

Findings and recommendations: Review of Menstrual Hygiene Management (MHM) actions with a focus on solid waste

Population Movement Operation (Cox's Bazar, Bangladesh)
August 2018



Dignity kit bucket (pictured without lid) received by a woman in Camp 18.



Open waste pit (which is periodically burnt) behind a block of latrines and bathing facilities in Camp 19.

Executive summary

Since January 2017, the Bangladesh Red Crescent Society (BDRCS) together with IFRC and partners have been providing assistance to Rohingya people who have fled violence in Myanmar's Rakhine state and sought refuge in Bangladesh. Many of them are women and adolescent girls. Aiming to provide support to 200,000 people, the current Population Movement Operation (PMO) includes health, shelter, WASH, food security, nutrition, livelihoods, psycho-social support (PSS) and protection, gender and inclusion (PGI) activities. Key WASH activities include water supply, hygiene promotion, construction of sanitation and bathing facilities, and faecal sludge management.

Menstrual hygiene management (MHM) was identified as a key need in the initial Appeal launched in March 2017. There have been large scale distributions of both hygiene and dignity kits as part of the operation. More broadly, there is a lack of documented experiences and best practices on disposal of menstrual waste. In August 2018, the Swedish Red Cross and IFRC engaged a consultant to review MHM actions as part of the current PMO and to explore the linkages further between MHM and solid waste management (SWM).

This report outlines the findings and recommendations to improve MHM actions as part of the ongoing response and more broadly for future operations.

Key **findings** from the field visit include:

- Menstrual hygiene has been recognised as a need from the initial Appeal in March 2017.
- Large numbers of households have received hygiene kits, and women and girls have been supported with dignity kits. Dignity kits are valued and highly appreciated by women and girls.
- BDRCS standardised the family hygiene kit content in December 2017 (no sanitary materials).
- Many staff and volunteers perceive distributing pads and underwear as addressing MHM; without consideration of the need for information and facilities for washing, drying and disposal.
- Both the WASH and Protection clusters have recommended to distribute only reusable sanitary materials, largely due to concerns with waste and issues with clogging latrines (solid waste generated where no waste collection or management system exists).
- Women and girls lack consistent access to appropriate menstruation supplies and supportive items to enable them to manage their monthly menstruation. Dignity kits are not a relief item and are not distributed to all females of reproductive age; menstrual cloth is worn out after maximum 3 months of use, and laundry soap, carry pouch, rope and pegs, and IEC are not included. There is no strategy for replenishment or top-up of consumable items.
- Distributions of kits are not coordinated between camps or between agencies within each camp. Many people have different understandings of the purpose of dignity, hygiene, and MHM kits.
- Formal post-distribution surveys for dignity (and hygiene) kits have been done with important learnings. However for MHM, this focus on 'quantitative' PDM led to the important 'how' and 'why' questions around MHM not being answered.
- Women and girls face significantly challenges with accessing private bathing facilities, finding a private place for drying menstrual cloth and with private, convenient disposal of menstrual waste. Many wait until dusk or dark to bury used menstrual materials in the ground. Most women and girls believe that spirits or supernatural powers will attack them in the dark if they are out of their shelters, and they are at risk of violence at night.
- A number of households have constructed informal, makeshift bathing areas either in a corner of their shelter or outside using tarpaulin, spare bricks etc. These are creating significant issues with drainage (wastewater running down into neighbours shelters/plots) and erosion.
- There are strong beliefs and restrictions around males, children and other family members seeing menstrual materials and blood.
- Menstrual waste is rarely considered, even by those who have MHM activities which generate menstrual waste (such as distribution of kits). No functional or appropriate waste disposal facilities or mechanisms for menstrual waste exist. Danish Red Cross designed latrines with menstrual waste collection is a good example of hardware for menstrual hygiene waste disposal, however there were no (or few) signs of use.

A summary of **recommendations** are provided on the following pages. Note that IFRC are currently developing a MHM Guideline and Tools, which once complete will contribute toward addressing some recommendations outlined below.

Summary of recommendations

Ongoing operation (local)

Design of kits (and activities)	<ul style="list-style-type: none"> • Develop a broader response to MHM needs, including targeted MHM kits that complement the broader dignity kit programme, so that menstrual hygiene needs are comprehensively and continuously met. WASH to lead, with close collaboration of PGI. • Development of a clear strategy for hygiene kits including replenishment of consumable items [<i>completed as of 30th September</i>], led by WASH and with collaboration of PGI, Relief, CEA and PMER. • Include higher quality or specifically manufactured reusable pads in current and future dignity kits (and MHM kits), to reduce environmental impacts, enable longer use and reduced frequency of procurement and distributions. • Pilot the use of cash mechanisms for replenishment of consumable items in hygiene and dignity kits, with strong monitoring and follow-up on the impacts. • Translate and contextualise IFRCs generic MHM IEC for reusable pads to the Rohingya context.
WASH facilities for washing and drying	<ul style="list-style-type: none"> • Make simple adaptations to communal latrines and bathing facilities as “quick wins” to make managing menstruation easier for women and girls, including: hooks and shelves in all cubicles, high shelves and/or drying racks in all bathing areas, mirrors. • Pilot female-only washing and drying areas at several PSS and DAPS centres (places where women and girls come for other activities and congregate).
Menstrual waste disposal	<ul style="list-style-type: none"> • Pilot latrines with menstrual waste collection mechanisms at DAPS and PSS centres), with an emphasis on understanding women and girls perspectives, fears, preferences etc. as well as maintenance. Two main options include the existing Danish RC design with pipe connecting inside of latrine to a sealed waste pit, and simple waste collection bins inside each cubicle. • Pilot and make use of IFRCs minimum standards (including checklists) for female-friendly latrines and bathing facilities as assessment and monitoring tools.
Distribution	<ul style="list-style-type: none"> • Investigate different ways of distributing dignity kits (and MHM kits), to ensure that each women/girl gets one kit and that a demonstration and practical information on the menstruation process, and how to access other services is provided. Involve health services in these sessions.
PDM and feedback	<ul style="list-style-type: none"> • Post-distribution monitoring for MHM should focus on qualitative information (e.g. FGDs and KIIs) in addition to quantitative surveys. Include several FGDs and KIIs with women and girls of different ages in different camps. • Involve the WASH team any PDM of hygiene and dignity kits, together with PMER and Protection. This will ensure the right questions from all sectors are asked, and the right information collected so that programming can be adapted and improved. • Integrate formal and informal feedback collection into existing HP and PGI volunteer activities (e.g. regular FGDs held with women and girls). • Work with CEA to incorporate MHM as a standard ‘sub-topic’ in feedback mechanisms so that informal and formal feedback from all sectors is collected.
General and over-arching	<ul style="list-style-type: none"> • Conduct training for male and female WASH and PGI staff (and then volunteers) to build knowledge and capacity in MHM [<i>already planned by PMO</i>]. • Strengthen coordination internally (particularly between WASH and PGI), and externally with other agencies who are active in MHM (potentially through the planned ‘MHM working group’ managed by the WASH and Protection clusters). • Recruit and train more female hygiene promotion volunteers, so that MHM monitoring can be incorporated into ongoing HP activities. • Engage with Majlis, Imams and male community members to increase awareness of challenges faced by women and girls, reduce negative cultural restrictions and taboos, and increase access to distributions, or spending (vouchers or other household money) on sanitary items.

