



# Addressing menstrual hygiene management (MHM) needs

Guide and Tools for Red Cross and Red Crescent Societies

Pilot version / July 2019

Cover image credit: Corinne Ambler/New Zealand Red Cross - Burundi

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**IFRC Menstrual Hygiene Management (MHM) guide and toolkit  
Second review, July 2019**

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# Addressing menstrual hygiene management (MHM) needs

## Guide

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network, reaching 150 million people each year through our 191 member National Societies. Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by *Strategy 2020* – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to "saving lives and changing minds".

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

## List of acronyms

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CBHFA	Community based health and first-aid
CEA	Community engagement and accountability
CVA	Cash and voucher assistance
DAPS	Dignity, access, participation, safety
DM	Disaster management
DREF	Disaster relief and emergency fund
EPOA	Emergency plan of action
FGD	Focus group discussion
HP	Hygiene promotion
IEC	Information, education and communication
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International non-governmental organisation
KII	Key informant interview
KAP	Knowledge, attitudes and practices
MHM	Menstrual hygiene management
NFI	Non-food item
NGO	Non-governmental organisation
PPE	Personal protection equipment
PGI	Protection, gender and inclusion
PSS	Psycho-social support
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SBCC	Social and behaviour change communication
UNICEF	United Nations Childrens Emergency Fund
UNFPA	United Nations Population Fund
WASH	Water, sanitation and hygiene

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## Overview: Steps and Tools for MHM action

Assessment		
Step 1: Identifying the problem	Step 2: Identifying target groups	Step 3: Analysing barriers and enablers for behaviour change
Tool 1	Focus group discussion guide – assessment	
Tool 2	Checklist: Minimum standards for inclusive, MHM-friendly latrines	
Tool 3	Checklist: Minimum standards for inclusive, MHM-friendly bathing areas	
Tool 4	Checklist: Minimum standards for inclusive, MHM-friendly solid waste facilities	
Tool 5	Cash and voucher assistance for menstrual hygiene	

Planning	
Step 4: Formulating menstrual hygiene objectives	Step 5: Planning
Tool 6	Step-by-step tool for deciding priority MHM actions (based on assessment)
Tool 7	Example MHM outputs, indicators and targets for the Emergency Plan of Action
Tool 8	Minimum items to be included in kits for menstrual hygiene

Implementation	
Step 6: Implementation	
Tool 9	Example IEC materials (English, French, Spanish and Arabic) for disposable pads, reusable pads and tampons - can be adapted and translated to country/context

Monitoring, evaluation & learning	
Step 7: Monitoring and evaluation	Step 8: Review, re-adjust
Tool 10	Feedback and mitigation log (can also include rumours, complaints and misinformation)
Tool 11	Focus group discussion guide – post distribution monitoring
Tool 12	Survey for post-distribution monitoring
Tool 13	Checklist for MHM actions in humanitarian operations

# Getting started: This guide

## 1.1 Purpose and target audience

This guide aims to provide comprehensive guidance and practical tools for designing and implementing appropriate, comprehensive and effective MHM action in humanitarian contexts, adapted for the Red Cross Red Crescent context.

Programme and operations managers (male and female) from all areas working to prepare for or respond to MHM needs of women and girls can use this guide, including:

- Water, sanitation and hygiene promotion (WASH)
- Protection, gender and inclusion (PGI)
- Shelter and NFIs
- Health, including sexual and reproductive health (SRH)
- Psycho-social support (PSS)
- Education

## 1.2 What this guide does and does not include

There are a number of existing resources and tools for MHM in both humanitarian contexts and longer-term development programming. For example, the [Global toolkit for integrating Menstrual Hygiene Management \(MHM\) into humanitarian response](#)<sup>1</sup>.

**This guide and practical tools aim to complement (rather than duplicate) existing resources.** The Red Cross Red Crescent way of working through community-based volunteers is highlighted.

This guide includes:	This guide does not include:
<ul style="list-style-type: none"> <li>• Considerations for identifying, selecting and training community volunteers in MHM</li> <li>• Guidance around distribution of dignity and MHM kits, including minimum content for MHM and how to avoid overlap</li> <li>• Step-by-step actions for addressing MHM in humanitarian contexts</li> <li>• Practical tools for assessing, planning, implementing and monitoring MHM (that can be adapted and translated at country or operation level).</li> </ul>	<ul style="list-style-type: none"> <li>• Information on the physiological process of menstruation</li> <li>• Information on the different types of menstrual materials available and when they may be appropriate or not (e.g. disposable and cloth pads, tampons, menstrual cups, sponges, etc.)</li> </ul>

This guide and tools align with and should be used together with the IFRC Minimum Standards for Protection, Gender and Inclusion.

<sup>1</sup> Sommer, M., Schmitt, M., Clatworthy, D. (2017). A toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response. (First edit). New York: Columbia University, Mailman School of Public Health and International Rescue Committee.

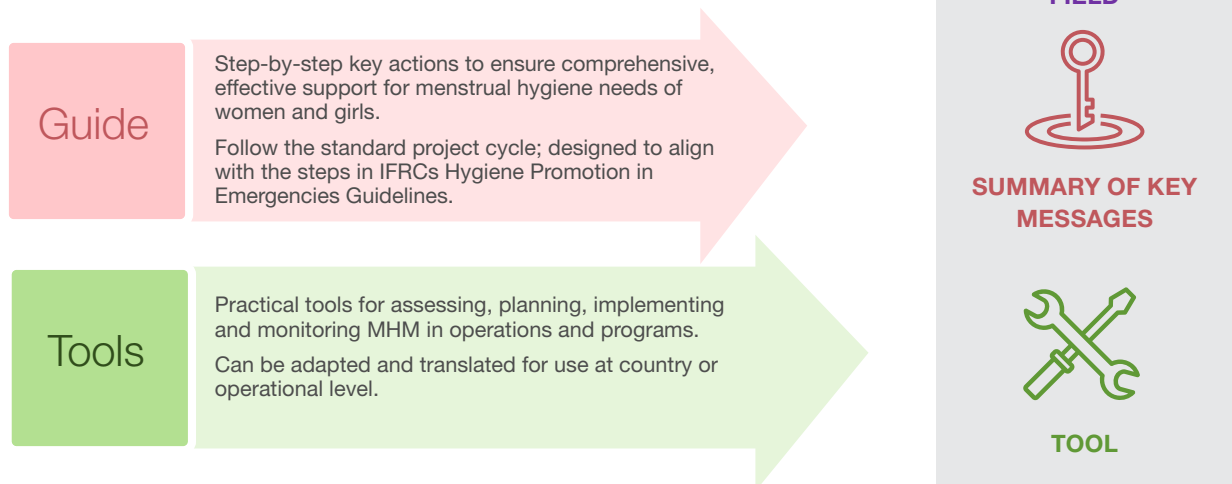
## 1.3 How to use this guide and tools

This guide and tools can be used when preparing for and responding to the menstrual hygiene needs of women and girls in humanitarian situations.

This guide and tools can also be used for longer-term development programming (for example WASH in communities or schools, and CBHFA) or preparedness for disasters or crises, to train National Society staff and volunteers, assess menstrual hygiene practices, preferences, socio-cultural attitudes, taboos and restrictions, and trusted sources of information.

**This guide is structured into two main parts (see below).** The icons link to the relevant tools. Several examples from the field are included. A summary of key messages can be found at the end of each section.

See the *One-pager Summary* for links to further information and additional resources.



### Menstrual HEALTH or HYGIENE management?

Menstrual health is considered to be "an encompassing term that includes both menstrual hygiene management (MHM) as well as the broader systematic factors that link menstruation with health, well-being, gender, education, equity, empowerment and rights"<sup>2</sup>. In the RCRC context, since many enabling factors for MHM fall under the responsibility of WASH (e.g. water supply, sanitation facilities including latrines, bathing areas and solid waste, MHM kits and hygiene items), the term 'Menstrual Hygiene Management' (MHM) will be used throughout this guide.

<sup>2</sup> UNFPA. Review of Menstrual Health Management in East and Southern Africa.; 2018. [https://esaro.unfpa.org/sites/default/files/pub-pdf/UNFPA Review Menstrual Health Management Final 04 June 2018.pdf](https://esaro.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Review%20Menstrual%20Health%20Management%20Final%2004%20June%202018.pdf).



# MHM in humanitarian contexts: The basics

## 2.1 What challenges do women and girls face?

In everyday life, women and girls face a number of challenges around managing their menstrual hygiene. In humanitarian contexts, these challenges – especially related to dignity, access, participation and safety (DAPS<sup>3</sup>) – can be exacerbated. Existing coping mechanisms are affected and there is a significant loss of privacy.

Main challenges faced by women and girls in emergencies are<sup>4</sup>:

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

Remember that some women and girls may need additional assistance or support, such as women and girls with physical and/or learning disabilities, mobility restrictions or unaccompanied and separated girls.

Although this guide uses the term 'women and girls', it is important to recognise that transgender persons may also menstruate. Based on context and situation, take special care to identify and support transgender persons with MHM in an appropriate, dignified way.

## 2.2 What are the risks of not addressing MHM?

There are a number of risks to women and girls if their menstrual hygiene needs are **not** adequately addressed in humanitarian contexts:

- Women and girls with no other option may use old, dirty or damp cloth to absorb their menstrual flow, leading to irritation and/or infections.
- If women and girls need to wait for darkness to visit the latrines or find a private place to change/dispose of sanitary materials at night, they risk potential sexual and gender-based violence (SGBV).
- Women and girls may have severely restricted movement and be forced to remain at home or in their shelter while they have their period. They may have difficulties attending distributions, collecting water,

<sup>3</sup> DAPS (Dignity, Access, Participation and Safety) is a framework for addressing core minimum standard commitments to Gender and Diversity in emergency programming. <http://www.ifrc.org/Global/Photos/Secretariat/201505/Gender%20Diversity%20MSCs%20Emergency%20Programming%20HR3.pdf>.

<sup>4</sup> Sommer, M., Schmitt, M., Clatworthy D. *A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response. (First Edit). New York; 2017.*

access health services or work. Girls may not attend school during their periods if they lack private, appropriate facilities and sanitary items.

- Anxiety and embarrassment around leakage of blood, and discomfort or pain associated with menstruation.

## 2.3 What is MHM?

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

MHM is not only about distributing pads or providing education to girls. A comprehensive, effective MHM response has three main components (Figure 1)<sup>5,6</sup>:

### 1. MHM materials and supportive items

This includes materials such as pads, cloth, underwear, tampons etc. to absorb the menstrual flow and items to support use, washing, drying and disposal.

### 2. Private, safe and appropriate WASH facilities

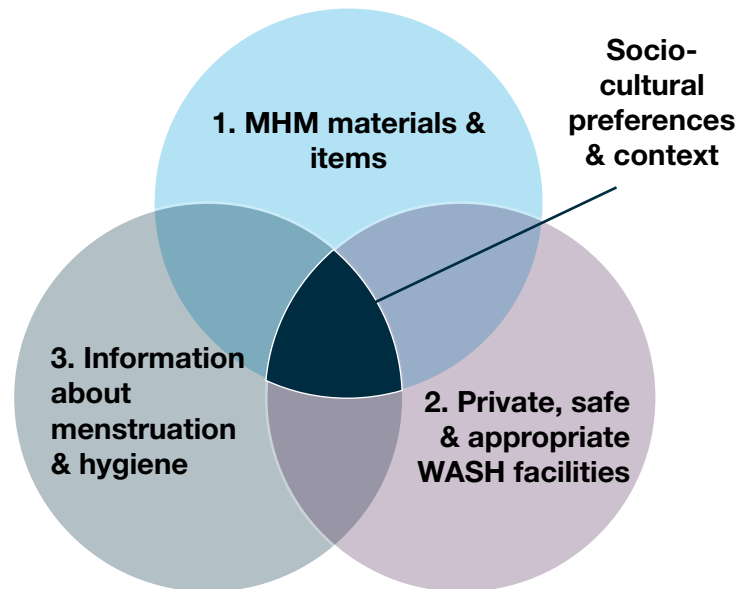
This includes facilities and infrastructure for changing used materials, washing and drying cloth, reusable pads and underwear, bathing and disposing of sanitary items and wastewater.

### 3. Information on menstruation and hygiene

This includes basic information on the process of menstruation (especially for adolescent girls), demonstration with any distribution of MHM items (on their use, care, disposal, etc.) and staying healthy (personal hygiene).

These components are all influenced by various motivators and personal preferences, socio-cultural factors, and physical barriers.

**Continuously engaging and consulting with women, girls, men and boys is critical, to ensure the MHM response is socially and culturally appropriate and adapts to changing needs and challenges.**



### 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.

5 Sommer M, Schmitt ML, Clatworthy D, Bramucci G, Wheeler E, Ratnayake R. 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.

6 IFRC. *Menstrual Hygiene Management (MHM) in Emergencies: Consolidated Report*. 2016. [https://watsanmissionassistant.wikispaces.com/file/view/Menstrual Hygiene Management in Emergencies\\_Consolidated Report 2016.pdf](https://watsanmissionassistant.wikispaces.com/file/view/Menstrual+Hygiene+Management+in+Emergencies_Consolidated+Report+2016.pdf).

## 2.4 Who is involved in a humanitarian MHM response?

In many humanitarian agencies, MHM is led by WASH or Protection – but it can also be one sector who has responsibility at headquarter (or global) level and another who has responsibility at an operational level.

At a global level in IFRC, WASH has overall responsibility for MHM. Many of the core actions to support MHM fall under the responsibility of WASH (e.g. water supply, sanitation facilities including latrines, bathing areas and solid waste, MHM kits and hygiene items), however in some operations Protection has taken a lead. Make sure there is clarity on who has overall responsibility for MHM and for coordinating and working with others.

One sector cannot address MHM needs alone. Strong coordination and joint planning, implementation and monitoring are essential – particularly for WASH, PGI, health and shelter – but also including psycho-social support (PSS), disaster management and relief, and education.

Coordination and collaboration with national ministries, working groups and sector coordination mechanisms is important to: avoid duplication of distributed items, prevent distribution of culturally inappropriate items, advocate for standardised kit content, and to ensure actions are aligned with national guidelines, policies and goals as well as humanitarian standards (e.g. Sphere<sup>7</sup>). Be sure to link with the Ministry of Health or WASH, WASH cluster, Protection cluster (including GBV sub-cluster) and national MHM working group (if any).



### SUMMARY OF KEY MESSAGES

- Women and girls face a number of challenges around menstruation in emergencies, including lack of sanitary materials, significant loss of privacy, anxiety and embarrassment, cultural taboos and restrictions, and inadequate latrines, bathing facilities, drying areas and waste disposal mechanisms.
- If menstrual hygiene needs are not adequately addressed, women and girls may face irritation or infections, the risk of sexual and gender-based violence, restricted movement and inability to attend distributions or access services.
- MHM is a multi-sectoral issue and strong coordination is key for a comprehensive, response that effectively meets changing needs of women and girls.
- The three essential components for an effective MHM response are: access to MHM materials and supportive items; private, safe and appropriate WASH facilities; and information. These are all influenced by individual preferences, socio-cultural factors including taboos and restrictions, and physical barriers.
- Continuous engagement and consultation with women, girls, men and boys is critical, to ensure that MHM actions are response and that they address needs and challenges, and are socially and culturally appropriate.
- It is important to identify women and girls who may be marginalised or need additional support, such as those with physical disabilities, learning difficulties, transgender people or unaccompanied girls.

7 Sphere 2018: <https://www.spherestandards.org/handbook-2018/>

## 2.5 Making sense of kits and items for menstrual hygiene

Providing kits and non-food items (NFIs) to people affected crises – either in-kind distributions or through cash grants/vouchers – continues to be a core Red Cross Red Crescent relief activity.

Figure 1 below provides an overview of hygiene, dignity and menstrual hygiene management kits which are commonly distributed by National Societies in humanitarian operations. Different kits have different target groups and different purposes, as well as different timeframes for use (e.g. how long the items last for) and different distribution mechanisms.

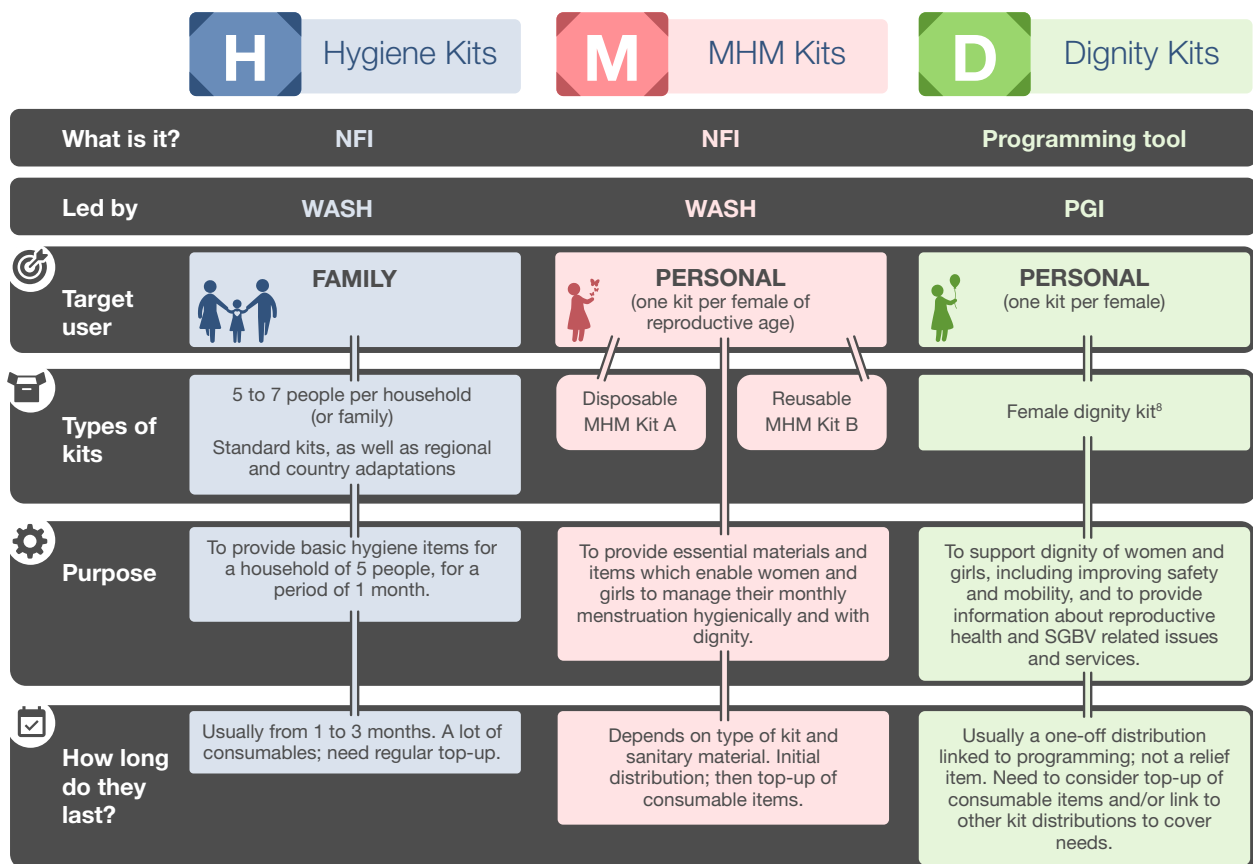


Figure 1: An overview of hygiene, dignity and menstrual hygiene management kits.

