

MENSTRUAL HYGIENE MANAGEMENT IN EMERGENCIES

**Perspectives and
Practices from the
Arab Region**

December 2020



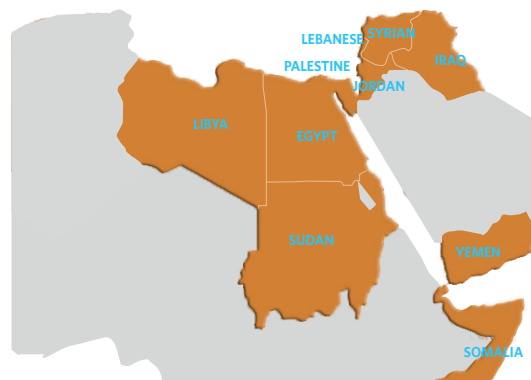
Background

Menstruation is a fact of life and a natural monthly occurrence for the 1.9 billion girls and women of reproductive age globally¹ of which 107 million live in the Arab region. Yet millions of adolescent girls and women across the world are denied the right to manage their monthly menstrual cycle in a dignified and healthy way². Managing the monthly menstrual cycle is even more difficult for the 15.5 million women and girls that live in humanitarian settings the Arab region³, which hosts some of the largest and most intractable crises in the world⁴.

In the Arab region, gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services affects girls' and women's ability to meet their menstrual health and hygiene needs in a dignified way. This can impact women's and girls' lives in many ways, limiting their mobility, freedom and choices; affecting attendance and participation in school and community life; compromising their safety; and causing stress and anxiety. Emerging research has linked women's sanitation and menstrual hygiene experiences with increased vulnerability to violence outside and inside the home⁵. In the context of the Covid-19 pandemic, with a number of Arab countries that have public health measures in place to slow down the spread of the virus, including lock-down, movement restrictions and suspension of commercial activities and services, the challenges women and girls face in staying safe and managing their menstrual hygiene are further aggravated.

Pre-existing misconceptions and gender discriminatory norms create barriers for women and

girls to manage their menstruation. Often times only 'real' women are perceived as able to menstruate and menstruation is associated with readiness for marriage and sex. Stigma around menstruation also translates into the impossibility to discuss it publicly and into pre-conceptions which limit the use of certain menstrual hygiene products (i.e. tampons or cups perceived to affect the virginity of a girl)⁶.



These challenges are particularly critical for women and girls in countries facing humanitarian emergencies, where privacy is scarce and clean sanitation facilities are often lacking. Additionally, the onset of menstruation (menarche) coincides with a number of new vulnerabilities for adolescent girls. Menstruating girls can experience shame, fear and confusion and face challenges in trying to manage their menstruation with often insufficient information, a lack of social support, social and hygiene taboos, and a shortage of suitable water, sanitation and waste disposal facilities in school environments⁷. Adolescents may also have less access to resources and this may in turn increase girls' vulnerability to coercive sex and subsequent sexual and reproductive health harms to obtain money to buy sanitary products⁸.

Note : The icons used are based on the MHM Toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response. Columbia University, Mailman School of Public Health and International Rescue Committee. 2017

1 UNICEF, (2017). Empowering adolescent girls through menstrual health and hygiene. Available at:

https://www.unicef.org/gender/files/MHM_Brochure_FINAL.pdf

2 UNFPA supports programmes in Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Oman / GCC, Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen.

3 UNFPA, (2020). Humanitarian Needs Assessment. Available at: https://drive.google.com/file/d/1Ht6e50FbzCRmKmnfdAnQR_IG70N9fsX8/view

4 OCHA, Global Humanitarian Overview 2020

5 Menstrual restriction prevalence and association with intimate partner violence among Nepali women, BMJ Sexuak sn Reproductive health, Volume 45, issue 1. Sommer M, Ferron S, Cavill S, House S. Violence, gender and WASH: spurring action on a complex, under-documented and sensitive topic. Environment and Urbanization. 2015;27(1):105-116.

6 <https://www.unfpa.org/menstruationfaq#Taboos%20and%20Myths%20about%20menstruations>

7 Sommer M, Caruso BA, Sahin M, Calderon T, Cavill S, Mahon T, et al. (2016) A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. PLoS Med 13(2)

8 Phillips-Howard PA, Otieno G, Burmen B, Otieno F, Odongo F, Odour C, et al. (2015) Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence. J Womens Health (Larchmt) 24: 1-11.

