

## **Menstrual Hygiene Management (MHM) Strategy**

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## 1. Context and Rationale

More than half of the 900,000 stateless Rohingya refugees presently residing in the thirty-four camps in Cox's Bazar district are women and girls<sup>1</sup>.

Menstrual hygiene management (MHM) is a key area of intervention for WASH programming. Over the last two years, since the beginning of the influx, efforts have been made by WASH actors to address the MHM needs of Rohingya women and girls in the camps. MHM interventions by WASH actors have included distribution of menstrual hygiene materials and dissemination of information regarding menstrual hygiene through group awareness sessions. Additionally, there have been efforts by few WASH actors to make latrines and bathing facilities MHM-friendly by providing washing platforms to hygienically wash menstrual items and inbuilt chutes (pipes) for disposal of used menstrual cloth and pads.

Recent WASH household surveys, project monitoring reports and focus group discussions with women and girls on issues like access to latrines, bathing shelters and laundry facilities have shown that safety and privacy remain key concerns for women, while accessing WASH infrastructures.

The physical congestion in Rohingya camps exacerbates these privacy concerns and women and girls continue facing challenges in managing their menstruations in a safe and dignified way. Lack of adequate MHM facilities and services has consequences for women and girls' health, and, at the same time, often leads to reinforce taboos and shame associated with menstruation.

In order to respond to the MHM needs of women and girls and strengthen WASH sector's MHM programming, the following key gaps and challenges highlighted in recent assessments have been considered to develop the 2020 MHM strategy.

## 2. Access to MHM materials

In the year 2019, more than 90% of women and girls received MHM materials through distributions by humanitarian actors, and most of them (87%) expressed no difficulty in accessing MHM materials<sup>2</sup>. These include a range of menstrual hygiene materials – reusable pads, multipurpose cloth, disposable pads – provided to women and girls across 34 camps, by WASH, protection, GBV and other sectors actors. However, the distribution of materials is not always reportedly consistent or timely, and women do not always have the available resources to access materials independently or from the market. Moreover, certain agencies have distributed MHM materials as part of hygiene kits that are sized according to an average household, not considering the individual needs. This means that all the females in a single household have access to only one set of MHM materials (one set has 5 reusable pads), which is inadequate. Therefore, there is a need to coordinate the activities by different agencies within WASH and other sectors to ensure that all women and girls are individually covered through distributions, and that this takes place in a timely and consistent manner throughout the year

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<sup>1</sup> ISCG, Gender profile No. 2 for Rohingya Refugee Response, Cox's Bazar, Bangladesh (March 2019);

<sup>2</sup> REACH Initiative. MHMA Factsheet. Cox's Bazar, July 2019, p. 1. See link [here](#);

and across all the camps. Going forward, the sector recommends distribution of separate MHM kits to women and girls personally, to ensure that their needs are met and that basic considerations of respect of privacy and dignity are met.

### **3. MHM materials preferences**

Rohingya women and girls have been receiving a range of menstrual hygiene materials from distributions such as reusable pads, cloths and disposable pads. Many of them have been using more than one MHM material based on the frequency of distributions and availability of materials. Both adult women and adolescent girls reportedly prefer reusable pads, while older women prefer the use of cloth and younger girls prefer disposable pads. The sector has recommended a list of minimum contents in the MHM kit to ensure adequate quantity and quality of MHM materials (Please see Section 3). WASH actors can also provide additional items as part of the kit based on preferences and budget availability, but there should be no compromise on the minimum standards.

### **4. Distribution channels**

Current distribution modalities do not always give women and girls direct access to MHM materials and WASH actors might miss the opportunity to engage with them on issues related to MHM. It was reported that only about 27% of women and girls personally collected or received MHM materials through distributions<sup>3</sup>. In most of the households, it was the male members who attended distributions and collected materials on behalf of the women. It is for this reason as well that separate MHM kits are recommended.