There are some **key issues in relation to menstrual hygiene**:

- 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.
- Standard family hygiene kits that are distributed in the first phase of emergencies can often include socially and culturally inappropriate items, or items that are not preferred by women and girls in that context. This can lead to items distributed being unused, discarded or re-sold – and menstrual hygiene needs going largely unmet. There is a wide diversity of preferences, materials, and practices for managing menstruation across different cultures and contexts, which need to be considered.
- Important items to enable women and girls to wash, drying and dispose of sanitary materials (e.g. laundry soap and bucket for washing, rope and pegs, additional cloth for privacy while drying, bag or pouch for privacy and disposal) are generally not included in dignity kits (or hygiene kits).

<sup>8</sup> Depending on context can also be developed for other specific groups e.g. males, babies, people with disabilities, older people, sex workers etc.

- Dignity kits<sup>9</sup> are a programming tool that aim to serve a broader protection purpose, and are first and foremost designed to promote dignity, mobility and safety of women and girls by providing age, gender, and culturally appropriate items such as headscarves, shawls, whistles and torches. Dignity kit content is decided after consultation and feedback from women and girls (or other target groups) on their specific needs. Dignity kits are always locally procured and not distributed in the first or acute phase of an emergency or humanitarian crisis. Because women and girls continue to menstruate from day 1 following an emergency or crisis – dignity kits do not meet initial MHM needs and should be distributed in addition to hygiene and MHM kits (with close coordination to avoid duplication; see section below).



Credit: Corinne Ambler/New Zealand Red Cross - Burundi

- Dignity kits are a one-off distribution, and do not meet the menstrual hygiene needs of women and girls on a continuous (or ongoing) basis. Disposable sanitary pads and soap are used up quickly – even cloth or reusable sanitary pads become worn out and not absorbent over time (generally 3 – 12 months depending on quality of cloth or pads). How long the different kits and items last for and how consumable items will be replenished or ‘topped-up’ must be considered and included in any kit distribution strategy.
- Most hygiene and dignity kits do not include information on the use, care and disposal of menstrual items (e.g. how to wash, dry and dispose of used sanitary items), or practical information on how to stay healthy and what the menstrual process is. Women and girls may have incorrect information or cultural beliefs on use and care of menstrual items. It can never be assumed that women and girls know how to use the type of sanitary pad or items inside each kit (demonstration and information with any distribution is critical).

## Considerations for kit distributions in emergencies<sup>10</sup>

### Key points

- Dignity kits<sup>11</sup> are not a standard relief item that can be pre-positioned. Dignity kits are always locally procured and distributed after the initial, acute response (and are designed following consultation and feedback of context and culturally specific needs).
- Family hygiene kits, even with sanitary pads included, do not effectively or comprehensively address MHM needs.
- MHM kits are a relief item that can be pre-positioned and distributed in the initial acute response to meet immediate MHM needs of women and girls.
  - Ideally (see Scenario A), MHM preferences and practices at country level should be assessed as part of preparedness, and a country-specific MHM kit developed and pre-positioned.
  - For countries that do not have country-adapted MHM kits identified (scenario B and C), standard MHM kits can be pre-positioned and distributed in the first phase. Post-distribution feedback from women and girls should then be used to adapt MHM kit to the specific context and to revise and improve the content.

<sup>9</sup> In the Red Cross Red Crescent context; other agencies or organisations have different definitions of hygiene, dignity, female hygiene kits.

<sup>10</sup> Developed based on example from UNICEF Guidance: Immediate Response WASH and Dignity Kits and Family Hygiene and Dignity Kits (2015).

<sup>11</sup> A few National Societies may have locally adapted dignity kits which are pre-positioned on a small scale; this document intends to provide general guidance for the most common scenarios faced by National Society and movement partners, and therefore this guidance should be contextualised.

## Addressing menstrual hygiene management (MHM) needs

In general, there are 3 different scenarios for kit distributions (see figure 2), based on the pre-disaster level of pre-positioning as well as the National Society procurement capacity (also in relation to scale and type of humanitarian needs):

**Scenario A:** Locally adapted kits pre-positioned at country level; all local procurement.

**Scenario B:** Standard kits pre-positioned at country or regional level; local procurement following the initial acute response (including for re-distributions and top-up items).

**Scenario C:** Standard kits pre-positioned at country or regional level; limited or no local procurement for the duration of the emergency response (including for re-distributions and top-up items).

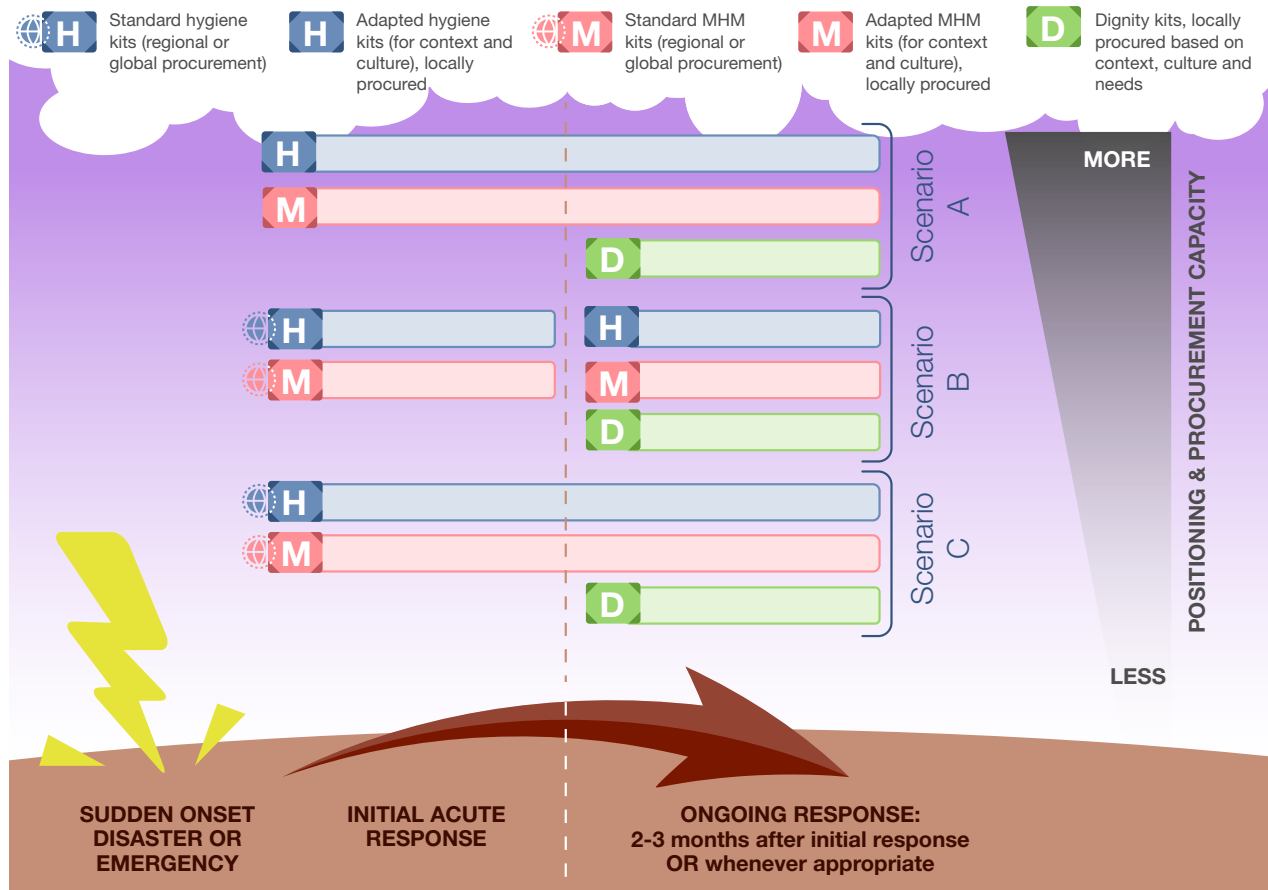


Figure 2: Different scenarios for kit distributions, based on the pre-disaster level of pre-positioning as well as the National Society procurement capacity.

## GUIDANCE TO AVOID DUPLICATION BETWEEN KITS

### Key points

#### Distributing pads and underwear alone DOES NOT address MHM needs

- Along with pads and underwear, essential items to support washing, drying and disposal, and information on use and care of menstrual items must be distributed.
- MHM and dignity kits are designed for personal use; so that every woman and girl in a household should receive an individual kit (not one kit per household).

**Dignity kits are NOT a replacement for MHM kits**

- Dignity kits usually do not include key items for supporting washing, drying and disposal, or information on use and care of menstrual items.
- It takes time to consult, design, procure and distribute dignity kits (often 3 – 6 months); during which women and girls continue to menstruate and have MHM needs.
- Dignity kits are a one-off distribution; disposal pads, menstrual cloth, laundry soap, body soap (and potential other items like paper bags to support disposal) are all consumables and there needs to be a clear strategy for replenishment/top-up so that women and girls have continuous access to the basic menstrual hygiene items they need (always assess potential for using cash and supporting local markets).

**GUIDANCE TO AVOID DUPLICATION BETWEEN KITS**

<b>Initial acute response</b>	<p>IF Hygiene Kits <b>AND</b> MHM Kits will be distributed:</p> <ul style="list-style-type: none"> <li>• Remove sanitary items from hygiene kits</li> </ul> <p>IF only Hygiene Kits will be distributed:</p> <ul style="list-style-type: none"> <li>• Leave sanitary items in hygiene kits</li> </ul> <p>Dignity kits are not an NFI and are not distributed in first or acute phase of emergencies</p>
<b>Ongoing response</b>	<p>IF Hygiene Kits <b>AND</b> MHM Kits <b>AND</b> Dignity Kits will be distributed:</p> <ul style="list-style-type: none"> <li>• Remove sanitary items from hygiene kits and dignity kits (e.g. only MHM kits have sanitary items) <b>OR</b></li> <li>• Remove sanitary items from hygiene kits and ensure sanitary pads in dignity kits are the same as in MHM kits [note: this option means there will be women/girls receiving more pads than they need, and women older than reproductive age receiving pads even though they don't get their period].</li> </ul> <p>IF Hygiene Kits <b>AND</b> Dignity Kits will be distributed:</p> <ul style="list-style-type: none"> <li>• Remove sanitary items from hygiene kits <b>AND</b></li> <li>• Ensure dignity kits have ALL minimum MH items (see Tool 8; e.g. pads, underwear, but also laundry soap, small bucket, carry bag, rope etc.) <b>AND</b></li> <li>• Ensure top-up/replenishment of consumable items (e.g. pads, laundry and body soap) in dignity kits [timeframe based on type of pads and quantity of items]</li> </ul> <p>IF <b>only</b> Hygiene Kits will be distributed:</p> <ul style="list-style-type: none"> <li>• Leave sanitary items in hygiene kits, adapt to the context as soon as possible</li> <li>• Ensure top-up/replenishment of consumable items (e.g. pads, laundry and body soap) [timeframe based on type of pads and quantity of items]</li> </ul>

**REMEMBER!**

**ALL KITS HAVE CONSUMABLE ITEMS WHICH NEED REGULAR TOP-UP OR REFILL (IN-KIND DISTRIBUTION OR CASH)**

**MAKE SURE YOU HAVE A CLEAR STRAGETY FOR ANY KIT DISTRIUB-TION RIGHT FROM THE BEGINNING**

## OVERVIEW OF THE PROCESS FOR MHM KITS

Figure 3 shows an overview of the recommended best-practice process for menstrual hygiene kits in emergencies (also useful for dignity kits which include MHM items). The process should be a cycle (e.g. post-distribution monitoring consultation should inform top-up kits, adaptations to kit content and other activities). The process should be adapted based on context.

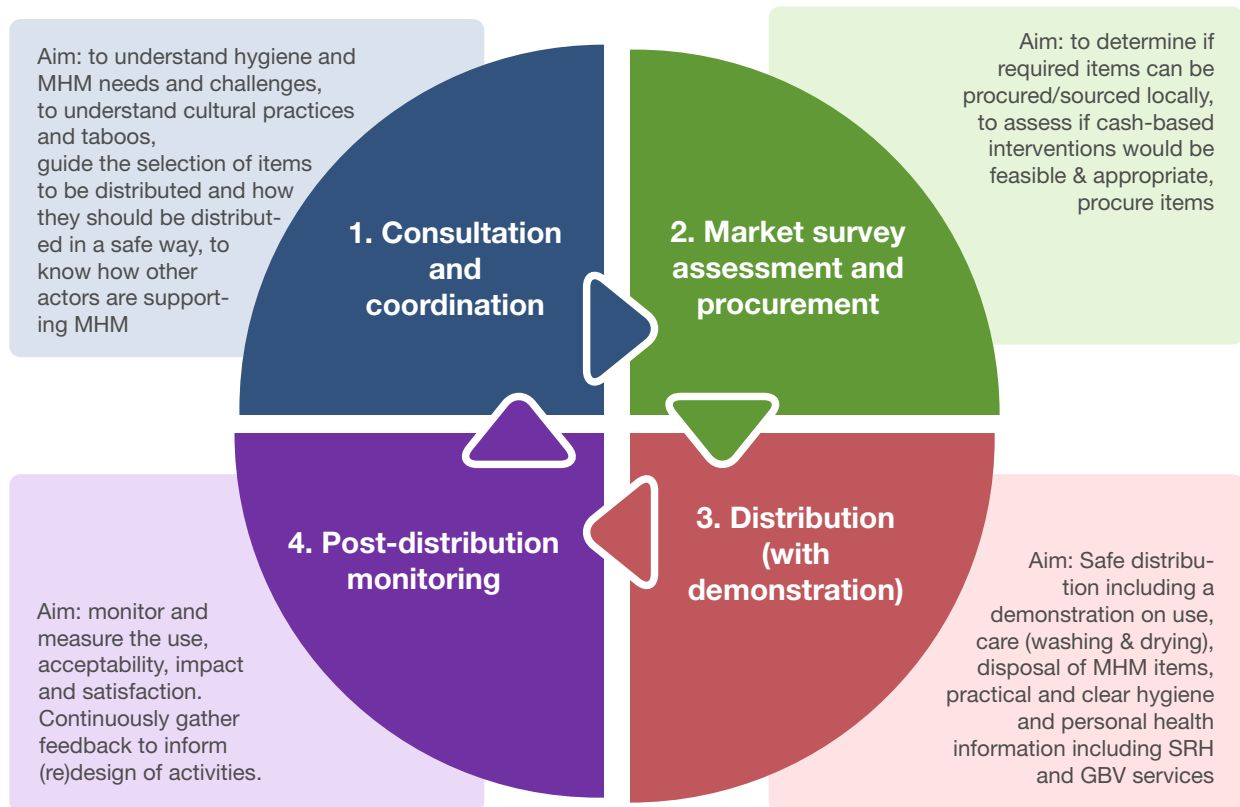


Figure 3: An overview of the recommended process for hygiene, dignity and menstrual hygiene related non-food items (NFIs).

## Minimum items for menstrual hygiene

Based on field experiences and operational research, IFRC have developed minimum items for menstrual hygiene to be included in MHM kits and dignity kits which aim to support women with menstrual hygiene.



### TOOL 8: MINIMUM ITEMS TO BE INCLUDED IN KITS FOR MENSTRUAL HYGIENE

When designing dignity and MHM kits and selecting menstrual materials, it is important to **consider their whole life cycle**. Figure 4 shows the basic life-cycle for reusable and disposable materials. The whole process from procurement, distribution, use, washing, drying, disposal and waste management, 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.

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). In some settings, finding private spaces for washing and drying reusable materials can be a significant challenge. Where possible, items should be procured locally. See Tool 5 for more information on assessing use of cash and vouchers for menstrual hygiene items.



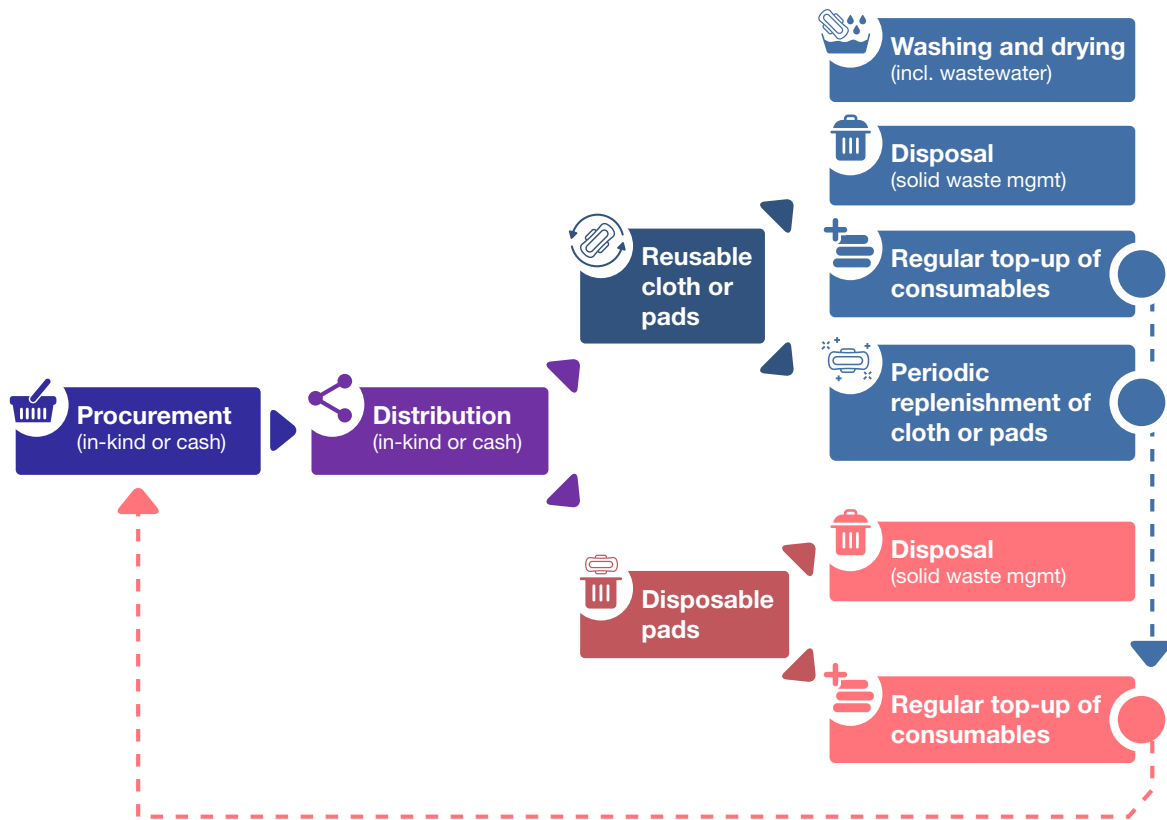


Figure 4: Basic life-cycle of reusable and disposal menstrual materials in a humanitarian operation<sup>12</sup>.

Women and girls need private, appropriate bins or ways to dispose of used pads and cloth, that they feel comfortable using both day and night. Pads, cloth or other materials thrown into flush latrines will cause blockages; and can cause issues in pit-latrines that need to be desludged. See Chapter 3, Step 6 (Water and Sanitation Facilities) for more information.

In protracted crises, people may be displaced, in transit or living in camps or settlements for a long time. In these situations, consider income-generation activities such as women’s groups sewing or making reusable pads, or partnership models where women/girls work as sales representatives to sell sanitary materials to others.

See 'Additional resource: FAQs on menstrual hygiene and dignity kits'.

<sup>12</sup> Adapted from: (Sommer, M., Schmitt, M., Clatworthy 2016).



## EXAMPLE FROM THE FIELD

In a refugee settlement in northern Uganda, an INGO distributed 'WASH dignity kits' to women and girls which contained washable cloth pads and underwear, along with other dignity items. Most people were using communal latrines and bathing areas (first phase).

