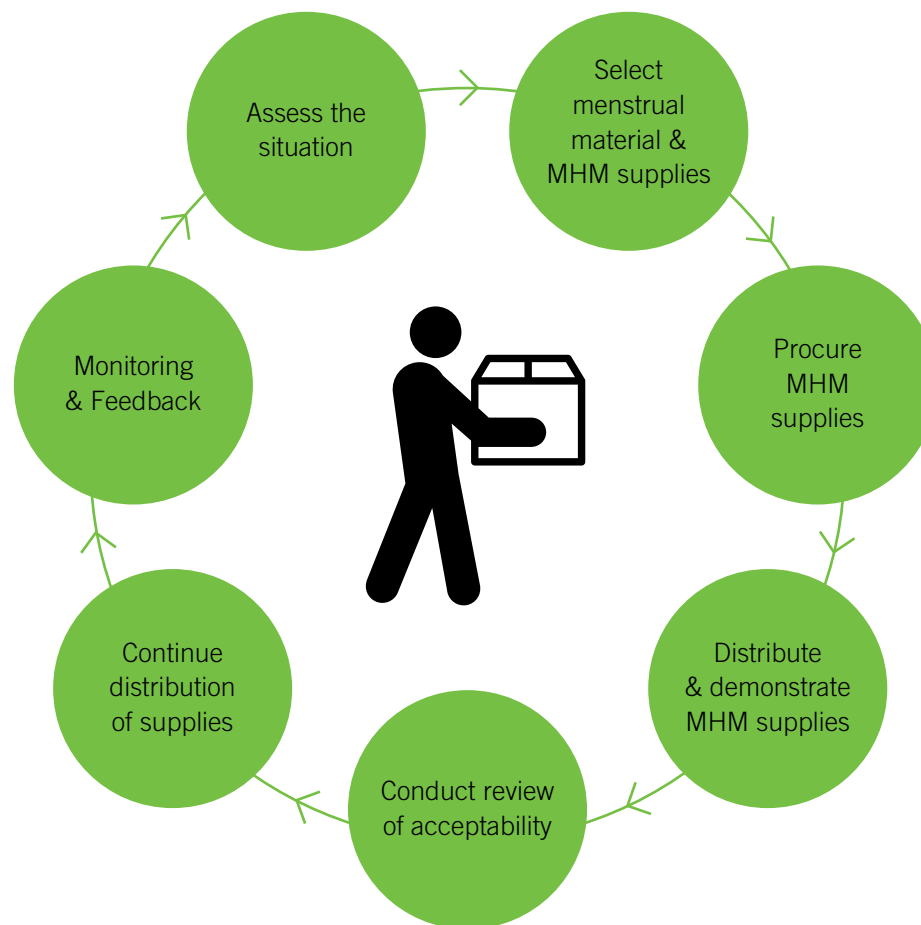
- Specific items need monthly re-supply (i.e. soap, disposable sanitary pads).
- Procure locally when possible.
- Account for the total number of females of reproductive age in each household.
- Check samples of products with beneficiaries before large-scale procurement. The quality may not be adequate or acceptable (color, absorbency, or texture).
- Conduct routine updates of household demographics to account for newly menstruating girls.
- Expiration dates may be required on menstrual materials due to government regulations. In general, menstrual materials last at least 10 years if not exposed to sun and moisture.





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FIGURE 1: PROJECT CYCLE FOR MHM DISTRIBUTION



MAKE SURE TO DETERMINE THE AVERAGE AGE OF MENARCHE FOR THE TARGET POPULATION PRIOR TO PROCUREMENT.

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4.5

DISTRIBUTE AND DEMONSTRATE MHM SUPPLIES

Kits that include MHM contents should be distributed by women so they can describe the function of kit contents and minimize the potential for embarrassment.

Distributions are good opportunities for health education and hygiene promotion, and for answering beneficiary questions about menstrual health.

Key considerations for a distribution plan:

- **Targeted distributions:** The needs assessment findings guide the distribution of MHM contents to the target population. It is important to try to achieve maximum coverage across the population.
- **Collaborate across sectors:** Any distribution plan including MHM contents should be shared with all relevant sectors (WASH, NFI, Education, Protection and Camp Management) to avoid duplication.
- **There are risks of partial coverage if embedding distributions into existing sectoral activities:** (i.e. health clinic outreach activities, women’s groups and schools.
- In some cases, it may be feasible for men to also be involved in distributions. Consult first.

- **Unintended consequences with distribution:** Potential safety and privacy risks related to kit distribution should be identified. For example, females may be at risk for harassment or humiliation when picking up kits containing MHM supplies. Use strategies to minimize such risks, such as using discreet packaging and ensuring private, safe, meeting spaces.
- **Special considerations for girls and women with special needs:** It can be more difficult to reach girls and women with special needs, such as girls and women with physical or mental disabilities, during routine distributions due to their limited visibility and movement within communities. In such cases, it may be necessary to use community networks (i.e. women’s groups), leaders, and other sectors (i.e. Protection) to identify vulnerable girls and women and target them with supplies. For additional information, see [Chapter 9](#).
- **Establish feedback mechanisms:** It is important to provide girls and women with information on how and to whom they can share feedback or criticisms about kit contents and the distribution practices.
- **Distribution frequency:** Experience suggests that monthly distributions reduce likelihood of resale of disposables as compared to larger quantities for extended time periods.



DEMONSTRATION IS ESSENTIAL!

Staff should not assume that beneficiaries know how to use the sanitary supplies in kits.

Recommendation: Include a sanitary pad demonstration activity during the distribution. Additional demonstration activities may be needed and can be supported by the Health, Protection, and Education sectors.



CULTURAL SENSITIVITY

In some cultures, there are strong opinions about strictly adhering to expiration dates on goods. When a shipment of sanitary pads was provided to Somali refugees in Ethiopia without expiration dates, a few women noticed and refused to use them. Soon enough, all of the women refused to use the pads as well. Demonstration and education while distributing MHM supplies can be used to provide education and address these types of misinformation issues. Routine monitoring can also enable the quick detection and resolution of such challenges. (Norwegian Refugee Council (NRC)/Columbia University Teacher’s College, 2014).

4.6



MONITORING AND FEEDBACK

A plan for monitoring the provision of MHM materials should be introduced immediately (see [Chapter 14](#)). This can be done through a combination of the following methods:

QUALITATIVE METHODS	
Focus Group Discussion (FGD)	Age segmented groups of girls or women (8-10 participants per FGD) led by female facilitator to inquire about things like the acceptability of materials and appropriateness of distribution methods.
Key informant interviews (KII)	This can include female WASH committee members, girls and women from the target population, or program staff.
QUANTITATIVE METHODS	
Post-distribution monitoring (PDM) Surveys	This can be useful for assessing the acceptability of materials, coverage, and knowledge gaps.

IMPORTANT FEEDBACK TO COLLECT INCLUDES:	
Reusables:	Relevant to both reusables and disposables:
<ul style="list-style-type: none"> Are the numbers of re-usable pads adequate to be washed and dried in-between use for all members of a household? Was there enough fabric for a full menstrual cycle? Is the fabric provided comfortable, absorbent, and does it dry fast enough? 	<ul style="list-style-type: none"> Did the distributions provide a sufficient quantity of MHM-related NFIs for the number of females in their household? This includes sanitary materials, underwear, soap, and other MHM-supportive supplies. Were there any barriers or problems with the distribution? Were all households able to participate?
Disposables:	
<ul style="list-style-type: none"> Are there enough disposable pads provided to cover their full menstrual cycle (for that month)? 	

CULTURAL SENSITIVITY
<p>A key consideration when adding MHM questions to an existing PDM survey is that male survey data collectors may skip MHM related questions due to embarrassment (or girls/women may be hesitant to respond to a male surveyor). When appropriate, male surveyors should be partnered with a female to assist, or a brief separate MHM focused PDM can be implemented using exclusively female surveyors.</p>



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4.6

CASH TRANSFERS

There is growing interest and evidence of the effectiveness of cash transfers to support affected populations in acquiring supplies directly. Cash increases choice and can be one option to enable access to goods or services, however the use of cash transfer programming for addressing MHM needs of adolescent girls and women has not been studied. If opting to use this approach, specific considerations need to be taken into account and adequately weighed before employing cash transfers. Concerns remain about who controls the cash within a household and if women, who may be managing the household budget, will use these funds for their personal hygiene needs. Girls and women may also have restricted access to local markets and shops, with men and boys possibly uncomfortable purchasing menstrual products. There is a need for increased evidence on whether CTP is useful to support MHM.

It is important to consider the following aspects if implementing a CTP:

- For **unrestricted cash distributions**, agencies should try to monitor through PDM's and household surveys whether adolescent girls and women are able to use these funds to support MHM.
- For **voucher systems**, agencies should check with the selected vendors to ensure these funds are used to support MHM.

4.7

ADDITIONAL RESOURCES



- Sample MHM PDM survey template ([link](#)).
- UNICEF WASH and Dignity Response Kits Guidance ([link](#)).
- Considerations for selecting sanitary protection and incontinence materials for refugee contexts by S. House on behalf of UNHCR, 2016 ([link](#)).

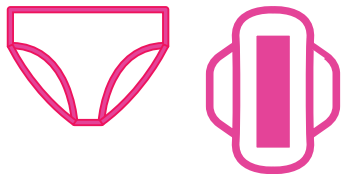
Summary of Key Actions from Chapter 4: Providing MHM Supplies	
1. Consult girls and women on their preferences.	
2. Train staff on the basics of MHM.	
3. Select appropriate MHM materials and supplies.	
4. Coordinate with other sectors to ensure effective distribution achieving maximum coverage without overlap.	
5. Rapidly procure MHM-related contents for kits, with an emphasis on finding materials locally.	
6. Distribute MHM contents in kits (or NFIs) through safe and private means, embedded within existing appropriate activities and always include demonstrations on the use of materials.	
7. Provide continuous monitoring of MHM supplies through utilizing existing PDMs and the use of qualitative methods (FGDs and structured interviews).	
8. Communicate key learning gathered across your organization, crosssectoral partners and working groups.	





5.1

During an emergency, girls and women may need to walk or travel long distances over a sustained period of time. Upon fleeing their homes, they are oftentimes unable to bring many important personal belongings, including menstrual materials. In addition to a lack of materials, it may also be difficult to find a safe, private space for changing or cleaning themselves. This can result in girls and women heading off roads into forests, alleyways or others places in search for private spaces to discreetly change, which can create safety concerns. Water access while on the road may also be a problem. See [Figure 1](#) for review of [MHM in transit challenges](#). Young girls may be separated from their families and thereby lack their usual access to materials, supplies and information.



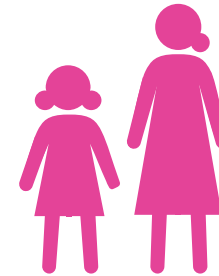
RESPONDING TO MHM IN TRANSIT NEEDS

When girls and women arrive at their next destination (e.g. a border point, railway station, transit center, etc.), they may experience shame if their clothing has been spoiled by blood while traveling. They may be in urgent need for a safe and private space for dealing with their menstruation and leaks. In response, it is important for response staff receiving beneficiaries to be both sensitive and supportive to their MHM concerns.

A few suggested key actions include:

- **Materials:** Provide contingency menstrual materials (pads, underwear, soap) for menstruating girls and women. As it can be challenging or insensitive to directly ask girls and women about their menstrual material preferences immediately upon arrival, this information can also be gathered from longer-term camp populations or beneficiaries who have been waiting at the transit center/border point for a longer duration of time.

- **Infrastructure:** Ensure that female friendly water and sanitation facilities are available in transit where possible, and at border points, reception centers, temporary shelters, etc. as girls and women will need a place to change their materials, clean themselves or clothing and in some cases, help restore their basic hygiene and dignity after their journey.



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RATHER THAN A BLANKET DISTRIBUTION, MHM IN TRANSIT OFTEN AIMS TO TARGET GIRLS AND WOMEN MOST IN NEED OF MENSTRUAL MATERIALS.



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FIGURE 1: MHM CHALLENGES FACED BY GIRLS AND WOMEN WHILE IN TRANSIT



UPON LEAVING THEIR HOMES AND WHILE TRAVELING, THEY MAY...

- Lack of materials for managing blood.
- Lack toilets or washrooms for changing materials or cleaning themselves
- May have to go into forests or alleyways to find discreet places to change, creating safety concerns.
- May be unable to clean menstrual materials, clothing or find water.

WHILE BEING PROCESSED AT THE NEXT DESTINATION/ BORDER POINT, THEY MAY...

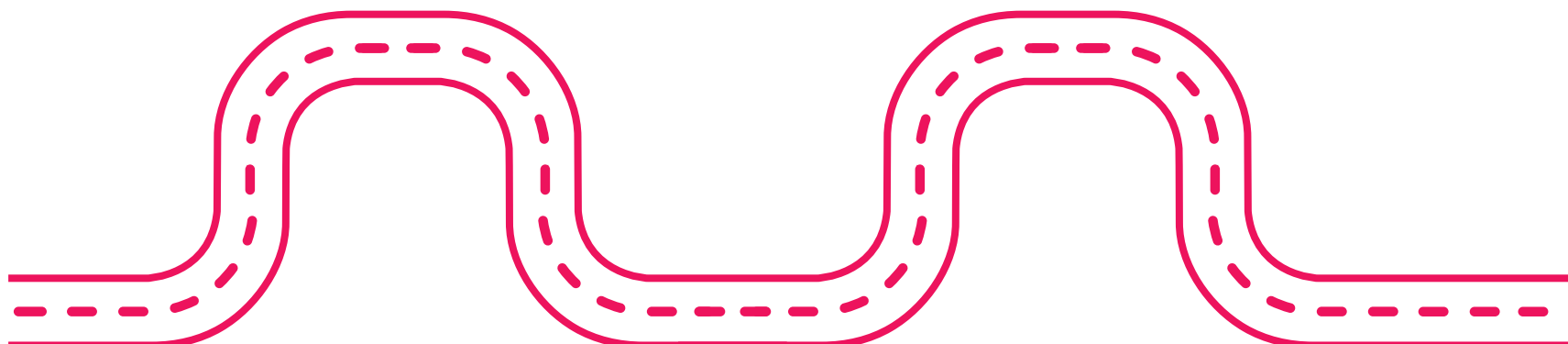
- Experience shame if their clothing has been spoiled by blood or be at risk for exploitation in exchange for basic goods.
- Need basic menstrual hygiene supplies (i.e. pads, underwear, soap)
- Need access to private female friendly toilets and bathing spaces for changing and cleaning themselves.

UPON ARRIVAL TO TRANSIT OR RECEPTION CENTERS, THEY MAY...

- Need continued provision of basic menstrual materials (i.e. pads, underwear, soap).
- Need access to private female friendly toilets and bathing spaces for changing and cleaning themselves.

UPON ARRIVAL AT A CAMP OR NEW ACCOMMODATION THEY MAY...

- Need to be consulted on their MHM preferences and needs.
- Need longer term solutions for sustaining access to MHM materials (i.e. providing reusable materials, maintaining frequent distributions of disposables, etc.).
- Need new toilet and bathing infrastructure that integrates the minimum standards for private female friendly toilets and bathing spaces.



ENSURING GIRLS AND WOMEN IN NEED RECEIVE MATERIALS

A variety of methods can be used to quickly assess who may need assistance most urgently. Discretion and sensitivity are essential, especially considering that girls and women may be tired from the journey and feel embarrassment about their menstruation. A few possible methods for identifying girls and women include:

- Incorporate a menstruation question into existing health or protection screenings upon arrival at border points, reception centers.
- Female protection actors can organize small women's circles to discuss menstruation (among other protection related discussion items such as GBV).
- If a displaced population is literate, informative signs can be put up instructing girls and women on where they can request or discreetly pick up menstrual hygiene materials.

CASE STUDY

A rapid assessment conducted in refugee camps in Tanzania identified a range of menstruation challenges experienced by girls and women while traveling from the Democratic Republic of Congo and Burundi to Tanzania. This includes a lack of sanitary materials, poor access to water, and challenges finding safe and private spaces for changing or disposing materials. A few women expressed feelings of extreme embarrassment upon arrival at the border, as there were blood stains on their clothing. In response, a small pilot project was introduced, led by the health sector. Health staff were trained on how to sensitively screen menstruating girls and women during routine health screenings. Girls and women identified were then provided a basic menstrual hygiene kit comprised of reusables pads, a bucket, underwear, soap and a clothesline. In addition, WASH actors also worked towards improving existing toilets and washing spaces at the border points, including adding new doors and latches (International Rescue Committee, Tanzania, 2017).

CASE STUDY

On Lesbos Island in Greece, staff realized that a comprehensive MHM kit was not needed or possible due to the transitory nature of the refugees. They found that when providing hygiene kits, there was a lot of wastage as many products were too heavy to be carried across Europe. The response adapted to provide smaller hotel-sized hygiene items that could be distributed at hygiene kiosks and to enable the provision of individual items (not entire kits). Each refugee was then able to select what items they needed, including disposable menstrual pads and underwear (International Rescue Committee, Greece, 2016).



