Addressing menstrual hygiene management (MHM) needs

Guide and Tools for Red Cross and Red Crescent Societies

November 2018
Addressing menstrual hygiene management (MHM) needs

Guide and tools for Red Cross and Red Crescent Societies

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 189 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

CTP    Cash transfer programming
CBHFA  Community based health and first-aid
CEA    Community engagement and accountability
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
# Table of contents

- **Overview: Steps and Tools for MHM action**
  - Page 6

- **Getting started: This guide**
  - Page 7
  - 1.1 Purpose and target audience...Page 7
  - 1.2 What this guide does and does not include...Page 7
  - 1.3 How to use this guide and tools...Page 8

- **MHM in humanitarian contexts: The basics**
  - Page 9
  - 2.1 What challenges do women and girls face?...Page 9
  - 2.2 What are the risks of not addressing MHM?...Page 9
  - 2.3 What is MHM?...Page 10
  - 2.4 Who is involved in a humanitarian MHM response?...Page 11
  - 2.5 Making sense of kits and items for menstrual hygiene...Page 12

- **Volunteers and MHM**
  - Page 19
  - 3.1 Selecting volunteers for MHM activities...Page 19
  - 3.2 Training volunteers in MHM...Page 20

- **Integrating MHM into humanitarian programming**
  - Page 23
  - Step 1: Identifying the problem...Page 24
  - Step 2: Identifying target groups...Page 27
  - Step 3: Analysing barriers and enablers for behaviour change...Page 28
  - Step 4: Formulating menstrual hygiene objectives...Page 29
  - Step 5: Planning...Page 32
  - Step 6: Implementation...Page 33
  - Step 7: Monitoring and evaluation...Page 36
  - Step 8: Review, re-adjust...Page 38
# Overview: Steps and Tools for MHM action

## Assessment

<table>
<thead>
<tr>
<th>Step 1: Identifying the problem</th>
<th>Step 2: Identifying target groups</th>
<th>Step 3: Analysing barriers and enablers for behaviour change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool 4 Checklist: Minimum standards for ‘female-friendly’ solid waste facilities</td>
<td>Tool 5 Cash programming interventions for menstrual hygiene</td>
<td></td>
</tr>
</tbody>
</table>

## Planning

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

## Implementation

<table>
<thead>
<tr>
<th>Step 6: Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool 9 IEC materials for disposable pads, reusable cloth pads and tampons (generic resource in English, French, Spanish and Arabic that can be adapted and translated to country/context)</td>
</tr>
</tbody>
</table>

## Monitoring, evaluation & learning

<table>
<thead>
<tr>
<th>Step 7: Monitoring and evaluation</th>
<th>Step 8: Review, re-adjust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool 10 Feedback and mitigation log (can also include rumours, complaints and misinformation)</td>
<td></td>
</tr>
<tr>
<td>Tool 11 Focus group discussion guide – post distribution monitoring</td>
<td>Tool 12 Survey for post-distribution monitoring</td>
</tr>
<tr>
<td>Tool 13 Checklist for MHM actions in humanitarian operations</td>
<td></td>
</tr>
</tbody>
</table>
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.

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.

<table>
<thead>
<tr>
<th>This guide includes:</th>
<th>This guide does not include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Considerations for identifying, selecting and training community volunteers in MHM</td>
<td>• Information on the physiological process of menstruation</td>
</tr>
<tr>
<td>• Guidance around distribution of dignity and MHM kits, including minimum content for MHM and how to avoid overlap</td>
<td>• 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.)</td>
</tr>
<tr>
<td>• Step-by-step actions for addressing MHM in humanitarian contexts</td>
<td></td>
</tr>
<tr>
<td>• Practical tools for assessing, planning, implementing and monitoring MHM (that can be adapted and translated at country or operation level).</td>
<td></td>
</tr>
</tbody>
</table>

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

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". 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.

---

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) – 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:

- 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, transgender persons or unaccompanied and separated girls.