No bucket or basin was provided to wash the cloth pads. The cloth pads were washed in a river nearby, and hung on bushes to dry while the women were bathing or washing. Since this was not long enough for the cloth to dry – they would reuse the cloth while it was still wet. Women and girls also reported a fear of men and boys seeing them wash or dry the menstrual cloth out in the open.

The INGO who distributed the kits was not responsible for the water supply. Later on it was found that the place at the river where women and girls washed their used menstrual cloth was only 50 metres upstream from the main water intake supplying the camp.

**Lesson 1:** Analysing and consulting with women and girls on how they will wash and dry reusable cloth is critical. Regular monitoring and follow up is vital.

**Lesson 2:** The importance of coordination and communicating with other actors (WASH related, but also protection, education, health etc.) cannot be underestimated.



## SUMMARY OF KEY MESSAGES

- Menstruation is very personal, and there is no 'one-size fits all' kit. There is a wide diversity of materials, practices and cultural norms for managing menstruation across different cultures and contexts, which need to be considered.
- MHM kits are a relief item that can be pre-positioned (either context-specific adapted kits or standard kits) and distributed in the initial acute response to meet immediate MHM needs. Ideally, MHM preferences and practices at country level should be assessed as part of preparedness, and a country-specific MHM kit developed and pre-positioned. Or, if standard MHM kits are distributed in the first phase, post-distribution feedback from women and girls should be used to adapt them to the specific context and to revise content.
- Dignity kits are a broader protection programming tool, not a standard relief item that can be pre-positioned. Dignity kits are locally procured and are always designed based on consultation and feedback from women and girls on their age, gender and culturally specific needs.
- Dignity kits are not a replacement for MHM kits. Dignity kits do not meet initial MHM needs (in the acute response period) or on continuous basis (because they are a one-off distribution).
- Items to enable women and girls to wash, dry and dispose of sanitary materials (e.g. laundry soap and bucket for washing, rope and pegs, additional cloth for privacy while drying, bag or pouch for privacy and disposal) must be included in MHM kits and dignity kits that aim to support menstrual hygiene.
- All kits have consumable items and there needs to be a clear strategy for replenishment/top-up so that women and girls have continuous access to the basic menstrual hygiene items they need (always assess potential for using cash and supporting local markets).

# Volunteers and MHM

In menstrual hygiene responses or programs, volunteers may be involved with:

- Talking with women and girls about menstruation, their needs, preferences, practices, cultural taboos and restrictions they face.
- Engaging and communicating with men and boys on menstrual hygiene.
- Assisting with distributions of menstrual hygiene items and materials, including conducting demonstrations and hygiene promotion.
- Construction, maintenance and monitoring of MHM-friendly WASH facilities (including latrines, bathing areas, water supply and solid waste management).
- Collecting feedback from women, girls, boys and men on MHM activities, support provided, needs and challenges they face.

## 3.1 Selecting volunteers for MHM activities

Selection of volunteers should be based on an understanding of the local socio-cultural context and what is appropriate for the specific community you are working with. In some places, it may be appropriate for female volunteers to discuss MHM with other women and girls, and for male volunteers to discuss MHM with men and boys. In other places, it might be different. Ask and listen to community members themselves for guidance on this – do not rely only on National Society staff who may come from another city, area or background.

### Important considerations when identifying and selecting volunteers for MHM activities:

- **Sex of volunteers.** It is always important to include both male and female volunteers in MHM activities! In many communities and cultures, menstrual hygiene is closely linked with fertility and reproduction, and is seen as a ‘family issue’. Women and men may need to be consulted or triggered separately; with female volunteers for the women and male volunteers for the men. Depending on the context, after initial consultation women and men may be able to be mixed and have a discussion together on MHM. Male volunteers are also likely to be involved with other MHM-related activities such as water supply, sanitation, distributions, or hygiene promotion activities etc.
- **Culture and language** of affected communities, especially important in refugee or population movement contexts where people have been displaced. Different volunteers may be needed to engage and communicate with displaced and host communities.
- **Age** of volunteers who will be discussing MHM directly with affected communities. Younger adolescent girls may find it easier to discuss MHM and be more open with adult volunteers, rather than volunteers who are their peers. Older women and men may find it embarrassing or inappropriate to discuss personal or intimate matters with younger volunteers.
- **Trusted sources of information** for personal health issues such as menstrual hygiene. Women and girls may trust information from coming from their mothers, aunties, teachers or local health workers – rather than from agencies or government departments. Men may trust information coming from community or religious leaders, or health workers. It is important to understand where different segments of community get their information from, and which sources they trust. This is especially critical for effectively addressing cultural taboos, myths and misinformation around menstruation.
- **Existing** hygiene promotion volunteers (or PGI, or CBHFA – depending on the situation) should be utilised if possible; especially if MHM activities will be incorporated as one component of broader WASH activities. Existing volunteers have already been trained in RCRC principles, working with communities, disease prevention etc. If cash grants or vouchers will be used, existing relief or cash trained volunteers can be engaged in the process.
- Teachers and parents groups can be engaged for activities in local schools. Local community leaders, influencers, religious leaders and traditional healers or women’s health providers can also be used to engage with women, girls, men and boys.

## 3.2 Training volunteers in MHM

Menstrual hygiene is a sensitive, largely taboo topic – but there is often a lot of interest from both male and female volunteers when MHM is introduced and discussed.

Having knowledge and confident male and female volunteers (and staff) is one of the important first steps in any MHM programme or response. MHM can be a stand-alone training – or it can be incorporated into hygiene promotion, PGI or health (sexual and reproductive health) trainings.

As a minimum, both male and female volunteers should have<sup>13</sup>:

- A basic understanding of menstruation: what it is and how long bleeding lasts for, why it happens (the reproductive cycle), when it begins and ends (menarche and menopause), etc.
- Knowledge of how women and girls manage their monthly menstruation: types of MHM materials and items used locally or in that specific context, including recognising the need to wash, dry, dispose of items etc.
- An understanding of the common socio-cultural beliefs, taboos and restrictions that women and girls face around menstruation (in that specific context).
- The confidence and capacity to speak professionally about MHM.



Credit: Swiss Red Cross / Kyrgyzstan

<sup>13</sup> Adapted from: D. Sommer, M., Schmitt, M., Clatworthy, A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response. (First Edit). (New York, 2017) <<https://www.mailman.columbia.edu/sites/default/files/pdf/mhm-emergencies-toolkit-full.pdf>> [accessed 19 December 2017].

## Important points to consider when training volunteers in MHM:

- Depending on the context, male and female volunteers may need to be trained separately (especially at the beginning when MHM is new and confidence and capacity is being built). In other situations, it will be okay for male and female volunteers to be trained together. Assess this with National Society staff before training is planned.
- Do your best to make volunteers feel comfortable. Some women may feel very embarrassed answering questions, or unsure of their knowledge despite the fact that they experience and deal with their own period each month. Some men may either be very interested and asking detailed questions or be shy and happy to listen and learn. Never pressure anyone to answer or do something they don't feel comfortable doing. Do not single anyone out – male or female – to answer questions.
- Bring samples of different types of pads, underwear, soap, buckets, clothes line etc. to the training. Let the participants get 'hands-on' or at the very least demonstrate how pads are inserted into underwear, how they can absorb blood, how pads are washed etc.
- Terminology can be difficult to translate into local languages. Before training volunteers, make sure you ask National Society staff, local health centre staff etc. about appropriate language and how best to explain the process of menstruation, female anatomy etc. Involve local health workers in the training.
- Try and have an open, professional style of communication. Be upfront that MHM is a sensitive topic which may make some participants feel embarrassed. Reinforce that everyone has a right to learn and that there are no 'silly' questions.
- Use the generic materials developed by IFRC as examples during trainings and for reference [see Tool 9]. IFRC have developed flyers including basic facts of menstruation, how to use and care for pads (disposal and reusable) and how to stay healthy. These can be adapted for your context or country, for use in your programmes.

### Tip!

Remember that volunteers may also have their own personal beliefs, misconceptions or misunderstandings about menstruation, menstrual blood or taboos that women and girls face. Ensure that volunteers are well-trained and that they have clear, practical and correct information. Try and ensure that volunteers approach discussion about menstrual hygiene with an open perspective and in a sensitive way.



### EXAMPLE FROM THE FIELD

Vanuatu Red Cross Society included MHM in a WASH-for-schools program as part of the Tropical Cyclone Pam Recovery project in West-Tanna, supported by Australian RC. Lessons include incorporating peer-teaching, game activities and provision of private changing rooms at schools for improved MHM. Sessions on MHM for parents and teachers was identified to be important, to empower teachers and parents with the right tools, knowledge and confidence to speak with and educate their children about MHM.



## SUMMARY OF KEY MESSAGES

- Selection of volunteers to be involved in MHM programming should be based on an understanding of the local socio-cultural context and what is appropriate for the specific community you are working with.
- Usually, both male and female volunteers are needed for MHM programming, to fill different roles and activities (e.g. discussing with women or engaging with men).
- Other important considerations when identifying and selecting volunteers for MHM programming include age (may not be appropriate for young teenagers to talk about this with older women), culture and language, as well as which sources of information women and girls trust and have access to.
- Training and building the capacity of male and female volunteers around MHM is an important step to be able to implement MHM programming, and resources (human, financial) and time must be allocated for this (as part of preparedness, in an emergency or through long-term development programming).
- Both male and female volunteers (and staff) should have basic knowledge of the menstrual process, how women and girls manage their menstruation in your area/country (including any socio-cultural beliefs or restrictions) and the confidence to talk professionally about MHM.



Credit: Netherlands Red Cross / Uganda Red Cross

# Integrating MHM into humanitarian programming

This part of the guideline follows the steps outlined in IFRCs Hygiene Promotion in Emergencies (HPiE) Guidelines, so that there is one single, systematic and standard process in humanitarian programming where time and resources may be limited. These 8 steps for MHM in emergencies also align with the standard project/programme cycle steps.

MHM questions and activities should be incorporated into existing or planned hygiene promotion (or WASH and PGI) activities; rather than having two separate process.

Key lessons for MHM programming include:

## Involve men and boys from the beginning

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 and the challenges they face, are supportive of activities, and can help to reduce stigma and address harmful cultural taboos or restrictions.

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 around menstruation of the women and girls in their life – but once they are aware they may support women and girls more and enable them to manage menstruation effectively.

## Software and hardware together for an effective MHM response

Often, hygiene promotion volunteers are the direct link between affected women, girls, men and boys and the WASH engineers or hardware team. WASH software and hardware teams need to work closely together – especially for MHM. Figure 5 highlights this.

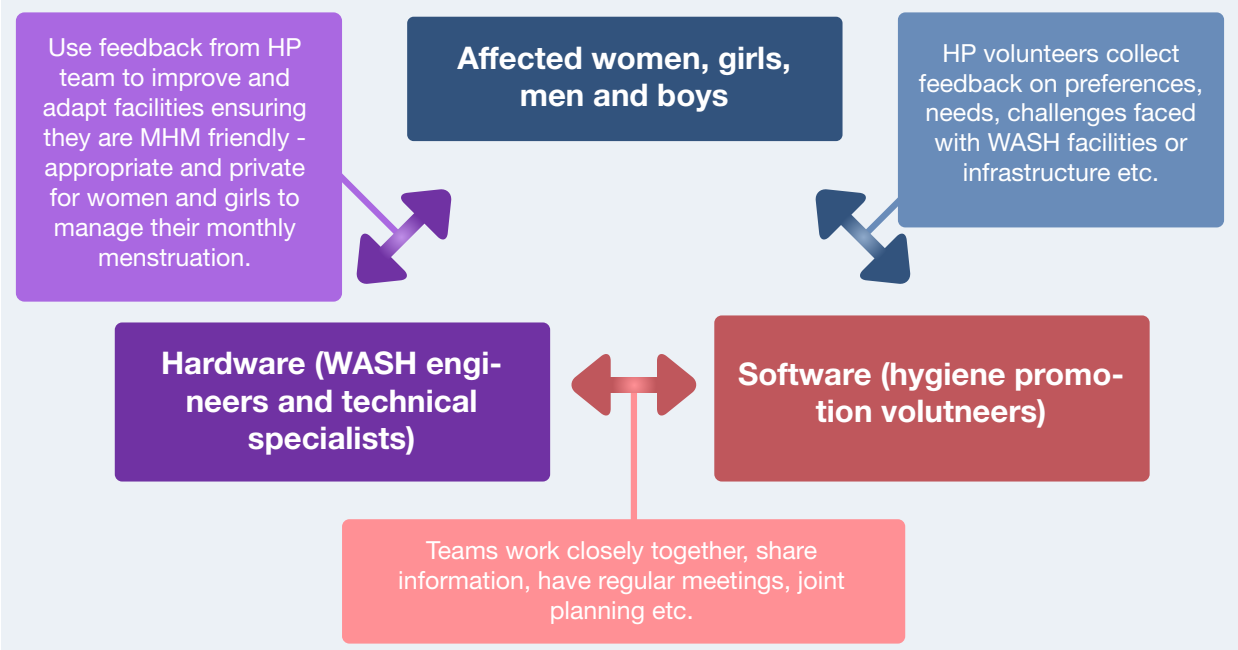


Figure 5: Key linkages between software, hardware and the affected population.

## STEP 1: IDENTIFYING THE PROBLEM

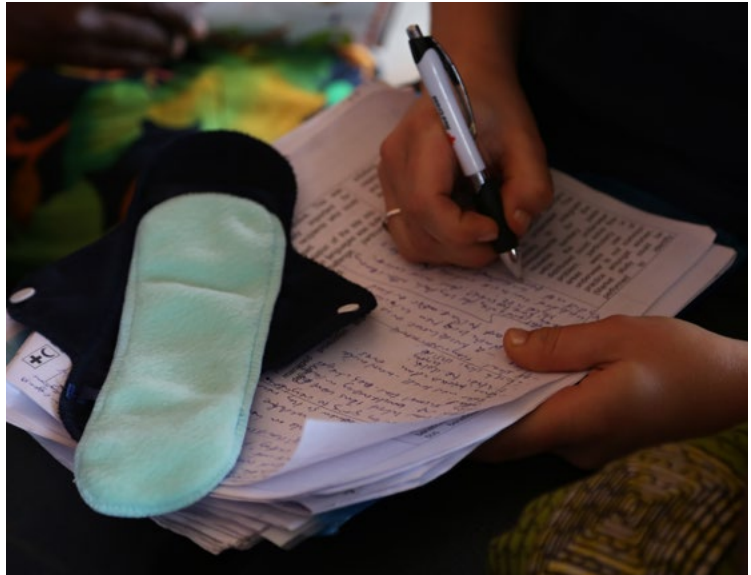
This step focuses on understanding the humanitarian context, and understanding the menstrual hygiene needs and challenges faced by women and girls so that locally appropriate, effective actions to support their dignity and health can be designed.

Key activities include:

- Review secondary data
- Coordinate with other sectors, teams and stakeholders
- Consult with and collect information from affected women and girls
- Consult with and collect information from men and boys, local health workers, traditional carers and community leaders

### Why do an assessment?

Menstruation is a very personal thing. Women's and girls' preferences and strategies for managing menstruation vary greatly across ages, cultures, religions, locality (urban versus rural) and context (availability of water, population movement, displacement, privacy etc.).



Credit: Corinne Ambler/New Zealand Red Cross - Burundi

**The way that women and girls manage their menstruation, their preferences and situation may be totally different after an emergency – compared to what it was before.**

Collecting information on MHM practices, socio-cultural factors, barriers, trusted sources of information and knowledge is important so that we can:

1. Design specific, appropriate and effective MHM interventions; and,
2. Monitor progress of activities; and
3. Evaluate the impact of the response (baseline and endline).

### Which information to collect and from who?

Initially, find and make use of existing data and information that can help inform or guide MHM activities.

**Review secondary data** such as baseline or monitoring reports from past or present health or WASH programs, Government reports, national MHM policies or guidelines etc.

**Partner with other humanitarian organisations** to reduce duplication of assessments and community visits, which can be overwhelming for communities and can lead to frustration.

**Coordinate** with relevant ministries (e.g. Health, WASH or Education), humanitarian actors and other agencies through existing or emergency coordination mechanisms (e.g. National epidemic task forces, Health and/or WASH and/or Protection clusters).

While valuable information can be obtained from National Society staff and volunteers, community leaders and secondary data – **it is critical to consult with and collect information directly from affected women, girls, men and boys.**

National Society staff may be from the affected area or general population – but differences in socio-economic status, age, education level and many other factors can mean that they have very different preferences, knowledge and strategies for managing menstruation than the affected population.



A market assessment should be included to determine the availability of menstrual hygiene items in local markets. This is important for both cash based interventions or in-kind distributions.

### What to assess?

Make sure you assess all 3 essential components of MHM; this will ensure you have the right information to design complete and effective MHM actions.

As a minimum, collect information on:

- Practices – materials and items used both before and after the emergency, including if they are purchased (ask how and where) or made locally
- Knowledge – of the basic process of menstruation, personal hygiene
- WASH facilities (communal/public and private) – availability and appropriateness (including privacy) of water supply, latrines, bathing areas, drying facilities and disposal/solid waste management facilities (how 'MHM-friendly' are facilities?)
- Socio-cultural taboos and restrictions – including local beliefs, customs, perceptions of menstruation, misinformation, cultural norms and coping mechanisms
- Trusted and normal sources of information for personal hygiene and health issues like MHM
- Availability of menstrual hygiene items in local markets, and price



### EXAMPLE FROM THE FIELD

A study in Bajhang, Nepal (supported by Australian Red Cross) found a wide variety of different materials, beliefs and cultural practices depending on age and literacy level. Two thirds of illiterate women did not use any material, while others used old clothes (single use) or cloth that they washed and reused. 5% of literate women used disposable sanitary pads purchased from the market.

While the practice of using a menstruation hut (to isolate menstruating women/girls from the rest of the community and family) is declining, young girls are increasingly practicing isolation within the house (in a separate room). Most women and girls reported stopping eating meat and dairy products during their menstruation.

### How?

The main assessment methods for collecting information on MHM are:

- Focus group discussions (FGD) with women and girls, boys and men (age and sex-segregated)
- Direct observation of WASH facilities
- Key informant interviews (KII) with community leaders (women and men), local authorities/governments, staff from other agencies, WASH Cluster, Protection Cluster, Red Cross Red Crescent staff and volunteers
- Market survey to collect information on availability and price of menstrual items
- Quantitative survey (e.g. KAP or baseline survey)
- Participatory or visual tools (e.g. mapping, 3 pile sorting, voting chart etc.)

Use the following Tools for assessment:



**TOOL 1: FOCUS GROUP DISCUSSION GUIDE – ASSESSMENT**

**TOOL 2: CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY LATRINES**

**TOOL 3: CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY BATHING AREAS**

**TOOL 4: CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY SOLID WASTE FACILITIES**

**TOOL 5: CASH AND VOUCHER ASSISTANCE FOR MENSTRUAL HYGIENE**

**Is cash and voucher assistance appropriate and feasible?**

Cash and Voucher Assistance (CVA) refers to any support provided to communities via cash (restricted or unrestricted), vouchers or cash-for-work modalities.

Using CVA for hygiene items may give women and girls more freedom of choice to select the sanitary materials they prefer and feel most comfortable using. Using vouchers instead of distributions was found to increase beneficiary satisfaction, be more convenient and reduce security risks associated with distributions, increase revenue of local vendors, and save time and money for the implementation team<sup>14</sup>.

At the assessment stage, it is important to determine if CVA is appropriate and feasible. See Tool 5 for more information on key questions to be answered, examples of how CVA can be used for menstrual hygiene and for an example of a market survey form.