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Summary of Key Actions from Chapter 5: MHM in transit								✓
1. Procure basic contingency menstruation materials and supplies for girls and women arriving and in need of assistance.								
2. Develop an appropriate method for screening or identifying girls and women needing menstrual materials.								
3. Ensure that female friendly toilet and washing facilities are available for girls and women in transit, and upon arrival at border points/transit centers etc.								

6 MHM AND SHELTER



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Overcrowding in urban areas, camp situations or informal settlements can intensify the challenges for adolescent girls and women to find safe, private spaces for managing menstruation. This can be more difficult when living in tents, multi-household dwellings, unfinished buildings or communal spaces.

Girls and women have different preferences about where to change menstrual materials. Some prefer toilet facilities and others prefer to change in bathing or sleeping spaces. Such preferences may be influenced by cultural practices, a lack of privacy (i.e. absence of walls, doors), poor safety conditions (i.e. lack of lighting) and restricted mobility within their community or camp (due to gender norms). In many contexts, shelters and facilities are not designed to meet these needs, are made from transparent or flimsy materials that do not offer protection, and lack privacy partitions.



6.1

KEY MHM CONSIDERATIONS FOR SHELTER

Shelter actors, including camp management, should consider including some basic MHM-related questions into assessments for programs.

WHAT TO LEARN:

1. Where do girls and women change their menstrual materials? (i.e. toilets, bathing spaces, rooms)
2. Do they feel safe or comfortable managing their menstruation there?
3. How do girls and women dispose of used sanitary materials?
4. Is this supported by the waste management system?
5. (If reusables) How and where are sanitary materials washed, dried, or stored?
6. Is there adequate privacy for washing and drying?
7. In what ways could shelter structures be designed to better support girls and women with managing menstruation? (For example, privacy partitions, lighting, locks, etc.).



Consult first: This information can be quickly gathered through the use of FGDs and KIIs with adolescent girls and women. When possible, these can be added to existing Shelter related consultations and assessments with girls and women. Please see Guidance Note B: Assessment Methods for more information on available methods.

6.2

TRAIN SHELTER STAFF

All Shelter staff, regardless of gender, should be knowledgeable and comfortable discussing MHM. Please see [Chapter 2](#) for more information on training staff.

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6.3

IMPROVING INFRASTRUCTURE FOR MHM

Water and sanitation structures: As the development of WASH facilities is often a collaborative effort between WASH and Shelter actors, it is important for both sectors to recognize a few specific MHM considerations (see Chapters 6 and 7 for information on WASH facilities, disposal and waste management).

Shelter Structures: Given that a range of types of structures and living situations are found in emergencies, a few important MHM measures should be considered when developing or improving these spaces. These improvements are essential for improving the safety of girls and women.

Considerations should include:

Building materials: Use strong, non-transparent building materials to ensure that girls and women (especially while changing menstrual materials) are not visible from outside the structure.

Safety measures: Provide doors and windows with inner locks.

Privacy partitions: Where appropriate for gender, age or cultural reasons, family and/or gender segregated partitions should be installed. These should be made from non-transparent materials to help improve girls and women’s ability to privately change menstrual materials within their shelter structures.

Mass Shelters: Special consideration should be given to the privacy needs of girls and women staying in mass shelters. For example, providing a small, partitioned area designated for changing clothes or menstrual materials may be necessary.

Lighting: Provide internal and area lighting. Upon consultation with beneficiaries, lighting should be provided in context as needed for improved safety. Flashlights or torches should be provided for individual use; ensure these are available to female household members as needed.

Allocation of shelter: Avoid overcrowding and consider placement as related to sanitation and water access.



CASE STUDY

To respond to the influx of Burundian refugees coming through the Tanzanian border crossings, mass transition shelters were constructed for these populations to sleep in upon arrival. These shelters, although very large, lacked any partitions inside the structures and had no doors. Many girls and women shared their discomfort changing their clothing or menstrual materials inside these spaces, explaining that other women, children and sometimes men could easily see them. The border staff decided to explore if providing partitions that would create small changing areas inside the structure would help enable girls and women to change more privately. It is important to directly consult girls and women regarding their privacy concerns and determine if some small improvements can be introduced to increase their comfort, dignity and safety while residing in mass shelters (International Rescue Committee (IRC) - Tanzania, 2017).

MONITORING AND FEEDBACK

It is advisable to add on a few MHM related questions to any existing shelter and settlement management checklist and inspection activities. An example of key questions to include:

To be informed by direct observations of shelter structures:

- Are structures built from strong, non-transparent building materials?
- Do doors and windows (when installed) have interior locks?
- Are privacy partitions installed within family or multi-family dwellings (when gender, age and culturally appropriate)?
- Is both internal and area lighting provided?
- Are shelters located within safe access to water and sanitation infrastructure?

*See [Chapters 7](#) and [8](#) for WASH infrastructure monitoring guidance.

To be informed by discussions with girls and women:

- Do girls and women feel that their shelters are private and safe spaces? (Why or why not?)
- Do girls and women feel comfortable changing their menstrual materials within their shelters (why or why not?)
- Do girls and women feel comfortable drying their used menstrual materials within or around their shelters (why or why not?)

For a WORD version of the checklist, see [link](#).
















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Summary of Key Actions from Chapter 6: MHM and Shelter							
Consult girls and women, including their preferences of locations for changing, disposing and washing of menstrual materials.							
Train Shelter staff on the basics of MHM.							
Build female friendly water and sanitation facilities in collaboration with WASH actors.							
Construct shelter structures the ensure that girls and women have adequate privacy and safety for managing their menstruation.							
Monitor and gather feedback on the acceptability and challenges experienced by girls and women in managing their menstruation within shelter structures.							

7 MHM AND WATER AND SANITATION FACILITIES



Women and girls require more privacy for sanitation than men and boys, especially when dealing with menstruation. Maintaining safety and dignity while accessing sanitation facilities remains a widespread challenge in humanitarian contexts.

Most MHM requirements for women and girls are similar to basic hygiene and sanitation needs. This includes the following:

- A safe, private place to change their menstrual materials (at least 3 times daily), including during the night.
- A place to privately wash their hands with soap and water after changing menstrual materials.
- A safe, private place for bathing typically once a day.
- A method for discreetly disposing of menstrual waste, or if reusable materials, privately and hygienically washing and drying them.

There is **not one universal approach used by all girls and women**. Managing menstruation is very personal, and adolescent girls and women will make choices based on culture, preference and perceived safety.

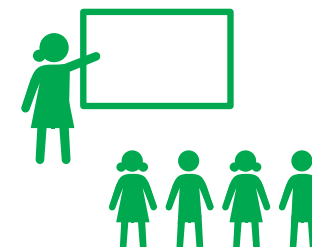
KEY CONSIDERATIONS:

- **'Look before you leap.'** Rapidly building infrastructure without determining the needs and preferences of girls and women can result in future delays and costly modifications.
- **Minimal new implications.** A well-designed sanitation response should already address most MHM needs when assuring the safety, privacy and dignity of women and girls. Only a few components are additional and specific to MHM.
- **Broad staff consensus is key.** All staff, regardless of gender, should be familiar and comfortable discussing MHM.

7.1

TRAIN WASH STAFF

All WASH staff, regardless of gender or personal beliefs, should be knowledgeable and comfortable discussing MHM. Please see [Chapter 2](#) for more information on training staff.



ENGAGE BENEFICIARIES EARLY IN A RESPONSE TO DEVELOP SOLUTIONS AND PREVENT POOR DISPOSAL PRACTICES THAT CAN LEAD TO BLOCKAGE AND DAMAGE OF PIPES.



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7.2

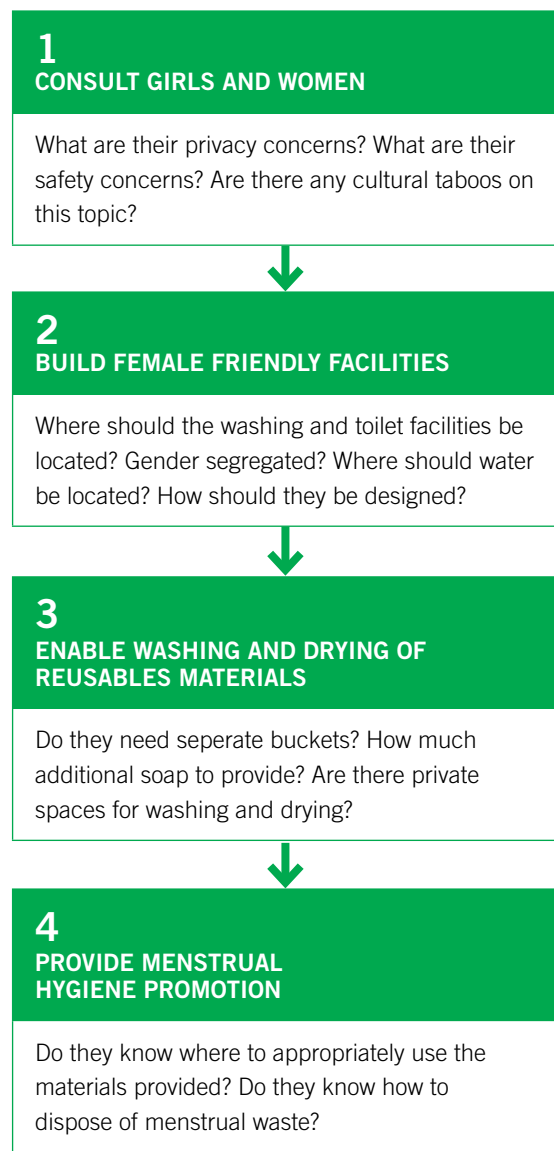
MHM AND WASH SYSTEMS

Water and sanitation systems are established during the acute phase of the emergency, including measures for supporting MHM. These may need to be updated if an emergency becomes protracted. The needs assessment in [Chapter 3](#) will inform the appropriateness of the MHM measures to be introduced.

It is important to continue dialogue with both adolescent girls and women as systems are established, to reduce the risk of costly errors in infrastructure provision.

MAKING MODIFICATIONS EARLY IS FAR EASIER THAN CORRECTING ERRORS AFTER INFRASTRUCTURE IS BUILT.

FIGURE 1: BUILDING MHM INTO A WASH RESPONSE



Consult girls and women:

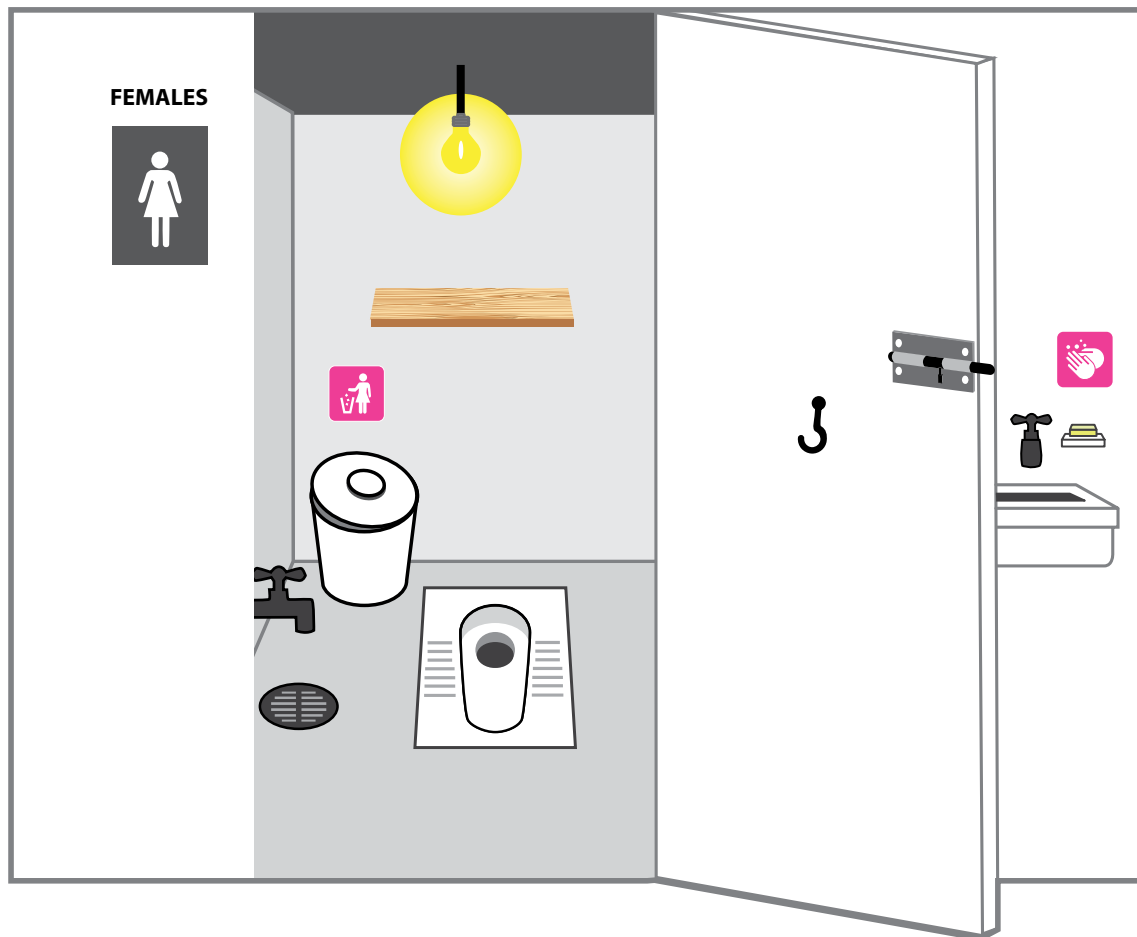
- Consult girls and women directly on the location of sanitation facilities.
- Discuss proposed plans for toilets with girls and women, highlighting MHM considerations, based on description and visual depictions.
- Once the first facilities are built, female staff should conduct walk-throughs with beneficiaries and elicit feedback from users.

Equip facilities with female friendly measures:

Basic sanitation infrastructure will need to adopt a few basic female friendly measures in the development or rehabilitation process ([see Figure 2](#)). See the MHM minimal requirements for household, communal and public toilets and bathing spaces in [Table 1](#).



FIGURE 2: EXAMPLE OF A FEMALE FRIENDLY TOILET



Adequate numbers of safely located toilets separated (with clear signage) from male facilities.



Safe and private toilets with inside door latch



Clear signs instructing girls and women to dispose of menstrual waste in the trash bin



A shelf and hook for hygienically storing belongings during usage.



Night time light source both inside and outside of the toilets



Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials.



Trash bins (with lids) to dispose of used menstrual materials



Walls, door and roof are made of non-transparent materials with no gaps or spaces.



Some units should be accessible to people with disabilities.



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TABLE 1: MINIMUM REQUIREMENTS FOR FEMALE FRIENDLY FACILITIES

	HOUSEHOLD TOILETS	COMMUNAL TOILETS	PUBLIC TOILETS (e.g. schools, public spaces)	BATHING SPACES
1. Access to water	✓ Tippy tap or handwashing station	✓ Handwashing station	✓ Handwashing station	✓ Water source close to or at the facility
Also consider means to carry water into the cubicle for hygiene needs				
2. Access to soap	Soap should be provided to households during distributions	Soap provided to households during distributions may be used	✓	Soap should be provided to households during distributions
Soap is needed to be able to wash blood off hands or menstrual materials. In public facilities, soap should be provided.				
3. Adequate privacy	✓	✓	✓	✓
This includes a door, an internal lock/latch, sufficiently high walls/windows, privacy screens and no gaps or holes in the structure.				
4. Sufficient number of gender segregated facilities	Household toilets are not generally gender segregated	✓	✓	✓
Male and female facilities should be physically separated, with clear and appropriate signage.				
5. Sustainable, acceptable and appropriate menstrual waste collection, transfer and disposal system.*	Based on consultation, household toilets may or may not need in-cubicle waste disposal	✓	✓	✓
This mechanism should be informed by direct consultation from girls and women as there are cultural sensitivities surrounded menstrual waste. Females should be provided with adequate education and materials if required regarding the available disposal mechanisms				
6. Provision of a light source to ensure accessibility at all times	✓	✓	✓ (if facility is open at night)	✓
Where electric lighting is not feasible, handheld torches are an alternative. When electric lighting is not feasible, hand held torches are an alternative with a sustainable power source.				















* Provision should be considered to make the actual footprint of the cubicle slightly larger than male only facilities to accommodate the MHM disposal design.