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| | <ul style="list-style-type: none"> • Link with RCRC managed health facilities to check if any data or information exists on health issues related to menstruation. • Advocate with WASH cluster and HP cluster members for action on solid waste management (including thinking about menstrual waste). |
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Lessons and recommendations for future operations (global)

- Consult and involve women and girls in planning of solid waste facilities, to allow them to give ideas and preferences on siting, type of facility and mechanism of collection and disposal etc.
- Pilot a variety of menstrual waste disposal facilities and mechanisms in ongoing or future operations, to begin collecting evidence on what works/doesn't work, factors for success etc.
- Build capacity and confidence of female and male staff and volunteers in menstrual hygiene. Ensure that a 'life-cycle' approach is emphasised along with the three core components of an MHM response.
- Develop and standardise technical designs for 'female-friendly' WASH facilities so that engineers always include 'easy-wins' which make managing menstruation easier for women and girls.
- Pre-position a number of standard MHM Kits (disposable and reusable) in strategic regional (or country) warehouses, for immediate distribution in the first phase of a sudden onset emergency, and conduct thorough evaluation of their effectiveness. After the initial distribution, standard MHM kits should be adapted to the specific context and post-distribution feedback from women and girls used to revise and improve the content.
- Ensure that any dignity or MHM kit distribution comes with a distribution strategy including a plan for when the consumable items run out (for example, make this a standard activity or compulsory information in the EPoA).
- Wherever possible, include household bathing areas in standard shelter designs from the beginning of an operation (e.g. skip communal bathing areas in emergency designs).
- Take advantage of revisions in standard designs for WASH facilities (moving from acute emergency phases to intermediate or recovery phases, for example) to make sure women and girls are asked about their needs, preferences and ideas.
- Pilot and begin to generate evidence on the use of cash programming for menstrual hygiene.
- Work with Relief to develop a short technical guidance note around distribution of personal dignity and MHM kits. Initial assessment and registrations done by relief team should collect actual ages (a number) rather than an age range.
- Include menstrual hygiene as a standard component of WASH (and PGI) programming. Incorporate MHM assessments, feedback mechanisms and hygiene promotion into existing or planned activities, making use of existing resources and activities rather than placing extra work on staff and volunteers.
- Strong coordination and joint planning, implementation and monitoring are essential – particularly for WASH, PGI and shelter in the Red Cross Red Crescent context.

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Document details

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Background

a) The Population Movement Operation (PMO)

Since January 2017¹, the Bangladesh Red Crescent Society (BDRCS) together with IFRC and partners have been providing assistance to Rohingya people who have fled violence in Myanmar's Rakhine state and sought refuge in Bangladesh. Many of them are women and adolescent girls. A preliminary emergency appeal was launched in March 2017, with a major revision in September 2017 to scale up interventions following a large influx of approximately 700,000 refugees from late August 2017.

Aiming to provide support to 200,000 people, the current Population Movement Operation (PMO) [Emergency Plan of Action](#) (EPoA) includes health, shelter, water, sanitation and hygiene promotion (WASH), food security, nutrition, and livelihoods support. Psycho-social support (PSS) and Protection, Gender and Inclusion (PGI) teams are also active, including setting up PSS and DAPS² centres in different camps. Key WASH activities include water supply, hygiene promotion, construction of sanitation and bathing facilities, and faecal sludge management. [Annex 1](#) shows an overview of the camps BDRCS and partners are implementing in, and key activities in each camp.

Menstrual hygiene management (MHM) was identified as a key need in the [initial Appeal](#) launched in March 2017³. However, no concrete MHM-related activities were planned at that time and it is unclear whether WASH, PGI or both sectors identified this need. Just over a year later, (as of 29th April 2018), 81,165 households had received hygiene kits and 12,199 dignity kits had been distributed⁴. Several education sessions on menstrual hygiene have been provided through PSS centres to adolescent girls. In Camp 19 several pilot latrines with a menstrual waste collection system have been constructed.

Dignity kits are designed, procured and distributed by PGI (with strong links to sexual and gender-based violence prevention), and hygiene kits by WASH. Currently there are no MHM kits distributed.

At the beginning of the response, household hygiene kits included disposable pads, which created significant challenges for waste disposal, including latrine pits filling up quickly and needing frequent de-sludging. In December 2017, the household family kit content was standardised by BDRCS and included no sanitary pads (they were removed mainly due to issues with waste and guided by the GBV and WASH sector). Personal dignity kits (for females 11 years and older) include pieces of cotton cloth which can be used as an absorbent pad in underwear.

Formal post-distribution monitoring to date for both hygiene and dignity kits has focussed on quantitative information; rather than on the 'how' and 'why' which is critical for understanding MHM.

b) Menstrual hygiene and solid waste

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. There is growing consensus of three essential components for any MHM response in humanitarian contexts: i) MHM materials and supplies, ii) Safe, private and appropriate WASH facilities for washing, drying and disposal, and iii) Information (Sommer et al. 2016; Humanitarian Learning Centre 2018).

A growing number of humanitarian actors are beginning to consider and address the menstrual hygiene needs of women and girls, however MHM continues to be often overlooked or provided in a 'piecemeal' and uncoordinated manner, both between sectors and agencies. Key challenges include lack of clarity about which sectors within a humanitarian response should deliver MHM interventions (VanLeeuwen & Torondel 2018), lack of consultation with beneficiaries and a critical need for improved technical guidance (including monitoring and evaluation tools) (Sommer et al. 2016).

Distribution of menstrual items and provision of hygiene or health related information is becoming more common, however among humanitarian staff there is a narrow interpretation of MHM with a focus on

¹ <http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/09/MDBRD018REA2.pdf>

² DAPS (Dignity, Access, Participation and Safety) is a framework for addressing core minimum standard commitments to Gender and Diversity in emergency programming.

³ <http://adore.ifrc.org/Download.aspx?FileId=156787>

⁴ <http://adore.ifrc.org/Download.aspx?FileId=198472>

supplies (Schmitt et al. 2017). Many programs fail to adequately consider practical aspects such as washing, drying and disposal of menstrual waste.

Using a 'life-cycle' approach for any distribution of menstrual materials in a humanitarian context is important (Figure 1 shows the basic life-cycle for reusable and disposable materials). The whole process from procurement, distribution, use, washing, drying and disposal, as well as top-up and replenishment of consumable items must be acknowledged, planned for and women and girls consulted on each part of the process.