Current state of play

VanLeeuwen (2018) conducted a literature review on MHM in emergency contexts and concluded that there is insufficient evidence to demonstrate which interventions are most effective as well as that there is still a lack of clarity with regards to which humanitarian cluster and/or sector should be responsible for leading MHM activities. Her study suggests that in-kind programmes should focus on the supply of adequate material, i.e. absorbent materials, soap and other supportive materials, as well as adequate sanitation facilities, with access to water and to a private space for washing, changing, drying, and disposing menstrual materials⁹. Programmes should also have an educational component focusing on the biological processes, usage of MHM-materials, providing also opportunities to discuss sexual and reproductive health and reproductive rights at large. Additionally, addressing the cultural harmful beliefs and norms around menstruation while facilitating safe access to menstrual hygiene management can uphold women's dignity and safety and mitigate gender-based violence (GBV) risks.



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UNFPA promotes different interventions to improve menstrual health around the world, notably through¹⁰ :

- 1 Reaching women and girls directly with menstrual supplies and safe sanitation facilities and promoting menstrual health information and skills-building. For example, by including MHM supplies and information in dignity kits; by improving the safety of toilets and bathing facilities; through practical sessions for women and girls on how to make reusable sanitary napkins or raising awareness about menstrual cups;
- 2 Improving education and information about menstruation and related human rights concerns for both boys and girls;
- 3 Supporting national health systems, which can promote menstrual health and provide treatment to girls and women suffering from menstrual disorders. This includes promoting adolescent and youth-friendly health services, training of health workers, particularly midwives, and/or procurement of reproductive health commodities;
- 4 Helping to gather data and evidence for advocacy about menstrual health and its connection to global development¹¹.



⁹ VanLeeuwen and Torondel, (2018). Improving menstrual hygiene management in emergency contexts: literature review of current perspectives. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5901152/pdf/ijwh-10-169.pdf>

¹⁰ UNFPA, (2020). What is UNFPA doing on the issue of menstrual health? Available at: <https://www.unfpa.org/menstruationfaq#What%20is%20UNFPA%20doing>

¹¹ ibid.

In 2017, UNFPA took part in the development of the [Toolkit for Integrating Menstrual Hygiene Management into Humanitarian Response](#)¹² (MHM toolkit) with 26 other agencies, which has become one of the reference guidance documents for MHM mainstreaming into emergency programming. The toolkit describes the core elements of MHM programming in emergencies, namely: a) MHM materials and supplies, b) MHM supportive facilities and c) MHM information¹³. The MHM-toolkit recommends a strong partnership between the water, sanitation and hygiene (WASH) sector and the other humanitarian sectors to ensure that MHM is addressed in a holistic manner.

UNFPA's mandate on sexual and reproductive health and gender-based violence gives the organisation a unique expertise and a comparative advantage to integrate effective MHM in emergency programming. Consultations with key informants from UNFPA's country and regional offices¹⁴ confirmed that there is a desire to sharpen and expand existing Gender-Based Violence and Sexual and Reproductive Health (SRH) program modalities through distribution of dignity kits and MHM mechanisms and modalities, particularly in women and girls safe spaces and UNFPA-supported health facilities. At the time of writing, however, there is not yet a comprehensive UNFPA approach to tackle the MHM needs of women and girls in humanitarian settings.



¹² Sommer, M., Schmitt, M., Clatworthy, D. (2017). A toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response. (First edit). New York: Columbia University, Mailman School of Public Health and International Rescue Committee.

¹³ Ibid

¹⁴ Key-informants from UNFPA's East and Sub-Saharan Africa and Eastern Europe and Central Asia Regional Offices were also consulted.

Integrating effective UNFPA MHM programmes in emergencies in the Arab region

In the Arab region, menstrual health and hygiene interventions could be instrumental in further supporting women and girls to overcome obstacles to enjoy their health, rights and opportunities, including early and child marriage and other forms of gender-based violence. With the prevailing protracted and acute crises in the region, it is critical to prioritize and to mainstream MHM into UNFPA programmes to ensure that girls and women can safely access menstrual hygiene materials and supplies utilizing a contextually, culturally sensitive, and rights-based approach. It is equally important to mainstream MHM across all sectors and proactively advocate for its inclusion in preparedness and response efforts of all humanitarian actors.