	HOUSEHOLD TOILETS	COMMUNAL TOILETS	PUBLIC TOILETS (e.g. schools, public spaces)	BATHING SPACES
Additional improvements can also include:				
1. Water access inside the cubicles	✓	✓	✓	✓
Direct access to water inside the stall can enhance privacy and comfort during MHM.				
2. A hook or shelf inside the cubicle	✓	✓	✓	✓
This enables girls and women to hygienically place their bags and personal items while using the facility				
3. A mirror inside the cubicle or facility		✓	✓	✓
A mirror, located at a low position, ensures that girls and women can check their clothing to confirm there are no blood stains, enhancing their confidence and dignity.				



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Other key things to consider:

- Both the design of waste bins and end-point disposal systems should be developed in consultation with girls and women. Taboos and fears may exist of boys and men, or other girls and women seeing used materials. See [Chapter 7](#) on MHM disposal.
- It's important to ensure that all designs for bathing facilities take into account provision for access by disabled persons (i.e. access ramp, supports on internal walling, low level Hand Washing Facilities (HWF), spacious room to allow for maneuvering etc.) See [Chapter 9](#) for more information.
- If adequate lighting is not feasible, provide torches or solar lamps, to support use of toilets during the nighttime.
- If possible, design the water supply network to allow for connection to sanitation facilities either during initial installation, or at a future date, and also arrange for water supply to all relevant institutions in the settlement.
- If water is not available in the cubicle itself, women and girls will need to carry it in with them. In areas where anal washing is the norm, this will need to be addressed in any case, but where toilet paper is used, ways of collecting and carrying water to the toilet are needed (see [chapter on NFIs](#)).

CONVENIENT WATER SOURCE IN TOILETS



In discussions with girls and women, they almost universally prefer for a water source to be located directly inside the toilet cubicle. However, it is recognized that this is not a standard practice but something that should be introduced when possible. In addition, in some cultures it may already be common practice to bring water into the toilets for anal washing and thus an additional water source may not be necessary.

CASE STUDY



Displaced girls and women living in camps in Myanmar were uncomfortable using toilets at night due to security fears and discomfort. Lights were installed directly around the toilets to make them more accessible. However, as these lights were the only continuous light source throughout the night, groups of men began gathering at the lit female toilets in the evening to discuss politics. Girls and women felt even less comfortable using toilets than before. Camp staff responded however, and soon installed additional lights elsewhere in the camp and convinced men to move their discussions there. It is important to constantly monitor safety measures and to be responsive to the unanticipated consequences of new infrastructure or programming. (Focus Group Discussion, Rakhine State, Myanmar 2015).

ENABLE PRIVACY FOR WASHING OF MENSTRUAL MATERIALS:



Considerations for washing can be either for communal private washing places or the provision of MHM supplies for washing at home (buckets, laundry soap, and clothes line.) It is important to note that washing used menstrual cloths (or related materials such as underwear) is not something girls and women are comfortable doing in the presence of others, even females.

The following things should be addressed after consultation with girls and women:

- If public laundry spaces are introduced, private cubicles may be needed for this task, or washrooms may need washing slabs.
- Bathing or laundry spaces should have discreet drainage (leading to soakaways), so any water with menstrual blood cannot be seen outside the unit.

ENABLE PRIVACY FOR DRYING OF MENSTRUAL MATERIALS (REUSABLE PADS, UNDERWEAR, CLOTHS, ETC.):

Drying menstrual cloths or pads poses challenges given taboos and privacy limitations. Girls and women often seek to hide them (i.e. hanging cloths under other cloths on the line or drying them under the bed). Although it is ideal for cloths to be dried in the sunlight and fully dried before use, limited space and privacy fears make this a challenge. Private screened areas in households or communal bathing facilities for hanging menstrual cloths may address these challenges.



A drying hanger useful for drying reusable pads and underwear indoors (see case study below).

MHM-RELATED NFI CONSIDERATIONS TO SUPPORT THE WASHING AND DRYING OF MATERIALS:

- Provision of MHM-designated buckets or basins with lids (as girls and women will not want to use the same buckets for cooking and other laundry activities). It can also be used for soaking and storage when not in use.
- Additional laundry soap for girls and women to wash menstrual materials
- A clothesline and clips to ensure girls and women can dry materials separately.
- In some contexts, women may want a piece of cloth to privately cover these materials while drying. See [Chapter 3](#) for more information.

CASE STUDY

In the Bwagariza refugee camp in Burundi, when girls and women left their washed pads outside to dry (which they only did when they were also outside doing washing or chores), the pads were frequently stolen. This deterred many of them from drying pads outside, despite knowing that this was the best method. Instead, they would hang their pads indoors, but this lengthened the drying time needed. Thus, many girls and women were found to be re-using damp pads, causing skin irritations. It is important that girls and women are provided with enough reusable pads to allow for drying time of used pads. Indoor drying was also found to be improved when girls and women were supplied with locally procured plastic hangers with pre-existing pegs and a hook on the top. (International Red Cross and Red Crescent Societies, Burundi)

CASE STUDY

In camps in northern Uganda, south Sudanese girls and women were provided washable pads and underwear. The organization distributing the pads was different than the responsible WASH actor. In this case, girls and women were not consulted on how they would wash and dry the reusable cloth pads, and were not provided with a bucket for washing pads (and most women only had one large cooking pot). Thus women and girls would wash the pads in a nearby river and hang them to dry briefly on nearby bushes. The cloth pads rarely had a chance to fully dry, as women and girls worried that men might see them. Therefore many were forced to regularly re-use damp pads. In addition, the river washing spot was only 50 meters upstream from the main intake of the camp's water supply, possibly contaminating the drinking supply. This example indicates the importance of consulting girls and women on the full spectrum of MHM, including washing and drying needs. It also highlights the critical role of coordination in supporting MHM. Improved communication between actors could have mitigated or prevented the contamination of the water source. (International Federation of the Red Cross and Red Crescent Societies, East Africa)



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INTEGRATE MENSTRUAL HYGIENE INTO ROUTINE HYGIENE PROMOTION ACTIVITIES:

To ensure that girls and women understand the intended usage and management of the water and sanitation facilities provided, including the MHM-supportive measures, educational campaigns should be designed and integrated into routine hygiene promotion activities. Educational messages should be consistent with the menstrual materials and supplies and WASH facilities being provided. See [Chapter 8](#) for more information

7.3

MONITORING AND FEEDBACK

A plan for monitoring the water and sanitation facilities should be introduced immediately and done continuously (see [Chapter 13](#)). This can be done through a combination of the following methods:

- Discussion with key informants, community members, and relevant staff (WASH, CCCM, Protection).
- Focus Groups Discussions
- Environmental inspections
- Direct observations (with checklists)

WASH SYSTEMS – OBSERVATION CHECKLIST

Add a few MHM related questions to any existing water and sanitation management checklist and inspection activities. Example questions to include:

To be informed by direct observations:

- Have provisions been made to separate toilets by gender (including signs, painting, and education)?
- Are beneficiaries following the gender segregation mandates?
- Is there a light source available for girls and women using toilets during the night?

- Are there locks in the inside of all toilets?
- Are there waste bins with lids located inside the female toilets?
- Is there a water source inside or nearby the female toilets?
- Is there a maintenance system in place?



To be informed by discussions with girls and women:

- Do girls and women feel that toilets are private and safe? (Why or why not?)
- Do girls and women think that the toilets are appropriately located? (Why or why not?)
- Do girls and women feel comfortable changing their materials in the toilets provided? (Why or why not?)

For a WORD version of the checklist, see [link](#).



MHM INDICATORS FOR WATER AND SANITATION SYSTEM

A few sample indicators have been developed to support the monitoring of WASH programming. This includes the following:

INDICATORS

- Percentage of population living within 50 meters of an improved sanitation facility.
- Proportion of female-only sanitation blocks
- Proportion of female toilet cubicles/stances at institutions (i.e. schools, protection spaces, health clinics) with access to water and soap.
- Women/girls of reproductive age (12-49 years of age) are comfortable using sanitation facilities for MHM during the daytime and nighttime.*
- Proportion of sanitation facilities (toilets/bathing spaces) which incorporate the female friendly minimum requirements (see Table 1).

*Note, some girls under 12 may also be menstruating.

7.4

ADDITIONAL RESOURCES

- Screened Toilet, Bathing and Menstruation Units for the Earthquake Response in NWFP, Pakistan from Oxfam-GB ([link](#)).
- Mainstreaming Menstrual Hygiene Management in WASH: Guidance Note for Oxfam in Nepal ([link](#)).
- Examples of drying methods from Menstrual Hygiene Matters (Module 3: Menstrual hygiene – sanitary protection materials and disposal, Page 94) ([link](#)).



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Summary of Key Actions from Chapter 7: MHM and Water and Sanitation Facilities							
Consult women and girls on the location and design of water and sanitation facilities							
Train all sanitation staff (male and female) on MHM.							
Build female friendly toilets including gender segregation, locks, lights, disposal options, hooks and shelves.							
Ensure girls and women have private spaces (or mechanisms) for privately hanging menstrual cloths to dry.							
Regularly consult with women and girls regarding safety, access and convenience of sanitation facilities and disposal mechanisms.							
Share relevant learning from consultation across your organization, sector and relevant working groups.							

8

MHM, DISPOSAL AND WASTE MANAGEMENT



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8.1

TRAIN SANITATION STAFF

All sanitation staff, regardless to gender, should be knowledgeable and comfortable discussing MHM. See [Chapter 2](#) for more information on training staff.

8.2

MHM DISPOSAL METHODS

Depending on the waste management systems set up in the context, and the preferences of the local community, used menstrual materials (including pads and cloths) are likely to be disposed of in different ways:

Used menstrual materials make up a significant waste flow in camps or other contexts. In the absence of effective disposal mechanisms, women and girls may dispose of used materials directly in toilets or by other means.

Menstrual waste is often seen as embarrassing or distasteful, and strong taboos may exist.

Girls and women often do not want anyone (including other girls and women) to see their used menstrual materials.

Strong taboos may exist around burning or handling of menstrual waste by other people, limiting the usefulness of incinerators or collection systems.

Disposal mechanisms must be discreet if they are to be used, and consultation with girls and women is essential to achieving an effective waste management system.

- **Disposal directly into toilets** provides a convenient and immediately available option for the user. For any toilets other than direct-drop pit toilets, this is likely to cause frequent blockages. Sanitary materials in pits, cesspits and septic tanks increase the rate at which these fill and make it harder to de-sludge, as equipment becomes clogged.
- **Ad hoc disposal** is also common where people do not understand or trust the waste disposal method in place. This may consist of burying pads near the home, or discarding used pads in alleys, fields or rivers. When widespread, this can lead to an unsanitary environment.
- **Disposal into household solid waste streams** is a common practice. Waste is collected and disposed of with other household waste. Generally this system works fine where there is a functioning disposal system, but in some cases the waste may end up on unsightly piles in the local environment. This may cause problems with local taboos or perceptions, especially those of men in the household.
- **Disposal into provided trash bins**, especially at public toilets and washrooms.

BE ADAPTIVE! IT IS ESSENTIAL TO WORK WITH A COMMUNITY TO DEVELOP A SOLUTION WHICH IS ACCEPTABLE TO THE POPULATION'S DISPOSAL PREFERENCES AND ADDRESSES THE WASH STANDARD FOR WASTE MANAGEMENT IN THE CONTEXT.



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CASE STUDY



In the Rakhine State of Myanmar, internally displaced girls and women living in camps lacked convenient options for disposing of menstrual waste. Furthermore, prior to displacement, they were familiar with burying used menstrual materials. This practice was increasingly difficult however in the overcrowded living conditions of the camps. In response, many girls and women would get up very early, at 4 or 5 am to go bury these items discreetly. However, going out at this hour, and without proper lighting, put them at serious risk of danger for attacks or sexual violence. It is essential for Protection and WASH actors to coordinate on how to ensure appropriate disposal options for girls and women that will minimize their risk. (IRC/Columbia University, 2015)

8.3

MHM & WASTE MANAGEMENT SYSTEMS

The key components of a waste management system are:

- Provide disposal points, such as covered waste bins, in public toilets, washrooms and at household level
- Establish a waste collection and transportation system that includes menstrual waste
- Identify or establish suitable endpoint disposal sites
- Ensure that toilet cleaners and waste handlers are properly trained, suitably equipped with protective clothing and containers and regularly scheduled.
- Ensure that the public understands how the system works, and create systems for gathering feedback from women and girls



Solid waste disposal should be established during the acute phase of the emergency, including consideration for disposal of menstrual waste.

Consult with local female staff and girls and women to inform the selection of systems for managing menstrual waste (See [Chapter 3: Conducting a Needs Assessment](#)).

Additional notes:

- Girls and women using reusable materials (pads or cloths) will also require options for end point disposal, although less frequently than those using disposable materials.
- It is also common that a variety of disposal methods (i.e. bury, drop in pit) are used by girls and women within the same communities.

CULTURAL BELIEFS ON DISPOSAL



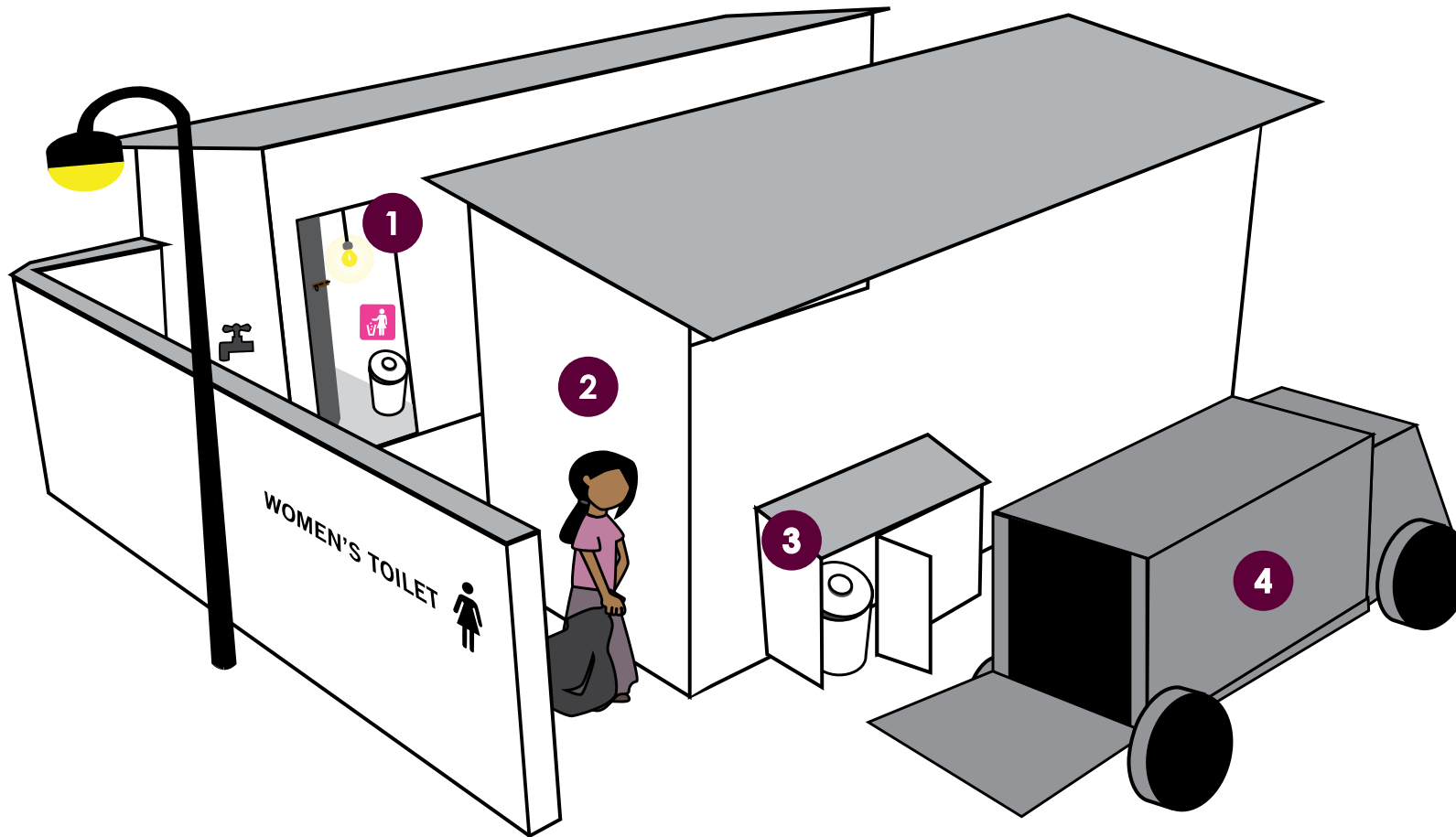
Myths and taboos may influence how women and girls dispose of menstrual materials. In some cultures, it is believed that if an enemy is able to obtain some of your blood, they can place a curse on you. Others believe burning/incineration of menstrual blood will make them sick. Cases have been reported of women washing the blood out of disposable pads before disposing of them. It is important to understand these cultural beliefs when designing appropriate waste and sanitation management systems.