Credit: Corinne Ambler/New Zealand Red Cross - Burundi

**Using a survey to collect information for MHM**

A questionnaire asked to women and girls that collects quantitative data may be possible and appropriate in some contexts; in others it may not. This depends on the scale, duration and type of emergency, and the resources available – and whether women and girls are likely to answer personal questions honestly and openly so that results are meaningful.

Key MHM questions can be included in hygiene promotion surveys (KAP or baseline/endline, or routine monitoring survey), or surveys done by health or PGI. Consider that male volunteers may not be comfortable to ask MHM questions as part of hygiene promotion surveys; and women and girls may not be comfortable answering to a male.

Make sure you complement quantitative data (e.g. how many, numbers) with qualitative information from focus group discussions, interviews, direct observation of facilities etc. to gain a deeper understanding of the 'why' and 'how' and to check correctness of data.

**How do you know which women and girls are or reproductive age?**

The age that girls begin menstruating (menarche) and the age that women stop menstruating (menopause) differs from person to person and between countries around the world. During the assessment, ask local girls and women to get an idea of approximate ages for menarche and menopause. Use this age range for planning and monitoring of activities.

<sup>14</sup> UNHCR. Cash Based Interventions for WASH Programmes in Refugee Settings. 2016. <http://www.unhcr.org/59fc35bd7.pdf>.

## STEP 2: IDENTIFYING TARGET GROUPS

This step is about identifying women and girls to be targeted and identifying influencers who can support MHM actions.

Key activities include:

- Identify women and girls to be targeted for support, including vulnerable or marginalised groups
- Identify community leaders and influencers who can be 'enablers' for improved menstrual hygiene

Vulnerable or marginalised groups should be identified together with the community and utilising the knowledge of volunteers. Women and girls with physical disabilities, learning difficulties or challenges, those who are blind, deaf or living with chronic illness need special attention to make sure their needs are met and that facilities and information are accessible.

Communities are not homogenous – women and girls who are without family or alone (unaccompanied), those from ethnic or religious minorities or from social-economic 'castes' can be marginalized and ostracized. Work together with PGI to identify these groups and ensure that MHM actions are accessible for these groups.

It is important to identify influencers who can generate community support for improved menstrual hygiene and help to address negative cultural restrictions, taboos or superstitions. These could be community leaders (male or female), local or government health workers, community providers (including traditional healers or midwives etc.), religious leaders, National Society staff or volunteers or other community personalities.

### Should pregnant women and women who are breastfeeding be included in MHM activities, such as distribution?

Yes! Women who are breastfeeding can begin to menstruate again several months after giving birth (this can be different for different women). Pregnant women should also be supported with specialised hygiene items (e.g. delivery kits and post-partum kits with extra absorbent pads for heavy bleeding), depending on the situation..



Credit: Lebanese Red Cross

### STEP 3: ANALYSING BARRIERS AND ENABLERS FOR BEHAVIOUR CHANGE

This step is about understanding the barriers and enablers (or motivators) for social and individual behaviour change for improved menstrual hygiene, including cultural or religious restrictions and taboos.

Key activities include:

- Identify and understand the main perceived and actual barriers for women and girls
- Identify and understand local cultural beliefs, taboos and restrictions

Barriers are things that stop or get in the way of women and girls improving their menstrual hygiene. Examples include a lack of access to water, lack of private facilities, no soap, or misinformation such as beliefs that menstruating women will cause a poor harvest in fields, will cause animals to miscarry or are 'impure' and cannot touch water or food. Because menstruation involves blood, there can be strong views and taboos around touching or seeing blood or menstrual materials.

Enablers or motivators are factors that facilitate, persuade or support women and girls to improve their menstrual hygiene. Examples include access to water and soap for washing pads and underwear, and practical, clear information about the menstrual cycle and staying healthy, and access to private facilities that they feel comfortable using day and night.

Some of this information may already have been collected during the assessment as part of step 1. Where more depth or a more detailed understanding is needed, you can use FGDs, key informant interviews, polls or surveys to further analyse barriers and motivators.



#### EXAMPLE FROM THE FIELD

A study in Bangladesh in 2016<sup>15</sup> of MHM in Rangpur and Gopalganj found that maintaining secrecy was one of the most influential factors in the MHM decisions of women and girls. Many reported feeling shy to dry cloth openly and stored pads in unhygienic places.

Between users and non-users (of sanitary pads) there was not much difference found in monthly household income. The perceived threat of reproductive health diseases was found to be low. These factors indicate that the unwillingness to prioritize MHM needs in household budgets is greater than the inability to pay for sanitary items.

Girls and women were found to base much of their menstrual management decisions on cultural beliefs. Common social taboos were based on the belief that menstruation is a curse and menstruating women are impure. These beliefs add to the mobility restrictions and generate the culture of secrecy around menstruation.

## STEP 4: FORMULATING MENSTRUAL HYGIENE OBJECTIVES

This step is about analysing the information collected to identify what you want to achieve. Make sure you consider:

- What existing coping mechanisms and resources do affected women and girls have?
- What is the responsibility or focus of the RCRC response? Which capacities and level of expertise does the National Society have?
- What assistance is being provided by others? In particular, what other hygiene or dignity items (or cash-based support for these items) have been or are planned to be distributed.
- What are the gaps? Think about the three components of a comprehensive MHM response. Ensure that no one is excluded and that all women and girls of reproductive age have their needs met, including those with disabilities, health conditions, pregnancy women and those who have recently given birth. Which WASH facilities and MHM items are needed to support women and girls to manage their menstruation? What good behaviours do you want women, girls, men and boys to adopt or practice? What knowledge and information do they need? Which socio-cultural factors need to be changed and barriers addressed?

### REMEMBER!

Effective and comprehensive actions 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 or health issues.

Use the table in Tool 6 as a step-by-step method for using assessment data and information collected to make decisions on MHM programming.



#### TOOL 6: STEP-BY-STEP TOOL FOR DECIDING PRIORITY MHM ACTIONS



Credit: Daniela Enzler, Malawi Red Cross / Swiss Red Cross

## MHM in the Emergency Plan of Action

Where should different MHM and types of kits go in the emergency Plan of Action (PoA)?

Activity		Which section in the EPoA?
Distribution of <b>dignity kits</b> (cash, voucher or in-kind)	<b>With ANY kit distribution, MUST include:</b> <ul style="list-style-type: none"> <li>• Demonstration of MHM items (during or before distribution)</li> <li>• Use of specific MHM IEC</li> <li>• Post-distribution monitoring (with an emphasis on qualitative methods)</li> </ul>	PGI section
Distribution of <b>MHM kits</b> (cash, voucher or in-kind)		WASH section
Distribution of <b>hygiene kits</b> (cash, voucher or in-kind)		WASH section
Improvements in (or construction of) MHM-friendly WASH facilities for MHM		WASH section
Hygiene promotion and clear, factual information on menstruation		WASH section if done by Hygiene Promotion volunteers; PGI or Health section if done by other volunteers

Think about joint monitoring: Can PGI volunteers include questions on MHM in their activities? Can hygiene promotion volunteers include questions on dignity and inclusion in their HP activities or feedback collection?

See Tool 7 for example outputs, indicators and targets to use when developing your Emergency Plan of Action.



### TOOL 7: EXAMPLE MHM OUTPUTS, INDICATORS AND TARGETS FOR THE EMERGENCY PLAN OF ACTION

## What does Sphere say about MHM<sup>16</sup>?

Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence. Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being. Key actions include:

1. Understand the practices, social norms and myths concerning menstrual hygiene management and incontinence management, and adapt hygiene supplies and facilities.
2. Consult women, girls and people with incontinence on the design, siting and management of facilities (toilets, bathing, laundry, disposal and water supply).
3. Provide access to appropriate menstrual hygiene management and incontinence materials, soap (for bathing, laundry and handwashing) and other hygiene items.
  - For distributions, provide supplies in discrete locations to ensure dignity and reduce stigma, and demonstrate proper usage for any unfamiliar items.

<sup>16</sup> The Sphere Handbook 2018: <https://www.spherestandards.org/handbook-2018/>

## Supporting people with incontinence

Incontinence is a complex and largely taboo subject, which can have a significant impacts on quality of life, personal dignity and health<sup>17</sup>.

Incontinence is when a person cannot hold or control their urine or faeces (or both). It can affect<sup>18</sup>:

- older people;
- men, women, and children with physical disabilities and/or learning difficulties;
- women and adolescent girls who are pregnant, or have given birth;
- women and adolescent girls who have suffered fistula due from prolonged/obstructed child-birth or from sexual assault;
- people with certain illnesses (such as cancer, stroke) or who have had an operation (e.g. removal of the prostate);
- people who have experienced highly stressful situations, such as conflict or disasters, and develop night-time bed-wetting.



### Examples from the field – needs and impacts

An elderly woman in the 2013 South Sudanese refugee operation reported being unable to attend a food and NFI distribution due to her incontinence. She had no absorbent materials, and no access to facilities to wash and dry clothes. Other people were unwilling or hesitant to help her due to the smell and stigmatisation.

During an evaluation of a cyclone response operation in the Seychelles in 2013, a man reported that the most important thing he had needed in the weeks following the cyclone were adult nappies for his brother, who had a learning disability and who has incontinence.

## What are the main challenges and what can we do to support people with incontinence<sup>19</sup>?

Challenge or need	Suggestions
People with incontinence are 'hidden', and are embarrassed and shy to talk about it	<ul style="list-style-type: none"> <li>• Work together with PSS, PGI and Health teams to first identify older people, persons with disabilities etc. who may have incontinence, as an entry point for programming.</li> <li>• Build trust by talking about other issues first (e.g. MHM, access to WASH facilities).</li> </ul>
Lack of materials e.g. absorbent pads, underwear, cloths, mattress protectors etc. to manage incontinence	<ul style="list-style-type: none"> <li>• Ask people with incontinence about their preferences and needs. Some menstrual hygiene products can also be used for incontinence (e.g. reusable and disposable pads).</li> <li>• Keep a stock of appropriate supplies in PSS or dignity centres, for on-demand distribution to people who have incontinence. Different types, size and absorbency levels may be needed for different types and severities of incontinence.</li> </ul>
Lack of access to sufficient water for washing, and/or private facilities for laundering, drying and bathing	<ul style="list-style-type: none"> <li>• Make sure people with incontinence (or their carers) are part of consultations for siting, design and management of WASH facilities, and for selection of NFI items to be distributed.</li> </ul>
People may have restricted mobility or be unable to leave their home due to embarrassment, negative attitudes towards them or an inaccessible environment	<ul style="list-style-type: none"> <li>• Ensure that people with incontinence are not excluded from distributions or from accessing services.</li> <li>• Ensure that people with incontinence are linked with specialist health, disability and/or older person organisations or services.</li> </ul>

<sup>17</sup> Chelsea Giles-Hansen, Hygiene Needs of Incontinence Sufferers in Low and Middle Income Countries, 2015 <<https://www.ircwash.org/resources/hygiene-needs-incontinence-sufferers>>

<sup>18</sup> Benedicte Hafskjold and others, 'Taking Stock: Incompetent at Incontinence - Why Are We Ignoring the Needs of Incontinence Sufferers?', *Waterlines*, 35.3 (2016), 219–27 <<https://doi.org/10.3362/1756-3488.2016.018>>

<sup>19</sup> Table adapted from 'Draft tips on incontinence based on cross-sectoral research and field experience of international humanitarian and development actors (under development 2018)', shared through informal global incontinence group.

## STEP 5: PLANNING

This step is about working together with other sectors and teams to make a work plan, which aims to address the objectives and reach the targets identified in step 4.

Key activities include:

- Choosing methods or approaches and communication channels that are appropriate and trusted by the target women and girls, men and boys
- Work closely with WASH engineers on planning for ‘hardware’ and facilities, ensuring they understand the menstrual hygiene challenges and needs of women and girls [see Step 6 for more information]
- Preparing materials, including trialling them with volunteers and a small group of women and girls
- Scheduling the distribution, hygiene and demonstration sessions, and post-distribution monitoring activities
- Preparing monitoring and reporting plan for the activities (focus on integrating MHM into existing feedback mechanisms and activities etc.)
- Planning feedback mechanisms – including how, from who and the frequency

**Collecting feedback alone is not enough;** make sure you have a system in place (including identifying who is responsible) to analyse, track mitigating actions and then communicate this back to communities.

Different options for receiving feedback include: community feedback forms/log sheets that are filled in by staff or volunteers, surveys, focus group discussions, community committees, phone lines (call and/or SMS), question desks, complaints or suggestion boxes.

**Tool 10** includes an **example plan for collecting feedback**, and also an **example feedback and mitigation log form**, which can be used for collecting feedback and tracking which actions have been taken to address it.



Credit: Corinne Ambler/New Zealand Red Cross - Burundi



## STEP 6: IMPLEMENTATION

This step is about putting your plans into place and implementing activities. Key activities include:

- Recruiting and training volunteers (see Part 2 of this guide)
- Working with relief/cash teams to conduct distributions and demonstration and hygiene promotion MUST be done with any distribution
- Carrying out planned activities, with WASH, PGI, shelter and other teams working closely together
- Coordinate with other humanitarian actors and stakeholders

Make sure that the information collected during assessment is used to guide the messages and information provided during distribution and information sessions. This can help to address incorrect beliefs, stigmas and misconceptions around handling pads, washing blood, the menstrual cycle etc.



### TOOL 9: EXAMPLE IEC MATERIALS (ENGLISH, FRENCH, SPANISH AND ARABIC) FOR DISPOSABLE PADS, REUSABLE PADS AND TAMPONS

## Distribution

Consult with women and girls on their preferred method for distribution. If possible and appropriate, utilise health clinics, schools, women's or mothers groups, PSS centres etc. and ensure a private and safe environment, where women and girls will not be teased or embarrassed. If using cash based interventions, demonstration and information sessions are still required and can be done at these facilities also.

### **There should be NO distribution without demonstration on use & care of MHM items.**

In case of cash or voucher, assistance can be conditional and only those who attend the sessions would be entitled to receive the cash grant or voucher.

Never assume that women or girls already know how to use the items inside the MHM kits. 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 on menstruation and how to manage it.

Other key recommendations for distributions and hygiene promotion activities are:

- 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 support health and hygiene promotion. They can answer questions on preventing and treating vaginal infections, managing menstrual pain and they can help to address cultural taboos, misinformation, myths, or risky practices.
- Many discussions with women on MHM will inevitably bring up questions around pregnancy, sexually transmitted infections, intimate hygiene, and possibly sexual or domestic violence or genital mutilation. Make sure that everyone who is involved in distribution or consulting with women and girls are 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.
- Do not distribute MHM kits in branded buckets, as this can lead to unwanted association between the bucket and menstruation (e.g. people may know when a woman has her period and this can cause embarrassment).

## WASH facilities and services

Input and preferences of women and girls should feed into the design and improvement of WASH facilities. WASH engineers need to understand the menstrual hygiene challenges and needs of women and girls, and should work closely with HP volunteers.

### Main considerations around WASH facilities for MHM include:

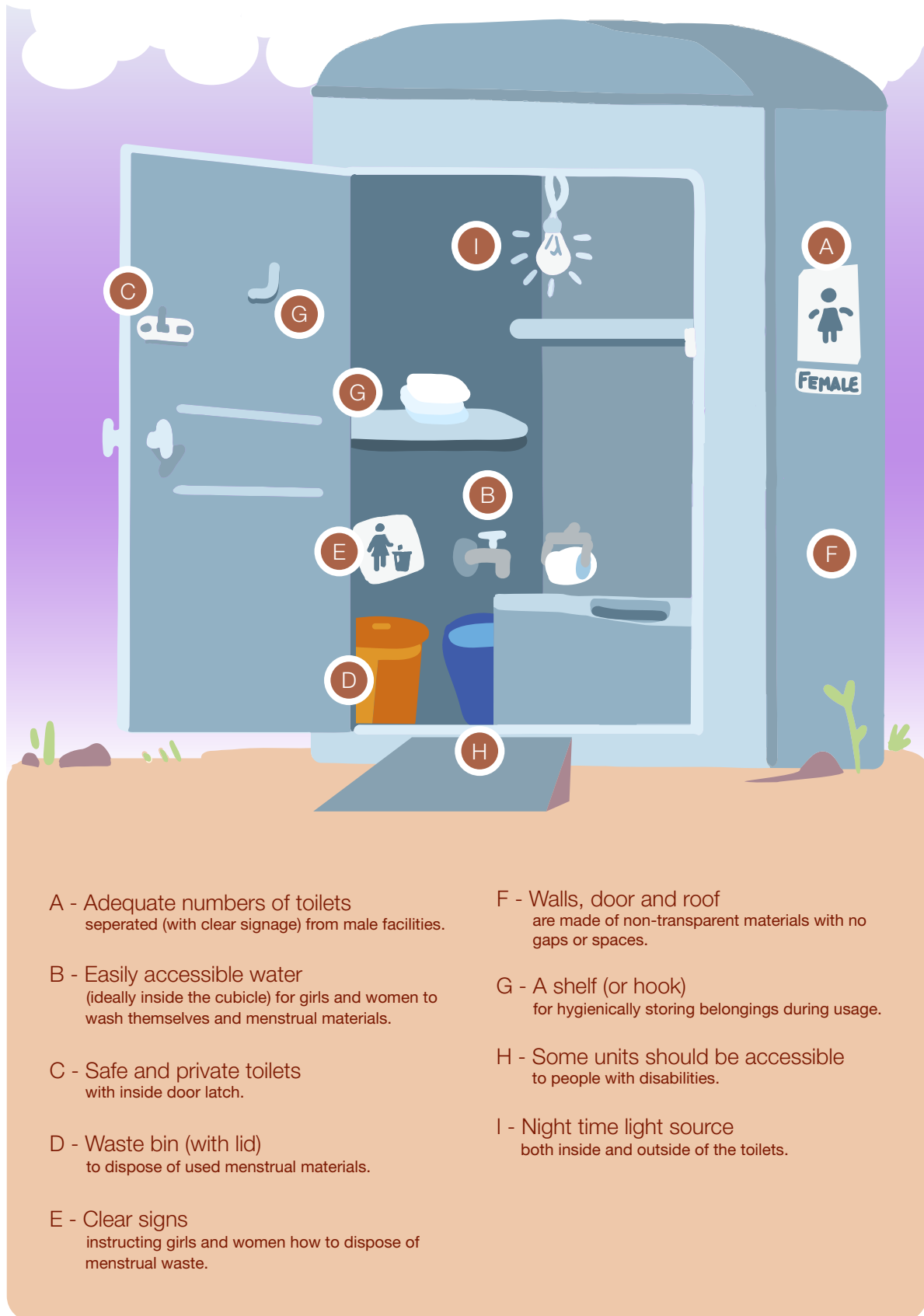
- Water needs increase during menstruation for increase bathing, laundering of pads and/or underwear and/or soiled clothing, handwashing after changing used menstrual materials etc.
- Privacy and safety of facilities are critical, including the ability to lock doors, separate facilities for males and female, well-lit. Women and girls need to feel comfortable using latrines, bathing facilities etc. in the night and day. Accessible facilities for people with disabilities should also be separated by sex.
- Wastewater from washing used menstrual materials can have a red 'bloody' tinge to it. Drainage and water supply should be adequate to ensure this does not become a source of embarrassment, teasing or prevents women and girls from using bathing facilities.
- Disposable pads or used cloth thrown into flush latrines can cause blockages. It is important to provide private, easily accessible waste bins or mechanism for disposing of pads and menstrual waste. Include simple information (in local language and using pictures) inside each latrine to explain key messages on disposal. In some situations, use of incinerators for final disposal of menstrual waste may be appropriate.
- Disposable pads or used cloth thrown into pit latrines can make desludging difficult and can clog (or block) desludging equipment. Whether this is an issue will depend on depth of the latrine pit, need for desludging, space availability, type of equipment available etc.
- Regular cleaning, and ongoing maintenance and operation of WASH facilities (including communal latrines, bathing areas, collection/transport of rubbish from bins or pits, operation of incinerators, etc.). Make sure it is clear who is responsible, and that there is a system in place. Explore the possibility of using cash-for-work.
- Ensure that anyone handling or who may come into contact with menstrual waste (with blood) wears appropriate personal protection equipment (PPE).

