

case study

August 2018



Periods don't stop in emergencies

Addressing the menstrual hygiene needs of women and girls



A Uganda Red Cross volunteer demonstrates how to use and care for reusable sanitary pads during the distribution of MHM Kits, Impevi refugee settlement, Uganda, 2017.

Credit: Netherlands Red Cross/IFRC.

Red Cross Red Crescent experiences in East Africa and recommendations for supporting women and girls with menstrual hygiene management (MHM) in emergencies.

What is menstrual hygiene management (MHM) in emergencies?

Menstrual hygiene management, or MHM, refers to a range of actions and interventions that ensure women and girls can privately, safely and hygienically manage their monthly menstrual flow with confidence and dignity.

MHM is not only about distributing pads or providing education to girls.

Continuous engagement and consultation¹ with women, girls, men and boys is critical, to identify barriers and socio-cultural determinants for improved menstrual hygiene, and to ensure the MHM response is appropriate and adapts to changing needs and challenges.

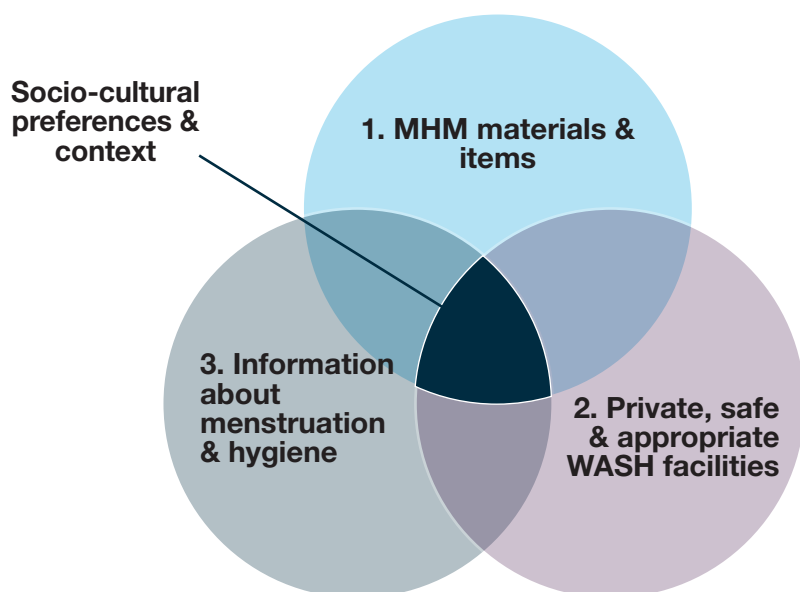
A comprehensive, effective MHM response in emergencies has three main components^{2,3}:

1. **MHM materials and supportive items** (e.g. pads, cloth, underwear, tampons etc. to absorb the menstrual flow and items to support washing, drying and disposal).

Results from MHM operational research in four East African countries showed improvements in dignity, health and knowledge after the distribution of MHM Kits and promotion of menstrual hygiene.

Findings highlighted the importance of appropriate facilities, including safe and private spaces for maintaining hygiene and washing, changing and drying pads.

1. See *IFRCs Community Engagement and Accountability (CEA) toolkit* for further information.
2. Sommer M, et al. *What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A Global review.* *Waterlines.* 2016; 35(3):245-264. doi:10.3362/1756-3488.2016.024.
3. *IFRC. Menstrual Hygiene Management (MHM) in Emergencies: Consolidated Report.* 2016.



The three components of an effective MHM response in emergencies.

2. **Private, safe and appropriate WASH⁴ facilities** (for changing, washing, drying, bathing and disposal of sanitary items and wastewater).
3. **Information on menstruation and hygiene** (basic information on the menstrual process, hygiene promotion and demonstration with any distribution of MHM related items).

These components are all influenced by various motivators and personal preferences, sociocultural factors, and physical barriers (for example, lack of water for washing in water scarce or arid regions, or lack of privacy in urban or transit situations).

Different activities within an MHM response fall under the responsibility of a number of

What are the issues with standard hygiene and dignity kits?