FIGURE 1: A MENSTRUAL WASTE SYSTEM



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1

WASTE BINS, CHUTES OR OTHER METHODS

- HOUSEHOLD TOILETS
- PUBLIC TOILETS
- INSTITUTIONAL TOILETS

2

Household caregivers and toilet cleaners regularly empty bins, and deliver waste to a designated waste collection point

3

DESIGNATED COLLECTION POINT

- A COLLECTION POINT IS SERVICED BY SANITATION WORKERS

4

Sanitation workers regularly clear waste collection point, and transport waste to final disposal point

5

END POINT DISPOSAL

- LANDFILLS, BURY PITS, INCINERATORS ETC.



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Provide covered waste bins in public toilets, washrooms, and at household level (when appropriate). The provision of immediate waste disposal points is the responsibility of the sanitation actor. Provision of waste bins should be in parallel with toilet and washroom construction.

- In public and communal toilet and washroom cubicles, covered waste bins should be provided.
- Visual signs may be posted in the cubicle about appropriate disposal behaviors.
- Discussions with girls and women will inform whether it is appropriate and useful to provide covered waste bins at the household level.

Types of disposal containers:

- **Waste bins:** Basic waste bins should be made of a waterproof (plastic/metal) washable material, or lined with plastic bin liners. To reduce the likelihood of theft or usage of bins for other uses, it is advised to puncture holes in the containers or physically attach the bins (see Figures 2 and 3).
- **Chute disposal system.** A chute disposal system is an alternative disposal mechanism where pads can be deposited directly into a locked covered bin or deep covered pit outside the toilet. Figures 4 and 5 show a modified toilet with a chute to deposit pads to a covered collection point adjacent to the toilet.

Figure 2: Toilet with covered sanitary pad disposal basket and water source inside of stall (Oxfam-Myanmar, 2015).



Figure 3: A design for a lined bin attached to the wall (Oxfam-Nepal, 2015). Note, it must also be easy to empty to prevent the cleaner from handing pads directly.



Figure 4 and 5: Direct disposal to a storage bin from a chute inside the cubicle (Oxfam-Nepal, 2015)



CASE STUDY



In the Somali refugee camps located in Ethiopia's Dollo Ado region, it was learned through FGDs that girls and women preferred to bury their menstrual waste, a practice done prior to displacement. However, that was not a feasible option in the confined camps. A new system was introduced in which women were provided with 10-liter bins with lids (and pierced bottoms) in their households for putting household waste, including used menstrual materials. The bottoms were pierced to ensure they could not be used for other things. In addition, black bags were provided to accompany the bins. Girls and women were instructed to leave the bags with their waste outside their homes (with other garbage) for pick up by the sanitation worker. Oftentimes girls and women would remember the sanitation worker's schedule and bring it out only once he was arriving for the pick up of the communal waste. (WASH Adviser, International Medical Corps)

ESTABLISH A WASTE COLLECTION AND TRANSPORT SYSTEM THAT INCLUDES MENSTRUAL WASTE

- Ensure that residents and institutions such as schools (where girls and female teachers may have menstrual waste) are included in waste collection systems and there is understanding on where to place waste, and when waste will be collected.
- Generally menstrual waste will be collected together with other waste streams. There is no need to keep menstrual waste separate.

Considerations around incinerating waste on site:

If menstrual materials are incinerated on site, the World Health Organization (WHO) recommends incinerating all health-related waste only at temperatures over 800 degrees to avoid release of toxic and irritant chemicals into the atmosphere. Some single-chamber incinerators may not consistently achieve this standard; chosen incineration methods should be evaluated carefully. Incinerators also require electricity or fuel sources, trained operators, and a regular burn schedule.

IDENTIFY OR ESTABLISH ENDPOINT DISPOSAL SITES

If municipal waste disposal sites are available, these are usually used for all solid waste, including menstrual waste; otherwise dedicated waste disposal sites (such as landfill or waste pits) must be planned and constructed for all solid waste. Where pits are close to or within settlements, people may not want to see used pads in pits, and may avoid using them for menstrual waste.

Considerations around burning waste at the final disposal point:

Menstrual waste is generally commingled with other waste, and treated (often burned) collectively. It is important to recognize that menstrual materials (disposable and some reusable pads) contain polymer liners, which when burned at lower temperatures typically release asphyxiant and irritant gases into the atmosphere. Further, the biodegradable components, such as cellulose, wood-pulp, cotton in disposable pads often contain furans and dioxins. Similar emissions can be expected from various other waste streams as well, and these issues are not unique to menstrual materials. **It is important to carefully assess the location of waste pits relative to human populations so that smoke and emissions do not blow across settlements.**



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ENSURE THAT TOILET AND WASHROOM CLEANERS AND WASTE HANDLERS ARE PROPERLY TRAINED, SUITABLY EQUIPPED, AND REGULARLY SCHEDULED.

In order to ensure facilities are properly maintained, the following considerations should occur for public and institutional (school, health facility, etc) toilets and washrooms:

- Consult with staff to identify any hesitations to handle menstrual waste and address.
- Designated staff or volunteers assigned to empty waste bins together with cleaning duties on a daily basis.
- A regular cleaning schedule to ensure that they remain hygienic and usable.
- Cleaning staff must be trained and monitored on the clearance of waste receptacles on a daily basis and provided protective clothing including gloves.
- Male cleaners are generally not suitable for facilities used by women, as they are often more reluctant handle menstrual waste, and women are reluctant to discard waste if they know it will be handled by a man.
- Cleaners and waste handlers may need to be sensitized to these roles and the waste they are managing, as menstrual waste often has many taboos associated with it.



ENSURE THAT THE PUBLIC UNDERSTAND HOW THE SYSTEM WORKS, AND CREATE SYSTEMS FOR GATHERING FEEDBACK FROM GIRLS AND WOMEN.

Information on how to manage waste, collection times, etc, should be integrated into hygiene messaging and other IEC activities. Once the solid waste management system is up and running, it is important to continue the consultation process, using FGDs, KIIs, observations and walk-throughs in order to ensure that the waste disposal system is appropriately meeting the needs of girls and women.



CASE STUDY

In refugee camps located in Syria, women indicated strong discomfort in putting their used sanitary pads directly into trash bins located inside the toilet stalls. This was due to fears that toilet cleaners would see their menstrual waste which was considered shameful but also because the cleaners may use the blood for witchcraft. In response, some of the women would sneak out of the camp at night to dispose of the pads in bins on the edge of the camp, creating safety concerns. Other girls and women would put the used disposable pads directly down the toilets. This resulted in many pour flush toilets frequently being clogged up and eventually shut down. In the latrines, the disposable pads also created challenges with the desludging process. Despite attempts to try and prevent these practices through targeted IEC materials, these disposal challenges continued (International Medical Corps, Syria).

MONITORING & FEEDBACK

Methods for Monitoring Waste Management

Systems. Monitoring of waste management systems should occur continuously and utilize a combination of methods (see [Chapter 14](#)):

METHODS	
Direct observations (with checklists)	This can include household and communal toilets, waste disposal sites, and other relevant locations.
Walk-throughs	Walk-throughs are a type of direct observation, and can be conducted together with a few users to collect their perceptions and opinions.
Environmental inspections	This can include female WASH committee members, girls and women from the target population, or program staff.
KIIs	This can include girls and women from the target population, or program staff (WASH, CCCM, Protection).
FGDs	Age segmented groups of girls or women (8-10 participants per FGD) led by a female facilitator to inquire about things like the acceptability of the disposal options and waste management system.



Waste Management Systems – Observation

Checklist. It is advisable to add on a few MHM related questions to any existing waste management checklists and inspection materials. Sample questions could include:

To be informed by observation:

- Are there waste bins available to girls and women inside or near all female-designated toilets?
- Are waste bins being used and not overflowing?
- Do sanitation personnel have protective gear (gloves and boots) for managing menstrual waste?
- Are menstrual waste disposal bins emptied twice a week?
- Are menstrual waste materials being disposed of in the latrine hole or elsewhere than the provided disposal points (waste bins)?
- Are there signs or visuals inside the stalls that inform girls and women on the proper menstrual waste disposal practices?
- Is end point disposal conducted in a manner and place that avoids creating health, safety or environmental problems for the host and affected populations?



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To be informed by discussions with women and girls:

- Do girls and women feel comfortable putting their menstrual materials in the provided immediate disposal points (i.e. waste bins)?
- Have girls and women been educated on the waste management process in place for managing their menstrual waste?
- Do girls and women feel comfortable with the end-point disposal process being used for menstrual waste (for example burning or burying)?

To be informed by program records:

- Has a cadre of female sanitation workers been trained and sensitized to managing menstrual waste?

For a WORD version of the checklist, see [link](#).

MHM INDICATORS FOR WASTE MANAGEMENT SYSTEMS



Indicators should be introduced and integrated into existing monitoring and evaluation (M&E) frameworks. Example indicators include:

- Proportion of institutions [i.e. schools, protection spaces, clinics] with functional mechanisms for menstrual waste.
- Women/girls of reproductive age (12-49 years of age) are comfortable disposing menstrual waste with the available methods.
- Proportion of toilets which incorporate the female friendly minimum requirements.



Summary of Key Actions from Chapter 8: MHM, Disposal and Waste Management		✓
Consult female beneficiaries before the setup of the waste management system.		
Provide suitable covered waste receptacles in all female communal toilet and washroom cubicles.		
Ensure that cubicle waste receptacles are emptied daily.		
Ensure that waste collection points are cleared bi-weekly for transportation and final disposal.		
Determine a culturally appropriate end-point menstrual waste system and ensure it is communicated to beneficiaries.		
Provide cleaners and solid waste handlers with protective equipment (minimum gloves and boots).		
Train cleaners and solid waste handlers on proper waste handling procedures.		

9 MHM AND HYGIENE PROMOTION & HEALTH EDUCATION ACTIVITIES



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9.1






TYPES OF MENSTRUAL HYGIENE PROMOTION & HEALTH EDUCATION

Cultural beliefs influence the materials that girls and women use to manage menstrual flow, their privacy concerns around water and sanitation facilities, how they dispose of used materials and may even limit their mobility within their community.


Most of these beliefs can be assessed through the use of FGDs and interviews with adolescent girls and women. It is important to recognize that some girls and women may never have discussed the issue openly before.

Staff working in emergencies also need to identify appropriate approaches for sharing basic menstrual health education and menstrual hygiene promotion with adolescent girls and women. This information should be integrated into existing hygiene promotion and health education activities. Information, education and communication (IEC) materials can be adapted to address the knowledge gaps of the target community.

DEMONSTRATION OF USE OF MENSTRUAL MATERIALS IS KEY TO ASSURING PROPER USE.

KEY TOPICS TO COVER:	
MENSTRUAL HYGIENE PROMOTION   	Education and demonstrations on hygienic practices for managing menstruation (cleaning, changing, washing etc)
	Information and demonstration on washing and drying materials
	Information and demonstration on hygienic disposal of menstrual materials
MENSTRUAL HEALTH  	Education on puberty and menstrual cycle basics
	Information and demonstration on healthy menstrual management practices
	Education to dispel any harmful cultural myths and taboos

A variety of communication channels can be used to provide women and girls with accurate, safe information about MHM. Consult with adolescent girls and women to determine what the gaps are in their current knowledge or the types of messaging that will be useful to them and the appropriate methods for dissemination. Where cultural beliefs around menstruation are assessed to be harmful, it will be necessary to develop a strategy to address them.

CASE STUDY


In refugee camps in Ethiopia, staff learned that South Sudanese women and girls had never seen reusable pads before. They needed to be educated on how to use them, including how to fasten the holder into the underwear, how to change the inserts, and how to properly wash and dry the pads. It is important to provide education and demonstration on how to use and care for menstrual materials, in addition to menstrual hygiene promotion. Providing IEC materials with MHM supplies that have simple, pictorial instructions on use, care, and hygiene can also be useful to girls and women. (International Federation of the Red Cross (IFRC) - East Africa)



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9.2

DEVELOPING AND DESIGNING IEC MATERIALS



When developing or adapting IEC materials:

- Use needs assessment findings ([Chapter 3](#)) to identify MHM knowledge gaps or cultural taboos within the community.
- During the **acute phase**, due to the need for rapid IEC materials to accompany the distribution of kits with menstrual supplies, materials may be modified from existing resources, through brief consultations with local female staff or existing women's and girls' groups. See additional resources at the end of the Chapter.
- During the **chronic phase**, participatory methodologies conducted with adolescent girls and women can be used to develop more culturally appropriate education materials, visual aids, community drama, or films to raise issues around MHM.
- Targeted IEC materials with clear pictures on MHM-related care and practices can be posted inside female toilets, distributed with NFIs, and used as teaching aids during information sessions.

- Be wary that public campaigns and dialogue on menstruation may make girls and women uncomfortable and embarrassed in some contexts. Consultation will help determine the appropriate methods.
- Due to the sensitive nature of MHM, it is important to conduct a session with girls and women separate from men and boys who may be present during hygiene promotion. Only female staff should conduct menstrual hygiene promotion for women and girls.

Note: It is important to find out whether adolescent girls and women are comfortable receiving this information together, or if it is preferred to separate the females into age groups (adult women and adolescent girls).

EARLY FEEDBACK WITH BENEFICIARIES SHOULD BE GATHERED TO ENSURE THAT THE EDUCATIONAL MATERIALS ARE CLEAR, USEFUL, AND APPROPRIATE TO THE CONTEXT.



CASE STUDY

In North Western Pakistan, the International Rescue Committee (IRC) faced challenges in reaching women and adolescent girls in disaster-affected communities. A conservative culture limited women and girls' access to information and to outside information sources. IRC's hygiene promotion staff found that it was effective to work with female religious scholars, who ran village-level religious schools for adolescent girls, particularly those who were not in the formal school system. Many of these religious scholars attended information sessions and trainings hosted by IRC, and then incorporated sessions about menstruation into their classroom teaching, acting as a trusted source of information and support, in an environment where discussion of menstruation was taboo (WASH Advisor, IRC).



9.3

MENSTRUAL HYGIENE PROMOTION

MHM is an important component of routine hygiene promotion programming for adolescent girls and women. Hygiene Promoters should work closely with WASH hardware staff to ensure that:

- Health promotion messages use context-specific information (e.g. MHM materials available, cultural preferences, design of sanitation and washing facility, etc.)
- WASH preferred behaviors or hygienic practices (such as disposal methods for used menstrual materials) are conveyed to girls and women.

Opportunities for conducting Menstrual Hygiene Promotion include:

- 1. NFI distributions.** Distributions that include MHM materials are good opportunities for MHM promotion. Ideally:
 - All distributions should occur in private safe spaces for girls and women
 - Only female staff should be involved to ensure that girls and women feel comfortable asking questions about the items or hygiene issues.
 - Demonstrations should ensure girls and women know how to use and properly dispose of the supplies being provided.

2. Safe spaces for women and girls. Women's community centers, child friendly spaces, youth centers or other safe spaces provide opportunities for MHM hygiene promotion. They provide opportunities:

- To disseminate information about MHM
- To hear directly from women and girls about their MHM needs
- To solicit feedback on the appropriateness of the MHM response.

Note: In addition, safe spaces for women and girls can provide an alternative way for distributing MHM materials when blanket distributions are not feasible.

3. Existing girls or women's community groups. Informal groups within communities usually exist prior to a crisis. These groups may continue to function during an emergency; or as communities are displaced new groups may form. Hygiene promoters can link with these existing groups and use them as safe spaces providing MHM promotion



TYPES OF DEMONSTRATION:

- **Demonstrations on how to use the sanitary materials.** Girls and women may not know how to use the MHM items provided in distributions. For example, some females may have never used disposable pads or underwear prior to the emergency or may have had their first period during the emergency. Girls and women may also never have used reusable pads, and may need support learning how to insert pads into their underwear, store them between use, and information on how to best wash/dry them.
- **Demonstrations on how to dispose of the sanitary materials.** Girls and women may not be familiar with the preferred methods for the disposal of menstrual materials in the emergency context. Demonstrations should be given on how materials should be wrapped or disposed. Explanations should be provided on the waste management process, including assurances on how girls and women's privacy will be maintained.

Note: Girls and women have taboos and fears about used materials being seen by others. This will deter them from following preferred disposal methods if privacy is not adequately assured.



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CASE STUDY

Protection actors supporting Syrians refugees living in Lebanon realized that adolescent girls were not always reached by existing hygiene distributions and often had their own unique materials and education needs. In response, dignity kits were developed that were tailored to adolescent girls. They had specific items targeting girls, including several MHM items like appropriately sized underwear (generally smaller sizes), disposable pads, and body cleanser/wash. The kits were provided to girls while attending girl's empowerment sessions and each item in the kit was introduced and discussed to ensure girls knew how to use the menstrual items and maintain healthy menstrual hygiene practices. Basic health education, with an emphasis on first menarche, was also provided. (IRC-Lebanon, 2015).