Furthermore, distributions of MHM kits should be conducted at safe spaces identified in consultation with women and girls. This could be either within the privacy of their homes or at MHM awareness sessions or at female only distribution sessions organised at women friendly centres etc. Additionally, the sector recommends the frequency of MHM kits distribution to be once every 3 months preferably, or at least once every 6 months.

### **5. Access to information on menstruation and MHM**

Regular awareness group sessions for women and girls have to be conducted by trained female hygiene promoters and specialists. The 2019 REACH Menstrual Hygiene Materials Assessment report<sup>4</sup> states that 68% and 58% of households reported receiving information on menstrual hygiene materials management and menstruation respectively. However, a large proportion of women, almost 90%, expressed the interest to receive more information on how to properly use, clean and dispose menstrual materials. This shows that the sector would need to review the quality of information being disseminated and provide information in a more consistent, structured and systematic way. Information that is disseminated should also be contextualized and be culturally acceptable to the community and should address the several taboos and stigma associated with menstruation. For example, women believe it is a sin or could cause great harm if others, especially men and children, see or touch their used materials. Therefore,

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<sup>3</sup> REACH Initiative. MHMA Factsheet. Cox's Bazar, July 2019, p. 1.

<sup>4</sup> REACH Initiative. MHMA Factsheet. Cox's Bazar, July 2019, p. 1.

asking women to dispose their used materials into trash bins might not be a suitable option. Instead, disposal chutes (pipes) built inside the latrine or bathing area might provide a more private and suitable alternative. However, this is just one practical option. WASH actors should therefore design MHM intervention in consultation with women and girls. Implementing partners should establish continuous interaction and dialogue with them to develop MHM solutions and strengthen MHM programming. Also, the feedback collected from women and girls at interactive sessions should inform water, sanitation and hygiene interventions. The central objective of information dissemination should be to trigger behaviour change to break stigma around menstruation and to promote safe hygiene practices through behaviour change communication.

## **6. Taboos and stigma related to menstruation**

Cultural beliefs regarding menstruation are reportedly widespread and shape the way women and girls access information on MHM and manage their menstruation. Both women and men consider monthly periods to be an illness, menstruating women to be dirty, and menstrual blood seen as connected to black magic. These stigmatizing beliefs often lead to women being isolated during the onset of menarche; their food, bathing, laundry, and sleeping areas are kept separate from the rest of the family and they are not being allowed to leave their home during their periods. Women and girls are often too shy to talk about menstruation or to let anyone know that they are menstruating. Hence, they do not reach out for information or medical advice in the event of any unpleasant or abnormal menstrual experiences. Communication materials developed to disseminate information should therefore combat these negative practices through targeted menstrual hygiene promotion and health education. WASH actors have also to find innovative and effective ways to engage with beneficiaries during information dissemination or behaviour change activities. For this, it is equally important to engage with men and boys, including opinion leaders like Majhis and Imams, to build their awareness about the harmful impact of menstrual taboos and practices on women and girls; and develop their willingness to support the MHM needs of women and girls.

## **7. Information education and communication (IEC) materials**

A range of IEC materials are used by WASH implementing partners to disseminate information related to menstruation and safe menstrual practices. These include information on biological aspects of menstruation, menstrual cycles, breaking taboos and stigma around menstrual practices, healthy and hygienic practices related to changing, washing, drying and disposal of menstrual materials. Women reportedly received information through IEC materials at demonstrations during distributions or during awareness sessions. Only about 6% of women reported that they received information through leaflets<sup>5</sup>. All the IEC materials used by different WASH actors have been compiled by the MHM working group and can be found at this link: <https://drive.google.com/drive/folders/1Uc6zkpgCYP5xHgV4dOmToQ8mu0HYV56>

It is recommended that WASH actors review their existing IEC materials and ensure that the materials used or further developed are culturally accepted and carry context-relevant information. Partners are advised to display IEC materials as well inside female latrines and

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<sup>5</sup> REACH Initiative. MHMA Factsheet. Cox's Bazar, July 2019, p. 1.

bathing units, to provide guidance for good MHM practices, especially about safe disposal of menstrual materials.