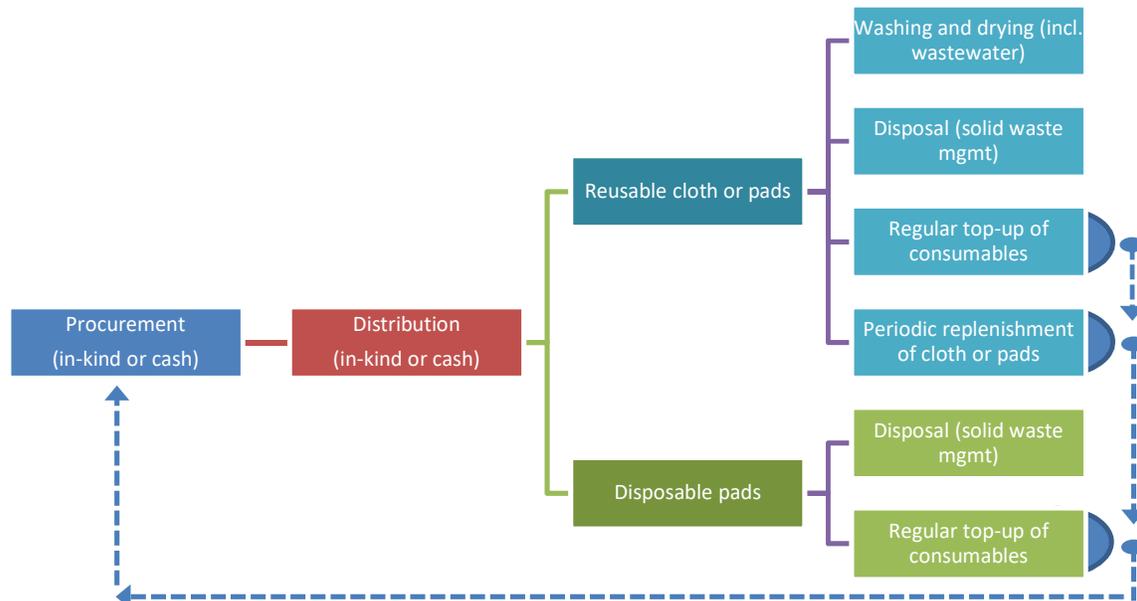


Figure 1: Basic life-cycle of reusable and disposal menstrual materials in a humanitarian operation. ⁵

This 'lifecycle' approach makes the link between MHM and WASH facilities including solid waste management clear: distribution menstrual hygiene items cannot be seen in isolation. For example, pads are used and then thrown away, cloth is washed and dried, worn-out cloth is thrown away and this has implications for and impacts on WASH facilities and solid waste management.

All sectors involved in distribution of dignity or hygiene items must recognise and consider that the products and practices of women and girls impacts on WASH facilities – and also that the design, location, type of facility, cleanliness, and many other factors of WASH facilities have impacts on the menstrual hygiene practices of women and girls (Figure 2).

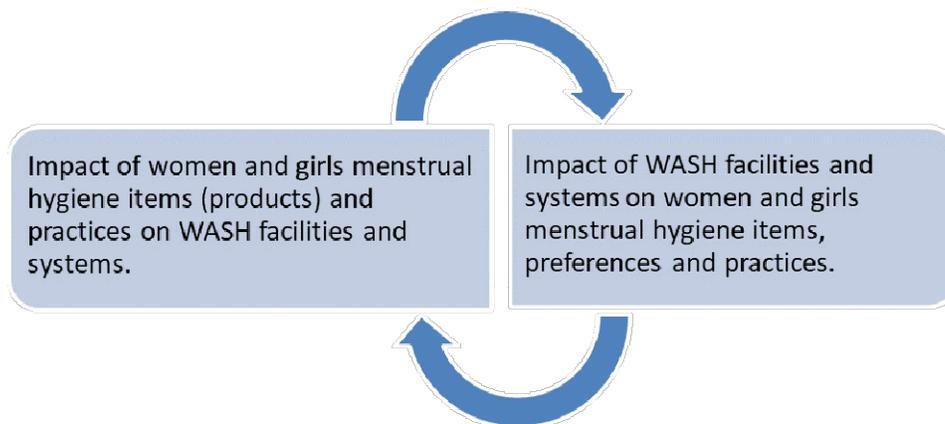


Figure 2: Relationship between menstrual hygiene items (products) and WASH facilities where they both impact each other. Source: (Wilmouth et al. 2013; Truyens et al. 2013)

⁵ Adapted from: (Sommer, M., Schmitt, M., Clatworthy 2016).

Objectives of this review

The overall objective was to explore the relationship between menstrual hygiene management (MHM) and solid waste management (SWM), with a view to identifying recommendations for improving the quality and effectiveness of humanitarian programming that both meets the needs of women and girls and considers environmental impacts.

The specific objectives of this review were to:

- a) Capture and document the experiences, lessons and best practices from distribution of dignity and hygiene kits (with menstrual hygiene items) to women and girls in Cox's Bazaar,
- b) Identify key actions to improve MHM support for women and girls in Cox's Bazaar, including the care (e.g. washing, drying) and disposal of menstrual items,
- c) Develop recommendations to inform improve the way that disposal and solid waste aspects of MHM actions are considered and included in future operations and emergency programming.

Methodology and limitations

Primary data was collected through mainly qualitative methods during a field visit from 05th to 10th August 2018 (see [Annex 2](#) for schedule), including:

- 10 key informant interviews with IFRC, BDRCS, PNS and external agencies
- A focus group discussion with 12 women in Camp 18 (and visit to individual shelters afterwards)
- A focus group discussion with 9 women in Camp 19 (and visit to individual shelters afterwards)
- Observations of latrines, bathing areas and waste facilities in Camp 18 and Camp 19

This was complemented by secondary data from reports, appeal documents and other published and grey literature.

Camp 18 and 19 were selected because BDRCS and partners have ongoing WASH projects in those location including latrine construction and faecal sludge management (Danish RC supported in Camp 19, and British RC supported in Camp 18), and they were camps/block where hygiene and dignity kits had been distributed. They were also relatively easy to access within the short time frame and had available volunteers to support with arranging the discussions, logistics and translation. Women were selected by volunteers the day before or morning of the discussion.

A full summary of the key discussion points and findings from the FGDs held with women can be found in [Annex 5 \[attached\]](#).

Data collected through the FGDs, interviews and observations were consistent with each other and were also validated by a number of reports from other humanitarian agencies. However, a limited time was spent in the field and therefore it was not possible to look in-depth or in detail into many issues. No formal FGDs were conducted with adolescent girls, and only two FGDs conducted with women.

While the findings from the FGDs were almost identical, it would have been preferable to conduct at least 4 FGDs for more reliable data. No interview or discussions were held with Majis (community leaders), Imams (religious leaders) or men resident in the camps. Translation during the FGDs was difficult; there are ongoing challenges to find female staff or volunteers who speak English and Rohingya. This meant time consuming 'double-translation' from English to Bengali to Rohingya (and vice versa) was necessary, and consequent loss of information.

Key findings and recommendations

A. MHM in the ongoing Population Movement Operation (PMO)

Key findings, successes and challenges identified from the field visit are outlined below. For each section, recommended actions to improve the MHM support for refugee Rohingya women and girls in Cox's Bazaar district are provided.

i. **Hygiene and dignity kits – design and distribution**

MHM was identified as a key need to be addressed in March 2017⁶. In the beginning of the response and following the large influx in August 2017, large numbers of standard family hygiene kits were distributed – all including disposable pads.

BDRCS decided on standardised content for family hygiene kits (without any sanitary materials) in late December 2017. Because the dignity kits were designed in consultation with women and girls, and due to challenges with identify and registering target beneficiaries based on their ages, the dignity kit planning and procurement process happened from September to December 2017. Distribution has been ‘staggered’ in different camps and blocks from late December 2017 (still ongoing now).

A large post-distribution monitoring survey (1,415 women and girls) was conducted in April 2018 in Camp 12, 13 and 14. Focus group discussions were held in May 2018 to discuss feedback including additional items to be included in revised dignity kits (e.g. bras, additional torch).

As of end of July, approximately 19,000 dignity kits had been distributed. The overall target in the EPOA is 41,100 women and girls to be reached with a dignity kit across 3 areas: Balukhali 2, Burmapara and Hakimpara which encompasses Camp 11, 12, 13, 14, 18 and 19 (refer [Annex 1](#)). Currently distributions are focussing on Balukhali 2, to ensure that all women and girls there are covered. 3,500 dignity kits are stored in the warehouse for contingency. An additional procurement of 22,500 dignity kits was in process in August 2018, in order to meet the target specified in the EPOA.