MAKE SURE THAT ALL MENSTRUATING GIRLS, INCLUDING YOUNGER AND UNACCOMPANIED ONES, ARE PROVIDED MHM INFORMATION.

9.4

HEALTH EDUCATION ON MENSTRUATION

Menstruation should be included in Sexual and Reproductive Health (SRH) Education activities provided to girls and women. Similar to other SRH topics, menstruation education should be led by female staff and provided in private spaces where men and boys are not present.

Note: Although traditional methods for sharing menstrual information may have existed in a culture prior to the crisis, these systems may no longer be in place. This is especially important for pre-pubescent girls who may lack any knowledge on menstruation.

Opportunities for providing health education on menstruation include:

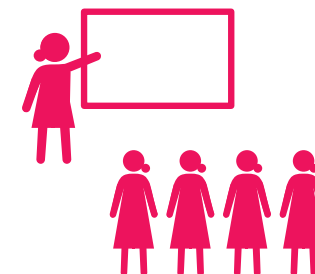
1. Health outreach or clinics. As health workers often directly visit communities to provide health outreach, their sessions should include menstrual health. Health education provided in clinical waiting rooms can also include menstruation and MHM as a key topic. See [Chapter 11](#) for more information. These can be a collaboration by Health and WASH actors.

2. NFI distributions with menstrual materials.

A health staff member can attend menstrual hygiene NFI distributions to answer questions that may arise during hygiene promotion demonstration activities. They can also provide menstrual health education lessons during these activities. These can be conducted in collaboration with WASH, camp management, or NFI actors.



3. Health education in schools. Menstruation can be addressed through the regular health education curricula at schools in collaboration with Education actors, or special sessions can be conducted. Schools are ideal for reaching girls. Health staff can support school-based health education by partnering with schools and providing health education on menstruation, including tackling menstrual taboos and myths. Educating boys on menstruation and their own pubertal changes can diminish the teasing girls experience in schools. See [Chapter 10](#) for more information.



ADDITIONAL RESOURCES



Find below links to existing resources to support hygiene promotion and hygiene education activities, including:

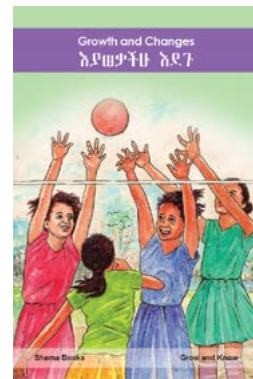
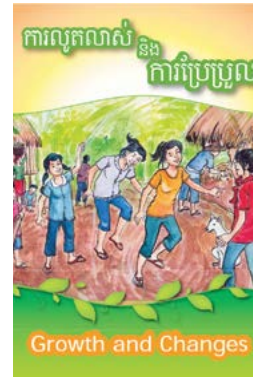
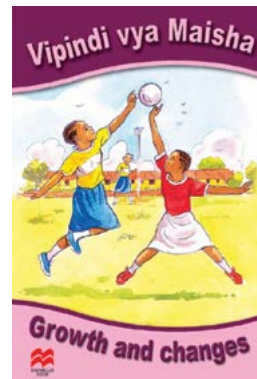
Menstrual hygiene promotion materials:

- Menstrual Hygiene Flip Chart ([link](#)).
- Oxfam Menstrual Hygiene Flip Charts (Oxfam-Jordan) ([link](#)).
- Guidance Flyer on reusable pads (IFRC) ([link](#)).
- Guidance Flyer on disposable pads (IFRC) ([link](#)).

Menstrual health education on menstruation materials:

- My Safety, My Wellbeing Guide: Chapters 10: Reproductive Part 1: My body, puberty, hygiene, reproductive health (includes for ages 11-13; 14-18) ([link](#)).
- Grow and Know Puberty books (education resources for adolescent girls and boys) ([link](#)).

Grow and Know puberty books are example resources for educating girls about puberty and menarche.



CASE STUDY



In a camp in Tanzania Burundian refugee men complained, in reference to menstrual hygiene kits, that their wives were receiving more supplies than they were. In response, a hygiene promotion specialist held a sensitization session with the men. During the session she asked for 5 men to volunteer to stand in front of the group. She then passed out two 500 mL bottles filled with water to each of the 5 men, directing them to hold one under each armpit. Some of the water bottles had small holes in them, resulting in water leaking onto the men. The men started to become wet and asked, “what is going on?!” but she instructed them to keep standing. As the men continued to stand with the water dripping out, the hygiene leader asked them: “did you expect to be getting wet right now?” She then explained that women are often unaware when their menstruation will start, and frequently lack supplies they need to manage the blood. She explained that this was the reason they gave the supplies to their wives, and that it helps both the women and their families. Many of the men admitted that they had not been aware of this challenge and asked the organization to continue to provide menstrual hygiene supplies. It may be important to directly sensitize boys and men on menstrual hygiene to ensure that they are supportive, respectful and aware of the needs of girls and women. (Hygiene Promotion Actor, Northwest Tanzania)



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Summary of Key Actions from Chapter 9: MHM and Hygiene Promotion & Health Education Activities									
1. Consult girls and women to identify information gaps and areas of need.									
2. Develop context appropriate IEC materials and curriculum for integrating MHM into hygiene promotion and health education.									
3. Provide menstrual hygiene promotion, including demonstrations on how to use menstrual materials, at NFI distributions, Women's Safe Spaces and/or existing Women's Groups, at Child Friendly Spaces, schools and other safe spaces.									
4. Provide menstrual health education at health clinics, protection spaces, and during NFI distributions.									
5. Monitor and gather feedback on the appropriateness of content and identify additional gaps in knowledge.									

10 MHM AND VULNERABLE POPULATIONS



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Vulnerable girls and women are those individuals at heightened risk in a given context. This includes girls and women that are very poor, unaccompanied, orphaned, from indigenous or minority groups, or those with physical or developmental disabilities.

MHM challenges for vulnerable populations.

Such populations can experience unique MHM challenges during emergencies:

- Limited funds for buying menstrual supplies.
- Reduced access to WASH facilities due to location, accessibility, or social restrictions around use.
- Lower literacy and reduced access to written information on MHM.
- Potentially increased restrictions to menstrual hygiene due to traditional or cultural beliefs.
- Reduced social support networks.
- Increased risk of exploitation and other forms of gender-based violence.

MHM CHALLENGES FOR GIRLS AND WOMEN WITH DISABILITIES

Physical disabilities

- May need help changing and washing menstrual materials.
- WASH facilities may not be accessible

Visual disabilities:

- Unable to see leaks or extent of blood
- May need help changing and washing menstrual materials.
- May not be able to see or read MHM information.

Developmental disabilities:

- May be unable to communicate discomfort or pain.
- May need help changing and washing menstrual materials.
- May change in inappropriate places
- May not understand MHM education and activities.

10.1

IDENTIFY AND CONSULT

Given the restricted movement of many vulnerable girls and women, it can be difficult to identify and address their unique MHM-related needs. A key part of a needs assessment includes tracking households that have vulnerable individuals. This can be done during: household surveys or PDM, NFI distributions, and discussions with key informants and women's groups. Directly engaging with community groups (i.e. Disabled Persons Organizations (DPOs), Parents Associations (for children with disabilities), or religious organizations) can help to identify (and ultimately support) vulnerable girls and women and their caretakers, and improve coverage and distribution of MHM services.

After identification, direct consultation with beneficiaries and/or their caretakers is essential to learn about their experiences and challenges around managing menstruation. This can be done through informal conversations or interviews. The learning is essential for informing organizations about how to proactively and effectively address their unique MHM needs.



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10.2

PROVIDE MHM SUPPLIES AND MATERIALS

A key challenge for vulnerable populations may be regularly accessing MHM NFI distributions or other MHM-related services. To address this, additional supplies of extra sanitary materials (pads, cloth, etc.) and soap (bathing and laundry) should be provided to them. For the bedridden, the provision of a protective bedding layer should also be supplied. It is important to directly consult with the vulnerable individuals to determine their unique needs. It is also important to ensure that distribution centers (or any venues being used for distributions) are accessible to people with physical disabilities or are culturally appropriate for marginalized women to attend.



10.3



BUILD ACCESSIBLE FEMALE FRIENDLY WASH INFRASTRUCTURE

As girls and women with physical disabilities may be unable to comfortably and hygienically access WASH facilities, alternative support and supplies should be provided. This includes accessible and female friendly water and sanitation facilities and access to relevant supplies, such as the provision of water storage containers and a household waste bin (for menstrual waste).

Efforts should be made to develop facilities that better address their unique needs and should be designed through direct consultation with disabled girls, women and their caregivers. Modifications can include larger door width, bigger handles, handrails, increased space in the toilet (accessible to both a girl/woman and her caregiver if necessary), chairs or stools inside the toilet, slip-resistant floor, and the use of slopes or ramps at the entrances.

CASE STUDY



A Burundian male refugee living in a camp in Tanzania was the sole caregiver for his adult sister with mental disabilities. The man became distressed when his sister had her menstrual bleeding, and the neighbors were reluctant to help due to suspicions of witchcraft by his sister. The man sought help from community-based rehabilitation staff. At the time, the staff did not have any guidelines or protocols for how to respond. Whenever possible, they would try to provide him with disposable pads. It is important that persons with special needs and their caregivers are adequately supported with MHM programming, including the provision of menstrual supplies and education. In some cases, these services should be directly provided to caregivers, as they may be responsible for helping disabled girls and women change their menstrual materials and may not know how to provide this care. Organizations supporting those with special needs and their caregivers should train their staff on how to proactively detect such cases. This may also include strengthening existing community support mechanisms to assist with these cases, such as women's groups and community leaders. (IRC Tanzania, Nyaragusu Refugee Camp 2017)

COMMUNITY GROUPS CAN IDENTIFY VULNERABLE GIRLS, WOMEN AND THEIR CARETAKERS.

10.4

PROVIDE MHM EDUCATION

MHM education and hygiene promotion may need to be tailored to account for the developmental level of vulnerable girls and women. These populations are often excluded from educational opportunities and may have less knowledge on menstruation, puberty, and reproductive health. Note that different education formats may be necessary for the same message. For example, an audio format may support girls and women who are blind (loud speaker, radio, video with audio description) while a written format (brochures, posters) or the use of simplified words and pictures may prove supportive for girls with intellectual disabilities. Direct outreach by health and hygiene workers to households of disabled girls and women may be necessary. It is important to involve vulnerable girls and women in the design of all materials and messages.

Girls and women with mental or physical disabilities may depend on caretakers to help them manage their menstrual hygiene. Education should be directly provided to caretakers on the basics of menstruation and how they can safely and sensitively support MHM. See a [sample training](#) on MHM for caregivers of girls and women with disabilities in the additional resources below.

10.5

MONITORING AND FEEDBACK

As vulnerable girls and women may not be captured through routine monitoring and evaluation activities due to limited visibility and movement, staff should proactively follow up with them and/or their caregivers. It is important for response staff to understand any challenges they may be experiencing, including accessing adequate MHM materials, inclusive infrastructure and MHM education. This learning can be used to improve programming and to advocate for the needs of vulnerable girls and women (and their caregivers) across organizations, working groups and other relevant forums.

10.6

ADDITIONAL RESOURCES



Additional resources in the reference supplement may be useful for the design of needs assessment materials, including

- Oxfam Technical Brief: Excreta disposal for physically vulnerable people in emergencies ([link](#)).
- Sample MHM training for caregivers for girls and women with disabilities ([link](#)).
- Menstrual Hygiene Matters, Module 7: Supporting women and girls in vulnerable, marginalized of special circumstances ([link](#)).
- Improving the accessibility of water and sanitation infrastructure: Menstrual Hygiene Matters, Toolkit 7.2.1: Technical Designs and Specifications ([link](#)).
- UNICEF Accessible Components for the Built Environment: Technical Guidelines embracing Universal Design ([link](#)).
- UNICEF Good Practices in the provision of Accessible and Inclusive WASH services ([link](#)).
- UNICEF India: An Inclusive Approach for School Sanitation and Hygiene Education Strategy, Norms and Designs ([link](#)).



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Summary of Key Actions from Chapter 10: MHM and vulnerable populations										
1. Identify vulnerable girls and women that may need MHM support (through surveys, community leaders or groups, other organizations etc.)										
2. Consult vulnerable girls, women and their caregivers on the challenges and needs they may experience related to MHM.										
3. Provide supportive MHM supplies.										
4. Ensure that inclusive MHM infrastructure is available to girls and women with disabilities.										
5. Provide appropriate menstrual hygiene promotion and menstrual health education to vulnerable girls, women and caregivers.										
6. Conduct follow up and monitoring to ensure that vulnerable girls, women and caregivers are adequately supported.										

11 MHM AND EDUCATION



In many resource poor settings, menstruation can negatively impact a girl's education. This is especially the case in emergency contexts where a lack of private and safe WASH facilities, information about MHM, and adequate menstrual supplies may negatively impact a girl's ability to participate in school. Coordination with WASH, NFIs/camp management and protection actors in the emergency is essential to developing a response.

MHM CHALLENGES EXPERIENCED BY GIRLS AND FEMALE TEACHERS IN EMERGENCIES:

- Lack of private, safe, gender-segregated toilets (including disposal mechanisms, locks, water sources, etc.);
- Lack of knowledge or information on menstrual and reproductive health;
- Anxiety and embarrassment around leakage and discomfort;

The introduction of a few basic MHM-supportive approaches should be integrated into education in emergency response activities, including:

- 1. Facilities:** Ensuring access to female friendly sanitation facilities, in addition to convenient and private water and soap plus disposal systems;
- 2. Materials:** Improving access to menstrual materials, including underwear;
- 3. Hygiene Promotion & Health Education:** Assuring girls have adequate knowledge and understanding about MHM.

MHM challenges for female teachers.

Like their students, female teachers and school staff may also experience challenges dealing with their menstruation during the school day. Poor facilities, lack of adequate materials and fear of leaks can prevent them from coming to school to teach.

11.1

CONSULT GIRLS AND FEMALE TEACHERS

A brief needs assessment should be conducted to more effectively address the needs and challenges experienced by adolescent girls and female teachers in school settings. This information can be quickly gathered using the following methods:

- **Focus Group Discussions** can assess MHM practices, cultural taboos, and MHM knowledge and gaps.
- **A WASH Mapping Exercise.** A confidential mapping exercise with female students can help design female friendly toilets. This includes sharing their opinions on safety, privacy, location, disposal, and other sensitive topics.
- **One-on-one discussions** can be used to assess MHM practices, challenges, and MHM knowledge and gaps.

See [Chapter 3](#) and [14](#) for more information.



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THE ESSENTIAL QUESTIONS



A few basic questions should be asked to guide effective MHM programming and services in school settings:

- What materials do girls prefer to use for managing their menstruation?
- How do girls dispose of used sanitary materials while in school? (If reuseables) How are these materials washed, dried, or stored while in school?
- What taboos or cultural beliefs exist around menstruation in their communities regarding menstrual practices and disposal of materials?
- Do girls currently have access to sufficient supplies of sanitary materials?
- How could school toilets be designed to better support girls with managing menstruation? (For example: water inside, lighting, locks, etc.)
- How would girls prefer to learn information about menstruation? (For example: In girls' groups or hygiene clubs after schools? During all-girls classes?)
- At what age or grade-level do girls in this population generally have their first menstruation?

11.2

TRAIN TEACHERS AND EDUCATION STAFF

All teachers and school staff, male and female, should be knowledgeable and comfortable discussing MHM. **Review Chapter 2 on training staff on MHM.**

11.3

INFRASTRUCTURE & MATERIALS

Infrastructure: School sanitation facilities should promote student and staff privacy, dignity, and safety. When establishing a response, a few basic infrastructure improvements should be introduced to existing school facilities or integrated into the development or rehabilitation of new facilities.

Adopting these MHM actions at the onset may prevent difficult or costly modifications later (e.g. toilets may get clogged with used menstrual materials) and enable girls' immediate access to school.

