July-Oct 2012

Menstrual Hygiene Management in Emergencies:

Taking stock of support from UNICEF and partners

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Executive summary

UNICEF PD WASH emergency conducted a global project to analyse UNICEFs support to menstrual hygiene management in emergencies. The project focuses on MHM as a multifaceted approach to draw out information from beneficiaries, asking key questions on:

1. How do humanitarian emergencies affect normal MHM processes?
2. What are the needs of menstruating adolescent girls and women during emergencies?
3. How can UNICEF support the needs of menstruating adolescent girls and women during emergencies?

Data was collected in Somalia, Haiti and Philippines through Focus Group Discussions (FGD) with beneficiaries. Key Informant Interviews were also conducted with UNICEF WASH and CP sections that are responsible in providing support with Menstrual Hygiene Management (MHM) in emergencies.

The findings from research found that during emergencies, due to the limited amount of space and lack of open environments, many women are unable to conduct MHM activities in the privacy that they are used to. The MHM needs of menstruating women and girls are centered on access to appropriate facilities this has an influence on what type of personal sanitary support that is used. When looking at support from UNICEF there is limited coordination between different UNICEF stakeholders and external organisations that are responsible for providing MHM support during an emergency. According to the Core Commitments for Children in humanitarian Action, 2010, there is also a need to be more accountable to communicate with women and girls in affected populations on gender specific needs like MHM.

Through coordination and planning with other stakeholders, communication with beneficiaries, and identifying that MHM support is a multifaceted response, UNICEF will be in a better position to provide support to menstruating adolescent girls and women affected by emergencies.

Introduction

UNICEF WASH in emergencies conducted a global project to analyse women's menstrual hygiene management (MHM) needs and support in emergencies, with the intent of gathering direct feedback from women and adolescent girls of menstruating age in a number of emergency settings globally. This report is an analysis of data collected in Somalia, Haiti and the Philippines from July to September 2012. A Hygiene Promotion Specialist (Timothy Hayden) was seconded from Registered Engineers for Disaster Relief (RedR) Australia and deployed to UNICEF HQ to coordinate the global project and conduct final analysis.

Background

In 2010 it was estimated that there are over 43 million refugees and internally displaced persons in the world. These populations often flee volatile situations including conflict and/or natural disasters with nothing more than the clothes on their backs. The populations that are affected by humanitarian crises are often left to cope without infrastructure or materials. The disruption of their traditional coping mechanisms has a particularly heavy impact on their ability to practice safe and dignified personal hygiene. Some of the challenges that women and girls face concerning menstruation during emergencies include:

- Loss or disruption of their usual coping strategies for managing their menstruation such as where they obtain sanitary protection materials and lack of facilities to wash, dry or dispose of them.
- Having to live confined crowded environment in close proximity to males.
- Financial challenges to access adequate resources to purchase sanitary items.
- In situations of conflict there can also be additional challenges for accessibility to water supplies, sanitation and to obtain hygiene items.
- In a disaster any member of the family may be directly impacted and injured during a crisis, and that women and girls are often expected to become the primary caregiver.
- Existing MHM support structures (such as teachers, friends and family members) are undermined by the emergency. This is particularly challenging for younger girls (about to start their menses) and those who have lost/been separated from family members.

In many cultures menstruation is a taboo subject and many women do not discuss the issue very often, even with other women. Women and girls use a variety of ways to cope with the loss of menstrual blood. Some use products such as sanitary towels or pads, but many use cloth which may be re-used. Some women bleed into boxer shorts or saris and some use plastic or natural materials

to catch and soak up the blood. Younger and older women from the same communities may use different methods.

Over recent years UNICEF within the humanitarian WASH sector has been increasing its attention within the global humanitarian emergency response community to address gender based issues that includes menstrual hygiene management (MHM) needs of adolescent girls and women who are affected by emergencies. This commitment has also been reinforced in the Core Commitments for Children in Humanitarian Action, which is the global framework for humanitarian action for children undertaken by UNICEF and its partners. MHM serves the primary role of meeting adolescent girls' and women's health, hygiene and dignity needs and preventing infection.

During an emergency, it may be that the women and girls would be happy simply with the supply of cloth or sanitary pads, but it may be that they need specific areas to be able to wash and dry their cloths, as they may be unable to dry them in the confined spaces of their shelter where other family members could see them. Whatever is provided for the women and girls, it should be of an acceptable privacy level for their needs and other people should not be able to see any blood coloured water coming from the unit when the cloths are washed, or see the towels being dried.

MHM support deals with a number of interventions that are required to ensure that women of menstruating age can manage their monthly menstrual flow safely and privately. MHM is multi-faceted and involves; access to and adequate numbers of safe and gender sensitive latrines, easy access to water for washing, culturally appropriate sanitation material, appropriate means of disposing or washing sanitary materials, and pragmatic information and support on MHM.