Table 1 provides an overview and key details of hygiene and dignity kit distributions as part of the PMO, including target, distribution strategy and process, post-distribution monitoring and menstrual hygiene related materials in each kit.

Table 1: Overview of hygiene and dignity kits as part of PMO in Cox's Bazar.

	HYGIENE KITS	DIGNITY KITS
Target group	Household (or family)	All females over 11 years old (revised based on feedback; used to be 12 to 55 years at beginning) ⁷
Kit per target	One kit per household	One kit per female planned; in reality, not all females always got them (e.g. 1 or 2 kits per household)
Purpose	To provide basic hygiene items for a family of 5 people, for a period of 1 month.	To support dignity, including improving safety and mobility, of women (not designed for a specific time period; one-off distribution without top-up)
Sector lead/responsible	WASH (with DM)	Protection
Distribution strategy	One-off distribution, with irregular re-distributions depending on funding, availability, needs etc. No planned replenishments of consumables; bathing soap routinely distributed by WASH in several camps for hygiene.	One-off distribution. No planned replenishment of consumables; it was thought that laundry soap, rope, pegs from family hygiene kit could be used for MHM also.
Distribution process	Done by relief team at BDRCS distribution sites, using BDRCS registration card.	- Done by relief team at BDRCS distribution sites, using BDRCS registration card. PGI volunteers provide information on content of kit

⁶ [Emergency Plan of Action launched on 18 March 2017](#)

⁷ Also noted by former PGI delegate, older women who are not menstruating still benefit from receiving all the other items in the dignity kit – and the menstrual cloth can be used for other purposes including incontinence (this needs to be followed up in coordination with organisations such as Help Age who are working with older people, to determine who is affected, how many people, what they use, prefer and need to manage their incontinence etc.).

		and personal hygiene. HP volunteers not involved. - Initial challenges with identifying target beneficiaries because initial registration data collected only age range (6 – 17 years, 18 – 50 etc.). - All women and girls from each family supposed to attend distribution together; in reality some girls come alone, and all females may not be able to attend together.
How was the content decided?	Discussions between BDRCS (and IFRC, PNS) WASH staff at PMO level.	FGDs held with women to discuss needs and preferences. Number, location, ages unknown. No involvement of WASH team.
Content	See Annex 3 for content list.	See Annex 4 for content list.
Post-distribution monitoring	PMER led a PDM survey in April 2018 with support from GRC, for a distribution of hygiene kits in Feb – March 2018 to 8961 households. Limited involvement of WASH. No informal feedback collected/documented.	Large PDM survey (1,415 women) conducted in April 2018. Based on findings, bra and additional torch were added. No informal feedback collected/documented.
Menstrual materials included	Before December 2017 – disposal sanitary pads. After December 2017 – none ⁸ .	Pieces of thin cotton cloth (approx. 80 cm x 30 cm), red colour. 3 yards x 2 pieces in specifications.

At the time of the review (August 2018), there was no consensus or clarity on replenishment of consumable items in family hygiene kits and dignity kits. The IFRC WASH team led development of a distribution strategy for hygiene kits that was approved and signed by BDRCS on 30th September 2018. WASH is currently developing a concept for MHM kits, together with PGI. WASH and PGI also have plans to hold a joint MHM training for male and female staff (and then volunteers).

In the FGDs, women expressed overall satisfaction and gratefulness for their dignity kits, especially the clothes and torches. Several women reported selling NFIs to buy laundry soap. In the camp where dignity kits were distributed approx. 7 months ago, women have already worn-out and disposed of the 'red shalu' menstrual cloth.

Coping mechanisms when no disposable pads or cloth available include: using old children's clothes (as a makeshift pad), or wearing nothing and sitting inside their shelters for the days they bleed [severely restricted mobility, impacting access to services, distributions etc. Contradicting objective of dignity kit.].
Quote: "I don't move. Somebody might see my blood."

In the small market inside Camp 19, several 'chemist' shops were visited but none stocked any pads or menstrual materials. In Thyankali market/bazar (on the main access road to the camps), several 'chemist' shops stocked disposable pads (held in place with elastic band not underwear) for 90 taka/pack (approximately 1 CHF/pack). No information was collected on quantity sold per month, quantity of stock etc. to gauge how many (and how frequently) women and girls purchase menstrual items with any disposable income they may have.

Successes and achievements

- Large numbers of households supported with hygiene kits (over 85,000) and women and girls supported with dignity kits (approximately 19,000), as part of the Federation wide response.
- Dignity kits are valued and highly appreciated by women and girls. Both kits have helped to increase the visibility and profile of BDRCS and the Red Cross Red Crescent.

⁸ Although due to old requisition forms being 're-used' or new incoming staff lacking knowledge on standardised kit – hygiene kits with 'old' content may still be given procured and distributed by PNS.

- Decision by BDRCS to standardise the family hygiene kit content early on in the response. Effort is needed to ensure that all partners (e.g. PNS and ICRC) are aware of this and only procure the agreed, standardised kit rather than the global one.
- Post-distribution surveys of dignity and hygiene kits done with important learnings, which also improves volunteer capacity and knowledge.

Challenges

- Women and girls have lack of consistent access to appropriate menstruation supplies and supportive items to enable them to manage their monthly menstruation. Dignity kits are not a relief item and are not distributed to all females of reproductive age; menstrual cloth is worn out after maximum 3 months of use, and laundry soap, carry pouch, rope and pegs, and IEC are not included.
- Lack of clarity or consensus on replenishment of consumable items in kits.
- The PDM for dignity kits was largely quantitative. Qualitative FGDs were done after the PDM survey results, which focussed on asking preferences for the type of sanitary pad (e.g. dispose or cloth) but did not ask in depth about if they are actually using the red cloth, for how long it lasts, challenges they face with washing, drying and disposal, if they like the colour and type of cloth (e.g. it was not 100% cotton and not very soft or absorbent), and so on. Without the 'how' and 'why' questions being asked it is difficult to really understand how women are managing, what challenges they are facing, if the items distributed are sufficient or what else they need, etc.
- The PDM for dignity kits was led by PMER and PGI, and the PDM for hygiene kits led by PMER – both with limited or no involvement of the WASH team. This led to important technical questions not being included in the PDMs (or included only at a basic level), or the analyses not being detailed enough for decision making at programmatic level.
- Registration of beneficiaries' ages (instead of a range) and the method of distribution is more complex compared to 'usual' household NFI distributions. The BDRCS Relief team are currently re-registering beneficiaries to get the exact number of family members and their ages.
- Distributing personal kits was new for BDRCS and therefore a learning process. There remain some difficulties for adolescent girls to attend distributions, as well as those with disabilities.
- Informal feedback on hygiene and dignity kits may be received by volunteers and/or staff, however there is no mechanism in place for capturing, documenting, analysing, acting on and sharing this feedback.