Figure 6 on the next page shows an example of a MHM-friendly latrine, with key design features and considerations.

**Use Tools 2 – 4 as checklists for assessing how MHM-friendly facilities are and whether they meet the minimum standards.**



Credit: Daniela Enzler, Malawi Red Cross / Swiss Red Cross



A - Adequate numbers of toilets separated (with clear signage) from male facilities.

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

C - Safe and private toilets with inside door latch.

D - Waste bin (with lid) to dispose of used menstrual materials.

E - Clear signs instructing girls and women how to dispose of menstrual waste.

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

G - A shelf (or hook) for hygienically storing belongings during usage.

H - Some units should be accessible to people with disabilities.

I - Night time light source both inside and outside of the toilets.

**Figure 5: Example of a MHM-friendly, accessible toilet with minimum standards for MHM<sup>19</sup>**

<sup>19</sup> Sommer, M., Schmitt, M., Clatworthy.

## STEP 7: MONITORING AND EVALUATION

The progress and performance of MHM actions, and feedback from women, girls, men and boys should be continuously collected and used to adapt activities and messages as the needs and situation changes.

Key activities include:

- Conduct post-distribution monitoring for any MHM or dignity kits
- Monitor the use, appropriateness and maintenance of WASH facilities
- Continuously collect, analyse and use feedback from women, girls, men and boys
- Continuously monitor the situation for changes
- Coordinate with other humanitarian actors and stakeholders

Use Tool 13 to check or reflect on the progress and level of MHM actions.



### TOOL 13: CHECKLIST FOR MHM ACTIONS IN EMERGENCIES

**Monitoring of MHM activities can be integrated into existing hygiene promotion (HP) feedback mechanisms.** For example, if HP volunteers conduct a FGD with affected women every two weeks, some key questions on MHM can be included. If HP volunteers are conducting house to house visits to promote handwashing, they can collect informal feedback or observe WASH facilities.

Tool 10 provides an example log which can be used to collect feedback (both informal and formal) – including which actions have been taken to address them (mitigation) and the outcome. This table can also be used for rumours and complaints.



### TOOL 10: EXAMPLE FEEDBACK AND MITIGATION LOG (can also include rumours, complaints and misinformation)

## Was there a distribution of MHM or dignity kits?

It is important to follow up with women and girls on the use, acceptability and satisfaction with any items distributed (or if cash/vouchers are used, on the service and providers), and to identify any unforeseen issues or challenges.

**Post-distribution monitoring for MHM should focus on qualitative methods (e.g. FGDs and KIIs) in addition to quantitative surveys.** Detailed understanding (e.g. the ‘how’ and ‘why’ questions) on use of menstrual items, experiences and challenges, cultural taboos or restrictions etc. cannot be collected through surveys. Qualitative methods are the only way to collect meaningful and in-depth information on use, satisfaction, preferences and challenges which can be used to adapt and improve programming.

**Post-distribution monitoring for menstrual items should be done between 1 and 2 months after distribution.** Any earlier than 1 month, and there is a risk that many women and girls have not got their period yet and so have not actually used the pads, items etc. After two months it can become difficult for women and girls to remember what happened during distribution, what they received etc.



### TOOL 11: FOCUS GROUP DISCUSSION GUIDE – POST DISTRIBUTION MONITORING TOOL 12: EXAMPLE POST-DISTRIBUTION MONITORING SURVEY



Credit: Corinne Ambler/New Zealand Red Cross - Burundi

## Monitoring of WASH facilities

This should be done together with the WASH hardware team. Key questions to ask include:

- Are latrines private and well-lit? Do women and girls feel comfortable to use them in the day and night?
- Is there enough water for increased bathing and washing pads during menstruation?
- Adequate supply or access to soap and handwashing facilities?
- Are waste disposal bins regularly emptied? Are latrine pits becoming full and need desludging? Is the system for cleaning and maintenance working, and if not how can it be improved?
- Were women, girls, persons with disabilities and vulnerable/minority groups (e.g. transgender persons) consulted about their preferences for designing the latrines, their location, and how they would be cleaned and maintained? Is this information used to guide programming or activities? Why or why not?

## Protracted crises or evolving population movements

In these circumstances it is important to regularly assess and update the demographics of girls and women who are of reproductive age. This is to make sure that adolescent girls who begin getting their period during the crisis or who newly arrive to a refugee camp (for example) are included in programming and provided support.

## STEP 8: REVIEW, RE-ADJUST

This step is about making sure that MHM actions are responsive and that programming adapts to meet changing needs and challenges.

Key activities for MHM actions include:

- Revise, adapt or add activities based on feedback from women and girls and any changes in the situation
- Document and use lessons learnt
- Coordinate and share recommendations with national working groups, agencies etc.

Learn from the experience of implementing MHM actions. Document lessons and share them both internally and externally. Make sure to link with national or regional coordination structures, working groups, government ministries etc. to share lessons and recommendations.

Use these lessons and recommendations to better prepare for the next emergency or disaster. Work towards improved preparedness by linking with recovery and long-term resilience programming (particularly WASH and CBHFA) and strengthen national level coordination.



Credit: Netherlands Red Cross / Uganda Red Cross

# Addressing menstrual hygiene management (MHM) needs

Tools



# FOCUS GROUP DISCUSSION GUIDE – ASSESSMENT

## Overview

This tool provides example questions for a Focus Group Discussion (FGD) with women and adolescent girls to understand menstrual hygiene management practices, preferences, social-cultural beliefs and restrictions and health.

The questions include the key things you should assess around MHM in a humanitarian context. The questions should be adapted so they are appropriate and context specific. Introduction/background, consent, ice-breaker and probing questions should be added.

Important details:

- FGDs should be age-disaggregated, for example 12 to 18 years, 19 to 35 years, and 36 to 55 years.
- The number of FGDs to be held depends on the scale, geographical spread, time available and context. It is recommended to have at least 2 FGDs with each age group; if operation or programme is larger then more may be needed.
- See Section 3 of the Guide for more information on selecting volunteers for MHM activities.

Depending on how much time and resources you have, these questions can be integrated as part of other activities (for example, asked as part of a FGD on hygiene promotion, PGI or health) – or a separate FGD just for MHM can be held.

## Example FGD questions

### A Menstrual hygiene information

- Where do you get information about women's health and menstruation?
- Who do you feel most comfortable to talk with about your menstrual hygiene?
- At what age do women in this community normally start to get their period [menarche] and finish getting their period [menopause]?
- *[For adolescent girls]* Did anyone tell you about what it means to get your monthly period, or how to manage it?

### B Menstrual hygiene practices and WASH facilities

- Before this emergency/event, what did you normally use to manage your period? Where did you get it from (e.g. purchased from shop, made at home etc.). What was the cost?
- What do you use now to manage your monthly period? *[After this emergency/event]*
- Where do you change your cloth / materials / pads? How often do you change the cloth or pad?
- *If disposable pads:* Where do you dispose of or throw used pads? Why? Probe on challenges, beliefs, if they do it at night etc.
- *If cloth or washable pads:* Where and how do you wash the cloth? Why? Probe on challenges, including with bloody wastewater etc.
- *If cloth or washable pads:* Where and how do you dry the cloth? Why? Probe on challenges, including with privacy, taboos etc.
- *If cloth or washable pads:* Once it is worn out, where do you dispose of or throw the old cloth? Why? Probe on challenges, beliefs, if they do it at night etc.
- What changes or improvements would you make to WASH facilities here, so that you can better manage your menstruation?







## FOCUS GROUP DISCUSSION GUIDE – ASSESSMENT (cont.)

### C Health, socio-cultural aspects

- During your last monthly period, did you experience any pain (before or during), itching or irritation? Any discharge or smell? How did you deal with this?
- During your last monthly period, did you feel embarrassed or anxious at all? Why? What could help you to feel less embarrassed or anxious?
- What are the beliefs or customs with menstruation in your culture/community? How do they affect you?
- Is there anything that you are restricted from or can't do during your period?
- What do men (and boys) know and think about menstruation here?
- What information about your body would you like to know?

### D MHM Items – **pass around sample items when you ask the questions**

- *[Pads: Disposable or Reusable]:* Have you ever used these items before? Do you like them? Why or why not?
- Which type of pad would you prefer now? Why? (Discuss aspects of sustainability / reuse (how long the types of pads last), washing, drying, privacy issues, access to water etc.)

*Discuss preferences for:*

- *[Disposable pads]:* With or without wings? Level of absorbency?
- *[Cloth or reusable pads]:* Colour? Type of material? How many needed per day (or per menstrual period)? Fasted in underwear or using elastic band around waist?
- *[Underwear]:* Colour? Size? Style?
- *[Soap]:* Smell/fragrance or unscented? Preferred brand or colour? Bar or powder laundry soap?
- *[Rope, pegs or drying rack]:* How would you prefer to dry your pads and underwear? Why?
- Are there any other items or things you are missing to help you manage your menstruation?
- *[IEC material]:* Do you understand the pictures/\*language on this paper? (\*If already translated to local language). Can you explain what they mean?

### E Distribution of items

- Have you received any dignity or hygiene items recently (or since the emergency/crises)? Which ones? Were they useful? Why or why not?
- *[If yes]:* Did you feel safe or embarrassed during the distribution? Why or why not?
- How do you think menstrual hygiene items should be distributed? How would you prefer the distribution to happen?
- Are some women and girls unable to go to distributions? Why? What restricts them?
- *[If planning to use cash assistance]:* Do you think vouchers for menstrual hygiene items is a good idea here? Why or why not? Do you feel comfortable purchasing personal items from the local market/ shopkeepers? How far would you have to travel to the market? Is there anything that could prevent you from using the voucher for menstrual hygiene (e.g. pads)?

### F Closing

- What are the main challenges you face in managing your monthly period now? If there are many, get women and girls to vote (by show of hands) or rank them in order of importance.
- Is there anything else you would like to share about MHM or your experiences?
- Do you have any questions?

Thank participants and explain next steps. Make sure they know how they can access support (e.g. about sexual and reproductive health or about sexual and gender based violence)





# CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY LATRINES

## Overview

This tool includes two checklists:

- A** Household latrines
- B** Communal latrines, including public (e.g. markets) and institutional (e.g. schools) latrines

Use these checklists to assess whether household and communal latrines meet minimum requirements for being inclusive and MHM-friendly – including being accessible for persons with disabilities.

Inclusive means that latrines are designed to ensure the dignity, access, participation and safety of all persons in the community using the facilities. Accessible means that people with disabilities, older people and pregnant women have access to the physical and built environment, information and communications, and to related facilities and services.

MHM-friendly means that the latrine meets the minimum requirements that ensure women and girls can privately, safely and hygienically manage their monthly menstruation.

These checklists can also be used as a monitoring tool to track progress towards latrines becoming inclusive and accessible, and measuring improvements during an operation or program.

There are two parts to each checklist – 1) direct observation; and 2) discussion and direct feedback from women and girls, persons with disabilities and whoever is responsible for emptying, collecting or transferring menstrual waste<sup>1</sup>.

## Checklist: latrines – household<sup>2</sup>

For direct observation:

	Minimum standard to check	Yes/no	Action or change needed to meet standard
1	Latrine is less than 50 metres from household.		
2	Latrine has sufficiently high walls (and/or screens) with no gaps, holes or windows that allow others to see in.		
3	Latrine has a door with an internal lock/latch.		
4	There is a functional hand-washing facility located near latrine.		
5	Hand-washing facility has water available.		
6	Soap is available or located in an accessible place near handwashing facility.		
7	There is a hook and/or shelf inside the latrine (to place personal sanitary items off the floor)		
8	Latrines have a light source available during the night. (also consider torches if applicable)		
9	There is an appropriate facility or method for disposing of menstrual waste (e.g. bin inside latrine, or shared rubbish bin or pit close to the latrine). [This question needs to be adapted based on direct consultation and the context]		

<sup>1</sup> Note that only key discussion points are included here; more in-depth monitoring of WASH programming should be done (see the full MHM guide [Step 7], Tool 1, Tool 11 and Tool 13 for more guidance).

<sup>2</sup> Adapted from Global toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response





## CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY LATRINES (cont.)

Minimum standard to check	Yes/no	Action or change needed to meet standard
<i>If household includes a person with a disability:</i>		
<b>10</b> Latrine is: <ul style="list-style-type: none"> <li>• at ground level or has a 90cm wide ramp of &lt;1:10 slope,</li> <li>• has 90cm wide doors that open outwards,</li> <li>• has a bar to pull the door shut from inside,</li> <li>• has space for a wheelchair to turn inside,</li> <li>• has seating/commode for the toilet and</li> <li>• handrails on both sides of the toilet seat.</li> </ul>		
<b>11</b> Hand-washing facility is accessible to persons with mobility limitations.		
<i>Additional non-essential improvements:</i>		
<b>12</b> There is a mirror (in a low position) inside the latrine ( <i>for women and girls check clothing for blood stains</i> )		
<b>13</b> Access to water (e.g. hand-washing facility) and soap inside the latrine. [ <i>ideal case</i> ]		

### For discussions with women and girls:

Minimum standard to check	Yes/no	Action or change needed to meet standard
<b>14</b> Do you feel comfortable and safe to use the latrine in the day and at night? Is there enough privacy? Why or why not?		
<b>15</b> Is there always water available near the toilet to wash hands and menstrual materials? Where is water sourced? Who is responsible for filling the water container?		
<b>16</b> Can you access, reach and use the water for washing your hands and menstrual materials?		
<b>17</b> Do you feel comfortable changing, washing/drying and disposing of menstrual materials? Why or why not?		
<b>18</b> Who is responsible for cleaning the latrine? Do you have any challenges keeping the latrine clean (and emptying menstrual waste bin if relevant)? How could it be improved?		





## CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY LATRINES (cont.)

### Checklist: latrines – communal, public or institutional (e.g. schools or clinics)<sup>3</sup>

For direct observation:

	Minimum standard to check	Yes/no	Action or change needed to meet standard
1	Male and female latrines are physically separated and have clear signs (for female/male).		
2	Latrine has sufficiently high walls (and/or screens) with no gaps, holes or windows that allow others to see in.		
3	Latrines have doors with a handle and an internal lock/latch.		
4	There is a functional hand-washing facility located near the latrine.		
5	Hand-washing facility has water available.		
6	Soap is available or located in an accessible place near handwashing facility.		
7	Hand-washing facility is accessible to persons with physical disabilities.		Target = at least 10% of all communal hand-washing facilities
8	There is a hook and/or shelf inside the latrine, at a height accessible for girls and persons using a wheelchair (to place personal sanitary items off the floor)		
9	Latrine has a light source available during the night. (If latrines are open then)		
10	Waste bins (or other appropriate mechanism for disposal) for menstrual waste are located inside the [female] latrine.		
11	Latrine meets minimum requirements for accessibility (for women and girls with disabilities, pregnant and older women): <ul style="list-style-type: none"> <li>at ground level or has a 90cm wide ramp of &lt;1:10 slope,</li> <li>has 90cm wide doors that open outwards,</li> <li>has a bar to pull the door shut from inside,</li> <li>has space for a wheelchair to turn inside,</li> <li>has seating/commode for the toilet, has</li> <li>handrails on both sides of the toilet seat, and</li> <li>is clearly signposted to be accessible.</li> </ul>		Target = at least 10% of all communal latrines; or, if there is only one communal, public or institutional latrine then it should be accessible (e.g. meet all minimum requirements outlined).
12	Latrine is clean with no menstrual waste, faeces or other material on the floor.		
13	There is a poster or sign inside the latrine with instructions on how to dispose of menstrual waste.  If yes: The poster/sign is in easy-to-understand language and includes pictures/pictograms.		
14	Products and items for cleaning the latrine are located close by (or inside) [if applicable, adapt based on context].		

<sup>3</sup> Adapted from Global toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response.





## CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY LATRINES (cont.)

<i>Minimum standard to check</i>	<i>Yes/no</i>	<i>Action or change needed to meet standard</i>
<i>Additional non-essential improvements:</i>		
15 There is a mirror (in a low position) inside the latrine (for women and girls check clothing for blood stains)		
16 Access to water (e.g. hand-washing facility) inside the latrine cubicle/stall. [ideal case]		

### For discussions with women and girls, persons with disabilities:

<i>Minimum standard to check</i>	<i>Yes/no</i>	<i>Action or change needed to meet standard</i>
1 Are people following the gender segregation instructions for latrines? (E.g. are males only using male latrines)		
2 Do you feel that the latrines are located in an appropriate and accessible place? Why or why not?		
3 Do you feel comfortable and safe using the latrines in the day and at night (if relevant)? Is there enough privacy? Why or why not?		
4 Is there always water available near the latrine to wash hands and menstrual materials? Where is water sourced? Who is responsible for filling the water container?		
5 Do you feel comfortable changing, washing/drying and disposing of your menstrual materials? Why or why not? How could it be improved?		
6 Who is responsible for cleaning the latrine? Are there any challenges keeping the latrine clean? How can it be improved?		
7 Who is responsible for emptying the menstrual waste bins (if relevant)? Is the system working? Why or why not? How can it be improved?		

### For discussions with whoever is responsible for emptying or collecting or transferring menstrual waste:

<i>Minimum standard to check</i>	<i>Yes/no</i>	<i>Action or change needed to meet standard</i>
1 Do you ever find used menstrual products or waste in or around the latrine cubicles? Why do you think this is?		
2 Do you wear gloves and boots when handling menstrual waste? Why or why not?		
3 Is there any informal or formal waste sorting done? Who does this? Where?		
4 Do you face any taboos, restrictions or teasing from your work (including handling menstrual waste)? What are they? Do you have any suggestions to mitigate them?		
5 Did you receive a training about your work and how to be safe? What information did you think was missing or would you have liked?		





# CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY BATHING AREAS

## Overview

Use this checklist to assess whether communal bathing areas meet minimum requirements for being inclusive and MHM-friendly – including being accessible for persons with disabilities. Bathing areas may also be used for laundering and drying menstrual materials, depending on the context.

Inclusive means that bathing areas are designed to ensure the dignity, access, participation and safety of all persons in the community using the facilities. Accessible means that people with disabilities, older people and pregnant women have access to the physical and built environment, information and communications, and to related facilities and services.

MHM-friendly means that the bathing area meets the minimum requirements that ensure women and girls can privately, safely and hygienically manage their monthly menstruation.

These checklists can also be used as a monitoring tool to track progress towards bathing areas becoming inclusive and accessible, and measuring improvements during an operation or program.

There are two parts to each checklist – 1) direct observation; and 2) discussion and direct feedback from women and girls, and persons with disabilities <sup>1</sup>.