## 8. MHM practices – washing, drying and disposal

WHO and UNICEF identify “having access to safe and convenient facilities to dispose of used menstrual hygiene materials” as a key component for proper MHM programming<sup>6</sup>. In addition, the International Rescue Committee (IRC) recommends for women and girls to be consulted on disposal options, and for all sanitation staff and volunteers to be trained, knowledgeable, and comfortable with MHM<sup>7</sup>. However, in the camps there is a gap in available disposal mechanisms for menstrual waste. Findings from the REACH WASH Household Dry Season Assessment indicate that 39% of women reported using disposable pads are burying them after use and 23% disposing them into the latrine after use<sup>8</sup>.

Washing, changing, drying and disposal practices are shaped by a combination of social norms and taboos associated with menstruation, as well as a lack of gender-sensitive WASH facilities in the camps. The REACH WASH Household Dry Season Assessment reported that only 55% of women reported changing and 61% reported washing MHM materials in the communal bathing facilities or latrines, while the others used the makeshift washing spaces inside their shelters. Using makeshift household laundry/bathing spaces for cleaning and washing MHM materials leads to unhygienic situations inside the shelters. At the same time, women using communal facilities face issues of overcrowding, distance from shelters, lack of adequate gender segregation, safety, privacy and cleanliness of facilities.

There is a need for WASH actors to strengthen efforts to make sanitation facilities more gender-sensitive and to ensure safety and privacy in the use of facilities. In terms of drying practices, only 40% of females reported drying materials outside of the household. The others reported drying of menstrual cloth inside the shelters underneath other clothes so that the male members of the household would not see them. This is again unhygienic and needs to be discouraged by promoting safe facilities for drying outside the shelter, ideally under the sunlight.

In 2019, some organizations started piloting the RANAS<sup>9</sup> approach to develop intervention strategies to trigger behavior change. One of the behaviors that the strategy aims to work on is the safe and hygienic management of MHM practices among women and girls. Based on the results of the initial pilot, these techniques will be scaled up across all project areas by implementing partners.

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<sup>6</sup> United Nations International Children’s Emergency Fund (UNICEF). Guide to Menstrual Hygiene Materials. New York, May 2019, p.7. See link [here](#)

<sup>7</sup> IRC. A Toolkit for Integrating Menstrual Hygiene Management (MHM) into the Humanitarian Response. 2017, p.15. See link [here](#)

<sup>8</sup> The denominator for this indicator is women that reported using disposable pads (n=259). REACH Initiative. Water, Sanitation and Hygiene Assessment: Dry Season Follow-up. Cox’s Bazar, May 2019, p. 47.

<sup>9</sup> The Risks, Attitudes, Norms, Abilities, and Self-regulation (RANAS) approach to systematic behavior change is an established method for designing and evaluating behavior change strategies that target and change the behavioral factors in a specific population.

## 9. Key Principles

1. **Community Consultations:** WASH actors will consult with women and girls, in a systematic and structured manner, to identify their needs and challenges related to MHM and find commonly agreed appropriate solutions during discussions with them. The process of consultation will be interactive, to include repeated visits and discussions, to ensure that their needs are properly understood, and that the response is timely and appropriate.
2. **Engagement with men and boys:** WASH actors will engage with men and boys to develop their willingness and confidence to support MHM needs of women and girls
3. **Coordination and collaboration:** the hygiene promotion team will lead community consultations with women. They will coordinate and work along with water and sanitation teams to ensure that WASH facilities meet the MHM needs of women and girls. WASH actors will work with other sector actors, particularly health, education and GBV to ensure that MHM information and services are made available to women and girls in a coordinated and harmonized manner.
4. **Principle of no-harm:** While addressing issues related to stigmatized beliefs and taboos associated with menstruation, WASH actors will ensure that women and girls are not put at any risk and do not undergo any harm.
5. **WASH 5 Minimum commitments**<sup>10</sup>: The WASH partners are committed to implement the 5 minimum commitments (Assessment, Design, Implementation, Response monitoring and Given priority to girls and women participation across the response) for safety, privacy and dignity developed by the Global WASH Cluster, which encompass an inclusive and consultative process throughout the MHM programming phases.