Recommendations

Design of kits	<ul style="list-style-type: none"> • Develop a broader response to MHM needs, including targeted MHM kits that complement the broader dignity kit programme, so that menstrual hygiene needs are comprehensively and continuously met (see section vi below). WASH to lead, with close collaboration of PGI. • MHM kits led by WASH; dignity kits led by Protection – with collaboration and coordination between WASH, Protection, Relief/DM, PMER and CEA right across the entire process (e.g. design, distribution, PDM, strategy etc.). • Development of a clear strategy for hygiene kits including replenishment of consumable items [<i>completed as of 30th September</i>], led by WASH and with collaboration of PGI, Relief, CEA and PMER. • Include higher quality, specifically manufactured reusable pads or at least higher quality cotton cloth in current and future dignity kits, and MHM kits. Higher quality cloth/pads would mean a longer period of use (e.g. 12 months or more, compared to 2 to 3 months with current cloth in dignity kits), less waste, less environmental impact, and longer timeframe for re-distribution of replacement pads/cloth. • Translate and contextualise IFRCs generic MHM IEC for reusable pads, and then include this in all dignity and MHM kits. • Pilot the use of cash mechanisms for replenishment of consumable items in hygiene and dignity kits, with strong monitoring and follow-up on the impacts. The aim would be to give women and girls more choice, to reduce the need for lengthy procurement and repeated complex distributions, to support livelihoods. Recommend beginning by piloting using vouchers for replenishment of bathing soap and laundry soap, following an initial in-kind distribution of MHM kits (idea discussed with IFRC WASH Delegate).
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Distribution	<ul style="list-style-type: none"> • Demonstration on use and care of materials, along with practical and clear information on the menstruation process, personal health (including sexual and reproductive health or SRH) and how to access services are vital and must be provided before or at distribution. Involve health services in these sessions. • Assessment and registrations done by relief teams should collect actual ages (if possible) or a more narrow age range, to allow for correct identification of girl and women who are of reproductive age. • Investigate different ways of distributing dignity kits (and potentially MHM kits), so that each woman/girl gets one kit. • One idea discussed was to hold information and demonstration sessions prior to distribution, where every woman and girl who attends gets a voucher (or token). These sessions could be held in DAPS or PSS centres which are more private than the distribution site, so menstrual hygiene and the use, care and disposal of menstrual cloth can be demonstrated and explained. Similar to in-kind distributions, it is important to ensure all women and girls are reached with the information sessions and vouchers, and that they have access (or ability) to exchange the voucher for goods in the market (e.g. males may not allow adolescent girls to go out to session or market, women and girls with disabilities or incontinence may not be able to attend sessions or market etc.). Effort is needed to identify these women and girls and arrange support so they can access the MHM items they need.
PDM and feedback	<ul style="list-style-type: none"> • For post-distribution monitoring for MHM, increase collection of qualitative information (e.g. FGDs) as well as quantitative surveys. Include several FGDs and KIIs with women and girls of different ages in different camps. Qualitative PDM is the most important for MHM, so that meaningful information on use, satisfaction, preferences and challenges can be collected and use to adapt programming. • Involve the WASH team any PDM of hygiene and dignity kits, together with PMER and Protection. This will ensure the right questions from all sectors are asked, so that the right information is collected and can then be used to adapt and improve programming. • Make sure that WASH officers and volunteers are trained to ask and listen, rather than making assumptions about MHM practices or knowledge based on their own experiences, opinions or pre-conceived ideas. • Integrate formal and informal feedback collection into existing HP and PGI volunteer activities (e.g. regular FGDs held with women and girls). • Work with CEA to incorporate MHM as a standard 'sub-topic' in feedback mechanisms so that informal and formal feedback from all sectors is collected.

ii. **Washing and drying of menstrual materials**

Most women reported changing and washing their menstrual cloth in the bathing areas or bathroom. Some have created make-shift bathing areas either in a corner inside their shelters or at the back of their shelters along the outside (using tarpaulin for privacy).

Most women reported drying cloth inside their shelters because of the lack of privacy and significant concerns around men seeing drying cloth in bathing areas. Some women had hung ropes up to dry cloth in female bathing areas. In their shelters, washed cloth was typically placed behind bamboo on the wall or underneath a mat or something similar, so that family members do not see it). *Quote: "I feel shy if my children or husband see cloth hung up to dry."*

Women avoid using WASH facilities at night (some reports of withholding food and drink), due to a belief that negative spirits or supernatural powers that would come after or attack them. Many reported feeling unsafe and a risk of violence from men and others at night.

Women reported feeling scared about others seeing 'red tinge' in water from washing used cloth, but this depends on the type and standard of facilities they use (some had covered drainage, others not).



Make-shift bathing area constructed inside a shelter in the corner (Camp 19).



Informal/unplanned bathing area constructed off the back of a shelter in Camp 19. Main materials used are bamboo, tarpaulins and sandbags.



Entrance to female bathing facility in Camp 18, showing some clothes hung up to dry. Area to bathe is around the corner to the left.



Old clothes (dark blue cloth) used for menstruation is drying in a bathing shelter in Camp 18.

Challenges

- Women and girls face significantly challenges with accessing private bathing facilities and finding a private place for drying menstrual cloth.

- Strong beliefs and restrictions around males and family members seeing menstrual materials and blood.
- A number of households have constructed informal, makeshift bathing areas either in a corner of their shelter or outside using tarpaulin, spare bricks etc. These are creating significant issues with drainage (wastewater running down into neighbours shelters/plots) and erosion.

Recommendations

- Make simple and cheap adaptations to communal latrines and bathing facilities as “quick wins” to make managing menstruation easier for women and girls, including: hooks and shelves in all latrines and bathing areas, high shelves and/or drying racks in all bathing areas for drying, mirrors, simple seat for pregnant, elderly and disabled women in some facilities⁹.
- Include an additional cloth/sari in MHM kits which can be placed over washed menstrual cloth while it dries, for increased privacy. While drying in direct sunlight is best, this is not realistic or acceptable in this context, and drying menstrual cloth outside but covered under another cloth is a good option which can be promoted to women and girls.
- Pilot female-only washing and drying areas at several PSS and DAPS centres (places where women and girls come for other activities and congregate). Because of the huge challenges with privacy, facilities away from family members may potentially be more acceptable and used.

iii. Disposal of menstrual materials

One year on from the initial influx of Rohingya refugees, there continues to be a huge challenges with solid waste management and basic or non-existent waste facilities in camps. Solid waste management falls under the WASH sector in Cox’s Bazaar, however it has not been prioritised and remains a significant gap area. There are some communal rubbish pits, some formal and informal collection of plastic waste (which is sold for recycling) and several small scale waste bin projects from agencies (but with no system in place for collection, transportation, sorting, or final disposal of waste).

At the beginning of the response (standard hygiene kits), women reported disposing of used disposable pads mainly into latrine pits, or used pads were wrapped in a bag or paper and thrown away. There were large problems with latrines filling up quickly, and lots of sanitary pads coming through the faecal sludge treatment plant.

Women reported that the cloth in the dignity kits becomes worn-out with up to 3 months use, and then they dispose of it.

Most commonly reported disposal method was burial in the ground near latrines or other flat ground. Some women also throw worn cloth into the latrine pit. A few women reported throwing in into the drain or on the ground (tied inside a plastic bag). The ‘best time’ to bury used menstrual cloth is just after sunset, when there is a little bit of light left (not pitch dark) but still dark enough so it’s harder for other people to see.

The Faecal Sludge Management (FSM) team report currently each latrine they de-sludge they come across some napkins (or cloth) but it is not a huge challenge anymore. A locally made strainer used to separate solid waste from sludge; waste (including menstrual waste) is then burnt in the incinerator.

Many women and girls reported feeling a strong ‘embarrassment’ and a need for privacy with disposal; the cloth has had blood on it and this is something that should never be seen by others.

Danish Red Cross have designed and constructed several latrines with a menstrual waste collection system. Used menstrual materials can be thrown down a small pipe (approx. 15 cm diameter) inside the latrine, which connects to a sealed collection pit (see pictures below).