## Checklist: bathing areas<sup>2</sup> (communal)

For direct observation:

	Minimum standard to check	Yes/no	Action or change needed to meet standard
1	Male and female bathing areas are physically separated and have clear signs (for female/male).		
2	Bathing area has sufficiently high walls (and/or screens) with no gaps, holes or windows that allow others to see in.		
3	Bathing area has a door with a handle and an internal lock/latch.		
4	There is a hook and/or shelf inside the bathing area, at a height accessible for girls and persons using a wheelchair.		
5	Water is available close to or at the bathing area.		
6	There are drying racks or hangers (or similar) for drying menstrual materials (e.g. cloth or reusable pads). <i>[If bathing area is also used for drying; delete or adapt based on context].</i>		
7	Wastewater from the bathing area drains into gravel (or similar) and drain outlets are covered <i>(to ensure privacy for wastewater which may be pink or red tinged from washing menstrual materials).</i>		
8	There are no muddy areas or standing water inside the bathing area.		
9	Bathing area has a light source available during the night <i>[if relevant].</i>		

<sup>1</sup> Note that only key discussion points are included here; more in-depth monitoring of WASH programming should be done (see the full MHM guide [Step 7], Tool 1, Tool 11 and Tool 13 for more guidance).

<sup>2</sup> Adapted from Global toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response.





## CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM- FRIENDLY BATHING AREAS (cont.)

	Minimum standard to check	Yes/no	Action or change needed to meet standard
10	Waste bins (or other appropriate mechanism for disposal) for menstrual waste are located inside the bathing area.		
11	Bathing area (cubicle) meets minimum requirements for accessibility (for women and girls with disabilities, pregnant and older women): <ul style="list-style-type: none"> <li>• at ground level or has a 90cm wide ramp of &lt;1:10 slope,</li> <li>• has 90cm wide doors that open outwards,</li> <li>• has a bar to pull the door shut from inside,</li> <li>• has a seat,</li> <li>• has handrails for support and</li> <li>• is clearly signposted to be accessible.</li> </ul>		Target = at least 10% of all communal bathing areas; or, if there is only one communal bathing facility then it should be accessible (e.g. meet all minimum requirements outlined).
12	Water source for bathing is accessible to persons with mobility limitations.		Target = at least 10% of all facilities
13	Bathing area is clean with no menstrual waste, faeces or other material on the floor.		
14	Products and items for cleaning the bathing area are located close by (or inside) [if applicable, adapt based on context].		
	<i>Additional non-essential improvements:</i>		
15	There is a poster or sign inside the latrine with instructions on how to dispose of menstrual waste.  If yes: The poster/sign is in easy-to-understand language and includes pictures/pictograms.		
16	There is a mirror (in a low position) inside the bathing area (for women and girls check clothing for blood stains)		
17	Direct access to water inside each bathing cubicle/stall.		

### For discussions with women and girls, persons with disabilities:

	Minimum standard to check	Yes/no	Action or change needed to meet standard
1	Are people following the gender segregation instructions for bathing areas? (E.g. are males only using male bathing area)		
2	Do you feel that the bathing areas are located in an appropriate and accessible place? Why or why not?		
3	Do you feel comfortable and safe using the bathing area in the day and at night (if relevant)? Is there enough privacy? Why or why not?		
4	Is there always water available near or at the facility to bathe and to wash menstrual materials? Where is water sourced?		
5	Where do you wash and dry your menstrual materials (if using reusable pads or cloth) and underwear? Why?		
6	Do you feel comfortable changing, washing/drying and disposing of your menstrual materials? Why or why not? How could it be improved?		
7	Who is responsible for cleaning and maintaining the bathing area? Are there any challenges keeping it clean? How can it be improved?		





# CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY SOLID WASTE FACILITIES

## Overview

The solid waste chain for menstrual hygiene includes waste collection (often in containers or bins), emptying and transfer, and final disposal (through burying, burning or incineration, or composting).

Checklists for three different types of facilities are included below, focussing on aspects of waste collection where the main concerns are privacy and convenience for women and girls, and persons with disabilities to dispose of menstrual waste:

- i Waste collection containers (*in communal facilities, not individual households*)
- ii Communal waste pits
- iii Incinerators

Use these checklists to assess whether solid waste facilities meet minimum requirements for being inclusive and MHM-friendly – including being accessible for persons with disabilities.

Inclusive means that waste facilities are designed to ensure the dignity, access, participation and safety of all persons in the community using the facilities. Accessible means that people with disabilities, older people and pregnant women have access to the physical and built environment, information and communications, and to related facilities and services.

MHM-friendly means that the solid waste facilities meet the minimum requirements that ensure women and girls can privately, safely and hygienically manage their monthly menstruation.

These checklists can also be used as a monitoring tool to track progress towards solid waste facilities becoming inclusive and accessible, and measuring improvements during an operation or program.

There are two parts to each checklist – 1) direct observation; and 2) discussion and direct feedback from women and girls, persons with disabilities and whoever is responsible for emptying, collecting or transferring menstrual waste<sup>1</sup>.

## Checklist: solid waste facilities<sup>2</sup> (communal/shared; not household)

For direct observation:

	Minimum standard to check	Yes/no	Action or change needed to meet standard
	<b>For waste collection containers (bins):</b>		
1	Waste collection container has a lid.		
2	Waste collection containers are in a discrete location (preferably inside each latrine).		
3	The container is clearly identified to be for menstrual waste (and not for other types of waste) using pictures and easy-to-understand local language.		
4	Waste collection containers are washable and easy to clean.		
5	Waste collection container is easy to carry ( <i>if</i> it has to be transferred to a disposal site).		

<sup>1</sup> Note that only key discussion points are included here; more in-depth monitoring of WASH programming should be done (see the full MHM guide [Step 7], Tool 1, Tool 11 and Tool 13 for more guidance).

<sup>2</sup> Adapted from Toolkit 3, Menstrual Hygiene Matters and based on IFRC experiences.







## CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY SOLID WASTE FACILITIES (cont.)

	Minimum standard to check	Yes/no	Action or change needed to meet standard
6	No menstrual waste or other rubbish is visible on the floor around the waste collection container.		
7	There is a poster or sign near (or on) the waste collection container with instructions on how to dispose of menstrual waste, using pictures and easy-to-understand local language.		
	<b>For communal waste pits (or similar):</b>		
1	Waste pit is not located near male communal latrines.		
2	Waste pit is not located near areas where men and boys frequently meet or gather.		
3	Waste pit is fenced.		
4	Waste pit is sufficiently deep (so that no one can reach the waste).		
5	Waste pit can be easily accessed by and is barrier-free for persons with mobility limitations: <ul style="list-style-type: none"> <li>• Has a 90cm wide ramp with &lt;1:10 slope</li> <li>• the path is a solid surface and</li> <li>• has handrails (if needed) etc.</li> </ul>		Target = at least 10% of all facilities
	<b>For incinerators – to be modified depending on the context/situation:</b> <i>(Note: these questions may need discussion with person responsible for maintenance, rather than only observation)</i>		
1	Incinerator is attached to the latrine block, or is located within 10 metres.		
2	Menstrual waste cannot easily be seen after it has been thrown/inserted into incinerator.		
3	The incinerator has barrier-free access for persons with mobility limitations: <ul style="list-style-type: none"> <li>• Has a 90cm wide ramp with &lt;1:10 slope</li> <li>• the path is a solid surface and</li> <li>• has handrails (if needed) etc.</li> </ul>		Target = at least 10% of all facilities. If only one incinerator (e.g. in a school), then it should be accessible (e.g. meet all minimum requirements outlined).
4	Incinerator is easy to operate and uses a minimum amount of fuel.		
5	Incinerator can reach a sufficient temperature to burn menstrual materials adequately.		
6	There is system in place for regular burning / operation of the incinerator.		
7	There is system in place for regular maintenance of the incinerator.		
8	The ash from incineration is buried or disposed of in another appropriate way.		





## CHECKLIST: MINIMUM STANDARDS FOR INCLUSIVE, MHM-FRIENDLY SOLID WASTE FACILITIES (cont.)

For discussions with women and girls, persons with disabilities:

	<i>Minimum standard to check</i>	<i>Yes/no</i>	<i>Action or change needed to meet standard</i>
1	Do you feel comfortable using the waste collection container or disposal mechanism for your menstrual materials? Why or why not?		
2	Do you feel the waste collection containers, waste pits (or incinerator) are located in an appropriate and private place? Why or why not?		
3	Do women and girls, men and boys with disabilities feel the waste collection containers, waste pits (or incinerator) are located in an appropriate and accessible place? Why or why not?		
4	Do you ever feel embarrassed, shy or get teased when disposing of your menstrual waste? Where and why?		
5	Who is responsible for emptying the menstrual waste bins? How often do they do it? Where do they put (or transfer) the waste after it has been collected? Is the system working – why or why not, and how can it be improved? <i>[delete if not relevant]</i>		
6	Who is responsible for burning the waste pit contents? How often do they do it? Is the system working – why or why not, and how can it be improved? <i>[delete if not relevant]</i>		
7	Who is responsible for burning the incinerator? How often do they do it? Is the system working – why or why not, and how can it be improved? <i>[delete if not relevant]</i>		

From discussions with whoever is responsible for emptying or collecting or transferring menstrual waste:

	<i>Minimum standard to check</i>	<i>Yes/no</i>	<i>Action or change needed to meet standard</i>
1	Do you ever find used menstrual products or waste in or around the latrine cubicles? Why do you think this is?		
2	Do you wear gloves and boots when handling menstrual waste? Why or why not?		
3	Is there any informal or formal waste sorting done? Who does this? Where?		
4	Do you face any taboos, restrictions or teasing from your work (including handling menstrual waste)? What are they? Do you have any suggestions to mitigate them?		
5	Did you receive a training about your work and how to be safe? What information did you think was missing or would you have liked?		





# USING CASH AND VOUCHER ASSISTANCE FOR MENSTRUAL HYGIENE

## Overview

Using Cash and Voucher Assistance (CVA) for hygiene items may give women and girls more freedom of choice to select the sanitary materials they prefer, are used to and feel most comfortable using. Using vouchers instead of distributions was also found to increase beneficiary satisfaction, be more convenient and reduce security risks associated with distributions, increase revenue of local vendors, and save time and money for the implementation team<sup>1</sup>.

The decision on which response option is most appropriate (in-kind, cash or voucher) and feasible for menstrual hygiene depends on a number of factors, including beneficiary preferences, operational markets, access to markets, availability of appropriate menstrual hygiene products, safety and security of staff, volunteers and beneficiaries, household dynamics, and programme objectives. In addition, National Society capacity and financial transfer mechanisms (e.g. mobile phone payments, paper vouchers, bank card etc.) also play an important role in decision making.

This tool provides:

- i Key assessment questions and considerations for using CVA for menstrual hygiene,
- ii Examples of how cash or voucher assistance could be used for menstrual hygiene,
- iii An example Minimum Expenditure Basket (MEB) table which is used to define and calculate the value of the grant/voucher, and
- iv An example form for collecting information from local markets on the type of menstrual hygiene items are available, their cost and other important details (e.g. absorbency of sanitary pads, style – wings or no wings, sizes and styles of underwear etc.).

Contact the country or regional CVA Focal Point for support and advice right from the beginning. Further information can be found in the [IFRC Guidelines for Cash Transfer Programming](#), [IFRC Market Analysis Guidance](#) and the [Red Cross Red Crescent Cash in Emergencies Toolkit](#).

## Key assessment questions and considerations

Some **key questions** which need to be answered to help make decisions are:

- Can the identified needs be met through specific commodities and/or services or can be through cash/vouchers?
- Is CVA in accordance with local government policies?
- Are markets accessible after the emergency?
- Are needed items available in sufficient quantity and at acceptable prices in the local markets?
- Does the NS has the internal capacity (programmatic, financial, logistic) to implement cash interventions or has implemented cash or voucher projects in past?
- Does the IFRC has HR capacities with CVA expertise available in the country?
- Is assistance through cash or vouchers a preferred option for the beneficiaries?

Remember that although women and girls are the end-users of menstrual hygiene products; they may not be the 'decision makers' about how household income is spent or what is purchased. Although CVA can target individual women and girls (rather than household level), it is important to understand the local dynamics of decision making and household spending.

In some contexts, women and girls may also not feel comfortable to purchase menstrual hygiene items such as sanitary pads from male vendors, or from vendors where they can be seen obviously purchasing sanitary items. It is important to consider and understand these aspects when assessing which response options (cash/voucher or in-kind) are appropriate for the context.





## USING CVA FOR MENSTRUAL HYGIENE (cont.)

The preferences of women and girls for different types of sanitary items can be different after an emergency compared to before.

Where women and girls have been displaced or moved due to an emergency or crises, remember that the items available may be different compared to what they used to use 'back home' before the emergency. They may not be familiar with or have experience using the type of pads and other materials available.

If using cash/vouchers as response modality, it is vital to make sure that women and girls are still given a demonstration and training on how to use, wash, dry, dispose etc. their menstrual materials, as well as practical and factual information (including IEC material) on personal hygiene, staying healthy and the menstrual process.

### Examples of using CVA for menstrual hygiene

Some examples of how CVA can be used for menstrual hygiene include:

- Cash grants or vouchers to women and girls for purchase of menstrual hygiene items (pads, underwear, and soap – ensuring not to forget core supportive items such as bucket, rope, pegs, pouch or bag for privacy). Grants or vouchers could be **restricted** (e.g. they must purchase certain types of materials from certain vendors) or **unrestricted** (e.g. they decide what to purchase depending on their priority needs).
- Cash grants or vouchers to households for water, or construction or improvements of latrines or bathing areas. Grants or vouchers could be **conditional** (e.g. provided once the household has reached a milestone such as having private walls or a barrier around the toilet, or construction of a handwashing facility). They can be **targeted to vulnerable groups** (e.g. targeting unaccompanied minors, female-headed households or those women and girls with physical or learning disabilities).
- Cash-for-work mechanisms for maintenance and operation of communal/facility latrines, bathing areas or for collection, transportation and management of solid waste (Note: must think about personal protection equipment for people handling menstrual waste).

### Minimum expenditure basket (MEB) for menstrual hygiene

The Minimum Expenditure Basket (MEB) is a tool which is used to define and calculate the value of a grant (or voucher). For menstrual hygiene, the MEB calculated is for one woman or adolescent girl (NOT for a household or family). There are a number of core items that women and girls must have in order to be able to manage their menstruation. These minimum items are outlined in Tool 8; and the MEB for menstrual hygiene must be aligned and include:

- Initial, core items (full kit): needed every 12 months
- Replenishment of consumable items (top-up kit): needed every 3 months

Any additional items that are needed, as well as specific details on menstrual products (e.g. style of pads, colour of cloth and underwear, type and fragrance of soap etc.) need to be discussed directly with women and girls in focus group discussions. Remember to also consult with women and girls on "how to" (and not only limited to "what").

An example MEB for disposable sanitary pads is shown below. Note that there is:

- Initial (ONE-OFF) transfer, then<sup>2</sup>
- Replenishment or top-up (RECURRENT) transfer every 3 months<sup>2</sup>

<sup>2</sup> Or whatever timeframe the kit has been designed for (depends on type e.g. disposable, reusable).





## USING CVA FOR MENSTRUAL HYGIENE (cont.)

### Initial (one-off) NFI expenditures for MHM

Products	Quantity per woman or girl	Unit price (local currency)	Expenditure per woman or girl (local currency)	Comments
Disposable sanitary pads (pack, minimum 8 pads per pack)	6		0.0	Items aligned with IFRC minimum items for MHM kits, and additional items agreed with women and girls. (E.g. Pads, underwear and bathing soap alone are not enough - women and girls must be supported with buckets, rope, pegs, laundry soap, bag or pouch for privacy as well as additional optional items depending on the context such as torch, skirt or cloth, extra bags for disposal and so on).
Bathing soap (100 grams minimum)	6		0.0	
Underwear (cotton)	3		0.0	
Small carry pouch or bag	1		0.0	
Plastic bucket with lid (6 to 10 litres capacity) or wash basin	1		0.0	
Additional item 1			0.0	
Additional item 2			0.0	
Additional item 3			0.0	
<b>Total NFI (for MHM) expenditure per woman or adolescent girl</b>			<b>0.0</b>	

### Recurrent (top up of consumables) NFI expenditures for MHM

Products	Quantity per woman or girl	Unit price (local currency)	Expenditure per woman or girl (local currency)	Comments
Disposable sanitary pads (pack, minimum 8 pads per pack)	6		0.0	Items aligned with IFRC minimum items for MHM kits, and additional items agreed with women and girls. (E.g. Pads, underwear and bathing soap alone are not enough - women and girls must be supported with buckets, rope, pegs, laundry soap, bag or pouch for privacy as well as additional optional items depending on the context such as torch, skirt or cloth, extra bags for disposal and so on).
Bathing soap (100 grams minimum)	6		0.0	
Additional item 1			0.0	
Additional item 2			0.0	
Additional item 3			0.0	
<b>Total NFI (for MHM) expenditure per woman or adolescent girl</b>			<b>0.0</b>	

### Example from the field – external

In 2014 the Norwegian Refugee Council (NRC) distributed family hygiene kits to refugee and internally displaced persons (IDP) as part of the Syria crisis. Post-distribution monitoring showed that sanitary pads, towels and safety pins had low rates of usage.

Main challenges were that standard family kits did not account for family size, beneficiary preferences or hygiene needs. Kit distribution also undercut local markets and had a complex supply chain.

A market survey was conducted and it was recommended that humanitarian actors consider using a market-based approach with vouchers for hygiene items. See 'Market survey for essential hygiene items, Kurdistan, Iraq, July 2014' by NRC and UNICEF.





## USING CVA FOR MENSTRUAL HYGIENE (cont.)

### Example form for collecting information on MHM items

Adapt and use this example form to collection information on availability and prices of menstrual hygiene items in local markets. Use this information to complete the MEB.

#### A Location

City / Town

Name of market/ shopping area

#### B Availability and price of MHM related items

Item	Is it available? Yes or √	Price: top 3 brands (local currency)	Other information
1 Pack of disposable sanitary pads (regular absorbency)		Write name of brand Write price	How many pads in a pack? Sticky on the bottom?
2 Underwear – cotton, elastic waistband, ‘bikini’ style (e.g. without legs) so that pads with wings can be used			Colours and sizes available?
3 Washable (reusable) sanitary pads *Purposefully sewn cloth pads or absorbent, soft cotton cloth pieces.			How many grams (size)?
4 Plastic bucket with lid, approx. 7 Litre capacity, not see through			Bar or powder? How many grams?
5 Personal bathing soap, bar			
6 Laundry soap (for washing pads and clothes)			
7 Rope (for clothes-line), plastic coated or similar			Length in metres?
8 Plastic pegs (for fastening pads and underwear onto drying line)			Number of pegs in pack?
9 Small drying rack for pads and underwear (round, with clip at top for hanging)			
10 Small plastic bags, 1 - 2 L capacity, with handles, non- black colour			
11 Pouch for storing or transporting pads, small size, not see-through			
<i>Add other items as applicable; for example:</i>			
12 Tampons (pack of)			Regular or super absorbency?Applicator or not? How many in a pack?
13 Locally appropriate cloth e.g. kanga, sulu etc.			
14 Torch			





# STEP-BY-STEP TOOL FOR DECIDING PRIORITY MHM ACTIONS

## Overview

This is a step-by-step tool that can be used to help you analyse and prioritise the MHM needs and actions required<sup>1</sup>. Based on the assessment information and data collected, fill in the table below beginning at number 1 and continue across to number 5. Several examples are provided.