To map UNFPA's ongoing MHM in emergency activities, gain a better insight of UNFPA's engagement in MHM at the country level and identify the needs and opportunities for scale-up, the Arab State Regional Office conducted a short survey and a round of remote consultations on MHM in emergency programming in the region. The consultations targeted country offices (COs) in the region which are responding to the needs of IDPS and/or refugees, notably Egypt, Iraq, Jordan, Lebanon, Libya, Palestine, Somalia, Sudan, Syria and Yemen. The consultations looked at three different aspects of MHM in emergency programming:



Menstrual Hygiene Management Materials and Supplies: to enquire about the MHM activities country offices are implementing (or have had in the past) as part of their humanitarian response, particularly looking at materials/guidance used to develop and implement their interventions.



MHM supportive facilities: to gain a better insight of the integration of MHM activities into other thematic areas i.e. GBV, SRH, Youth, etc. as well as any combined activities COs may have done with UN-sister agencies, NGOs, CSOs or the government.



Menstrual Hygiene Management Information Education and Communication (IEC): to know more about the MHM information and education activities and resources available to COs.

The questionnaire collected qualitative data and was followed by more in depth key informant interviews with staff in the country offices in charge of MHM in emergency programming. Key informants were identified within the participating country offices, as well as within other UNFPA regional offices. In total 11 key-informant interviews were conducted.

Results of the remote consultations: ongoing MHM activities in the Arab region

While no dedicated comprehensive MHM programme is currently being implemented in the Arab region, all country offices reported mainstreaming MHM activities as part of their humanitarian programming, which highlights the crosscutting nature of MHM within UNFPA. MHM activities are implemented as part of the GBV, SRH and youth programmes (Chart 1) and are for the most part conducted by UNFPA and its implementing partners (IPs) together, with UNFPA often procuring MHM supplies as part of dignity/hygiene kits and implementing partners distributing the items (Chart 2).

Chart 1 : MHM programmatic area

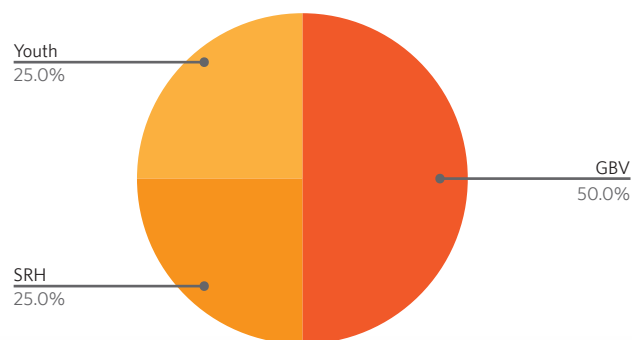
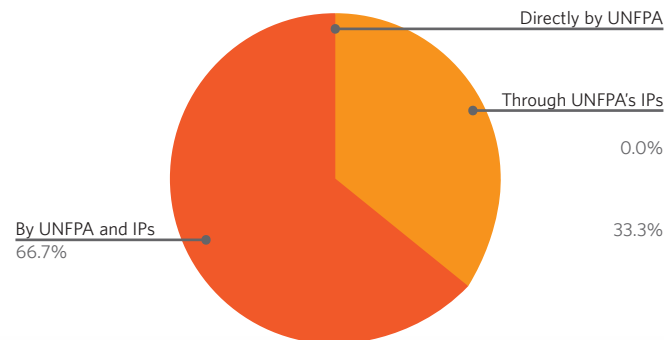
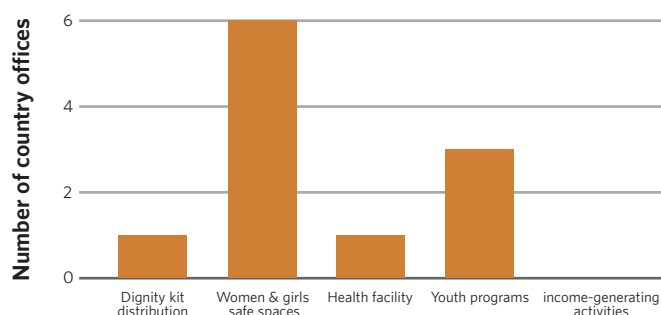