Essential MHM supportive components include:

- Access to female friendly toilets (see Figure 1)
- A separate, well-located toilet for use by **female teachers**, including a water source and disposal bins (Inter-Agency Network for Education in Emergencies (INEE), 2006)



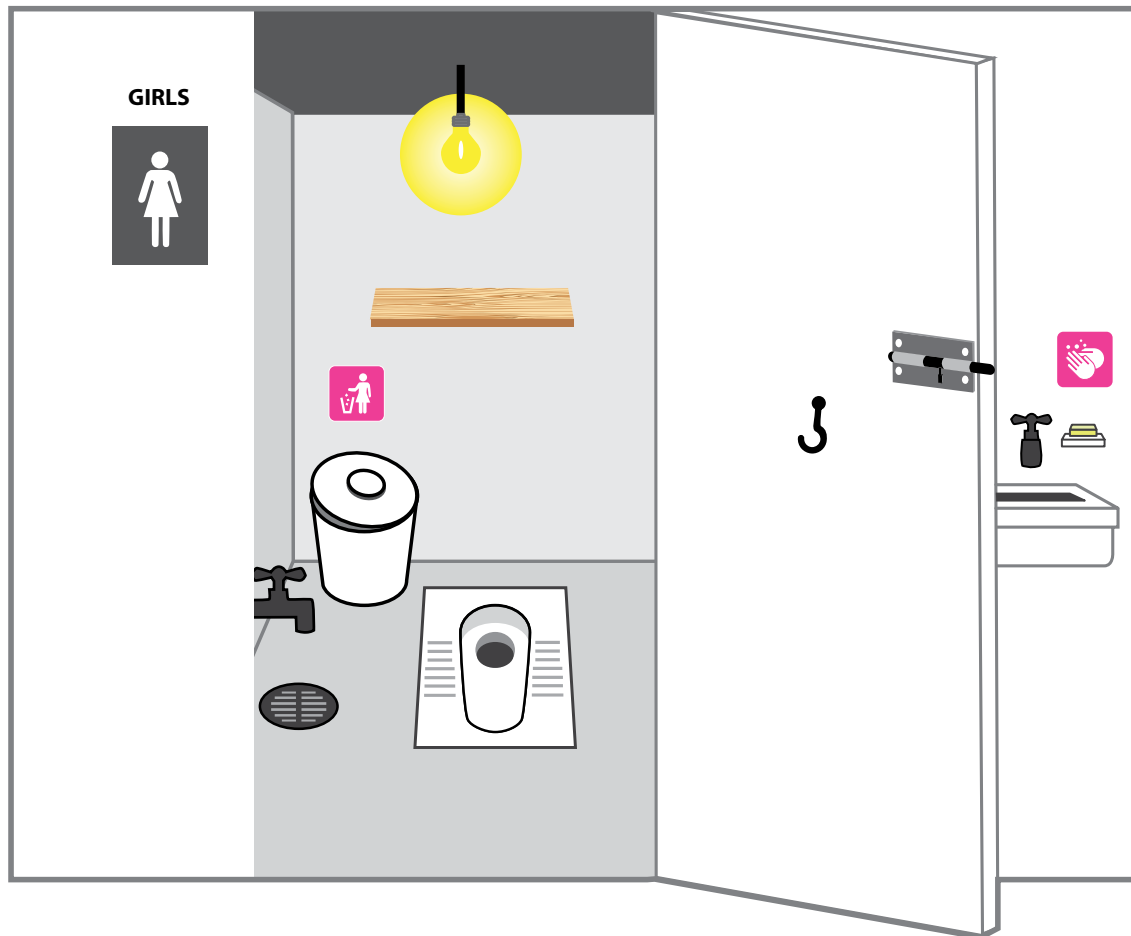
Materials: Schools should have an emergency stock of appropriate menstrual supplies available for girls who are unprepared for a menstrual period during the school day. The needs assessment will inform the types of materials that girls prefer to use (e.g., disposable pads, reusable pads, cloth), if they have underwear, and how they dispose or wash used materials.

Key considerations when preparing materials:

- When consulting girls about their menstrual materials preferences (including underwear), it is useful to bring samples of the various options available. This exercise should be completed prior to procuring supplies in larger quantities.
- Inventory lists should be maintained to ensure emergency menstrual materials are stocked and used appropriately. The materials should be stored in a locked cabinet managed by staff. As female teachers and staff may also be in need of these materials, it is important to carefully monitor inventories.
- If blanket distributions to school girls are conducted, it may be necessary to also target out-of-school girls through: Child friendly spaces (CFS), youth centers and women's spaces. However, community-wide blanket distributions are preferable to ensure that all adolescent girls are covered.
- During the chronic phase, the types of supplies available may expand based on increased knowledge about preferences.



FIGURE 1: EXAMPLE OF A FEMALE FRIENDLY TOILET



Adequate numbers of safely located toilets separated (with clear signage) from male facilities.



Safe and private toilets with inside door latch



Clear signs instructing girls and women to dispose of menstrual waste in the trash bin



A shelf and hook for hygienically storing belongings during usage.



A light source inside of the toilets. (Note, as they won't be at schools during the evening).



Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials.



Trash bins (with lids) to dispose of used menstrual materials



Walls, door and roof are made of non-transparent materials with no gaps or spaces.



Some units should be accessible to people with disabilities.



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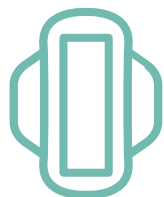


CASE STUDY

In the Dadaab Camp in northern Kenya, the Norwegian Refugee Council (NRC) supported schools in providing Somali girls with sanitary kits comprised of pads and underwear. However, staff later learned that the girls' families held conservative religious values and would not allow their daughters to wear the underwear. Many of the girls were not able to bring the sanitary kits home and would only use the underwear and pads while attending school. This is an example of the types of cultural issues that arise in an MHM response, and the need for community engagement, such as gathering support and understanding among community elders and religious leaders. (Norwegian Refugee Council/ Columbia University's Teachers College)

Sustaining supplies of sanitary materials.

During the chronic phase, efforts can be made to create sustainable approaches for including menstrual health education lessons or hygiene clubs that teach girls to make their own pads. Women's or other community groups can also be encouraged to provide homemade sanitary materials for girls attending school (INEE 2010).



11.4

PROVIDE MHM EDUCATION

Schools can be ideal settings for providing menstrual and reproductive health education. The introduction of MHM education in schools may not be possible until the chronic phase of an emergency. If MHM-related content does not already exist in a given education curricula, then basic lesson plans on menstruation and puberty can be integrated into relevant lessons or in separate sessions. Content can be adapted from existing MHM educational resources available in the development sector and elsewhere. Key considerations:

- MHM education should be organized for groups of all-girl students and led by female teachers (or hygiene promoters or health clinic staff).
- It should not be assumed that an atmosphere of comfort and trust exists between girls and female teachers, or that girls will be comfortable receiving MHM guidance from them or that teachers are comfortable teaching on this topic.
- Prior to delivering MHM education, make sure to gain an understanding of local cultural taboos surrounding menstruation and how these may impact female students and their MHM. These findings should be integrated into lesson plans.
- If possible, education should be provided to boys on puberty (including menstruation) to reduce the teasing that girls experience around menstruating while in school.



In the absence of female teachers:

When no female teachers are available, appropriate women in the community should be identified. These could be health workers or female elders who can visit the school and provide MHM guidance.

Sensitize male administrators and teachers about MHM so they are aware of the issue and their basic responsibilities and role in supporting girls. They can serve to create a safer and more enabling environment even if they do not teach about the topic.



CASE STUDY

In refugee camps in Somaliland, girls were provided with sanitary kits at schools. Boys at the school noticed that the girls were receiving extra packages and became curious about what they were. It is important that boys are also educated on the basics of menstruation so that they understand and are supportive of the privacy and material needs of their female peers. Such education should reflect local cultural norms. In some contexts, it may also be appropriate to include hygiene kits for boys in schools in the form of soap and other necessary items (Norwegian Refugee Council/Columbia University Teacher's College).

MONITORING AND FEEDBACK

It is important to continuously collect feedback from female students and teachers and to monitor all MHM interventions in order to determine the need for any further education or improved system.

- Direct observation, individual interviews and FGDs with School WASH committees, teachers, and girl students can all be used.
- Direct observation of WASH facilities should be routinely conducted and can be led by teachers or female students.



TOOLS

A checklist for assessing MHM measures in education programs. A few MHM specific questions should be added to any existing WASH checklists or inspection tools used in the school setting. Key questions including the following:

To be informed by direct observation:

- Are girls and boys using separate toilet blocks or separate sides of the privacy wall?
- Are there working locks on the inside of the toilets?
- Are there private handwashing facilities?
- Is there a means for girls to bring water into individual stalls (e.g. a bucket)?
- Is there soap available at the toilet?
- Is an emergency stock of menstrual materials (including underwear) available for girls to manage their menstruation if it starts unexpectedly or they lack access to materials?
- Are used menstrual materials disposed of in the toilet or through another method of collection and disposal?
- Is there a waste bin available for disposal of used menstrual materials?

To be informed by project records:

- Are all teachers and school staff (male and female) oriented on MHM needs and education?
- Are girls receiving basic MHM promotion and education during or after school?

To be informed by discussion with girls:

- Do girls feel safe and comfortable using the toilets at school? (Why or why not?)
- Do girls feel comfortable changing and disposing of materials while in school?
- Do girls feel comfortable requesting menstrual materials from school authorities?
- Do girls feel that the MHM promotion and education provided was useful? (Why or why not?)
- Do girls feel like their menstruation is effecting their ability to attend school? Why or why not?

For a WORD version of the checklist, see [link](#).



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INDICATORS

MHM Indicators for School WASH response.

A few basic indicators should be adopted to assess the MHM response. Find below a few example indicators, which can be used:

- Proportion of schools serving any girls older than 10 years of age that provide contingency MHM materials.
- Proportion of female toilet cubicles/stances at schools with access to water and soap.
- Women/girls of reproductive age (12-49 years of age) are comfortable using sanitation facilities for MHM while at school.
- Proportion of educational spaces with functional disposal mechanism for menstrual waste.
- Proportion of toilets which incorporate the female friendly minimum requirements (see figure 1).
- Proportion of adolescent girls (12-19 years of age) who have received education on how to use MHM materials in school settings.

To learn more on M&E and sample indicators, please see [Chapter 14](#).

*Note, some girls under 12 may also be menstruating.

11.6

ADDITIONAL RESOURCES



Additional guidance resources available, include the following:

- INEE’s Gender Responsive School Sanitation, Health and Hygiene Brief [\(link\)](#).
- Menstrual Hygiene Matters, Module Five: Working with schools on menstrual hygiene [\(link\)](#).
- Menstrual Hygiene Management Toolkit in Schools, Section 7: Activities, Games and Fun by USAID, Ministry of Zambia, and Splash 2015 [\(link\)](#).
- My Safety, My Wellbeing Guide: Chapters 10: Reproductive Part 1: My body, puberty, hygiene, reproductive health including for ages 11-13 and 14-18 [\(link\)](#).
- Grow and Know Puberty books: education resources for adolescent girls and boys [\(link\)](#).



Summary of Key Actions from Chapter 11: MHH in educational spaces

1. Consult girls and female staff on their MHM needs, preferences and challenges while managing their menstruation in educational spaces.	
2. Equip schools with female friendly toilets (with doors, locks, lighting, water and a disposal method) in collaboration with WASH actors.	
3. Train male and female staff on how to confidently and knowledgeably talk about menstruation and support female students.	
4. Ensure basic access to contingency sanitation supplies (including underwear) for girls unprepared for a menstrual period during the school.	
5. Provide menstrual hygiene promotion and menstrual health education to adolescent girls.	
6. Conduct follow up and monitoring to ensure that vulnerable girls, women and caregivers are adequately supported.	

12 MHM AND HEALTH



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In most contexts, health facilities are viewed as ‘women-friendly’ spaces, where women visit for health services such as contraception, emergency obstetric care, post-natal care and vaccination and curative services. Health facilities therefore provide an important opportunity to reach women and girls with MHM support, materials, and information.

An MHM response in health settings includes providing female friendly toilets, addressing vaginal bleeding, maintaining an emergency stock of menstrual materials for unprepared clients who experience a menstrual period, and pain medications.

Adolescent girls are less likely to seek care at health facilities for reproductive health services out of fear of provider bias and lack of confidentiality. Other access points, such as schools (see [Chapter 10](#)) or child friendly spaces and youth centers (see [Chapter 13](#)), may be more appropriate for reaching girls with MHM services and education. Health sector collaboration with these sectors can increase adolescent girl engagement and comfort with health sector resources and staff.

KEY CONSIDERATIONS

- Health providers in emergencies often have many competing priorities.
- They may be resistant to adding MHM responsibilities to their tasks.
- MHM activities should be integrated into existing activities rather than added as extra tasks.

MHM challenges for female health staff.

Like their patients, female health staff may also experience challenges dealing with their menstruation during the work day. Poor facilities, lack of adequate materials and fear of leaks can prevent them from coming to work.

12.1

TRAINING HEALTH STAFF

All health staff, including men and women should be knowledgeable and professional discussing menstruation with girls and women obtaining care. They should also be sensitized to ask clients about MHM during clinical encounters. See [chapter 2](#) for more information:

Health supervisors’ considerations:

- Distribute brief information and job aids to support health staff integrate MHM into consultations
- Provide on-the-job training to health staff and regularly supervise them to ensure they know when and how to discuss MHM and distribute MHM materials.

Health providers’ considerations:

- Demonstrate to clients how to use MHM supplies when distributed, including how to dispose and/or wash and dry them.
- Girls and women with clinical indications (see 12.2) should be advised at what point they need to return to the health facility if bleeding is too heavy or lasts too long.

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12.2

INFRASTRUCTURE & MATERIALS

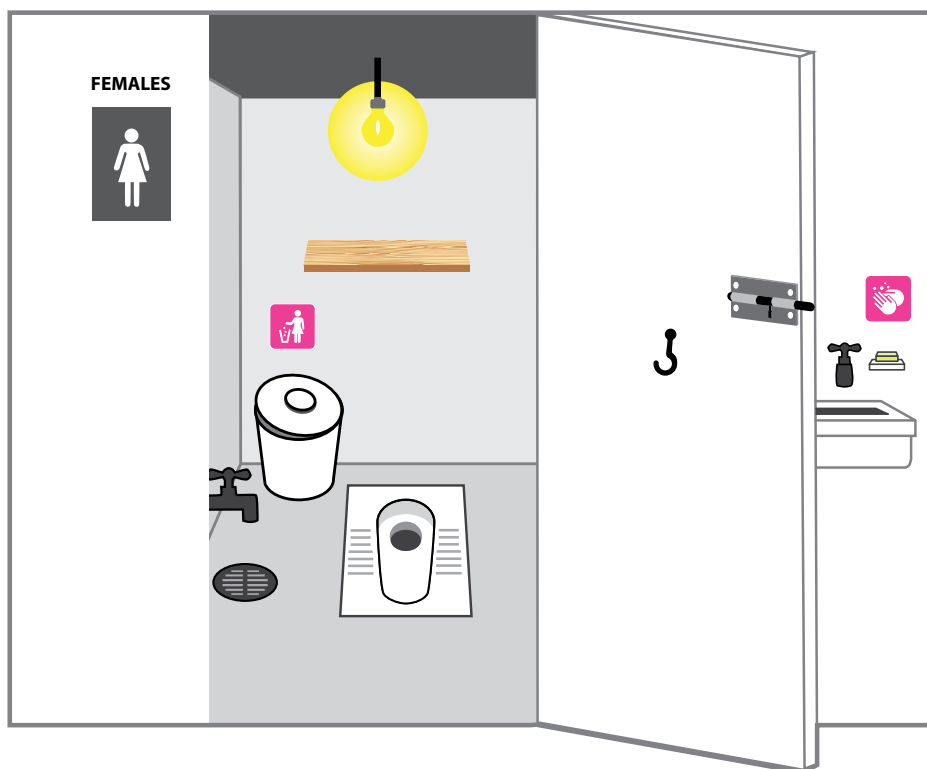
Infrastructure: Girls and women may spend long hours waiting in health facilities to receive health care for themselves or their families. A few basic MHM measures can ensure that health facility toilets address the needs of menstruating female clients and health staff (see Figure 1).










Provision of Materials: Health providers can play a role in assessing whether female clients have sufficient menstrual supplies. Shortages or issues in accessing menstrual materials can then be communicated to relevant sectoral partners (NFIs, WASH).

- The health facility should keep an emergency stock of MHM materials (i.e. pads, underwear) appropriate for the local context for girls and women who are unprepared for a menstrual period while waiting for or receiving services.

- Many girls and women experience extreme pain or discomfort during menstruation and request pain-relief medication. Protocols for managing these requests should be prepared by each health facility.

FIGURE 1: EXAMPLE OF A FEMALE FRIENDLY TOILET



-  Adequate numbers of toilets separated (with clear signage) from male facilities
-  Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials.
-  Safe and private toilets with inside door latch
-  Trash bins (with lids) to dispose of used menstrual materials
-  Clear signs instructing girls and women to dispose of menstrual waste in the trash bin
-  Walls, door and roof are made of non-transparent materials with no gaps or spaces.
-  A shelf (or hook) for hygienically storing belongings during usage.
-  Some units should be accessible to people with disabilities.
-  Night time light source both inside and outside of the toilets



There may be other clinical indications (i.e. excess vaginal bleeding) for which health care facilities should provide a supply of MHM materials to adolescent girls and women:

- Women who have just delivered a baby (post-partum bleeding). (Minimum Initial Service Package, 2011).
- Girls or women taking contraceptive methods that have breakthrough bleeding as a side effect (i.e. contraceptive implant or copper-bearing IUD).
- Abortion care clients (post-abortion and safe induced abortion care) treated with manual vacuum aspiration, medical abortion or dilation and curettage. Note: In some contexts, women are provided with misoprostol to treat incomplete abortion or misoprostol and mifepristone to safely induce abortion and retained products are evacuated at home. These women should be provided with extra sanitary materials as the bleeding can be very heavy.
- Girls or women who may suffer from incontinence (the lack of voluntary control of urination or defecation). This includes elderly women and females who have experienced female genital mutilation (FGM) or a fistula.