## Tool for deciding MHM actions

1	2	3	4	5
Problem identified during assessment	Priority – rank the severity of the problem 1 = high 2 = medium 3 = low	Goal – if the problem was solved, what would the outcome be?	Actions required to achieve the goal	RCRC area of responsibility in this response/context?  Yes or No  (see actions on next page)
<i>Example: Women and girls do not use camp latrines when menstruating.</i>	1	<i>Women and girls feel comfortable and safe to always use camp latrines when menstruating.</i>	<ul style="list-style-type: none"> <li>● Latrines are gender segregated.</li> <li>● Latrines are well lit.</li> <li>● Waste disposal bins are available inside latrines.</li> <li>● Latrines can be locked from inside.</li> <li>● Men and boys are not hanging around latrines.</li> </ul>	<i>Y – because the National Society has responsibility for WASH in that context  Coordinate with PGI team</i>
<i>Example: Women and girls have no private places for washing or drying pads (they wash in river &amp; dry them on the bushes).</i>	1	<i>Women and girls have access to private, appropriate washing and drying facilities.</i>	<ul style="list-style-type: none"> <li>● Construction of bathing areas that are lockable, private and have sufficient access to water and drainage.</li> <li>● Construction of drying areas OR distribution of rope/pegs/small drying racks to women and girls.</li> </ul>	<i>Y – for water related actions N – for others: another agency is responsible for bathing areas. Coordinate with shelter sector and NFI team.</i>
<i>Example: Women and girls do not have any sanitary materials to absorb menstrual flow (because they are displaced).</i>	1	<i>Women and girls have access to appropriate sanitary pads (based on their preferences, and context) to absorb their menstrual flow.</i>	<ul style="list-style-type: none"> <li>● Distribution of reusable cloth pads to women and girls, along with underwear, bucket, laundry soap, and rope and pegs to support drying.</li> <li>● Or: cash grant or voucher for menstrual hygiene items</li> <li>● Conduct post-distribution monitoring to check use, satisfaction and challenges with use of pads etc.</li> </ul>	<i>Y – PGI team is distributing dignity kits. Ensure dignity kits include ALL minimum items for MHM PGI to coordinate with WASH (access to water, private and safe latrines, bathing areas, waste management facilities)</i>





# STEP-BY-STEP TOOL FOR DECIDING PRIORITY MHM ACTIONS (cont.)

1	2	3	4	5
Problem identified during assessment	Priority – rank the severity of the problem 1 = high 2 = medium 3 = low	Goal – if the problem was solved, what would the outcome be?	Actions required to achieve the goal	RCRC area of responsibility in this response/context?  Yes or No  (see actions below)

Actions from column 5:



### if Yes

Consider adding the action or activity into the emergency PoA  
 Also think about RCRC capacity and expertise, and requests or decisions from government/clusters  
 Coordinate with other agencies and sectors

### if No

Advocate with partners and other stakeholders for the problem to be addressed  
 Continue to monitor the situation for changes  
 Coordinate with other agencies and sectors







# MHM IN THE EMERGENCY PLAN OF ACTION

## Overview

This tool provides example outputs, indicators and targets for menstrual hygiene management related actions that may be included in the IFRC Emergency Plan of Action (EPoA)<sup>1</sup>. Actions for all three essential components of MHM are included, as well as for RCRC hygiene promotion actions.

See 'Integrating MHM into humanitarian programming', Step 4 in the Guide for more information on which section of the EPoA different types of kits and activities should be under.

## Example outputs and indicators for RCRC MHM actions

An example specific outcome for MHM is: 'Women and adolescent girls in [specify country and/or location] can privately, safely and hygienically manage their monthly menstruation from [specify time period].'

WRA = Women and girls of reproductive age (assess what ages are normal in local area)

### MHM Component 1 - Access to MHM materials and supportive items

Output	Indicators	Target
Women and adolescent girls have access to and use appropriate MHM materials	WRA that receive MHM materials / MHM or dignity kits	#, 100%
	WRA reporting that MHM materials or kits received are appropriate and sufficient in quantity [for the timeframe planned and provided for]	100%
	WRA reporting being satisfaction with MHM materials or kits distributed	100%
	Schools who serve girls older than 10 years that provide contingency MHM supplies	100%
	WRA reporting that they felt safe and not embarrassed at distribution of MHM or dignity items	100%

<sup>1</sup>) Component 1 – 3 adapted from: Sommer, M., Schmitt, M., Clatworthy; Save the Children.





## MHM IN THE EMERGENCY PLAN OF ACTION (cont.)

### MHM Component 2 - Private, safe and appropriate WASH facilities

Output	Indicators	Target
Target population have daily access to safe water supply in sufficient quantity	Target population who have at least 15 liters / person / day of water available	100%
	Households who have at least 2 20 liter water storage containers	100%
Target population have access to appropriate sanitation facilities (including latrines, bathing and drying areas, solid waste management)	Latrines, bathing areas and solid waste facilities that are designed after consultation with affected women, girls, boys and men (including those with disabilities)	100%
	Latrines, bathing areas and solid waste facilities that meet the minimum requirements for being 'MHM-friendly'	100%
	Households who live within 50 meters of a latrine/toilet facility	100%
	Communal latrines that are gender-segregated.	100% (at least 50% female-only latrines)
	WRA who report feeling safe to use communal latrine facilities during the day and night.	100%
	WRA who report hygienically washing and drying reusable menstrual cloth	100%
	WRA who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth)	100%
	Handwashing facilities constructed	#
	Functional handwashing facilities that have water and soap	100%
	Latrines, bathing areas and solid waste facilities that are regularly cleaned and maintained	100%
	Communal/institutional/school sanitation facilities that have handwashing facilities with water and soap	100%
	Communal/institutional/school sanitation facilities that have private waste disposal bins (or incineration facilities) for menstrual waste	100%
	Communal/institutional/school sanitation waste disposal bins/facilities that are emptied or collected daily / weekly [modify as appropriate]	100%
Latrine is accessible for persons with physical disabilities: latrine is at ground level or has a 90cm wide ramp of <1:10 slope, has 90cm wide doors that open outwards, a bar to pull the door shut from inside, space for a wheelchair to turn inside, and seating for the toilet and handrails on both sides of the toilet seat.	10% of all communal latrines	





## MHM IN THE EMERGENCY PLAN OF ACTION (cont.)

### MHM Component 3 Information and knowledge on menstruation and hygiene

Output	Indicators	Target
Women, girls, boys and men have practical, clear information on menstruation and personal hygiene	WRA who received training on use, care, disposal and personal hygiene at time of distribution of MHM or dignity items	100%
	WRA who report restrictions during menstruation	% (reduction)
	WRA who have received training on how to use MHM items (PDM)	100%
	Women, girls, men and boys who know that menstruation is a natural, normal process	100%
	Women, girls, men and boys that have a basic knowledge of the process of menstruation (e.g. can answer 2 – 4 questions on MHM correctly)	100%
	Local male and female health workers who have a basic knowledge of the process of menstruation	100%
	WRA that know how to hygienically manage monthly menstruation	100%
	WRA that know how to hygienically dispose of menstrual materials	100%
<b>General</b>		
Output	Indicators	Target
Continuous assessment of situation and engagement with affected population is carried out	Feedback mechanism in place including responsible person for collecting, analysing, tracking and communicating mitigation	# and type, functioning
	Feedback (including complaints and rumours) that are successfully mitigated	100%
[MHM] actions are well coordinated between sectors and agencies	Relevant coordination / cluster meetings attended	#
	MHM included in joint assessment or monitoring activities	#





## MHM IN THE EMERGENCY PLAN OF ACTION (cont.)

### Generic Hygiene Promotion

Output	Indicators	Target
Hygiene promotion activities are conducted according to RCRC standards and guidelines.	Number of volunteers/staff trained	#
	Hygiene promotion (HP) plan developed	Plan available
	Households visited by volunteers (door-to-door visits)	# or %
	People who attended group sessions held by volunteers	#
	Radio spots/SMS messages/TV spots broadcast	#
	People reporting satisfaction with RCRC response	# or 100%
	MHM is included within National Society WASH or HP policy or guidelines	Yes





# MINIMUM ITEMS TO BE INCLUDED IN KITS FOR MENSTRUAL HYGIENE

## Overview

There are a number of essential items that are critical to enable women and girls to manage their menstruation. The minimum items outlined below are aligned with current global best practice guidelines, and are based on operational research and field experiences of both IFRC and other humanitarian agencies.

**Pads and underwear alone are not enough** – items like bucket, laundry soap, rope and pegs to enable washing, drying and disposal are critical. This tool provides minimum items that should be included in any MHM kit or any dignity kit which supports menstrual hygiene.

### Minimum items are included for kits with:

- A** Disposable pads
- B** Reusable pads or cloth
- C** Tampons (*for areas/countries where they are already used*).

Part D shows additional top-up items that can be included depending on context, needs and approach taken to avoid overlap (coordinated between PGI and WASH).

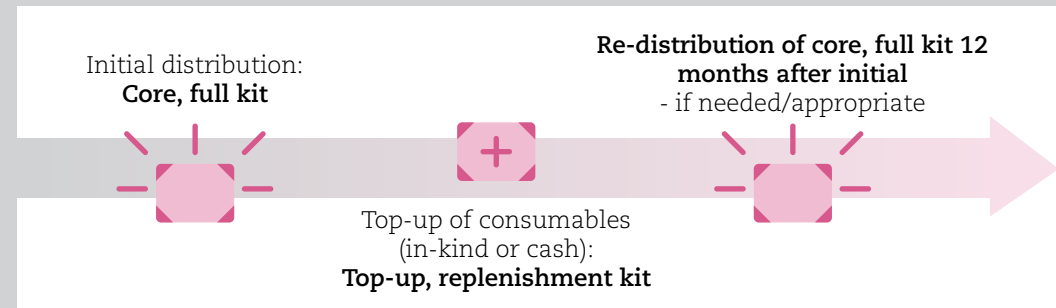
Each kit has been designed for personal use (e.g. for one woman or adolescent girl of reproductive age) for a certain number of months; after which the consumable items will run-out (e.g. disposable pads, bathing soap, laundry soap etc.). Think about what strategy you will use for distribution and top-up or replenishment of consumable items – either in kind or using cash programming. Depending on the timeframe, the core, full kit may need to be distributed again (timeframe of non-consumable items estimated to be 12 months).

Consultation with women and girls should guide the selection of any hygiene, dignity or menstrual hygiene related items to be distributed. 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.). Consult with women and girls on 'how' distributions (in-kind or vouchers) should be done, ensuring safety, access and provision of information.

Additional supplementary items can be added into each kit, depending on what is appropriate for the local context and socio-cultural situation, and based on preferences and needs. For example, a cloth skirt/sari/kanga/sulu could be added to support dignity of women during bathing, or to hide blood stains on clothing etc. A torch could be included to increase safety (be sure to coordinate with PGI).

Remember that there can be large differences in preferences and materials used between urban versus rural areas; in water-scarce or arid regions washing cloth or reusable pads may be challenging due to lack of water; and in transit situations where women and girls are frequently on the move reusable cloth pads may not be practical or appropriate.

If using cash assistance, key considerations include market functionality, availability of preferred items in the market, women/girls access to markets/shops, household dynamics, etc. The prices of these items should be included into the MEB (minimum expenditure basket), updated through price monitoring and should be reflected in transfer value calculation.





## MINIMUM ITEMS TO BE INCLUDED IN KITS FOR MENSTRUAL HYGIENE (cont.)

### MHM kit A - disposable pads

- Core, full kit: timeframe of consumables = 3 months. Re-distribute full kit every 12 months.
- Top-up, replenishment kit: every 3 months



#### Full, core kit - redistribute every 12 months

Description	Qty	Comments
DISPOSABLE SANITARY PADS (pack of), straight or winged, medium to heavy flow, minimum 8 pads per pack.	6	Two packets (minimum 8 pads) per month x 3 months = 6 packets. If pads are the type fastened by an elastic band around the waist; minimum 2 x elastic waist bands must be included in kit.
BATHING SOAP, 100 grams minimum.	6	2 bathing soaps per month x 3 months = 6 bars of soap.
UNDERWEAR, cotton, not white or light colour.	3	Choose most appropriate size and color dependant on context, and/or set-up exchange/selection during distribution.
SMALL CARRY POUCH, ½ to 1 litre capacity, for storing or carrying pads.	1	Non-branded and non-transparent. Maybe included in pad pack from manufacturer.
INSTRUCTIONS FOR USE AND CARE, including personal hygiene, washing, drying, disposal.	1	Pictorial, with simple text in local language. [Examples that can be adapted are available in English, French, Spanish and Arabic].
PLASTIC BUCKET, with lid, 6 to 10 litres capacity, non-transparent, non-branded.	1	For soaking and washing stained underwear or clothes. Also can be used for private storage of menstrual materials.
CARRYING BAG, with handles for easy transport, minimum 5 litres capacity.	1	Non-transparent. Preferably textile not plastic.



#### Top-up, replenishment kit (consumables)

Every 3 months (in-kind or cash)

Description	Qty
DISPOSABLE SANITARY PADS (pack of), minimum 8 pads per pack.	6
BATHING SOAP, 100 grams minimum.	6
Possibly: PAPER BAGS, 1 – 2 litres, non-transparent (brown), pack of 20.	1

*Recommended additional items – depending on context:*

- PAPER BAGS; For supporting disposal of sanitary materials, depending on context. Paper or compostable material preferred over plastic to reduce environmental impact.





## MINIMUM ITEMS TO BE INCLUDED IN KITS FOR MENSTRUAL HYGIENE (cont.)

### MHM kit B – reusable / washable pads

- Core, full kit: timeframe of consumables = 3 months. Re-distribute full kit every 12 months.
- Top-up, replenishment kit: every 3 months

#### Full, core kit - redistribute every 12 months

Description	Qty	Comments
WASHABLE / REUSABLE SANITARY PADS OR CLOTH, see specifications on material quality, absorption, drying etc.	6	Specifically manufactured cloth pads (preferred) or pieces of cloth, which fasten in underwear (or are held in place with an elastic band around waist). <b>Quantity will depend on the material: quality, absorption, drying rate etc. Note that 6 is minimum for high-quality, specifically manufacture pads – for cotton cloth a suggested minimum is 8 pieces.</b> If pads are the type fastened by an elastic band around the waist; minimum 2 x elastic waist bands must be included in kit.
BATHING SOAP, 100 grams minimum.	6	2 bathing soaps per month x 3 months = 6 bars of soap.
LAUNDRY SOAP, bar: 200 grams minimum, or powder: 0.5 Litres/200 grams minimum.	3	Bar soap = 3 bars of minimum 200 grams each. Powder soap = 1.5 litres volume or 600 grams minimum (bag or other container).
ROPE, at least 4 metres in length.	1	To support drying.
PEGS, pack of 8 (minimum).	1	To support drying.
UNDERWEAR, cotton, not white or light colour.	3	Choose most appropriate size dependant on context, and/or set-up exchange or selection methods during distribution.
SMALL CARRY POUCH, ½ to 1 litre capacity, for storing or carrying pads.	1	Non-branded and non-transparent. Maybe included in pad pack from manufacturer.
INSTRUCTIONS FOR USE AND CARE, including personal hygiene, washing, drying and disposal.	1	Pictorial, with simple text in local language. [Examples that can be adapted are available in English, French, Spanish and Arabic].
PLASTIC BUCKET, with lid, 6 to 10 litres capacity, non-transparent, non-branded.	1	For soaking and washing stained underwear or clothes. Also can be used for private storage of menstrual materials.
CARRYING BAG, with handles for easy transport, minimum 5 litres capacity.	1	Non-transparent. Preferably textile not plastic.



#### Top-up, replenishment kit (consumables) Every 3 months (in-kind or cash)

Description	Qty
BATHING SOAP, 100 grams minimum.	6
LAUNDRY SOAP, bar: 200 grams minimum, or powder: 0.5 litres/200 grams minimum.	3
Possibly: CLOTH or PADS – depending on quality and quantity included in kit.	6

*Recommended additional items – depending on context:*

- CLOTH, as is locally appropriate (e.g. kitenge/khanga/sarong/sulu); for supporting private drying of menstrual materials and for dignity in case of blood leakage.





## MINIMUM ITEMS TO BE INCLUDED IN KITS FOR MENSTRUAL HYGIENE (cont.)

### MHM kit C – tampons (for areas/countries where they are used already)

- Core, full kit: timeframe of consumables = 2 months.
- Top-up, replenishment kit: every 2 months

*Note: It is intended that this kit would only be distributed in areas where women and girls have previous experience using tampons and prefer this method; NOT to women or girls who have used sanitary pads or cloth their whole lives.*

#### Full, core kit - redistribute every 12 months

Description	Qty	Comments
TAMPONS, regular flow, box with minimum 10 tampons.	2	Minimum 3 tampons per day x 7 days bleeding = Approximately 21 tampons per month x 2 months = 42 tampons approx. [Assuming boxes of 10 tampons this will be 40 tampons]. Always use the lowest absorbency for the flow.
TAMPONS, light flow, box with minimum 10 tampons.	2	
BATHING SOAP, 100 grams minimum.	6	2 bathing soaps per month x 3 months = 6 bars of soap.
SMALL CARRY POUCH, ½ to 1 litre capacity, for storing or carrying tampons.	1	Non-branded and non-transparent. Maybe included in pad pack from manufacturer.
UNDERWEAR, cotton, not white or light colour.	2	Choose most appropriate size dependant on context, and/or set-up exchange or selection methods during distribution.
INSTRUCTIONS FOR USE AND CARE, including personal hygiene, washing, drying and disposal.	1	Pictorial, with simple text in local language. [Example that can be adapted are available in English, French, Spanish and Arabic].
CARRYING BAG, with handles for easy transport, minimum 5 litres capacity.	1	Non-transparent. Preferably textile not plastic.



#### Top-up, replenishment kit (consumables) Every 2 months (in-kind or cash)

Description	Qty
TAMPONS, regular flow, minimum box of 12.	2
TAMPONS, light flow, minimum box of 12.	2
BATHING SOAP, 100 grams minimum.	6

*Recommended additional items – depending on context:*

- PAPER BAGS; For supporting disposal of sanitary materials, depending on context. Paper or compostable material preferred over plastic to reduce environmental impact.







## MINIMUM ITEMS TO BE INCLUDED IN KITS FOR MENSTRUAL HYGIENE (cont.)

### Add on items (optional)

Description	Qty	Comments
PAPER BAGS, 1 – 2 litres, non-transparent (brown), pack of 20	1	For supporting disposal of sanitary materials, depending on context. Paper or compostable material preferred over plastic to reduce environmental impact.
CLOTH, kitenge/khanga/sarong/sulu	1	As is locally appropriate. Can use for covering pads and underwear that are drying (for privacy). Can also be used to wrap around body in case of blood leakage.
LAMP, TORCH, solar, solar panel integrated	1	
CARRY BAG, cloth or plastic, non-transparent, minimum 5 litres capacity	1	For carrying extra menstrual supplies when female is away from household. Non-branded.
WASH BASIN, for washing, round, plastic, 20 litres	1	
WASTE BIN with lid, minimum 8 litres	1	
SCISSORS, office, 15 - 18cm	1	





# EXAMPLE MHM IEC MATERIALS

## Overview

Example IEC materials that can be adapted and translated to country/context have been developed in English, French, Spanish and Arabic for:

- disposable pads
- reusable pads (or cloth)
- tampons

The materials include general, pragmatic information on the menstrual cycle and personal hygiene as well as instructions for use, care (washing and drying), and disposal of menstrual materials.

## Disposable pads

**Being a woman**  
Tips for your monthly period

**Disposable pads**

**About your period**

Your period is when blood flows from your vagina. This normally happens every month (around every 28 days).

The bleeding normally lasts for between 2 to 7 days. Getting your period is normal and healthy.

Girls normally get their first period between 10 and 15 years of age. In the beginning it might not come every month. This is normal.

Around 45 or 50 years of age, women will normally stop getting their period.

If your period does not come one month, this might mean that you are pregnant. Visit your local health clinic or community health worker.

**What is inside your body?**  
The female reproductive system

**Ovary:** where a woman's eggs are stored  
**Egg:** one leaves the ovary each month. If an egg comes together with sperm from a man it may grow into a baby.