Chart 2 : MHM implementation



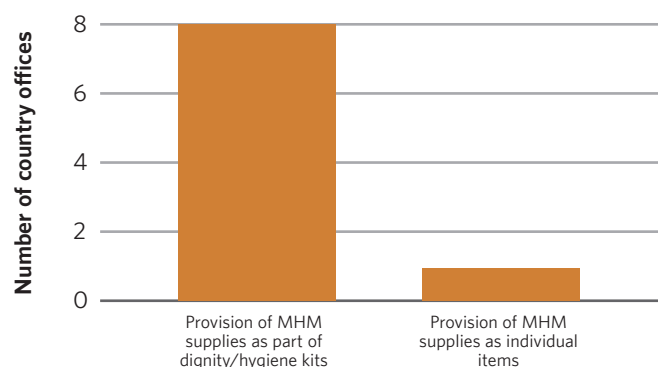
Only a few UNFPA country offices are conducting MHM education and sensitization activities. These activities cover a broad range of topics, from the use of menstrual hygiene materials to more sexual and reproductive health information dissemination, often delivered as part of country offices' reproductive health and youth programmes (Chart 3).

Chart 3 : MHM IEC activities delivered as part of:



In Somalia, education and information sessions are organised with adolescent girls to discuss issues around puberty and menstruation, in other countries however, gender discrimination and socio-cultural beliefs around adolescence and periods were listed as obstacles to the delivery of MHM activities dedicated to girls. For instance, in Syria stigma around menstruation also translates into the impossibility to discuss it publicly or without a caregiver thus preventing girls from accessing MHM information. In Jordan socio-cultural beliefs are also barriers to adolescent girls' access to RH services, which constitutes the main entry point for MHM information and services.

Chart 4: MHM supplies



Menstrual Hygiene Management Materials and Supplies

The procurement and distribution of MHM materials and supplies is the main MHM activity conducted by COs. Often MHM supplies are part of the dignity/hygiene kits that COs distribute (Chart 4). Several COs indicated that dignity kits are the main, if not the sole, source of MHM supplies provision.



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Chart 9: MHM awareness by humanitarian actors