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[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wash\\_gender\\_minimum\\_commitments\\_.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wash_gender_minimum_commitments_.pdf)

## 10. MHM Strategy

**Strategic Objective: All targeted women and girls of menstruating age will have access to MHM services and facilities, and the necessary support mechanisms to practice their MHM needs with safety, privacy and dignity.**

**Specific Objective 1:** All women and girls, have access to appropriate and adequate materials to manage their menstruation, distributed at safe spaces identified in consultation with them.

### Key areas of intervention:

1. Ensure that all targeted women and girls, in respective project areas, are able to personally access menstrual hygiene materials, which are environment friendly<sup>11</sup>
2. Ensure that women and girls are able to access adequate quantities of menstrual materials to manage their menstruation in a hygienic and healthy manner<sup>12</sup>
3. MHM specific-distributions in safe spaces (i.e. not combined distribution in WASH, NFI, or other sector distributions) identified in consultation with women and girls
4. Collaborate with other sectors such as education, protection and GiHA<sup>13</sup> to develop a well-coordinated distribution program for total coverage of women and girls across all camps.
5. Below are the sector minimum recommendations for MHM kits composition and frequency of distribution<sup>14</sup>:

Frequency of distribution: every agency can decide if distributing the MHM kit:

- 1 time every 3 months, 4 times per year (most recommended) or
- 1 time every 6 months, 2 times a year

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<sup>11</sup> "Both WASH and Protection partners have recommended to distribute only reusable sanitary materials, largely due to concerns with waste and issues with clogging latrines (solid waste generated where no waste collection or management system exists)", from: IFRC and SRC, *Findings and recommendations: Review of menstrual Hygiene Management (MHM) actions with a focus on solid waste*, Population Movement Operation (Cox's Bazar, Bangladesh), August 2018.

<sup>12</sup> "Myths and taboos may influence how women and girls dispose of menstrual materials. In some cultures, it is believed that if an enemy is able to obtain some of your blood, they can place a curse on you. Others believe burning/incineration of menstrual blood will make them sick. Cases have been reported of women washing the blood out of disposable pads before disposing of them. It is important to understand these cultural beliefs when designing appropriate waste and sanitation management systems", from: from: Columbia University and IRC, *MHM - A toolkit for integrating menstrual hygiene management (MHM) into humanitarian response*, 2007;

<sup>13</sup> Gender in Humanitarian Action TWiG (<https://www.humanitarianresponse.info/en/operations/bangladesh/gender-humanitarian-action-working-group>)

<sup>14</sup> Partners can add to the kit liquid antiseptic product (i.e. "Savlon"), rope, pegs or other relevant items, according to needs and funding availability.



N.	Item	Size/weight and characteristics	Quantity requirement for 3 months	Quantity requirement for 6 months	Remarks
1.	Re-usable cotton cloth <sup>15</sup>	Soft, dark color multipurpose cloth made from 100% cotton with a size of ca.1 m x 1.5 m, approx. fabric weight of 170-180 g/m2	5 pcs.	10 pcs.	Agencies can choose to provide either cloth or reusable pads. In both cases color should be dark (i.e. red, blue, brown or similar)
2	Re-usable pads	Colored, washable and reusable, made from soft absorbent cotton, preferably flannel with synthetic moisture-impermeable backing <sup>16</sup>	5 pcs.	10 pcs.	
4	Underwear	Medium/large	2 pcs.	4 pcs.	Intended to be used to wash menstrual items. This soap complements what distributed in the hygiene kit
5	Bathing soap	200 gr.	2	4	
6	Laundry soap	200 gr.	2	4	
7	Kitting bag		1		1 bag per kit distributed, should be big enough to contain all the materials and to