PROVIDE MENSTRUAL HEALTH EDUCATION

Health educators who conduct sessions in the facility waiting areas or during regular outreach activities at camps or service points should integrate MHM into existing educational activities and/or conduct sessions about MHM (see [Chapter 8](#) for more information). These can occur during post-natal and immunization days and for women waiting for curative and contraceptive services.

COORDINATION

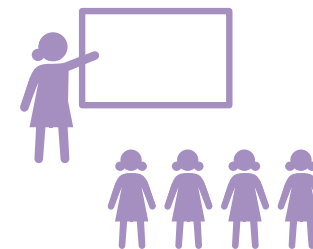
Collaborating with other sectors can create additional opportunities for MHM and reproductive health education, such as NFI distributions, hygiene promotion women's groups meetings, schools, and child friendly spaces.

Other considerations include:

- When possible, MHM should be integrated into health topic calendars or agendas developed by health staff (weekly or monthly).
- In cases where women and men are waiting together, women (and girls) should be asked to sit away from the men to privately receive and discuss information about MHM.

KEY MENSTRUAL HEALTH TOPICS TO COVER:

- **Healthy MHM practices.** The importance of healthy MHM practices including the rationale for regularly washing themselves and routinely changing, washing, fully drying and/or disposing of sanitary materials.
- **Reproductive health.** The important and natural role of menstruation within a female's reproductive health system, including topics related to menarche, menopause, and pregnancy.
- **Healthy diet and exercise.** The importance of a healthy diet, including consuming iron-rich foods and adequate water and exercise during menstruation.
- **Dispel other menstruation myths.** Ensure that girls and women are informed about harmful misconceptions regarding menstruation within their culture or communities.



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CASE STUDY



In Bwagariza refugee camp in Burundi, it was learned that the shaving of pubic hair was perceived as a method for promoting cleanliness, especially during menstruation. Razors were being shared between families and friends for this purpose. The health clinic responded by holding health education sessions to discourage the sharing practices, warning about the spread of HIV and other diseases. It is crucial for health providers to both explore and respond to cultural practices that may have serious negative health consequences. MHM demonstration and education sessions provide important opportunities for addressing these types of issues and promoting key menstrual health messages. (WASH Advisor, International Federation of the Red Cross (IFRC) East Africa)

12.4

MONITORING AND FEEDBACK

- Proportion of female cubicles at health institutions with access to water and soap.
- Women/girls of reproductive age (12-49 years of age) are comfortable using sanitation facilities for MHM during the daytime and nighttime.
- Proportion of health institutions with functional menstrual waste disposal mechanisms.
- Women/girls of reproductive age are comfortable disposing menstrual waste with the available methods.
- Proportion of toilets which incorporate the female friendly minimum requirements (see Figure 1).

See [Chapter 13](#) for more on indicators.

12.5

ADDITIONAL RESOURCES



- Additional resources include the following:
- Menstrual Hygiene Flip Chart ([link](#)).
- Oxfam Menstrual Hygiene Flip Charts (Oxfam-Jordan) ([link](#)).
- Guidance Flyer on reusable pads (IFRC) ([link](#)).
- Guidance Flyer on disposable pads (IFRC) ([link](#)).



Summary of Key Actions from Chapter 12: MHM and Health

Consult girls and women to assess existing knowledge and gaps on menstrual health

Conduct trainings for health supervisors and health staff on integrating MHM.

Provide and regularly re-supply a reserve of MHM materials in health facilities.

Equip health clinics with female friendly toilets for girls and women using the clinic and female staff.

Provide menstrual health education at health facilities or during outreach activities, in coordination with other sectoral actors (i.e. education, protection, WASH).

13 MHM AND PROTECTION



Protective spaces in emergencies are often the safest entry point for women and girls to access some kinds of MHM services and information. As described in Chapter 1, menstruation impacts women and girls' ability to comfortably move within an emergency setting (see Figure 1). Such challenges can deter women and girls from using supportive resources and programming, including the services available through women's safe spaces and Child-Friendly Spaces (CFS).

Adolescent girls (10-17 years of age), in particular, face significant barriers to accessing MHM resources and information in emergencies. In some contexts, this population may seek support through women's spaces. In others, adolescent girls may be best reached through CFS and youth centers. Unaccompanied girls and women may need specific attention.

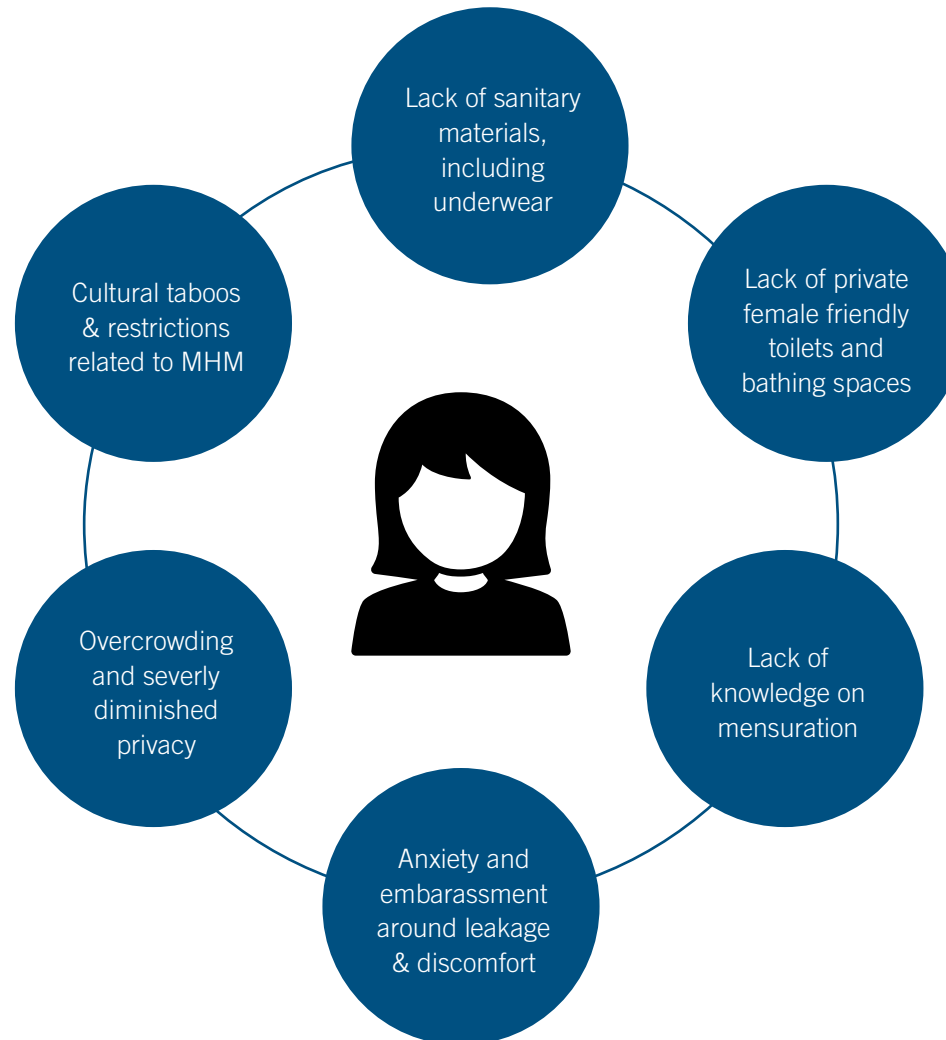
A few basic MHM-supportive measures should be provided in women's safe spaces, CFS and youth centers to better address these needs. **This includes:**

Facilities: Ensuring access to female friendly sanitation facilities, in addition to convenient and private water and soap plus disposal systems;

Materials: Improving access to menstrual materials, including underwear;

Hygiene promotion and health education: Assuring girls have adequate knowledge and understanding about MHM.

FIGURE 1: MHM CHALLENGES FOR A GIRL OR WOMAN LIVING IN AN EMERGENCY CONTEXT



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13.1

TRAINING PROTECTION STAFF

Train protection staff working in women's safe spaces, CFS and youth centers on the basics of MHM and puberty to ensure they are confident and knowledgeable in discussing these topics with girls and women. See [Chapter 2](#) for more information.

MHM challenges for protection staff. Like their clients, female staff and outreach workers may also experience challenges dealing with their menstruation while at work. Poor facilities, lack of adequate materials and fear of leaks can prevent them from coming to work to deliver programming and outreach.



13.2

CONSULT GIRLS AND WOMEN



A brief needs assessment should occur to more effectively address adolescent girls' and women's needs while using protective spaces (see [Chapter 3](#)) for more information. Many girls and women may be more comfortable sharing information on MHM in protective spaces than in other forums. Other sectors (WASH, Education, NFIs) can benefit if protection staff proactively share learning on MHM practices. The following questions provide essential information:

THE ESSENTIAL QUESTIONS:

1. What materials do girls and women prefer to use for managing their menstruation? Are these materials locally available or being provided?
2. (If reusables) How do girls and women wash, dry and store their menstrual materials?
3. In what ways could toilets be designed to better support girls and women with managing their menstruation? (Disposal, privacy, safety, access to water, etc.).
4. What menstrual-related challenges do girls and women experience visiting child-friendly or women's safe spaces during menstruation?
5. What type of information or education would girls and women like to learn about managing their menstruation? How would they like to learn this information?

13.3



MHM INFRASTRUCTURE & MATERIALS

Infrastructure: Sanitation facilities at CFS, youth centers or women's safe spaces can accommodate the MHM-needs of girls, women and female workers by integrating a few minimal improvements into the development or rehabilitation of facilities:

This includes the following:

- Access to female friendly toilets. Note: In CFS, if it's not possible to provide separate toilets, arrangements should be made to avoid girls and boys using the toilets at the same time (INEE 2010). See Figure 2 for an example female friendly toilet design.
- Where possible, protection spaces should have a separate, well-located toilet for use by female staff which includes a water source and disposal bins (INEE 2006).

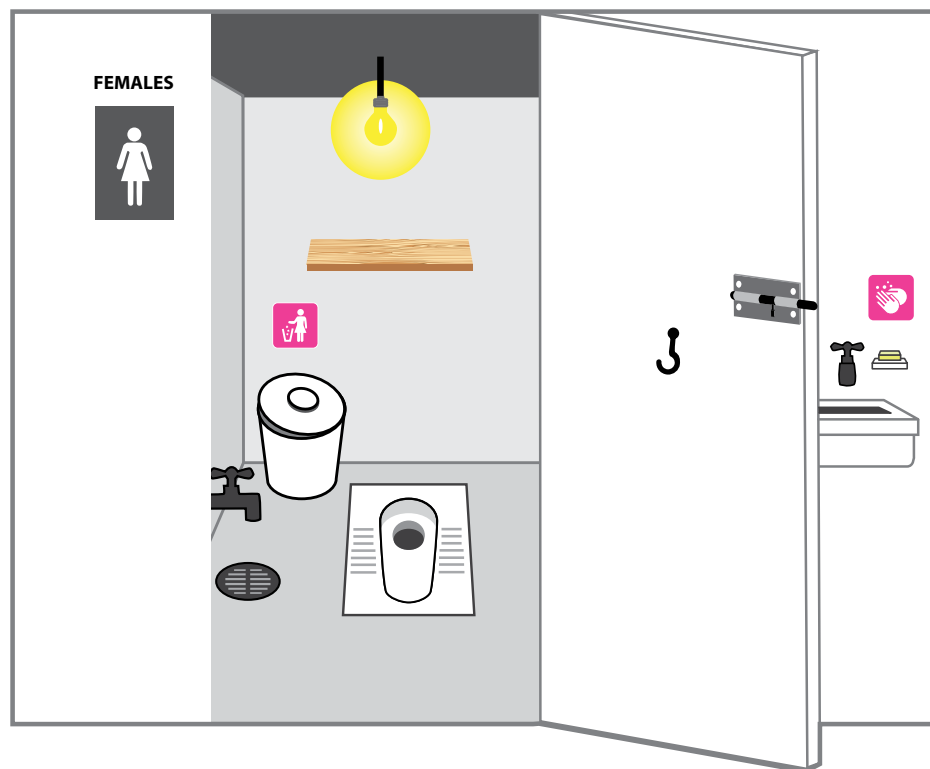
Provision of Materials: Both CFS and women's safe spaces should have emergency stocks of menstrual materials (including underwear) available for girls and women who lack access to supplies or are unprepared for a menstrual period while visiting these spaces.



Key considerations include:

- When consulting girls about their menstrual materials preferences (including underwear), it is useful to bring samples of the various options available. This exercise should be completed prior to procuring these supplies in larger quantities.
- Inventory lists should be maintained to ensure emergency menstrual materials are stocked and used appropriately. The materials should be stored in a locked cabinet managed by staff. As female staff may also be in need of these materials, it is important carefully monitor inventories.
- Both CFS and women's safe spaces can also be used as venues for distributing MHM supplies (or kits with menstrual materials) especially when targeting vulnerable populations such as adolescent girls, including those not in school. However blanket community wide distributions are preferable to ensure all adolescent girls and women are covered.

FIGURE 1: EXAMPLE OF A FEMALE FRIENDLY TOILET



	Adequate numbers of toilets separated (with clear signage) from male facilities		Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials.
	Safe and private toilets with inside door latch		Trash bins (with lids) to dispose of used menstrual materials
	Clear signs instructing girls and women to dispose of menstrual waste in the trash bin		Walls, door and roof are made of non-transparent materials with no gaps or spaces.
	A shelf (or hook) for hygienically storing belongings during usage.		Some units should be accessible to people with disabilities.
	Night time light source both inside and outside of the toilets		



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Supporting the MHM needs of girls and women with special needs.

Some girls and women may have restrictions on their access to services due to a disability that makes movement challenging or from strict cultural and family norms that do not allow them to attend school, protective spaces, or otherwise move freely. Find out if households or communities have any individuals living with them who may have special needs. A tailored MHM response may be needed to reach them with MHM supplies and education. See [Chapter 10](#) for more information.

CASE STUDY

In post-earthquake Nepal, women participating in mother's groups supported by Oxfam asked for assistance in teaching their daughters about menstruation. Prior to holding a session, questions and challenges experienced in managing menstruation were collected from girls and women. An MHM informational session was then developed by health promoters and protection staff. The session's discussion drew upon the questions already provided to minimize any embarrassment or discomfort by girls and women. This example shows the importance of cross-sectoral collaboration to address MHM and the importance of tailoring an MHM response to meet the specific information gaps in a culturally sensitive manner. (Oxfam-Nepal, 2015).

13.4

PROVIDING MENSTRUAL HYGIENE PROMOTION AND MENSTRUAL HEALTH EDUCATION

Women's safe spaces, CFS and youth centers can be useful settings for providing basic MHM information, hygiene promotion and health education to women and girls. See [Chapter 8](#) for details on content to include.

Key considerations for protection spaces:

- All sessions should be led by females.
- All sessions should be conducted in a safe and private space (with no men or boys present)
- Conduct sessions when women and girls are free from family responsibilities and not when attending will put them in danger.
- Explore if sessions should be conducted separately or together with adolescent girls and women.
- If female staff are not available, arrange for a health care worker or hygiene promoter to provide this instruction to women and girls in the protective space.



Reaching women at CFS. CFS are not only useful for reaching adolescent girls, but can also serve as safe entry points for women – mothers and other female caretakers – who often remain close to the CFS while children take part in activities and therefore could have opportunities to access information sessions. However, these sessions should be separate from those targeting girls, as they may not be comfortable asking questions or discussing menstruation in front of adult women.

CULTURAL SENSITIVITY

The provision of MHM health education can provide an opportunity to discuss other culturally sensitive topics, such as the link between menarche and early marriage. In some cultural contexts, a menstruating girl is considered ready for marriage. This can be exacerbated during emergencies, where resource scarcity and safety concerns may increase the risk of early marriage.

MONITORING & FEEDBACK

Protective spaces can be an entry point to understanding and monitoring whether women and girls' MHM-needs are being addressed more broadly by the response. This can occur through discussions with women, girls and female staff. In the case of mixed-gender environments, like CFS, direct observations of WASH facilities (accompanied with checklists and led by both staff and adolescent girls themselves) can also be useful to ensure the infrastructure supports girls in meeting their MHM needs safely.



TOOLS

A checklist for assessing MHM measures in protection programs.