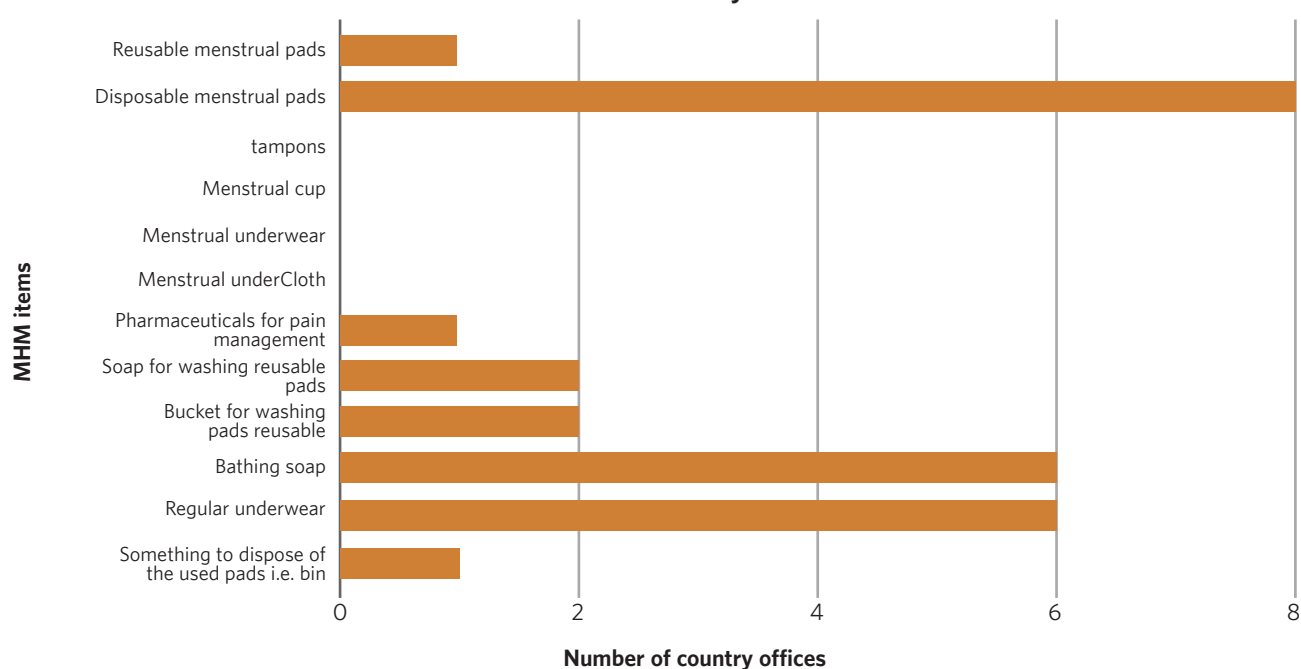


Chart 5 shows that disposable pads, bathing soap and underwear are the most distributed items. However, no country office reported including any waste management of supplies in their programmes.

Depending on the waste management systems set up in the context, and the preferences of the local community, used menstrual materials are likely to be disposed of in different ways. While in some contexts the set up of waste management systems may be necessary to maintain a safe and clean environment, in others disposal of menstrual material can rely on existing infrastructures. In Jordan, for example, the country office did not include any waste management activities as this did not emerge as an issue according to an assessment conducted by the WASH sector. The consultations highlighted that most country offices did not consider waste management in the design and implementation of their MHM activities and that the use of reusable pads remains limited.

Many country offices explained that disposable pads are the preferred option in their context. In Jordan, for instance, a need assessment conducted with women and girls indicated their preference for disposable pads over reusable ones, as there was little privacy to wash the reusable pads. However, only a few offices reported involving women and girls in the design of their programmes, including in assessments on the acceptability of reusable pads and other menstrual hygiene materials.

Pharmaceuticals for pain management are usually not included in the dignity/hygiene kits. Some countries explained that this was due to the regulations with regards to the provision of pharmaceutical products, others instead did not consider this as an option for their MHM activities. On the other hand, two country offices reported distributing painkillers as part of their reproductive health (RH) clinic services.



Cash and Voucher Assistance

Only one country office, Syria, is using Cash and Voucher Assistance (CVA) modality for MHM programming in emergencies, in partnership with WFP, as top up to the WFP e-voucher for Pregnant and Lactating Women (PLW), supporting women and girls to buy hygiene items¹⁵. Even though PLW are not per se target of MHM activities, sanitary pads are included in the basket of items that can be bought, as these may be used by other female members of the household or at a later stage. Other countries expressed interest in using CVA modality to expand their MHM activities.

Adolescent girls MHM programming

Adolescent girls go through bodily and mental changes and may experience their menarche amidst a crisis or while displaced without adequate access to MHM supplies and information. In some cultures menstruation is associated with readiness for marriage and sex, and with the average age for menarche at 12 years, this could lead to early marriage and maternal health complications.

managing their periods, only a limited number of countries are implementing dedicated MHM activities targeting adolescent girls. Country offices reported that adolescent girls are targeted as part of GBV and SRH and youth programming, but do not have MHM dedicated programming, with the exception of Somalia and Jordan where activities are organised to meet the specific needs of adolescent girls (Chart 6).

Chart 6 : MHM activities that target adolescent girls



Without proper information and education around menstruation, there may be additional consequences on the girls' health. For instance, the lack of recognition of abnormal menstrual patterns in adolescence may limit the early identification of potential health concerns during adulthood. Despite the additional challenges and risks girls may face in

¹⁶ UNFPA and the World Food Programme (WFP) are scaling-up an electronic voucher system that targets pregnant and breastfeeding women, who have heightened nutritional requirements. The e-voucher system helps women purchase food and hygiene items from designated stores in Aleppo, Damascus, Dara'a, Deir Ez-Zor, Hama, Hassakeh, Homs, Lattakia, Quneitra, Raqqa, rural Damascus and Tartous.



Participatory and accountable MHM programming

Country offices also reported limited engagement of women and girls in the design and evaluation of activities related to MHM programming (Chart 7).

Chart 7: Did you have consultations with women and girls to inform the design of your MHM activities ?