<sup>15</sup> The amount of cotton cloth is higher than what recommended by Sphere standards (2018) and is justified by various consultations partners had with women and girls about menstrual items needs and gaps. This quantity is justified by the challenges washing the cloth timely, in long drying time especially in rainy season, in water scarcity for some locations and so on: "specific difficulties mentioned by women in FGDs in both host and refugee communities included insufficient water, lack of areas for drying menstrual hygiene items and various restrictions for women when on their periods", from: *Joint agency research report, Rohingya Refugee response, Gender analysis, Recognizing and responding to gender inequalities*, ACF, Save The Children, OXFAM, August 2018.

<sup>16</sup> Additionally, the set could include a minimum of two holders with ribbon bands with edges stitched by over-locking or other adequate fixation method to secure the pads in position. Workmanship and quality should be adequate to withstand multiple washes for at least one year, from: UNICEF, *Guide to menstrual hygiene materials*, 2019.

					ensure privacy for the items not to be seen during transportation
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**Specific Objective 2:** All women and girls, men and boys, have access to information on menstruation and MHM practices through structured training programs

**Key areas of intervention:**

1. Ensure both men and women have access to MHM specific messages. Specific messaging for women and girls should focus on addressing knowledge gaps related to menstruation and menstrual hygiene materials while general messaging targeted at decreasing period stigma should be provided for men, women, boys and girls.
2. Based on consultations with women and girls, develop accessible and culturally-appropriate awareness sessions aimed at addressing knowledge gaps on menstruation and menstrual hygiene materials
3. Develop key messages and relevant behavior change strategies for women, girls, men, and boys to address negative stigma surrounding MHM.
4. Evaluate accessibility and effectiveness of current awareness/behavior change approaches and IEC materials and adjust where necessary<sup>17</sup>
5. Ensure that all WASH Staff (promoters and volunteers) are knowledgeable and comfortable discussing MHM. Integrate MHM training for both female and male WASH staff and volunteers, focused on providing guidance on how to appropriately and confidently discuss MHM with beneficiaries and colleagues.

**Specific Objective 3:** All women and girls, have access to MHM friendly sanitation facilities, in order to practice changing, washing, drying and disposal of MHM materials in a safe, private and hygienic manner

**Key areas of intervention:**

1. Ensure that women and girls are provided with adequate access to water, clean and hygienic latrines and bathing facilities with safe, discrete and accessible washing and disposal mechanisms to meet menstrual hygiene needs.
2. Consult with women and girls on the design of safe and discrete disposal mechanisms for MHM materials for integration into sanitation facilities.
3. Strengthen coordination among water, sanitation and hygiene teams to ensure that feedback from women and girls are incorporated into sanitation plans and designs.
4. Ensure that provision of MHM friendly WASH infrastructure is accompanied by awareness sessions on hygienic and safe washing, drying and disposal practices.

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<sup>17</sup> RANAS behavior change methodology is dealing as well with MHM behaviors.

5. Implement lessons from RANAS intervention strategies to trigger behaviour change among women and girls for promoting safe and hygienic MHM practices.

**Specific Objective 4:** All women and girls have access to appropriate and functional feedback and support mechanisms for adequate MHM.

**Key areas of intervention:**

1. Implement regular monitoring and evaluation in order to ensure that MHM programming and operations are appropriately designed, sustained and improved upon.
2. Establish functional mechanisms for feedback
3. Strengthen referral systems for MHM in collaboration with other sector actors

## Annex 1: JRP indicators related to MHM for 2020

MHM is captured in the sector objective n. 3 of the 2020 JRP

**SECTOR OBJECTIVE 3: To ensure the change of potentially dangerous behaviours through access and exposure to innovative hygiene promotion (including hygiene items) for all refugees living in camps and affected host communities**

Indicator	Unit	In need	Baseline	Target	Data Source	Organization	Frequency
Percentage of women and girls adopting safe and healthy menstrual hygiene management practices	Women and Girls	413,178	TBD	80%	Household Survey, KAP Survey, Feedback and Complaints Mechanism	REACH IOM/ UNICEF/UNHCR, WASH Partners	Every 6 months

## Annex 2: MEAL framework

To ensure that MHM programming is appropriately designed, sustained and improved upon, continuous Monitoring and Evaluation (M&E) activities should be conducted.