However, the latrine is locked (women must go to a neighbour to get the key) and there is no evidence of recent use (cobwebs in the pipe inside the latrine). There is no signage or information on how to use the pipe/system. The collection pit has not filled up yet. It is planned to have female Red Crescent Youth volunteers open the collection pit every couple of months to check if it is full. The plan

⁹ These adaptations are aligned with Oxfam’s going ‘Social Architecture’ initiative where women and girls have been consulted directly and worked together with architects to adapt and improve designs of WASH facilities.

is for female volunteers to either empty the menstrual waste or bury it somewhere, or to simply burn the menstrual waste inside the collection pit. Another option is to empty the menstrual waste and make use of the incinerator at the FSM site (or health centre) to burn it at a higher temperature.



Used menstrual cloth that had been buried near a latrine, now re-surfacing because of erosion from heavy rains (unconfirmed; but highly suspected).



Open waste pit (which is periodically burnt) near the main road in Camp 19, behind a block of latrines and bathing facilities next to the PSS centre.



Communal latrine with menstrual waste collection pipe (on back wall) in Camp 19.



PVC pipe connecting inside of latrine to a sealed pit for collecting menstrual waste, in Camp 19.

Challenges

- Women and girls face significant challenges with private, convenient disposal of menstrual waste. Many wait until dusk or dark to bury used menstrual materials in the ground. Cultural beliefs that 'spirits' will attack them in the dark if they are out of their shelters, and they are at risk of violence.
- No functional or appropriate waste disposal facilities or mechanisms for menstrual waste exist.
- Danish Red Cross designed latrines with menstrual waste collection is a great example of hardware for menstrual hygiene waste disposal, however there were no (or few) signs of use. Potential reasons it is not being used include: effort required to get key from a neighbour, also means that other people know when a woman or girl is menstruating if they want to use that particular latrine, lack of knowledge on how or why to use the system, fear that their menstrual waste will be seen by someone else.

Recommendations

- Pilot latrines with menstrual waste collection mechanisms at DAPS and PSS centres, with an emphasis on 'software' and understanding women and girls perspectives, preferences, fears etc. Two main options are: existing Danish RC design with pipe connecting inside of latrine to a sealed waste pit, and simple waste collection bins inside each latrine cubicle (this option not in community managed latrines). It is recommended to first pilot menstrual waste collection, to see if women and girls are actually using it, to understand why (or why not) women and girls are using it and what needs to be improved, to understand if the cleaning/collection/maintenance system in place is working etc. – before scaling up and constructing more latrines with menstrual waste collection in all other camps. Ensure that all latrines in each block are connected to (or have) menstrual waste system, and ensure that they always remain unlocked. Make sure bins have lids and are lined with non-transparent rubbish bags. Utilise cash-for-work or other system (volunteers?) for cleaning and maintenance (as they would not be responsibly of a camp block or sub-block as the other latrines are) – ensuring cleaners wear appropriate PPE for handling menstrual waste. Closely monitor their use, regularly hold FGDs to ask if women and girls use them, how and why (or why not) etc. evaluate their effectiveness.
- Pilot and make use of IFRCs minimum standards (including checklists) for female-friendly latrines and bathing facilities as assessment and monitoring tools.
- For communal latrines, all individual latrines in each block must be connected to (or include) the menstrual waste collection system and should be unlocked, to reduce stigmas and fear of other people knowing when a woman is menstruating.

iv. Awareness and capacity

Menstrual hygiene management was recognised as a need early on through the Emergency Plan of Action. WASH and PGI teams in the PMO are knowledgeable and motivated to improve the MHM situation. The IFRC WASH delegate has previous significant experience and knowledge of MHM.

Many male and female staff and volunteers have an understanding that women and girls have extra needs for menstruation; and are enthusiastic to know and do more.

However there are misconceptions that distributing cloth (or pads) and underwear addresses MHM needs, and a broad lack of consideration for practical aspects of washing, drying and waste disposal. Dignity kits are widely perceived as relief items, rather than a programming tool. Within PMO, WASH is the lead for MHM in close cooperation with PGI. However at the beginning of the operation this was not clear and at times there was limited discussion or cooperation between PGI and WASH (for example, design of dignity kits or on the PDM).

PSS have conducted limited information/education session for girls on MHM, linked with activities through PSS centres.

Challenges

- Widespread misconceptions that distributing cloth (or pads) and underwear addresses MHM needs, and a general lack of consideration for washing, drying and menstrual waste disposal.
- Common perception amongst staff that dignity kits are a relief item (they are a programming tool, often used as an entry-point for activities or distributed based on need for women accessing certain services).

- Strong cultural and social beliefs, superstitions, and taboos around menstruation and menstrual blood, and many women and girls facing restrictions in their movement and everyday activities. If women and girls are staying inside their shelters for days at a time while they menstruate, this is severely restricting their access to life-saving services, distributions, education, services etc.

Recommendations

- Conduct training for male and female WASH and PGI staff (and then volunteers) to building knowledge and capacity in MHM [*already planned by PMO for November 2018*].
- Recruit and train more female hygiene promotion volunteers, so that MHM monitoring can be incorporated into ongoing HP activities.
- Engage with Majis, Imams and male community members to increase awareness of challenges faced by women and girls, reduce negative cultural restrictions and taboos, and increase access to distributions, or spending (vouchers or other household money) on sanitary items.

v. Coordination and other findings

In January 2018, the GBV sub-sector under the Protection Cluster made a recommendation to only distribute reusable (washable) type of cloth or pads. This decision was made primarily because of problems with solid waste, challenges with latrines quickly filling-up and the need for de-sludging; rather than based on preferences of women and girls. There was strong collaboration, especially in the early response, between IFRC PGI and the GBV sub-sector around design of dignity kits, selection of items and post-distribution findings.

In the WASH Cluster strategy (March to December 2018), reusable cloth or pads are also endorsed due to these issues. Currently, the majority of agencies now distribute hygiene and/or dignity kits with either cloth or reusable pads; however there are some agencies that continue to distribute disposable sanitary napkins. There is a need to collaborate with ICRC who mainly work with host communities, who reportedly also still distribute family hygiene kits with disposable pads¹⁰.

Distributions of kits are not coordinated between camps or between agencies within each camp. In camp 18 for example, this then meant that some women and girls had received disposal pads (used with elastic not underwear) from an NGO, as well as cloth in the Red Crescent dignity kits. One KII with a woman in camp 18 showed us the 'red shalu cloth' from the dignity kits which was completely unused; she was planning to finish using up the disposable pads she had got from another agencies and once they had run out then she planned to begin using the cloth.

A number of staff (internal and external) were enthusiastic about the potential for women's groups to sew cloth pads for women to use in the camp. While this is undoubtedly a positive intervention, it requires a detailed feasibility analysis and thorough planning to assess if and how this can meet the needs (considering there are so many women and girls with MHM needs). With the current situation, women's sewing groups would be feasible on a small scale at localised levels within the camps. Current MHM needs also still need to be met while a system can be set-up (and then scaled-up across the camps to meet needs), also ensuring that disadvantaged or vulnerable women and girls are not excluded.

Challenges

- Short missions and high staff turnover, especially at the beginning of the operation, seems to have led to challenges with 'institutional memory' or knowledge management and subsequent delegates and staff not having the 'full-picture' or basic information.
- Difficulties in recruiting female volunteers (especially those who speak Bengali), in order to be able to implement MHM programming (or hygiene promotion).
- Lack of coordination (between sectors and between agencies) in terms of distribution and kit content – both at Cox's Bazar and at individual camp level.