A few MHM specific questions should be added to any existing WASH checklists or inspection tools used in protection spaces. Key questions including the following:

To be informed by direct observation:

- Are males and females using separate toilets?
- Is there water at the hand-washing station and is it private?
- Is there a means for girls and women to bring water into individual stalls (e.g. a bucket)?
- Is there soap available at the toilet?
- Is an emergency stock of menstrual materials (including underwear) available for girls and women to manage their menstruation if it starts unexpectedly or they lack access to materials?
- Are used menstrual materials disposed of in the toilet or through another method of collection and disposal?
- Is there a waste bin available for disposal of used menstrual materials?

To be informed by discussions with girls and women:

- Do girls feel safe at all times and comfortable using the toilets at protection spaces? (Why or why not?)
- Do girls feel comfortable changing and disposing of materials while at protection spaces?

To be informed by program records:

- Are all program staff oriented on MHM needs and education?
- Are girls and women receiving basic MHM promotion and education while at protection spaces?



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13.6

ADDITIONAL RESOURCES



Existing MHM curricula from the education sector can be adapted for these lessons.

Menstrual hygiene promotion materials:

- Menstrual Hygiene Flip Chart ([link](#)).
- Oxfam-Jordan's Menstrual Hygiene Flip Charts ([link](#)).

Menstrual health education on menstruation materials:

- My Safety, My Wellbeing Guide: Chapters 10: Reproductive Part 1: My body, puberty, hygiene, reproductive health (includes for ages 11-13; 14-18) ([link](#)).

Summary of Key Actions from Chapter 13 – MHM and Protection							✓
1.	Consult girls and women on their menstrual hygiene preferences, behaviors, and cultural beliefs.						
2.	Train and sensitize protection staff on how to confidently and knowledgeably discuss menstrual health and hygiene with girls and women.						
3.	Equip protection spaces with female friendly toilets for adolescent girls, women and female staff.						
4.	Ensure that CFS and women's safe spaces have a basic emergency reserve of appropriate menstrual materials (including underwear).						
5.	Provide basic education to adolescent girls and women on menstrual health and menstrual hygiene.						

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14 MONITORING & EVALUATION



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14.1

TYPES OF METHODS

An M&E plan should use a combination of qualitative and quantitative assessment methods. Please reference Table 1 below for a summary of available methods.

To ensure that MHM programming is appropriately designed, sustained and improved upon, continuous Monitoring and Evaluation (M&E) activities should be conducted. M&E plans should begin with the design and implementation of MHM activities, and be expanded once conditions stabilize. Whenever possible, integrate MHM M&E into on-going M&E activities.

KEY M&E LEARNING QUESTIONS

1. Were the approaches used for distributing and demonstrating the use of MHM materials and supplies effective in reaching all girls and women? (Why or why not?)	5. Do girls and women feel safe and comfortable washing their reusable menstrual materials in existing washing facilities or their homes/shelters? (Why or why not?)
2. Were the menstrual hygiene materials acceptable in design and adequate in quantity?	6. How are girls and women drying reusable menstrual materials?
3. Do all girls have access to suitable facilities for managing their menstruation (toilet, bathing space or space in their homes)?	7. How are girls and women disposing of used menstrual hygiene materials?
4. Do girls and women feel safe and comfortable managing their menstruation in the existing sanitation or bathing facilities available to them? (Why or why not?)	8. Were girls and women provided with MHM education? Was the information useful to them? In what ways could it be improved?

Qualitative Methods: Beyond the needs assessment, qualitative methods can be used to gather continuous feedback from girls and women about their perceptions of the response, challenges and barriers, and opportunities for improvement. Possible methods include:

- Focus Group Discussions
- Key informant interviews
- Semi-structured interviews
- Pocket or voting charts
- Social Mapping (safe-scaping)

Quantitative Methods: MHM questions should be built into existing M&E activities or introduced as a new activity if necessary. This can provide explicit learning on the quantity, quality and reach of response activities. Possible methods include:

- Observational surveys
- Household surveys
- Post Distribution Monitoring (PDM) surveys
- Pre-and post-test knowledge assessments



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TABLE 1: ASSESSMENT METHODS

ASSESSMENT METHODS	
FOCUS GROUP DISCUSSIONS	<p>FGDs are an ideal method for discussing sensitive topics such as MHM. Key considerations include:</p> <ul style="list-style-type: none"> • Gather groups of 8-10 female participants in a safe and private space. • Deliver (if culturally appropriate) to segmented age groups (i.e. girls (12-18 years) and women (19-45 years). Further segmentation may be needed. • Female staff should conduct, partnered with someone from the local context, in a safe and private space. • Use purposive sampling or selective sampling during the acute phase. Selection criteria should represent both the norm (average response) and most vulnerable cases (i.e. adolescent girls, disabled, impoverished). As conditions stabilize probability sampling may be used.
ONE-ON-ONE INTERVIEWS	<p>Key Informant Interviews: Conduct with individuals such as female WASH Committee members or staff members who work extensively with women and girls in the community, and may have insight into the issues that the community faces.</p> <p>Semi-structured Interviews: Conduct with a select number of adolescent girls and women who may not feel comfortable discussing MHM in groups, or who may be able to provide deeper insight in a private setting.</p> <p>Key considerations include:</p> <ul style="list-style-type: none"> • Conduct with key individuals, such as female WASH committee members, and a select number of girls and women in the target population. • Conduct enough interviews to ensure a range of perspectives are captured (especially if no other assessment methods are used). • Female staff should conduct, partnered with someone from the local context, in a safe and private space.
POCKET OR VOTING CHARTS	<p>A participatory method for assessing peoples' preferences in a private and interactive format where individuals are asked to 'vote' anonymously. This is often used in association with FGDs. When possible, pictures or drawings can be used to depict an activity or item. This technique is useful for sensitive topics related to MHM and WASH.</p>

ASSESSMENT METHODS	
PARTICIPATORY MAPPING	A participatory method in which small groups of participants draw maps of their communities (including sanitation and washing facilities) and draw where they do and do not feel safe as well as where they can and cannot access while menstruating on the maps. Conduct a discussion directly after a short drawing period, during which participants explain the safety rationale for each of their maps.
OBSERVATIONAL CHECKLIST	<p>A rapid method for assessing the situational context or whether various components of the MHM response have been implemented or maintained over time.</p> <ul style="list-style-type: none"> • Add MHM focused checklist questions to existing M&E checklists being used by various sectors (such as WASH, Education, etc.). • Use observational checklists at different phases of the response, including at the onset of an emergency to assess the situation or capacity and then later during routine M&E activities.
SURVEYS	<p>A method for assessing programming, including Post-Distribution Monitoring (PDM) or Knowledge Attitude and Practices (KAP) surveys. A few basic MHM-focused questions can be added to existing sector survey tools.</p> <p>Key considerations include:</p> <ul style="list-style-type: none"> • Consider whether the culture of the population is sufficiently open on MHM that answers will be realistic and unbiased. • When training data collectors, sensitize both men and women on how to professionally ask questions related to MHM. However, it is always preferable for females to ask all MHM-related questions during survey activities. • Consider whether the venue where the survey takes place provides sufficient privacy for eliciting the information needed.

14.2

M&E INDICATORS

A concise set of MHM indicators are needed for effective monitoring and evaluation of MHM programming. These indicators can be integrated into existing sectoral monitoring or surveillance systems. [Table 2](#) (on page 84) provides a few sample MHM indicators, how and when to collect this data, and their rationale for use.



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TABLE 2: MHM IN EMERGENCIES INDICATOR LIST

KEY PROGRAMMATIC AREAS:	INDICATOR	NUMERATOR/DENOMINATOR (DATA SOURCE)
1. ACCESS TO ADEQUATE AND SUPPORTIVE MHM MATERIALS	During a given distribution round: Proportion of women/girls of reproductive age (WRA) (12-49 years of age) that receive MHM materials	<p>NUMERATOR: Number of kits women/girls 12-49 years of age receiving a kit (or number of kits distributed)</p> <p>DENOMINATOR: Total number of women/girls 12-49 years of age in target area</p> <p>DATA SOURCE: administrative data</p> <p>NOTES AND INTERPRETATION: (1) The minimum requirements for MHM materials would be context specific depending on other distributions, but should include disposable or reusable pads and/or cloths, soap, a bucket and underwear in appropriate quantities for the distribution interval; (2) an estimate of the number of WRA can be used to estimate the denominator. Target 100%</p>
	During a given distribution round: Proportion of WRA reporting that the MHM materials received are acceptable and sufficient in quantity.	<p>NUMERATOR: Number of women/girls 12-49 years of age who report materials are acceptable</p> <p>Number of women/girls 12-49 years of age who report materials are sufficient</p> <p>DENOMINATOR: Total number of women/girls 12-49 years of age surveyed in target area</p> <p>DATA SOURCE: Post-distribution monitoring survey</p> <p>NOTES AND INTERPRETATION: If no post-distribution monitoring survey is planned, focus group discussions conducted separately with women and girls can help to understand acceptability and whether quantities are sufficient. Target is 100%.</p>
	Proportion of schools serving any girls older than 10 years of age that provide contingency MHM materials	<p>NUMERATOR: Estimated number of liters of water used by a household on a daily basis [based on number of containers collected].</p> <p>DENOMINATOR: Total number of households surveyed X average household size</p> <p>DATA SOURCE: Institutional assessment</p> <p>NOTES AND INTERPRETATION: The minimum requirements for contingency MHM materials would be context specific depending on other distributions, but should include disposable pads or cloths, soap and underwear. Target is 100%.</p>



KEY PROGRAMMATIC AREAS:	INDICATOR	NUMERATOR/DENOMINATOR (DATA SOURCE)
2.ACCESS TO ADEQUATE AND SUPPORTIVE MHM INFRASTRUCTURE	Average water use for drinking, cooking and personal hygiene is at least 15 liters per person per day	<p>NUMERATOR: stimated number of liters of water used by a household on a daily basis [based on number of containers collected].</p> <p>DENOMINATOR: Total number of households surveyed X average household size</p> <p>DATA SOURCE: Household survey</p> <p>NOTES AND INTERPRETATION: Sphere specifies 15L/person/day and UNCHR specifies 20L/person/day is the minimum standard for access to water supply.</p>
	Proportion of households living within 500 meters of an improved water point/source	<p>NUMERATOR: Number of households within 500 meters of an improved water point/ source</p> <p>DENOMINATOR: Total number of households in catchment area</p> <p>DATA SOURCE: Administrative data, mapping or household survey</p> <p>NOTES AND INTERPRETATION: Target is 100%.</p>
	Percentage of population living within 50 meters of an improved sanitation facility* * Separates human excreta from human contact, i.e. flush toilet, connection to a piped sewer system or septic system, flush / pour-flush to a pit latrine, pit latrine with slab, ventilated improved pit latrine, composting toilet (JMP, 2012)	<p>NUMERATOR: Number of households within 50 meters of an improved sanitation facility</p> <p>DENOMINATOR: Total number of households in catchment area</p> <p>DATA SOURCE: Administrative data or household survey</p> <p>NOTES AND INTERPRETATION: Target is 100%.</p>
	Proportion of female-only sanitation blocks	<p>NUMERATOR: Number of female-only sanitation blocks</p> <p>DENOMINATOR: Total number of sanitation blocks</p> <p>DATA SOURCE: Administrative data, facility assessments</p> <p>NOTES AND INTERPRETATION: Target is 50%.</p>



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KEY PROGRAMMATIC AREAS:	INDICATOR	NUMERATOR/DENOMINATOR (DATA SOURCE)
2.ACCESS TO ADEQUATE AND SUPPORTIVE MHM INFRASTRUCTURE (CONTINUED)	Proportion of female toilet cubicles/stances at institutions [e.g. schools, protection spaces, health clinics] with access to water and soap	<p>NUMERATOR: Number of institutional female toilet cubicles/stances with access to water and soap</p> <p>DENOMINATOR: Total number of institutional female toilet cubicles/stances</p> <p>DATA SOURCE: Administrative data, facility assessments</p> <p>NOTES AND INTERPRETATION: Target is 100%.</p>
	Women/girls of reproductive age (12-49 years of age) are comfortable using sanitation facilities for MHM during the daytime and night time.	<p>Qualitative information</p> <p>DATA SOURCE: Focus group discussions conducted separated with women and girls can help to understand comfort level.</p>
	Proportion of institutions with functional disposal mechanisms for menstrual waste.	<p>NUMERATOR: Number of institutions with functional disposal mechanisms for menstrual waste</p> <p>DENOMINATOR: Total number of institutions</p> <p>DATA SOURCE: Administrative data, facility assessments</p> <p>NOTES AND INTERPRETATION: Target is 100%.</p>
	Women/girls of reproductive age (12-49 years of age) are comfortable disposing their menstrual waste with the available methods.	<p>Qualitative information</p> <p>DATA SOURCE: Focus group discussions conducted separated with women and girls can help to understand comfort level.</p>
	Proportion of sanitation facilities (toilets1/bathing spaces2) which incorporate the female-friendly minimum requirements.	<p>NUMERATOR: Number of sanitation facilities (toilets1/bathing spaces2) which incorporate the female friendly minimum requirements</p> <p>DENOMINATOR: Total number of sanitation facilities</p> <p>DATA SOURCE: Administrative data, facility assessments</p> <p>NOTES AND INTERPRETATION: Target is 100%.</p>

14.3



IMPROVED DOCUMENTATION

There is need for continued innovation and improvement in the provision and response of MHM in emergencies. When possible, document lessons learned and best practices for developing a MHM response. This information will help to build the learning on this topic. This includes practical briefs, photo documentation, and anecdotal experiences.

KEY PROGRAMMATIC AREAS:	INDICATOR	NUMERATOR/ DENOMINATOR (DATA SOURCE)
3. ACCESS TO MENSTRUAL HYGIENE AND HEALTH EDUCATION	Proportion of women/girls of reproductive age (12-49 years of age) who have received education on how to use MHM materials	<p>NUMERATOR: Number of women/girls of reproductive age (12-49 years of age) who have received education on how to use MHM materials</p> <p>DENOMINATOR: Total number of women/ girls of reproductive age (12-49 years of age) surveyed</p> <p>DATA SOURCE: Post-distribution monitoring survey</p> <p>NOTES AND INTERPRETATION: If no post-distribution monitoring survey is planned, program activities across partners should be reviewed to understand if educational activities have been undertaken and with which populations.</p>
	Proportion of adolescent girls (12-19 years of age) who have received education on how to use MHM materials in school settings	<p>NUMERATOR: Number of adolescent girls in school who have received education on how to use MHM materials.</p> <p>DENOMINATOR: Number of adolescent girls surveyed.</p> <p>DATA SOURCE: Sampling survey in schools</p>

1). The minimum requirements for female friendly toilets include: 1). Access to water 2). Access to soap 3). Adequate privacy 4). Acceptable and appropriate menstrual waste disposal mechanism 5). Gender segregation 6). Lighting where appropriate.

2). The minimum requirements for female friendly bathing spaces include: 1). Access to water 2). Access to soap 3). Adequate privacy 4). Discreet and appropriate drainage system 5). Gender segregation 6). Lighting where appropriate.



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14.4

ADDITIONAL RESOURCES



Additional reference documents may be useful including:

- MHM Needs Assessment Focus Group Discussion Guide ([link](#)).
- Oxfam's Rapid MHM Focus Group Discussion Guide ([link](#)).
- **Sampling:** UNICEF's Rapid Assessment Sampling in Emergency Situations ([link](#)).
- **Pocket or voting charts:** The World Bank's MetGuide – Methodology for Participatory Assessments with communities, institutions and policy makers ([link](#)).
- **Participatory Mapping:** Safe scaping participatory safety mapping adolescent refugee Somali girls, Ethiopia from the Violence, Gender & Wash toolkit ([link](#)).
- **Participatory Assessments:** UNHCR's Listen and Learn: Participatory Assessments with Children and Adolescents ([link](#)).
- IFRC's Menstrual Hygiene Management (MHM) kits for emergencies ([link](#)).
- Menstrual Hygiene Matters Module 9: Research, Monitoring and Advocacy ([link](#)).



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A TOOLKIT FOR INTEGRATING MENSTRUAL HYGIENE MANAGEMENT (MHM) INTO HUMANITARIAN RESPONSE

Marni Sommer, Margaret Schmitt and David Clatworthy

This cross-sectoral resource on MHM in emergencies provides:

- Strategic guidance on best practices and design considerations for integrating MHM across response activities.
- Key assessment questions, case studies, staff training tools and additional resources for operationalizing MHM into planning and service delivery.
- Evaluation input and sample indicators for ensuring that MHM is integrated into existing monitoring and feedback systems.

The toolkit was designed to support a range of humanitarian actors involved in the planning and delivery of emergency response from a variety of sectors. This includes actors from the water, sanitation, and hygiene (WASH), health, education, protection, camp coordination camp management (CCCM), non-food items (NFI) and shelter sectors.