Distribution of kits and non-food items (NFIs) to families affected by disasters continues to be a core Red Cross Red Crescent relief activity. The main issues are:

- Hygiene kits are generally designed for a family, with a limited number of standard sanitary pads regardless of how many menstruating females there are in the household or what their preferences are in terms of sanitary materials.
- Personal dignity kits usually include sanitary pads, underwear and hand-soap (along with other items such as torch, clothes etc.) – however critical items to support the use and care of sanitary materials (e.g. laundry soap and bucket for washing, rope and pegs for drying, bag or pouch for privacy and disposal) may be left out.
- There is a wide diversity of materials, socio-cultural norms, restrictions and taboos for managing menstruation across different cultures and contexts.

Key lesson: Involve men and boys from the start

It is important to communicate with and involve men and boys in MHM programming, so they are aware of the needs of women and girls, are supportive of activities, to reduce stigma and to help address harmful cultural taboos or restrictions. Buy-in from men and boys is essential for success of MHM actions.

different sectors, including WASH, protection, gender and inclusion (PGI), health (especially sexual and reproductive health or SRH), shelter and NFIs, and education. A multi-sectorial approach and strong coordination is key.

Why is menstrual hygiene important in emergencies?

MHM continues to be an issue which is often overlooked or poorly addressed. Often, support for MHM is provided in a 'piecemeal' and uncoordinated manner, both between sectors and agencies. Menstrual hygiene is currently not included as a standard component of emergency WASH or health programming.

Women and girls face a number of challenges around menstrual hygiene in emergencies⁵:

1. Lack of suitable sanitary materials, including underwear. Inadequate access to private, safe and appropriate latrines, bathing facilities, drying areas and waste disposal mechanisms.
2. Lack of information and knowledge about menstruation (especially adolescent girls).
3. Anxiety and embarrassment around leakage of blood, and discomfort associated with menstruation.
4. Significant loss of privacy including risks to dignity (especially in overcrowded, temporary or transit situations).
5. Cultural taboos and restrictions which can impact access to services and daily life.

Women and girls with no other option may use old, dirty or damp cloth to absorb their

⁴ Water, sanitation and hygiene promotion.

⁵ Sommer, M., Schmitt, M., Clatworthy D. A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response. (First Edit). New York; 2017.

menstrual flow, leading to irritation and/or infections. If women and girls must wait for dark to visit the latrines or find a private place to change or dispose of pads, they can risk potential sexual and gender-based violence.

Women and girls may be forced to remain at home or in their shelter while they have their period, and face difficulties to attend relief distributions, collect water, access health services or go to school.

IFRC operational research in East Africa: MHM Kits as a humanitarian relief item

Between 2012 and 2016, IFRC conducted operational research in Burundi, Uganda, Somaliland and Madagascar which aimed to better understand the MHM needs of women and girls and the challenges they face with menstruation in humanitarian contexts⁶.

Based on consultation with women and girls, three different types of 'MHM kit' were designed: Kit A (Disposable), Kit B (Reusable/washable), and Kit C (combination of both disposable and reusable). These were rigorously tested to generate evidence on the appropriateness, acceptability, effectiveness and value of MHM kits across a range of contexts.

As well as pads, underwear and bathing soap, items to support the washing, drying, disposal of reusable or disposable pads were included (small bucket with lid, laundry soap, rope and pegs). A small pouch for privately storing or transporting pads was also included, as well as practical information (in local language and with descriptive pictures) on the menstrual process, how to manage it and personal hygiene.

MHM Kit type C was designed for water-scarce areas where ability to wash cloth pads may be limited. An overview of IFRC's operational research process is shown on the next page.

Key results: improving health and dignity of women and girls

Results from all four countries showed improvements in dignity, health and knowledge after the distribution of MHM Kits and promotion of menstrual hygiene.

Findings highlighted the importance of appropriate facilities, including safe and



private spaces for maintaining hygiene and washing and changing pads.

Feedback emphasized how important the 'supplementary items' are for enabling women and girls to be able to manage their period hygienically and with dignity. Without a bucket, soap or clothes line, washing and drying cloth pads can be very difficult. A separate bucket is important – pads and underwear with menstrual blood cannot be washed in containers that may be used for food or water.