Recommendations

- Strengthen coordination internally (particularly between WASH and PGI), and externally with other agencies who are active in MHM (potentially through the planned 'MHM working group' managed by the WASH and Protection clusters).

¹⁰ Disposable pads which reportedly go unused as the women don't wear underwear. ICRC are also reported to be in the process of procurement a large number of manufactured reusable sanitary pads (AfriPads).

- Link with RCRC managed health facilities to check if any data or information exists on health issues related to menstruation. Using dirty, unwashed or damp materials to absorb menstrual flow may lead to vaginal infections pain and other health problems.
- Advocate with WASH cluster and HP cluster members for action on solid waste management (including thinking about menstrual waste). [Swedish Red Cross is supporting PMO on a solid waste feasibility study October – December 2018 which will support this].

vi. **Complementary dignity and MHM kits**

Women and girls do not have consistent access to appropriate menstrual supplies and supportive items to enable them to manage their monthly menstruation.

Dignity kits are a programming tool (not a relief item) and were planned as a one-off distribution with no replenishment of consumables. Women and girls report that the menstrual cloth is worn out after maximum 3 months of use. Women and girls have been requesting laundry soap and more information through the dignity kit post-distribution monitoring. Laundry soap, carry pouch (for privacy), rope and pegs (to support drying), and IEC (for simple, practical information) are not included in the dignity kits.

To address these concerns, it is recommended to develop specific, targeted MHM kits (as a relief item) to complement dignity programming implemented by PGI (see diagram below). The overall aim would be to comprehensively support dignity and menstrual hygiene needs, including improving safety and mobility, of women and adolescent girls. Dignity kits could include exclude menstrual cloth to avoid overlap or include the same reusable pads/cloth as in the MHM kits.

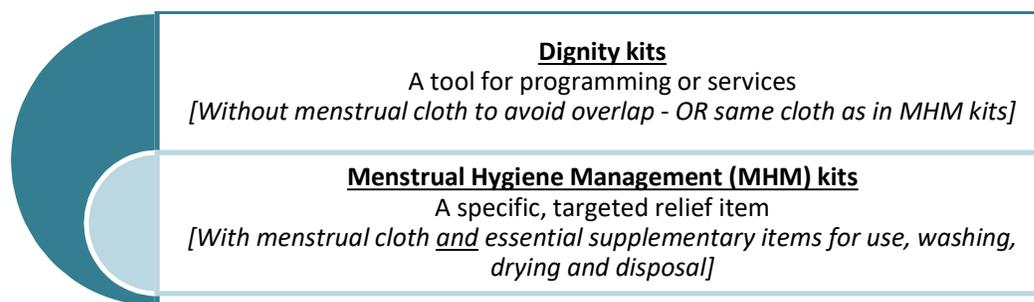


Table 2 outlines key differences between dignity kits and MHM kits in terms of distribution strategy, purpose and target group.

Table 2: Ideas on strategizing dignity and MHM kits as part of PMO.

	Dignity kits	MHM kits
NFI or programming tool?	Use as an intervention or entry point for programming (PSS, sexual and reproductive health, violence prevention/ response etc.) Not an NFI or relief item.	NFI or relief item (to provide
Distribution strategy	One –off distribution	Initial distribution then top-up or replenishment of consumable items (sanitary pads/cloth, bathing and laundry soap)
Target group	All females over 11 years of age	Females of reproductive age (11 – 50 years approx. but depends on context)
Purpose	To support dignity, including improving safety and mobility, of women.	To ensure that women and girls have essential items needed to manage their monthly menstruation hygienically and with dignity.

B. Improving MHM action in future operations

Broad lessons and recommendations for improving MHM action in future operations identified include:

Menstrual waste is rarely considered (if at all), even by those who have MHM activities which generate waste (such as distribution of kits). In addition, there is a **widespread misconception that distributing pads and underwear addresses MHM; without consideration of the need for information and facilities for washing, drying and disposal.** Continue to build and strengthen the knowledge, capacity and confidence of female and male staff and volunteers in MHM – with an emphasis on the ‘life-cycle’ of MHM materials and the three core components of an MHM response.

Women and girls should be consulted or involved in planning of solid waste facilities, which would allow them to give ideas/preferences on siting, type and mechanism of collection etc. **Asking women and girls about how they disposed of menstrual waste before the emergency, coping mechanisms used, traditional beliefs and cultural practices around menstrual waste** is critical to understanding how best to support them with disposal after an emergency. Pilot a variety of **menstrual waste disposal facilities and mechanisms** in ongoing or future operations, to begin collecting evidence on what works/doesn’t work, factors for success, best practices etc.

Distributions of kits are not coordinated between camps or between agencies within each camp. Many people have different understandings of the purpose and target of personal dignity, family hygiene, and MHM kits. There is **no strategy for replenishment or top-up of consumable items** (including sanitary cloth, bathing soap, laundry soap). **Ensure that any dignity or MHM kit distribution comes with a distribution strategy including a plan for when the consumable items run out.** Initial estimates for life-span of materials (e.g. menstrual cloth, laundry soap etc.) can be discussed with women and girls during the first round of post-distribution monitoring. It is recommended that Red Cross Red Crescent aligns as much as possible with Cluster guidelines and recommended kits – taking care to ensure that they are appropriate, designed based on input from women and girls, and that all RCRC minimum items for menstrual hygiene are included. For example, the Cox’s Bazar WASH cluster guidelines specifies core MHM kit includes 3 items (reusable pads, soap and underwear) – additional items could be added to ensure a quality, comprehensive kit is distributed (which still follows the cluster guideline). **Pilot and begin to generate evidence on the use of cash programming for menstrual hygiene, including for replenishment of consumable items.**

Women and girls have menstrual hygiene needs from day 1 of an emergency response, which continue every month throughout the operation. Dignity kits are a programming tool not NFI, and are a one-off distribution. Girls and women are left without access to essential items they need to manage their monthly menstruation for the months before receiving the dignity kit and several months after. **Ideally, each National Society should assess MH preferences and practices in their country as part of preparedness, and a country-specific MHM kit developed and pre-positioned.** For countries that are still in that process or do not have country-adapted MHM kits identified, **standard MHM kits can be pre-positioned and distributed in the first phase, after which they should be adapted to the specific context and post-distribution feedback from women and girls used to revise and improve the content.** It is recommended to pre-position a number of standard disposable and reusable MHM kits in strategic regional (or country) warehouses, for immediate distribution in the first phase of a sudden onset emergency, with a evaluation of the experiences and their effectiveness.

Simple and cheap adaptations to standard designs can make managing their menstruation a lot easier for women and girls (e.g. hooks, shelves, mirrors, angle and material of roof etc.). **Develop and standardise technical designs¹¹ for ‘female-friendly’ WASH facilities** so that engineers include ‘easy-wins’ which make it easier for women and girls to manage their menstruation from the start.

There was a lost opportunity to listen to women and girls needs and adapt standard designs and activities after the first initial response (circa. Nov / Dec 2017, 3 months after the massive influx of Rohingya). When moving from acute to subsequent emergency phases, **take advantage of revisions in standard designs for WASH facilities (at Cluster or organisation level) to make sure women and girls are asked about their needs, preferences and ideas.** Including simple changes when standard designs are revised can have big impacts on women and girls.

¹¹ Including construction drawings and Bill of Quantities.