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, 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.

---


Addressing menstrual hygiene management (MHM) needs

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):

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.

---


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). 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.

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 by 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 (MHM) 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.

<table>
<thead>
<tr>
<th>What is it?</th>
<th>NFI</th>
<th>Purpose</th>
<th>How long do they last?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hygiene Kits</strong></td>
<td>WASH</td>
<td>To provide basic hygiene items for a household of 5 people, for a period of 1 month.</td>
<td>Usually from 1 to 3 months. A lot of consumables; need regular top-up.</td>
</tr>
<tr>
<td><strong>Dignity Kits</strong></td>
<td>PGI</td>
<td>To support dignity of women and girls, including improving safety and mobility, and to provide information about reproductive health and SGBV related issues and services.</td>
<td>Usually a one-off distribution linked to programming; not a relief item. Need to consider top-up of consumable items and/or link to other kit distributions to cover needs.</td>
</tr>
<tr>
<td><strong>MHM Kits</strong></td>
<td>WASH</td>
<td>To provide essential materials and items which enable women and girls to manage their monthly menstruation hygienically and with dignity.</td>
<td>Depends on type of kit and sanitary material. Initial distribution; then top-up of consumable items.</td>
</tr>
</tbody>
</table>

### Types of kits:

- Disposable MHM Kit A
- Reusable MHM Kit B
- Female dignity kit

### Target user:

- FAMILY (one kit per female of reproductive age)
- PERSONAL (one kit per female)

### 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).

---

8 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\(^9\) 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).

• 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\(^{10}\)

Key points

• Dignity kits\(^{11}\) 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.

\(^9\) In the Red Cross Red Crescent context; other agencies or organisations have different definitions of hygiene, dignity, female hygiene kits.

\(^{10}\) Developed based on example from UNICEF Guidance: Immediate Response WASH and Dignity Kits and Family Hygiene and Dignity Kits (2015).

\(^{11}\) 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.
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).

**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).

<table>
<thead>
<tr>
<th>GUIDANCE TO AVOID DUPLICATION BETWEEN KITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial acute response</strong></td>
</tr>
<tr>
<td>IF Hygiene Kits AND MHM Kits will be distributed:</td>
</tr>
<tr>
<td>• Remove sanitary items from hygiene kits</td>
</tr>
<tr>
<td>IF only Hygiene Kits will be distributed:</td>
</tr>
<tr>
<td>• Leave sanitary items in hygiene kits</td>
</tr>
<tr>
<td>Dignity kits are not an NFI and are not distributed in first or acute phase of emergencies</td>
</tr>
</tbody>
</table>

| **Ongoing response**                      |
| IF Hygiene Kits AND MHM Kits AND Dignity Kits will be distributed: |
| • Remove sanitary items from hygiene kits and dignity kits (e.g. only MHM kits have sanitary items) OR |
| • 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]. |
| IF Hygiene Kits AND Dignity Kits will be distributed: |
| • Remove sanitary items from hygiene kits AND |
| • 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.) AND |
| • 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] |
| IF only Hygiene Kits will be distributed: |
| • Leave sanitary items in hygiene kits, adapt to the context as soon as possible |
| • Ensure top-up/replenishment of consumable items (e.g. pads, laundry and body soap) [timeframe based on type of pads and quantity of items] |

**REMEMBER!**

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

MAKE SURE YOU HAVE A CLEAR STRATEGY FOR ANY KIT DISTRIBUTION 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.

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 for menstrual hygiene items.
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’.

12 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 female-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:

- 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.

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.
**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 FGI) 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.).

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 ‘female-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

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 ‘FEMALE FRIENDLY’ LATRINES
**TOOL 3**: CHECKLIST: MINIMUM STANDARDS FOR ‘FEMALE FRIENDLY’ BATHING AREAS
**TOOL 4**: CHECKLIST: MINIMUM STANDARDS FOR ‘FEMALE FRIENDLY’ SOLID WASTE FACILITIES
**TOOL 5**: CASH PROGRAMMING INTERVENTIONS FOR MENSTRUAL HYGIENE

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.
Is cash transfer programming appropriate and feasible?