**Uterus:** where a baby grows  
**Uterus wall:** a layer on the edge of the uterus builds up each month. If you are not pregnant this becomes your period blood.

**Vagina:** opening (or hole) where blood from your period and babies leave the uterus.

**Use and disposal of your pads**

1. Peel off the paper from the back of the pad (and the wings).
2. Do not throw used pads into the toilet.
3. Put the used pad into a rubbish pit or bin. If you need to, use the folded or pouch to store used pads.
4. Put the pad in your underwear with the sticky side down.
5. If your pad has wings, fold them under to help keep the pad in place.
6. The pad is ready to use.
7. When you need to change the pad, take it out and fold it up in the wrapper or put it inside another bag.

**How to keep healthy during your monthly periods**

Morning, Midday, Evening

Make sure you change your pad regularly.

Always use clean and dry pads. Using dirty or damp used pads can cause itching or an infection in your vagina.

Wash your hands with soap and water after changing your pad. Keep yourself clean during periods by washing regularly.

Never share pads with someone else. Sharing things that might have blood on them can spread infection.

Talk to someone you trust about your period and how to stay healthy. Do not be scared or embarrassed - getting your period is normal and healthy.

Many women and girls have pain in their stomachs or back before or during their period. To help the pain, you can stretch, or put a cloth that has warm water or a warm cloth on your lower back or stomach. Talk to someone you trust about the ways women in your community manage the pain.

## Reusable pads

**Being a woman**  
Tips for your monthly period

**Reusable pads**

**About your period**

Your period is when blood flows from your vagina. This normally happens every month (around every 28 days).

The bleeding normally lasts for between 2 to 7 days. Getting your period is normal and healthy.

Girls normally get their first period between 10 and 15 years of age. In the beginning it might not come every month. This is normal.

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**Use and care of your reusable pad**

1. Use the washnet, dry pads again.
2. Before using the pads for the first time, wash them with soap and water and dry in the sun. This will make them soak up more blood.
3. Dry the pads in the sun.
4. Wipe the wings of the pad around the underwear and button underneath. Make sure the soft side is up.
5. The pad is ready to use. Change your pad at least 3 times a day.
6. Use clean water and soap to wash your pads. Rinse with clean water.
7. Soak the dirty pad in cold water for 15 minutes. This makes it easier to wash the blood out.
8. Use the pouch to store the dirty pad if you cannot wash it straight away.

**How to keep healthy during your monthly periods**

Morning, Midday, Evening

Make sure you change your pads or cloth regularly.

Always use clean and dry pads. Using dirty or damp used cloth or pads can cause itching or an infection in your vagina.

Wash your hands with soap and water after changing your pad or cloth. Keep yourself clean during periods by washing regularly.

Never share pads or cloth with someone else. Sharing things that might have blood on them can spread infection.

Talk to someone you trust about your period and how to stay healthy. Do not be scared or embarrassed - getting your period is normal and healthy.

Many women and girls have pain in their stomachs or back before or during their period. To help the pain, you can stretch, or put a cloth that has warm water or a warm cloth on your lower back or stomach. Talk to someone you trust about the ways women in your community manage the pain.



# EXAMPLE MHM IEC MATERIALS

## Tampons

**Being a woman**  
Tips for your monthly period

**Tampons**

**About your period**

Your period is when blood flows from your vagina. This normally happens every month (around every 28 days).

The bleeding normally lasts for between 2 to 7 days. Getting your period is normal and healthy.

Girls normally get their first period between 10 and 15 years of age. In the beginning it might not come every month. This is normal.

Around 45 or 50 years of age, women will normally stop getting their period.

If your period does not come one month, this might mean that you are pregnant. Talk to your local health clinic or community health worker.

**What is inside your body?**  
The female reproductive system

**Ovary:** where a woman's eggs are stored

**Egg:** one leaves the ovary each month. If an egg comes together with sperm from a man it may grow into a baby

**Uterus:** where a baby grows

**Uterus wall:** a layer on the sides of the uterus builds up each month. If you are not pregnant this becomes your period blood

**Vagina:** opening (or hole) where blood from your period and babies leave the uterus

**Use and disposal of your tampons**

1. Wash your hands with soap before and after changing a tampon.
2. Unwrap the tampon. If the wrapper is broken, use another one.
3. Sit or squat in a comfortable position.
4. Use one finger to gently push the tampon (or applicator) into your vagina, towards your lower back. If you are using an applicator, push the inside hole all the way in.
5. But the end of the tampon at the opening of your vagina. The string should be away from your body.
6. Pull down on the string to take the tampon out.
7. Change your tampon at least 3 times a day.
8. Put the used tampon into the rubbish bin, or if available, the red-flower pads into the latrine.

**How to keep healthy during your monthly periods**

**Morning** **Midday** **Evening**

- Change your tampon, pad and/or liner at the time. Do not use a tampon for longer than 8 hours.
- Always use a clean and dry tampon. Using dry tampons or wearing the same tampon for more than 8 hours increases the chance of getting a serious illness called Toxic Shock Syndrome.
- Wash your hands with soap and water before and after changing your tampon. Keep yourself clean during periods by wearing regularly.
- Never share tampons, pads or cloth with someone else. Sharing things that might have blood on them can spread infection.
- Talk to someone you trust about your period and how to stay healthy. Do not be scared or embarrassed - getting your period is normal and healthy.
- Many women and girls have pain in their stomach or back before or during their period. To have the pain, you can stretch, use a hot water bottle with warm water or a warm cloth on your lower back or stomach. Talk to someone you trust about the ways to manage your period.

Link:

<https://ifrcwatsanmissionassistant.wordpress.com/menstrual-hygiene-management/>





# FEEDBACK AND MITIGATION LOG

## Overview

This tool provides an example log which can be used to collect feedback (both informal and formal), and to document which actions have been taken to address them (mitigation) and the outcome. This table can also be used for rumours, complaints and misinformation.

Before activities start, it is important to **plan how you will collect feedback** – including mechanics or activities, who to collect it from, and how often (frequency). Use the table below as example to help you plan.

<i>Activity or mechanism</i>	<i>Target group / who with?</i>	<i>Frequency</i>
e.g. focus group discussions	Adolescent girls and women of reproductive age	e.g. every month
e.g. rapid survey using mobile phones [see links to additional resources below]	Randomly selected group from target population	e.g. weekly or monthly rapid survey
e.g. radio show with call-in	Affected population	e.g. ongoing for entire response
e.g. interviews with key informants	e.g. community leaders, local health officers, traditional healers, women's leaders	e.g. every two weeks
e.g. complaints desk	Women and girls who receive MHM items	e.g. during each distribution
e.g. feedback box or post-cards	Affected population	e.g. ongoing





## FEEDBACK AND MITIGATION LOG (cont.)

### Example feedback and mitigation log

*(Adapted from CDAC Network)*

Remember! Collecting feedback alone is not enough; make sure you have a system in place to analyse, track mitigating actions and then communicate this back to communities.

Feedback and mitigation log – can also include rumours, misinformation and complaints

Date	Location	Details	Channel	Risk rating	Verification status	Mitigation status	Outcome
When was the feedback/rumour/complaint heard?	Where was it heard?	Details of the feedback/rumour/complaint. What was it?	How was the feedback/rumour/complaint heard?	Low Medium High	Verify if it is: True or Untrue	Details of who, what, when, where and how you mitigated or addressed the feedback/rumour/complaint, including engaging with the community	Has the feedback/rumour/complaint stopped?

### Additional resources

IFRC Community Engagement and Accountability (CEA) Guide <<https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/12/IFRC-CEA-GUIDE-0612-LR.pdf>> and Toolkit <<https://media.ifrc.org/ifrc/document/community-engagement-and-accountability-toolkit/>>

Information on tools for data collection and analysis; part of IFRC Guide: How to Establish and Manage a Systematic Feedback Mechanism with Communities <[https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/06/IFRC\\_feedback-mechanism-with-communities\\_ok\\_web.pdf](https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/06/IFRC_feedback-mechanism-with-communities_ok_web.pdf)>





# FOCUS GROUP DISCUSSION GUIDE - POST DISTRIBUTION MONITORING (PDM)

## Overview

This tool provides example questions for a Focus Group Discussion (FGD) with women and adolescent girls for post-distribution monitoring (PDM). The aim is to get a detailed understanding on the use of menstrual items (e.g. the 'how' and 'why' questions), satisfaction, experiences and challenges, cultural taboos and restrictions etc. Qualitative methods are the only way to collect meaningful and in-depth information on use, satisfaction, preferences and challenges which can be used to adapt and improve programming.

The questions include the key things you should ask during post-distribution monitoring of MHM (or dignity kits). The questions should be adapted so they are appropriate and context specific. Introduction/background, consent, ice-breaker and probing questions should be added.

### Important details:

- **FGDs should be age-disaggregated**, for example 12 to 18 years, 19 to 35 years, and 36 to 55 years.
- The number of FGDs to be held depends on the scale, geographical spread, time available and context. It is recommended to have **at least 2 FGDs with each age group**; if operation or programme is larger then more may be needed.
- See Section 3 of the Guide for more information on selecting volunteers for MHM activities.

Depending on how much time and resources you have, these questions can be integrated as part of other activities (for example, asked as part of a FGD on hygiene promotion, PGI or health) – or a separate FGD just for MHM can be held.

## Example FGD questions

### A Items / kits received and their use (Introduction)

- Which items / kit have you received? Do you know who gave you these items?
- Have you used any of the items? Which ones? Why or why not?

### B Distribution

- Can you explain how the distribution of the kits was done?
- Did you feel safe or embarrassed during the distribution? Why or why not? What could help you to feel safer or less embarrassed?
- Were all women and girls that you know able to go to the distribution? If some were unable to, what restricted them? What could support or help them to attend next time?
- Were you given a demonstration on how to use and care for your pads? Was any information missing?
- Were you given information on who you could contact for more information on sexual and reproductive health? Was any information missing?

### C Menstrual hygiene practices and WASH facilities

- What did you use to manage your last monthly period? (E.g. find out if they have actually used the cloth/pads that were distributed)





## FOCUS GROUP DISCUSSION GUIDE - POST DISTRIBUTION MONITORING (PDM) (cont.)

*\*Questions below assume that some or all actually used the pads/cloth that were distributed\**

- Did you like to use the pad/cloth? Was it comfortable and absorbent? Did you have enough cloth/pads to use during your period?
- Did you have any difficulties using the pad/cloth? How or why?
- Where do you change your cloth / materials / pads? How often do you change the cloth/pad?
- *If disposable pads:* Where do you dispose of or throw used pads? Why? Probe on challenges, beliefs, if they do it at night etc.
- *If cloth or washable pads:* Where and how do you wash the cloth? Why? Probe on challenges, including with bloody wastewater etc.
- *If cloth or washable pads:* Where and how do you dry the cloth? Why? Probe on challenges, including with privacy, taboos etc.
- *If cloth or washable pads:* Once it is worn out, where do you dispose of or throw the old cloth? Why? Probe on challenges, beliefs, if they do it at night etc.

### D Preferences and improvements

- Would you prefer another type of pad / cloth now? If so, why? Ask about colour, absorbency, type of pad or cloth etc. – would they like any changes? (*You can also discuss aspects of sustainability / reuse (how long the types of pads last), washing, drying, privacy issues, access to water etc.*)
- For underwear and soap: discuss the colour, size, smell, brand etc. – any changes?
- Are you missing any items or things that would help you manage your menstrual period?
- What changes or improvements would you make to WASH facilities here, so that you can better manage your menstruation? [latrines, bathing areas, waste management facilities]
- Have you recently purchased any pads or other items to use during your period? What did you buy? Where from and how much did it cost? What are the main sources of income now?

### E Health, socio-cultural aspects

- During your last monthly period, did you experience any pain (before or during), itching or irritation? Any discharge or smell? How did you deal with this?
- During your last monthly period, did you feel embarrassed or anxious at all? Why? What could help you to feel less embarrassed or anxious?
- What are the beliefs and customs with menstruation in your culture/community? How do they affect you? Is there anything that you are restricted from or can't do during your period?

### F Closing

- What are the main challenges you face in managing your monthly period now? If there are many, get women and girls to vote (by show of hands) or rank them in order of importance.
- Is there anything else you would like to share about MHM or your experiences?
- Do you have any questions?

Thank participants and explain next steps. Make sure they know how they can access support (e.g. about sexual and reproductive health or about sexual and gender based violence)





# POST-DISTRIBUTION MONITORING SURVEY

## Overview

It is important to follow up with women and girls on the use, acceptability and satisfaction with any items distributed (or if cash/vouchers are used, on the service and providers). This information should be used to revise and improve kits and items distributed and to adapt programming, to better meet needs and preferences and to address any unforeseen issues or challenges. Some key points around PDM for menstrual hygiene are:

- Although post-distribution monitoring for MHM should focus on qualitative methods (e.g. FGDs and KIIs), quantitative surveys are useful for collecting useful data and information which is representative of a wider geographical area, for reporting against targets and for measuring change.

**Post-distribution monitoring for menstrual items should be done between 1 and 2 months after distribution.** Any earlier than 1 month, and there is a risk that many women and girls have not got their period yet and so have not actually used the pads, items etc. After two months it can become difficult for women and girls to remember what happened during distribution, what they received etc.

This tool provides an example post-distribution monitoring questionnaire (for MHM kits or menstrual hygiene items) which can be adapted as appropriate.

Note that **mainly 'closed' questions are included in this example**; open-ended questions about 'how', 'why' or 'preferences' etc. can be asked and discussed in focus groups and key informant interviews to get more meaningful and detailed information.

## Example post-distribution monitoring questionnaire

Optional:

- Add questions on knowledge (to measure any change from baseline, if relevant)
- Add questions on health e.g. irritation, infections (to measure any change from baseline, if relevant)
- Add questions on socio-cultural aspects e.g. restrictions or taboos (to measure any change from baseline, if relevant)
- Add more questions on dignity or inclusion e.g. feeling of privacy, safety

	Question	Coding	Notes
1	Location (e.g. sector of camp) or other details	1 - ... 2 - ...	As applicable
2	What is your age?	Number	As applicable
3	Which type of kit (or items) did you receive?	1 - Disposable 2 - Reusable pads 3 - Cloth 4 - Tampons	Change to be relevant for the situation
4	Did you feel safe at the distribution (when you were given the items)?	1 - Yes 2 - Somewhat / a little 3 - No 4 - Didn't attend distribution	
5	Did you feel embarrassed during the distribution?	1 - Yes 2 - Somewhat / a little 3 - No	







## POST-DISTRIBUTION MONITORING SURVEY (cont.)

	Question	Coding	Notes
6	Were you given a demonstration on how to use and care for your pads?	1 – Yes 2 – No 3 – I don't remember 4 – I don't know / didn't attend distribution	
7	Were you given information on who you could contact for more information on sexual and reproductive health?	1 – Yes 2 – No 3 – I don't remember 4 – I don't know / didn't attend distribution	And/or gender-based violence – depending on situation
8	Did you use the pads for your last monthly period?	1 – Yes, continue 2 – No, skip to end	Women or girl must have used pads or kit items to provide useful feedback
9	Did you find the pads acceptable?	1 – Yes 2 – Somewhat 3 – No	
10	Were there enough pads for you to use during your period?	1 – Yes, I had enough pads 2 – No, I ran out of pads/ needed more	
11	Did you have any difficulties using the disposable / reusable pads? If yes, why?	1 – No 2 – Sometimes 3 – Yes – why?	
12	Where did you wash the reusable pads / cloth?	1- Shower or bathing area 2 – Latrines 3 – In my house or shelter 4 – At the river or lake 5 – Other. Specify	Reusable pads / cloth only
13	Where did you dry the reusable pads / cloth?	1- Shower or bathing area 2 – Latrines 3 – In my house or shelter 4 – At the river or lake 5 – Other. Specify	Reusable pads / cloth only
14	Where did you dispose of (throw away) the disposable pads (or reusable pads or cloth, once it was worn out)?	1 - Latrines or toilet 2 – Rubbish pit 3 – Bury in ground 4 – Incinerator 5 – Other. Specify	Disposable pads only
15	Are you missing any items or things to help you manage your menstrual period?	1 – No 2 – Yes. What?	
16	Did you have any irritation or itching during your last menstrual period?	1 – No 2 – Yes 3 – A bit 4 – Don't want to say	
17	Did you feel embarrassed or anxious during your last menstrual period?	1 – No 2 – Yes 3 – A bit 4 – Don't want to say	
18	Will you continue to use the washable pads for your monthly periods?	1 – Yes 2 – No, why not? 3 – Maybe	Reusable pads / cloth only
19	Overall, how satisfied are you with the MHM (or dignity) kit that Red Cross/Crescent gave you?	1 – Very satisfied 2 – Somewhat satisfied 3 – Okay /neutral 4 – Not satisfied. Why not?	
20	Any other comments or questions?	Open text	





# CHECKLIST FOR MENSTRUAL HYGIENE IN HUMANITARIAN CONTEXTS

## Overview

This checklist outlines broad key actions to ensure an effective and comprehensive MHM response in an emergency or humanitarian crises. Use it as a guide or as a tool to reflect on.

1	Staff and volunteers (both male and female) have been trained on MHM, and have capacity and confidence to discuss MHM and identify practical actions to improve menstrual hygiene management for women and girls.	
2	Staff and volunteers (both male and female) who are involved with MHM programming have been trained gender, age, disability, on how to communicate respectfully with persons with disabilities and older people and referral mechanisms for sexual and gender based violence disclosures.	
3	Women and girls, including those with disabilities or from vulnerable/minority groups, are continuously consulted on their needs and preferences, the challenges they face, cultural and social norms and the WASH facilities/items/support provided.	
4	Based on feedback collected from women, girls, boys and men, MHM related activities are revised or adapted as needed.	
5	Data are disaggregated at least by sex, age and disability and other context-specific variables, to provide an understanding of and access to the most marginalized.	
6	Menstrual hygiene management actions are well-coordinated both between sectors (e.g. WASH, PGI and health) and between actors (e.g. RCRC, UN, government etc.).	
7	Women and adolescent girls have access to and use appropriate sanitary materials (based on their preferences and context).	
8	MHM kits or dignity kits (which contain sanitary materials) include all the minimum items for menstrual hygiene – including items to support washing, drying and disposal.	
9	Demonstration of use, care and disposal of menstrual hygiene items, and hygiene promotion linked with sexual and reproductive health is provided at the same time as distribution.	
10	Latrines, bathing areas and solid waste management facilities are 'MHM-friendly' and meet the minimum requirements (including being gender-segregated and a proportion [target = 10%] accessible to those with disabilities) so that women and girls (including those with disabilities) have private, safe facilities that they feel comfortable using day and night to manage their menstruation.	
11	Latrines, bathing areas and solid waste management facilities are regular cleaned and well-maintained, and people who handle menstrual waste have wear appropriate PPE.	
12	Schools and institutions (e.g. health clinics) in emergency contexts have appropriate and MHM-friendly water, sanitation and hygiene facilities to help girls manage their menstruation.	
13	Schoolteachers in emergency contexts have been trained to support girls with their menstruation.	
14	Opportunities have been created in emergency contexts for adolescent girls and boys to learn about menstruation.	



# The fundamental principles of the international Red Cross and Red Crescent movement

**Humanity** The international Red Cross and Red Crescent movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.


**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The international Red Cross and Red Crescent movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

**For more information on this IFRC publication, please contact:**

**International Federation of Red Cross and  
Red Crescent Societies  
WASH Unit**

Health and Care Department  
Email: [wash.geneva@ifrc.org](mailto:wash.geneva@ifrc.org)

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