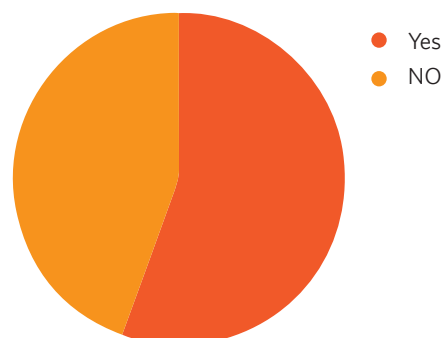
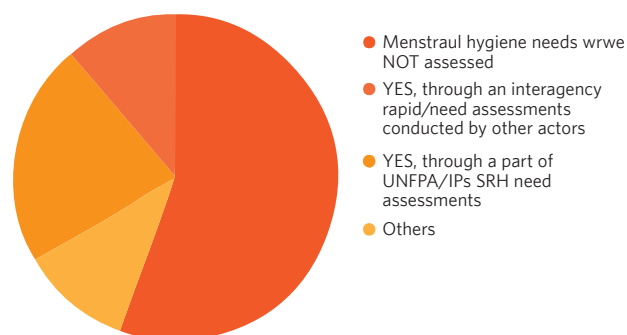
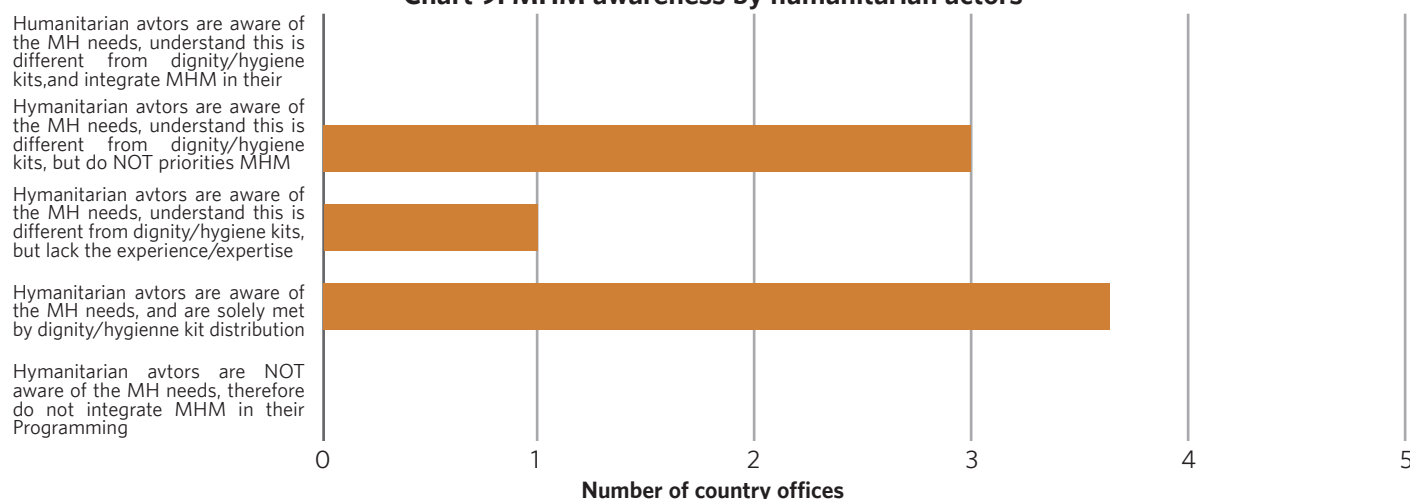


Chart 8: MHM need assessments



If women and girls are consulted, it often is only to determine the contents of dignity kits. The involvement of women and girls in shaping MHM programmes tailored to their needs appears at the moment to be scarce. Moreover, the consultations seem to indicate that when interagency assessments are conducted, limited attention is devoted by the broader humanitarian community to MHM needs of women and girls (Chart 8). Some countries also lamented the lack of monitoring tools to assess women and girls' satisfaction with MHM activities. The lack of involvement and awareness around women and girls' MHM needs also seems to be reflected in the limited engagement of other humanitarian actors in MHM activities, which has been reported as either absent or limited to the distribution of hygiene items only (Chart 9).