Improvements in confidence and dignity were also reported in all countries. Many women reported reduced itching or irritation during their monthly periods, after distribution of the MHM kits. Less anxiety about leakage was very common – many women and girls reported feeling confident and able to leave the home, collect water, attend meetings and clinics etc. Improvements in basic knowledge about menstruation were seen – particularly in adolescent girls.

High levels of satisfaction with the kits and information sessions were reported across all age groups in all countries.

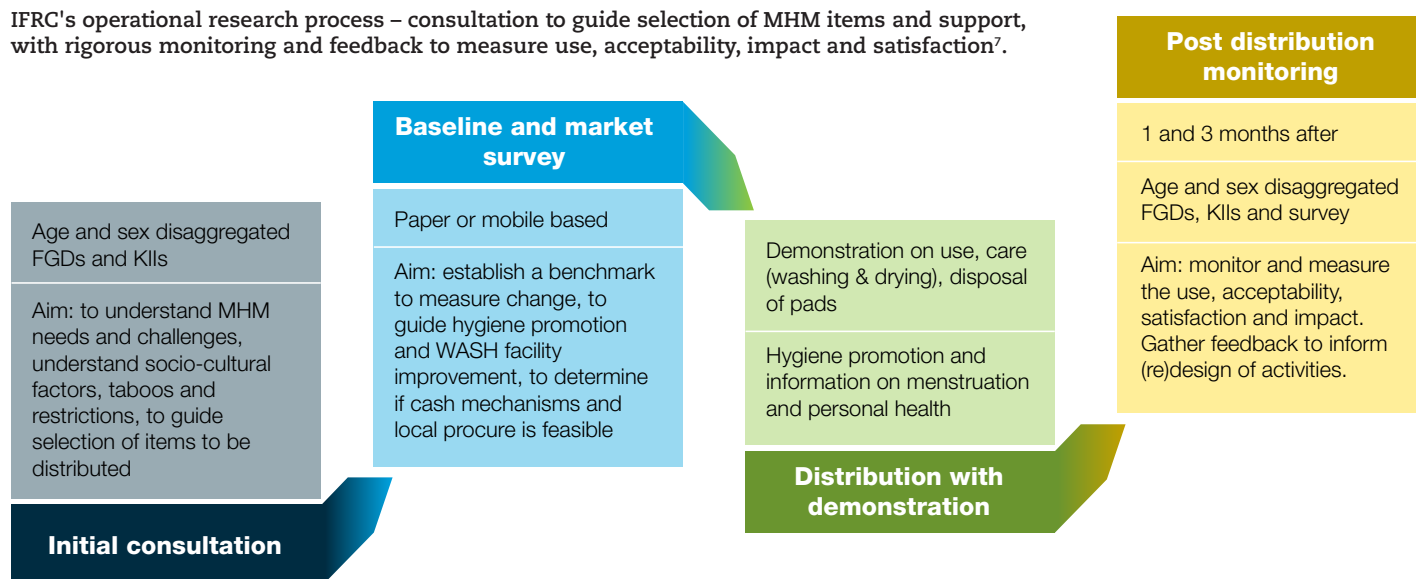
Preferences for reusable or disposable kits varied widely by age, and often changed after distribution of the kits.

Items included in MHM Kit B (reusable/washable pads) that was distributed in Bwagarizi refugee camp; Burundi, 2013.

Credit: Corinne Ambler/New Zealand Red Cross

6. Burundi: Bwagarizi refugee camp (Congolese refugees). Uganda: Adjumani and Rhino refugee camps (South Sudanese refugees). Somaliland: peri-urban and rural Muslim communities affected by drought. Madagascar: cyclone-affected rural community.

IFRC's operational research process – consultation to guide selection of MHM items and support, with rigorous monitoring and feedback to measure use, acceptability, impact and satisfaction⁷.



For example, for some women it was their first time seeing and using 'modern' designed washable pads (they had only used rags or cloth before). Many older women preferred washable pads because they were more comfortable and absorbent than pieces of cloth, and there is no need to keep buying new disposable pads each month. Some younger adolescent girls felt uncomfortable washing menstrual blood off the reusable pads, and considered disposable pads to be more 'clean'.

A snapshot of selected key results are shown in Table 1. In all countries, 2000 girls and women between 12 and 50 years were distributed kits, with a proportion surveyed at baseline and post-distribution (see page 5).