M&E plans should begin with the design and implementation of MHM activities, and be expanded once conditions stabilize.

An M&E plan should use a combination of qualitative and quantitative assessment methods.

- **Qualitative Methods:** Beyond the needs assessment, qualitative methods can be used to gather continuous feedback from girls and women about their perceptions of the response, challenges and barriers, and opportunities for improvement. Qualitative methods can also be used to understand the shift in perceptions of cultural beliefs related to menstruation and the enhanced knowledge of MHM as a whole. Possible methods include Focus Group Discussions, Key informant interviews, Semi-structured interviews...
- **Quantitative Methods:** MHM questions should be built into existing M&E activities or introduced as a new activity if necessary. This can provide explicit learning on the quantity, quality and reach of response activities. Possible methods include Observational surveys, Household surveys, **Post Distribution Monitoring (PDM) survey**, Pre-and post-test knowledge assessments.<sup>18</sup>

### PDM for MHM kits

Ideally, 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 one and two months after distribution. Any earlier than one 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<sup>19</sup>.

In addition, WASH agencies could add questions on WASH infrastructure acceptance and its impact on menstrual hygiene management, investigating water access and availability, access to hygiene materials to ensure proper hygiene of menstrual cloths/pads (soap, basin...) and sanitation facilities access and usability.

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<sup>18</sup> Columbia University and IRC, *MHM - A toolkit for integrating menstrual hygiene management (MHM) into humanitarian response*, 2007;

<sup>19</sup> Addressing menstrual hygiene management (MHM) needs Guide and Tools for Red Cross and Red Crescent Societies, November 2018;

## Example of qualitative and quantitative Post-distribution Monitoring (PDM) Survey on Menstrual Hygiene Management<sup>20</sup>

Question	Answer Code	Beneficiary Response
1. What menstrual hygiene items did you receive?		
2. Did you find the menstrual hygiene items provided acceptable?	Yes = 1 No = 2	
2.1 If NO, why were they not acceptable? Please explain.		
3. Were a sufficient number of menstrual hygiene items provided for your household for next 3/6 months?	Yes = 1 No = 2	
3.1 If NO, please explain.		
4. Was a demonstration provided to you on how to use the menstrual hygiene items?	Yes = 1 No = 2	
4.1. If YES, was the demonstration clear or useful in showing you how to use the menstrual hygiene items?	Yes = 1 No = 2	
4.2. If NO, what was not clear? Please explain.		
5. Was the awareness session about menstrual hygiene useful?	Yes = 1 No = 2	
5.1. If NO, why was it not useful?		
5.2. What additional information would you like to add to awareness sessions?		
6. What additional items are necessary to maintain your menstrual hygiene practices?		
13. How are the used sanitary materials disposed of in your household?		

<sup>20</sup> No author/source, can be found here:

<https://www.dropbox.com/s/ynwc8fnm7bovuqw/Sample%20MHM%20PDM%20survey%20template.docx?dl=0>

## Other MHM indicators

S.No	Indicators <sup>21</sup>	Type
1	Percentage of women and girls who have access to adequate and appropriate MHM information	Output
2	Percentage of women and girls who have access to MHM friendly latrines <sup>22</sup> and bathing facilities <sup>23</sup>	
3	Percentage of women and girls who have access to complaint, referrals and feedback mechanism <sup>24</sup>	
4	Percentage of male community members oriented on MHM	
5	Percentage of women and girls who safely manage menstruation using appropriate materials <sup>25</sup>	Outcome
6	Percentage of women and girls of menstruating age who are satisfied with menstrual hygiene management materials and facilities <sup>26</sup>	