Chart 9: MHM awareness by humanitarian actors



Funding of MHM activities

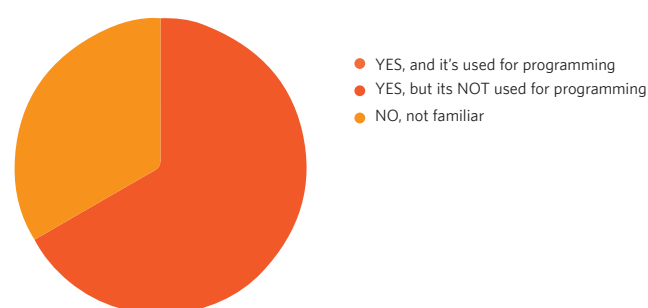
Most of UNFPA's MHM activities are funded through regular or extra-budgetary resources as part of GBV, SRH and youth programmes. No country office indicated major barriers in accessing resources for MHM supplies, which remains the main MHM activity. In some contexts, such as Yemen, the complexity of the situation however makes advocacy, resource mobilization and the implementation of MHM activities particularly sensitive. The fact that MHM programming cuts across humanitarian clusters / sectors while there is no cluster/ sector leading on this particular issue was also mentioned as an obstacle to mobilise resources to implement MHM dedicated programmes.

Use of guidance and technical resources

None of the country offices who took part in the consultation reported using the [Toolkit for Integrating Menstrual Hygiene Management \(MHM\) into Humanitarian Response](#) to inform their programming. Only $\frac{2}{3}$ of respondents (66.7%) were familiar with the Toolkit while the remaining country offices did not know about this resource (Chart 10).

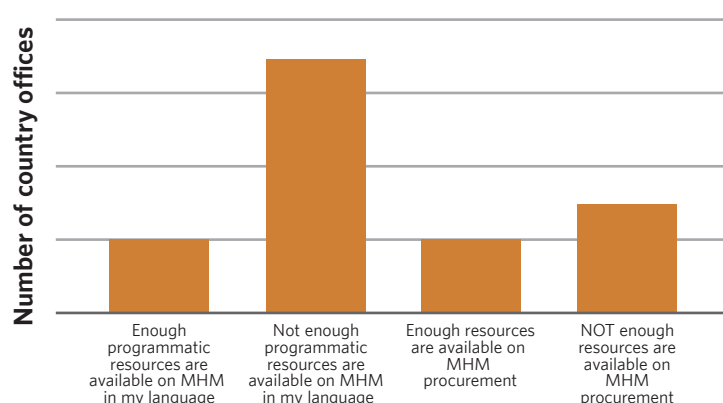
Country office colleagues who are aware of the existence of this tool mentioned that they have not been able to use it due to their intense workload and lack of time to familiarize themselves with the tool and use it to inform UNFPA programming. One country office mentioned that this resource is too recent and was not issued at the time they designed their MHM activities.

Chart 10: CO is familiar with MHM toolkit



The majority of country offices lamented a lack of MHM programmatic resources and the need for further guidance on UNFPA MHM in emergency programming was expressed multiple times (Chart 11). In particular, monitoring tools and guidelines on how to mainstream MHM activities across key UNFPA programmatic areas were named as aspects requiring further technical guidance and support. Country offices also expressed interest in learning more from experiences of other countries in the Arab states, particularly with regards to MHM education and sensitization messages-sessions.

Chart 11: Technicals resources



Way forward: opportunities for strengthening and scale up of UNFPA MHM programming in emergencies

MHM in emergency programming involves adjustments and improvements to a range of sectoral interventions including reproductive health, youth and gender-based violence programming. While some components are specific to menstruation, such as the provision of sanitary pads, most components of MHM programming in emergencies are concerned with improving the safety, privacy and dignity of women and girls in emergency contexts. It is important to note that all these elements are critical to UNFPA's core mandate. The outcomes of the consultations point to different opportunities for improving the quality and expanding UNFPA's current approach to MHM programming in emergencies, particularly with regards to the following aspects:



Broadening the scope of MHM programming

MHM has a cross-sectoral nature. For meaningful inclusion and in order to deliver an effective response, different programmatic aspects need to be included in the design and implementation of interventions. The provision of MHM materials and supplies should be associated with basic menstrual hygiene promotion and education and menstrual health education, especially for adolescent girls. Programmes should also address harmful cultural or social norms and practices related to menstruation. As such, MHM awareness and sensitization activities should be integral to health, protection, and education interventions in humanitarian programmes but also need to be included in WASH, shelter, and overall supplies planning.