Before and during project implementation, information sessions and trainings were held to build the knowledge, confidence and capacity of volunteers and National Society staff. Female volunteers were recruited to conduct the surveys and to consult directly with women and girls; they were given basic sensitisation and training on menstrual health prior to activities commencing.

Lessons and recommendations for MHM in emergency programming

Based on IFRC's operational research, a number of key lessons and recommendations have been identified to guide effective, accountable and comprehensive MHM action in emergencies.

Distributing pads and underwear alone is NOT enough: appropriate WASH facilities and information are critical

Distributing pads and underwear does not address the MHM needs of women and girls. How women and girls will use, wash, dry and dispose of sanitary

MHM Kits for Emergencies (both disposable and reusable types) are an appropriate, valuable and effective relief item which improved the dignity, health, knowledge and confidence of adolescent girls and women in the pilot projects.

materials must be considered, along with local culture and preferences. Without a bucket (or basin), soap and water, women and girls cannot wash cloth pads and underwear. If there is no private place or items to support drying pads or underwear (such as clothes line) women and girls may use damp, wet cloth. These 'enabling factors' for menstrual hygiene, including access to private changing, bathing and disposal facilities are critical and if not addressed can lead to ineffective programming, and loss of accountability and trust.

Effective, comprehensive and accountable interventions to improve MHM must address all 3 components: access to sanitary items and materials; private, safe and appropriate facilities for washing, drying, bathing and disposal; and knowledge and information to address cultural taboos, traditional practices, health issues and safety.

Consult with women and girls so that the MHM kit content is based on local preferences, culture, context and availability

Menstrual hygiene is very personal. The preferences and strategies for managing menstruation vary greatly across cultures, religions, locality (urban versus rural) and context (availability of water, population movement, temporary displacement, privacy etc.).

⁷. FGDs – Focus group discussions. KIs – Key informant interviews.

Table 1: Snapshot of results from operational research in Burundi, Uganda, Somaliland and Madagascar.

	Before (Baseline)	1 month after distribution	3 months after distribution
Burundi 891 girls and women surveyed	47% reported irritation or itching during last period.	15% report irritation or itching during their last period [<i>32% reduction</i>].	Significant improvements in dignity and confidence reported: "I am not scared anymore to stand up in church or the bus, because of blood and stains on my skirt" / "The men feel proud that girls aren't cutting up children's clothes anymore"
	50% demonstrated basic knowledge of what the 'menstrual cycle' is.	65% demonstrated basic knowledge of what the 'menstrual cycle' is [<i>15% improvement</i>].	
Uganda 581 girls and women surveyed	40% reported feeling embarrassed during menstruation.	18% reported feeling embarrassed during menstruation [<i>22% reduction</i>].	Main challenges reported were pain in stomach, back or breasts (75%) and lack of underwear (35%).
	36% reported facing restrictions during their last monthly period.	16% reported facing restrictions during their last monthly period [<i>20% reduction</i>].	
	64% reported receiving information on MHM from their mothers.	25% dried their washable pads inside the house; 56% washed them at bathing areas.	80% of girls preferred disposable pads (compared to 50% at baseline).
Somaliland 371 girls and women surveyed	78% reported restrictions (e.g. fetching water) in their daily life during menstruation.	6% reported restrictions (e.g. fetching water) in their daily life during menstruation [<i>72% reduction</i>].	Main challenges reported were lack of access to pads (62%), feeling fatigued (21%) and lack of availability of water to wash pads (12%).
	19% reported experiencing itching, irritation or smelly discharge during last period.	1% reported experiencing itching, irritation or smelly discharge during last period [<i>18% reduction</i>].	
	37% reported bleeding into their clothes without sanitary materials.		65% prefer reusable pads (compared to 11% at baseline).
Madagascar⁸ 720 girls and women surveyed	27% reported irritation or itching during their last period.	17% reported irritation or itching during their last period [<i>10% reduction</i>].	
	87% reported using towels, pieces of worn-out fabric or cloth, or leaves to absorb their menstrual blood.	40% reported no longer feeling uncomfortable during their period, or fearful of leakage or bad odour.	
	63% reported bathing more frequently during menstruation.	Main challenges reported were lack of availability of pads in local markets, difficult in finding a private place to change and dry pads, and lack of water for washing and hygiene.	