<sup>21</sup> The ideal target for all these indicators should be 100%;

<sup>22</sup> The minimum requirements for female friendly toilets include: "Access to water, access to soap, Adequate privacy, Acceptable and appropriate menstrual waste disposal mechanism, Gender segregation, Lighting where appropriate", from: Columbia University and IRC, *A toolkit for integrating menstrual hygiene management (MHM) into humanitarian response*, 2007; AND: "Latrines clearly signed, lockable, well-lit, opaque walling", from: GAM, WASH Tip-sheet: Gender equality measures in WASH, IASC, July 2018.

<sup>23</sup> The minimum requirements for female friendly bathing spaces include: "Access to water, Access to soap, Adequate privacy, Discreet and appropriate drainage system, Gender segregation, Lighting where appropriate", from: Columbia University and IRC, *MHM - A toolkit for integrating menstrual hygiene management (MHM) into humanitarian response*, 2007;

<sup>24</sup> Not only for WASH services but also for GBV cases.

<sup>25</sup> "Girls and women using reusable materials (pads or cloths) will also require options for end point disposal, although less frequently than those using disposable materials", from: from: Columbia University and IRC, *MHM - A toolkit for integrating menstrual hygiene management (MHM) into humanitarian response*, 2007;

<sup>26</sup> SPHERE, 2018 Edition, Key indicators, Hygiene Promotion standard 1.3: Menstrual hygiene and incontinence

## Annex 3: Recommended considerations for distribution of MHM kits

Poorly organized distributions might lead to potentially expose beneficiaries to risks at the distribution sites and on the way back from the distribution site. This is increasing the risks of violence and abuse, including situations of exploitation to obtain the received items.

Receiving a MHM kit can be very embarrassing for some women and girls, especially in conservative communities. In the Rohingya response, as mentioned already, it has been reported that: *"Even for distributions of items such as dignity kits and menstrual hygiene items, it is reported that sometimes husbands or sons collect these items. It is usually considered good practice that information is given as part of the distribution process on how to use such items, but in this circumstance, it is difficult to see how this information on the use of the items could be given appropriately and will effectively reach women and girls"*.

Additional demonstration activities may be needed after the distribution, as follow up; moreover, if needed, demonstrations and MHM sessions can be organised in cooperation with the Health, Protection, and Education sectors, during or after the distribution. As previously mentioned, the best locations for distributions to protect women and girls' privacy are women friendly spaces or homes: as recommended in a study by ACF, Save The Children and OXFAM, *"the targeting of female-headed households and adolescent girls should also be ensured through house-to-house distributions"*<sup>27</sup>.

Distributions are good opportunities for hygiene promotion, menstruation de-stigmatization, and for answering beneficiary questions about menstrual hygiene: a sanitary pad and underwears use demonstration activity during the distribution should be planned, where the privacy conditions allows.

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

### **Women and girls with disabilities**

It can be more difficult to reach girls and women with with disabilities (including physical, psychosocial, communication, visual or hearing impairments, combined with barriers and risks associated with different types of disabilities) during routine distributions due to their limited visibility and movement within communities.

In such cases, it may be necessary to use community networks (i.e. women's groups, disability organisations or representatives), leaders, and seek assistance from other sectors (e.g. Protection focal points) to identify vulnerable girls and women and use different methods for targeted access to supplies. If necessary, support fro Protection partners during distribution can be requested.

### **General considerations for safe and appropriate distribution<sup>28</sup>**

When organizing distribution, consider potential safety and security risks, specifically GBV related risks, and seek to devise ways to address these.

There are a number of ways in which organizations distributing MHM kits can ensure that distribution is safe and appropriate, and that the kits go to targeted women and girls.