Diversify the provision of MHM supplies

There are many different types of menstrual hygiene materials, and a number of factors might affect the selection of those materials. The choice of menstrual

hygiene supplies is based on cultural acceptability and user preferences and it is also often influenced by a woman's or girl's environment and access to water and sanitation facilities for hygiene and privacy and financial affordability. In the delivery of MHM interventions it is worth exploring different options, and consider the sustainability, durability and distribution of other items beyond hygiene supplies, such as pharmaceuticals for pain management.



Waste management when distributing disposable items

Used menstrual materials make up a significant waste-flow in and off camp settings. In the absence of effective disposal mechanisms, women and girls may dispose of used materials directly in toilets or by other means. Menstrual waste is often seen as embarrassing or distasteful, and strong taboos may exist. It is essential to work with a community to develop a solution which is acceptable to the population's disposal preferences and which addresses the WASH standard for waste management in the given context. When designing MHM activities, it is critical to coordinate with other actors to ensure effective waste disposal tailored to the needs expressed by women and girls.

Use of cash and voucher activities for MHM

There is growing interest and evidence of the effectiveness of cash transfers and vouchers to support affected populations in acquiring supplies directly. Cash and voucher assistance (CVA) can increase choices and can be an additional option to enable access to goods or services. Before opting for the CVA modality, it is critical to consult with women and girls on their preferences and context-specific protection/GBV risks regarding purchasing their own hygiene items or receiving money. It is also key to identify risk mitigation measures for using CVA and determine which delivery mechanism would be the safest to avoid unintended negative consequences on women and girls.

Increased involvement of women and girls in planning and designing MHM activities

It is essential that any programme aiming to support women or girls on menstrual hygiene involves them in the planning discussions and decisions about the materials and/or products as well as their other needs related to MHM. Many cultures have beliefs or myths relating to menstruation. Almost always, there are social norms or unwritten rules and practices about managing menstruation and interacting with menstruating women and thus a thorough understanding of the context as well as their expressed needs is essential. Given the restricted movement and / or mobility of many vulnerable girls and women, such as women and girls with disabilities, it can be difficult to identify and address their unique MHM-related needs. Consulting with women and girls with disabilities and tailor programming to their special needs should be done systematically.

Design and implementation of MHM programmes focused on adolescent girls

For many girls in crisis and fragile settings, the onset of puberty marks a time of restricted mobility and heightened vulnerability as many are forced to leave school and marry early. Adolescent girls are also less likely to seek care at health facilities for reproductive health services out of fear of provider bias and lack of confidentiality. Programme adjustments are needed

to address specific needs and remove barriers for girls to manage their periods safely and with dignity.

Strengthened M&E frameworks for MHM

To ensure that MHM programming is appropriately designed, sustained and improved upon, continuous Monitoring and Evaluation (M&E) activities should be implemented. A mix of qualitative and quantitative indicators can be used to complement post-distribution monitoring tools to assess the satisfaction of women and girls not only with regards to the distribution of MHM supplies but also in respect to other services related to MHM. The documentation of lessons learned and best practices for MHM is also important to continue to innovate and improve the provision and response of MHM in emergencies.





Menstrual health and hygiene interventions can not only support women and girls access to MHM but also be a gateway for gender-transformative programmes, including sexual and reproductive health, youth empowerment, and GBV prevention and risk mitigation. All country offices involved in the consultation have expressed their desire to learn more about MHM programming in emergencies to expand and improve existing activities. The UNFPA Arab States Regional Office will assist country offices to strengthen UNFPA MHM programming in emergencies by providing further technical guidance and facilitating exchange of good practices in the region, including through the further dissemination and uptake of the [Toolkit for Integrating Menstrual Hygiene Management \(MHM\) into Humanitarian Response](#). In light of the ever growing humanitarian needs globally and in the region, it is critical for different actors to join efforts to respond to the MHM needs of women and girls in a sustainable manner.

UNFPA will pursue partnerships with other stakeholders and advocate for dedicated leadership and commitment on MHM programming in emergencies across the concerned humanitarian response clusters / sectors, i.e. through inclusion of MHM as a standing agenda item in relevant clusters (Health, Protection, WASH, etc) or through establishment of coordination platforms as appropriate.



UNFPA

Arab States Regional Office

70 A Al Nahda street
intersection with street # 22 New Maadi,
Cairo, Egypt

Phone: +202 25223900

Web: arabstates.unfpa.org

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