8. Due to logistical constraints, 1 and 3 month post-distribution follow-up were combined.



A participatory process was used throughout the operational research on MHM Kits, with an emphasis on meaningful consultation with women and girls to guide the kit content and activities; Burundi, 2013.

Credit: Corinne Ambler/New Zealand Red Cross

Different age groups within the same community can have very different preferences for sanitary materials. For example in the Uganda pilot, 14% of 12 – 17 year olds preferred washable pads compared to 59% of 35 – 50 year olds.

Based on consultation and feedback from women and girls, the content of MHM and/or dignity kits should be adapted to fit the preferences, culture and context.

This includes aspects like size and colour of underwear, type of laundry soap (e.g. bar or powder, scented or unscented) and type of disposal pad (with or without 'wings', absorbency etc.).

Hygiene promotion volunteers can engage and have a conversation with women and girls to identify their preferences, motivations and barriers to improved menstrual hygiene. By sharing this information and working together with sanitation engineers will help to ensure 'MHM friendly' WASH facilities.

Where possible, MHM kits should be procured locally – and possibilities for using cash programming explored. A short market survey should be incorporated as part of the assessment process, to find out what types of sanitary items are available and their cost.

Involve men and boys from the start

Communicate with and involve men and boys in MHM, so they are aware of the needs of women and girls, are supportive of activities, to reduce stigma and to help address harmful cultural taboos or restrictions.

Menstrual hygiene is an intensely private subject, and there are often strong taboos for women to discuss this topic with men. However, in some places MHM is seen as a 'family issue' and males are involved and responsible for MHM related decision making.

Men are also husbands to wives, fathers to daughters, and brothers of sisters who menstruate. They may be unaware of the challenges, anxiety and needs of the females in their life – but once they are aware they may support women and girls more effectively. In Bwagiriza refugee camp, Burundi, some men collected MHM kits for their wives who were unable to attend the distribution. Other males reported feeling discontented or 'left-out' as head of households, because they were not consulted on the project.

Buy-in and coordination of multiple sectors is vital for effective MHM action

Although many of the core actions to support menstrual hygiene are the responsibility of WASH, health (especially sexual and reproductive health or SRH), protection, gender and inclusion (including sexual and gender based violence or SGBV), shelter and education all have important roles to play.

A multi-sectorial approach and strong coordination between agencies is key, especially in emergency settings to avoid duplication of distributed items, advocate for standardise kit content and to prevent distribution of culturally inappropriate items. It is important to also coordinate with any national governance bodies, and to refer to national guidelines on MHM (if any).

Advocacy and building capacity of staff across all sectors is an important preparedness activity and can also be built into longer-term programming.

Don't assume women and girls know how to use pads: Demonstration during distribution is important

In all pilots, demonstration and information sessions were vital for the success and use of the MHM kits. There should be **NO distribution without demonstration** on use and care of sanitary materials.

Make sure you have a good understanding of what women and girls used to manage

their periods before the emergency. Women and girls may prefer a certain type of pad but have no experience using it, or they may have incorrect knowledge passed down from mothers, aunts or sisters. Never assume that women or girls already know how to use the items inside the MHM kits.

Accountable, open communication before, during and after distribution

Continuous engagement and consultation with women, girls, men and boys is critical, to ensure the MHM response addresses their needs and challenges, is appropriate and can adapt when needed.

Ensure that information on what is going to be distributed, to who, when, why and how the distribution process will work is communicated before, during and after the actual distribution.

Some 'consumable' items are quickly used up, such as soap and disposable pads. It is very important to be clear and up-front about any subsequent distributions that are planned (if any), or if the support is a one-off. If some women and girls are excluded from the distribution, ensure that you explain why and let them know where they may be able to access support (e.g. local health clinic or other agency).

It is important that women, girls, boys and men have the opportunity to complain or provide feedback and that internal systems are in place to ensure that feedback is acted on and responded to. Set up a complaint and feedback mechanism and management system in the planning phase, before any distribution is done.