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<sup>27</sup> Joint agency research report, *Rohingya Refugee Response Gender Analysis, Recognizing and responding to gender inequalities*, ACF, Save The Children, OXFAM, August 2018;

<sup>28</sup> Mainly valid for distribution in collective areas, taken and slightly adapted from: *Dignity kits guidance note*, UNFPA Turkey, 2015.



These include:

- Including women in the process of selecting the distribution points and dates,
- Providing information prior to the distribution (what, when, where, how) so women and girls can plan to collect their MHM kit safely and discretely,
- Organising the distribution in a discrete place, by women staff to women/girls beneficiaries. It is not recommended that MHM kits are distributed at the same time of other distributions.
- Encourage women to create collectives, to stay together during the kits collection journey
- Collection areas, if collective, should be shaded as much as possible, with available water for drinking and available water and soap for basic handwashing
- Collection areas, if collective, should be equipped with private breastfeeding corners
- Ensure the distribution personnel know the referral pathways and services available so that they can provide information and assist GBV survivors if necessary. Work in close collaboration with Protection sector regarding this specific last point.

## Annex 4: General good practice design for menstrual hygiene-friendly water, sanitation and hygiene facilities in emergencies<sup>29</sup>

### Water supply

- In a safe location, accessible to women and girls, including those with disabilities or limited mobility.
- Of adequate quantity on a daily basis. Ideally provided inside latrine and bathing cubicles, or if this is not possible, near to these facilities.
- With drainage, so water point is hygienic and so the users can collect the water with ease.

### Latrines

- In a safe location and private (with internal locks and screens in front of the doors or separately fenced off with a female caretaker when applicable).
- Light where possible (if latrines cannot be light at night, wind-up torches or batteries and torches should be provided in each family's non-food items kit).
- Adequate numbers (in line with Sphere minimum standards, UNHCR standards or the host government's standards) and segregated by sex.
- Accessible to women and girls, including those with limited mobility or disabilities. At least some larger units to allow for changing menstrual protection materials or supporting children

### Bathing units

- Bathing units should provide privacy, safety and dignity for women and girls bathing and managing their menses.
- In a safe location and always with locks on the inside of doors.
- Putting a fence around the unit with a single entrance provides an additional level of privacy and allows other facilities such as washing slabs and drying lines to also be incorporated.
- Include a seat for girls and women with limited mobility or disabilities.
- Include hooks for hanging clothes and drying towels while bathing.
- Discrete drainage, so any water with menstrual blood in it is not seen outside the unit.

### Disposal facilities for menstrual hygiene materials

- Discrete and appropriate disposal facilities located inside the latrines. Can be a container with a lid or, for more established facilities during later emergency stages, a chute direct from the latrine unit to a collection chamber outside.
- If containers are provided, a regular and sustained process for collection and disposal of contents in an disposal and landfill site or pit must be established. This requires appropriate training and the provision of protective equipment (gloves) for those managing collection and disposal.
- In cases where incinerators are available in medical facilities, collaboration is an option. Alternatively, camp based separate disposal and landfill facilities may need to be constructed.

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<sup>29</sup> Not context specific, taken and slightly adapted from: *Menstrual Hygiene Matters, A resource for improving menstrual hygiene around the world*, Sarah House, Thérèse Mahon and Sue Cavill, 2012.

### **Facilities for washing and drying sanitary cloths and underwear**

- In a private, sex-segregated location, for example the provision of a screened laundry area as part of integrated toilet and bathing facilities, ideally with a water supply also inside the unit.
- Discrete drainage, so waste water with menstrual blood in it does not get seen outside of the washing unit.
- Soak well (4 to 5 rings with 6 inches sand filling at bottom) can be constructed to discharge the menstrual waste water if there is a difficulties for drainage system.
- Drying facilities provided, such as sex-segregated private drying lines within a screened bathing and latrine unit, or a publicly available charcoal iron that can be used to dry cloths.

### **Operation, cleaning and maintenance of all facilities**

- Appropriate operation, cleaning and maintenance routines should be established for all water, sanitation and hygiene facilities, which are appropriate to the context and expected length of the emergency.