Because there are huge issues with accessing private bathing areas and washing facilities, **many 'informal bathing areas' have been constructed creating serious drainage and erosion problems.** Wastewater from informal bathing areas runs downhill into neighbouring plots, with erosion creating instability and collapse of soil. Wherever possible, **include household bathing areas in standard shelter designs from the beginning of an operation (e.g. skip communal bathing areas all together in emergency designs).** Including a small bathing area off each individual shelter from the beginning would use minimal additional construction resources and the additional space (m²) would have been taken into account during site planning (e.g. how many shelters can fit in the allocated area). Women and girls would have increased privacy and convenience, and the challenges faced now with informal construction, drainage, erosion and lack of space for retrofit could have been avoided.

Distributions for personal kits (dignity or MHM) are very different than standard NFI distributions which target households and include general items rather than personal, intimate items. There are additional challenges with correctly identifying the target beneficiaries (e.g. women and girls of reproductive age) if assessment and registration data only includes a wide age range. Work with Relief to **develop a short technical guidance** note around distribution of personal dignity and MHM kits, including the key differences between the different types of kits, and suggested mechanisms for distribution to individual females including the demonstration and information session.

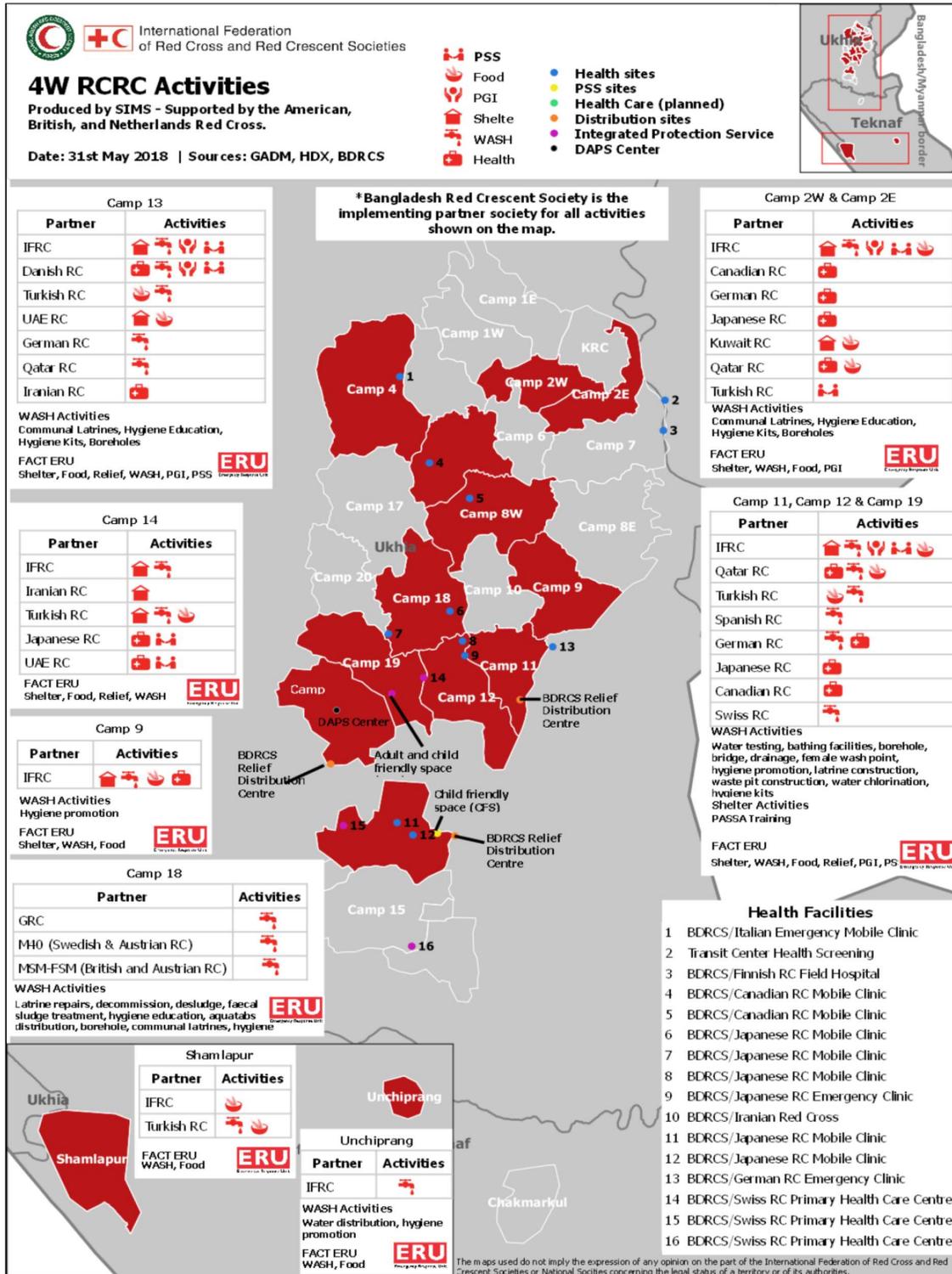
In many humanitarian agencies, MHM falls under the responsibility of WASH or Protection – but it can also be one sector with responsibility at headquarter (or global) level and another at operational level. **One sector cannot address MHM needs alone; cross-sectoral coordination is key – however one sectors needs to have overall responsibility and to be accountable. At a global level in IFRC, WASH has overall responsibility for MHM.** Strong coordination and joint planning, implementation and monitoring are essential – particularly for WASH, PGI and shelter in the Red Cross Red Crescent context.

Include menstrual hygiene as a standard component of WASH (and PGI) programming. Incorporate MHM assessments, feedback mechanisms and hygiene promotion into existing or planned activities, making use of existing resources and activities rather than placing extra work on staff and volunteers. For example, female HP volunteers can include several MHM questions in focus group discussions routinely held with women. HP volunteers can provide direct feedback to WASH hardware team on challenges that women and girls are facing with facilities and ideas for improvements.

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Annex 1: Overview of camps and activities in PMO



Source: <http://adore.ifrc.org/Download.aspx?FileId=198472>

Annex 2: Schedule and key activities

Date	Time	Key activities / meetings
Sunday 5th Aug	0830	Frank Kennedy (IFRC Operations Manager, PMO)
	0930	Chandapiwa William Kativu (UNHCR WASH Officer)
	1100	Shajeda Begum (UNICEF WASH)
	1400	Sonya Sagan (WASH sector hygiene promotion coordinator)
	1500 – 1700	CXB WASH Cluster meeting
Monday 6th Aug	0800 – 1700	FGD 1 (Camp 18), observations of latrines/bathing areas/solid waste facilities and KII with Faecal Sludge Management site manager
	1700	Eleni Troumpouki (IFRC PGI Delegate) and Noorzat Mahjabeen (BDRCS PGI Officer)
Tuesday 7th Aug	0800 – 1700	FGD 2 (Camp 19) and observations of latrines/bathing areas/solid waste facilities
Wednesday 8th Aug	0900	Lea Jimera Acallar (Danish RC Programme Delegate)
	1030	Michelle Farrington (Oxfam Public Health Promotion & Community Engagement Coordinator, Rohingya Refugee Response)
	1400	M Narun Nabi (BDRCS Project Manager, PMO)
Thursday 9th Aug	0900	Narendra Singh (IFRC Shelter and Settlement Delegate)
	1030	Saba Zariv (UNFPA Sub-sector Coordinator GBV)
	1500	Debrief / summary of next steps with IFRC WASH