Make the link with sexual and reproductive health and involve service providers

Many discussions with women on MHM will inevitably bring up questions around pregnancy, sexually transmitted infections, intimate hygiene, and possibly sexual violence or genital mutilation.

Get to know who is working in sexual and reproductive health (SRH) and SGBV, and include them in consultations, development of materials and information sessions. Make sure that everyone who is involved in distribution or consulting with women and

girls briefed on protection issues and have up-to-date information on support services (health, PSS, policy, legal) that are available, including where they can safely refer a survivor of SGBV in case of a disclosure.

Include a representative from the local health clinic or women's group (check that they are trusted by women and girls first) in the demonstration session to answer questions on preventing and treating vaginal infections, managing pain and addressing misinformation or risky practices. In Bwagiriza refugee camp in Burundi, women with itching or infection would wash themselves with lemon juice and it was common to share razor blades for shaving pubic hair before menstruation. Having a trusted health worker address these issues can improve knowledge, health and raise awareness of the sexual and reproductive health services that are available.

Build the confidence and capacity of National Society staff and volunteers in MHM

It is important that male and female National Society staff and volunteers have the knowledge, confidence and capacity to identify menstrual hygiene as an issue, advocate for inclusion of MHM in emergency response and to effectively implement MHM actions. Begin providing training and capacity building well before MHM activities are planned to be launched or implemented.

Emphasise practical aspects and how MHM can be integrated into existing activities. For example, CBHFA, PGI or hygiene promotion volunteers can collect feedback on use of MHM items, and the privacy and safety of WASH facilities as part of routine, planned group discussions or community visits.

National Societies can incorporate MHM into longer-term programming in communities and schools, including opportunities for empowering women to develop locally-made sanitary materials and improved WASH facilities for safe, private disposal of pads and wastewater.

Integrate menstrual hygiene into existing emergency WASH (or health) programming

Menstrual hygiene should be incorporated as a standard component of emergency WASH (and/or health) programming.

The last time we got sanitary towels, women were not educated on use and disposal. A child in the camp played with a used pad. This demonstration and information session is very important.

Marie, 29 years, Bwagiriza refugee camp, Burundi.



Women read the information brochure (included in each MHM Kit) during a focus group discussion in Bwagariza refugee camp; Burundi, 2013.

Credit: Corinne Ambler/New Zealand Red Cross

MHM assessments, feedback mechanisms and hygiene promotion activities can be incorporated into planned activities, making use of existing resources and not placing extra work on staff and volunteers. For example, female volunteers doing hygiene promotion assessment can include MHM questions in surveys or focus group discussions.

Including MHM in broader WASH programming helps to bring 'software' and 'hardware' together -which is critical to address all 3 components of MHM.

For example, hygiene promoters get feedback that women and girls have no private place to wash pads and bathe, or they are embarrassed

Next steps: what actions are being taken?

IFRC's experiences to date demonstrate that both reusable and disposable MHM kits are a valuable, appropriate emergency item, and reinforce the importance of comprehensive, coordinated MHM action.

Sanitary pads and materials must come together with improvements in WASH facilities, information and hygiene promotion – all based on continuous consultation with women and girls, and be adapted for the context and well-coordinated between sectors and agencies.

In early 2018, a global MHM Technical Working Group was initiated to improve coordination and exchange, support standardisation and identification of cross-cutting areas and tools.

Practical, RCRC specific guidelines and tools are being developed (to complement not duplicate other initiatives). Work continues with IFRC procurement to develop clear specifications for MHM and dignity items.

Two videos are being developed, to strengthen both training and internal and external advocacy, with the aim that MHM is considered an important, multi-sectoral component of all emergency programming.

IFRC also deploy Protection, Gender and Inclusion (PGI) delegates in emergency operations to support implementation of the Minimum Standard Commitments to Gender and Diversity, which outline practical actions for different sectors including ensuring dignified and safe MHM.

Information and resources

- Reports & materials from IFRC MHM operational research
- Global Toolkit for Integrating MHM into Humanitarian Response
- IFRC Guidelines for Hygiene Promotion in Emergencies
- IFRC Minimum standard commitments to gender and diversity in emergency programming
- Menstrual Hygiene Matters Toolkit
- Save the Children MHM Operational Guidelines



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