Cash Transfer Programming (CTP) refers to any support provided to communities via cash (restricted or unrestricted), vouchers or cash-for-work modalities.

Using CTP 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 team14.

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

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.

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.
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\(^{15}\) 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.

---

\(^{15}\) By iDE and BDRCS, supported by Australian Red Cross and IFRC.
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 needs 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.
## MHM in the Emergency Plan of Action

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Which section in the EPoA?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution of <strong>dignity kits</strong> (cash or in-kind)</td>
<td>With ANY kit distribution, MUST include:</td>
</tr>
<tr>
<td></td>
<td>• Demonstration of MHM items (during or before distribution)</td>
</tr>
<tr>
<td></td>
<td>• Use of specific MHM IEC</td>
</tr>
<tr>
<td></td>
<td>• Post-distribution monitoring (with an emphasis on qualitative methods)</td>
</tr>
<tr>
<td></td>
<td>PGI section</td>
</tr>
<tr>
<td>Distribution of <strong>MHM kits</strong> (cash or in-kind)</td>
<td>WASH section</td>
</tr>
<tr>
<td>Distribution of <strong>hygiene kits</strong> (cash or in-kind)</td>
<td>WASH section</td>
</tr>
<tr>
<td>Improvements in (or construction of) female-friendly WASH facilities for MHM</td>
<td>WASH section</td>
</tr>
<tr>
<td><strong>Hygiene promotion and clear, factual information on menstruation</strong></td>
<td>WASH section if done by Hygiene Promotion volunteers; PGI or Health section if done by other volunteers</td>
</tr>
</tbody>
</table>

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?16

Hygiene Standard 2.3: Women and girls have appropriate and dignified access to safe menstrual hygiene products. Key actions include:

1. Understand the cultural and religious beliefs, social norms, and myths concerning menstrual hygiene and management of incontinence.
2. Develop the most appropriate menstrual hygiene management and incontinent management infrastructure solutions.
3. Ensure access to appropriate sanitary protection material, incontinence material, soap (for bathing, laundry and hand-washing), and other hygiene items to assist with menstrual hygiene and incontinence.

---

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. Incontinence is the involuntary (or uncontrolled) leaking of urine or faeces (or both). It can affect:

- older people;
- men, women, and children with physical disabilities and/or learning difficulties;
- women and adolescent girls who have given birth;
- women and adolescent girls who have suffered fistula due to 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 stigma.

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?

<table>
<thead>
<tr>
<th>Challenge or need</th>
<th>Suggestions</th>
</tr>
</thead>
</table>
| People with incontinence are ‘hidden’, and are embarrassed and shy to talk about it | • 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.  
• Build trust by talking about other issues first (e.g. MHM, access to WASH facilities). |
| Lack of materials e.g. absorbent pads, underwear, cloths, mattress protectors etc. to manage incontinence | • 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).  
• 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. |
| Lack of access to sufficient water for washing, and/or private facilities for laundering, drying and bathing | • 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. |
| People may have restricted mobility or be unable to leave their home due to embarrassment, negative attitudes towards them or an inaccessible environment | • Ensure that people with incontinence are not excluded from distributions or from accessing services.  
• Ensure that people with incontinence are linked with specialist health, disability and/or older person organisations or services. |

---

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


19 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.
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: IEC MATERIALS for disposable pads, reusable cloth pads and tampons

(pre-developed generic materials in English, French, Spanish and Arabic that can be locally adapted and translated)

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 is 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 female-friendly latrine, with key design features and considerations. Use Tools 2 – 4 as checklists for assessing how female-friendly facilities are and whether they meet the minimum standards.
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 female-friendly toilet with minimum standards for MHM.

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.
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?

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.
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.