Having a safe, personal and cultural environment to manage menstruation hygienically and with dignity is the right of every woman. However the ability to enjoy this right is far from reality. Recent studies have identified gaps in standard humanitarian emergency response where the MHM needs of women and girls were not being adequately addressed. Improving sector collaboration and beneficiary communication are the key challenges in providing the required support to women and adolescent girls during emergencies.

Study Objectives

The overall objective of the research is to analyse MHM needs of adolescent girls and women of menstruating age in a number of emergency settings globally and how these needs have been covered by humanitarian actions including UNICEF. The study sought to answer the following questions:

1. How do humanitarian emergencies affect normal MHM processes?
2. What are the needs of menstruating adolescent girls and women during emergencies?
3. How can UNICEF support the needs of menstruating adolescent girls and women during emergencies?

The analysis will provide UNICEF MHM stakeholders the information to enable the appropriate support to be provided to menstruating women during emergencies.

Methodology

A study protocol was developed outlining the study objectives and data collection methods that would be used. The protocol was sent to UNICEF WASH focal points in a number of countries where UNICEF are proving emergency response support with an invitation to participate in the study and supporting the data collection in their region. Due to limited feedback and interest from WASH focal points, the study was also sent to UNICEF Child Protection colleagues.

A grounded theory qualitative approach was used to conduct the analysis. Data was collected through Focus Group Discussions (FGD) with beneficiaries from emergency settings in Somalia, Philippines and Haiti. Key Informant Interviews were conducted with UNICEF stakeholders that are responsible in providing support with MHM in emergencies. Table 1 outlines the partners involved and location where FGD were conducted.

A Focus Group Discussion (FGD) guide, included at appendix A., was developed by UNICEF WASH PD Emergency section where a set of questions were constructed to cover the key topics of interest in MHM, focusing on the objectives of the study. The guide was further developed in each specific country location in collaboration with local UNICEF staff and selected partners including the data collectors themselves.

In preparation for the FGD, a workshop was designed for key facilitators that would be conducting FGDs in each identified location. The workshop covered and number of topics including;

- Intent of the research within a multifaceted approach.
- The specific skill requirements of different facilitation roles; facilitators, note-takers and observers.
- The makeup of group participants to encourage full participation.
- The content of each question to ensure adaptation to the local country context with a focus on language and cultural acceptability.
- Correct translation of FGD guides.
- Agreed output requirements.

The workshop was proven to be necessary to ensure the correct type of data was to be collected. The potential data collectors were able to revise and practice qualitative data collection techniques

and provide input into the FGD questionnaire. The workshop activities provided opportunities to clarify the framing of questions, and probes for more information, as well as their sequence. Language and cultural acceptability received particular attention to ensure correct translation and acceptance of each question. The facilitators gained a greater understanding of the project which in turn provided them with the confidence to facilitate discussion with beneficiaries on such a sensitive topic.

FGD Participants

The participating women and adolescent girls from IDP or refugee settlements in specific country locations identified in table 1. They were selected by the specific partners conducting data collection, through community gatekeepers at relevant camp locations. To encourage women to feel relaxed and to facilitate full participation, the women were further separated into the following three different age groups to take part in the FGD:

- 12-18 years
- 19-30 years
- 30-50 years

The FGDs were conducted in central community facilities that were appropriate and convenient for all participants. The average time taken to conduct each focus group was approximately 2 hours. All participants were provided drinks and snacks.

Table 1: FGD conducted by location and group

Location	Organisation	Location	FGD groups	Characteristics
Somalia	GRT	Balade, Bosaso, Somalia	9 FGD groups (separated into specific age groupings) 3 in each location.	Islamic women and adolescent girls from a number of IDP settlements located in specific areas of Somalia. The women come from primarily poor rural and nomadic communities.
		Bariga, Bosaso, Somalia		
		Shebelle Camp, Bosaso, Somalia		
		Tawakal Camp, Galkaio, Somalia	9 FGD groups (separated into specific age groupings) 3 in each location.	
		Halaboqod Camp, Galkaio, somalia		
		Al-Amin Camp, Galkaio, Somalia		
	INTERSOS	EX UK Camp Holwadag District, Somalia	9 FGD groups (separated into specific age groupings) were convened in each location in Hamar Jajab, Benadir Region.	Islamic Women and girls from rural and peri-urban communities living in IDP camps near Mogadishu.
		Dab Damis Holwadag District, Somalia		
		Wabiyow Camp, Holwadag District, Somalia		
Philippines	UNICEF and partners	Cagayan de Oro, Mindanao, Philippines	4 FGD groups (separated into specific age groupings)	Catholic women and adolescent girls from peri urban communities affected by floods in Cagayan de Oro. The women were relocated in cams for 4-5 months.
Haiti	ASAD	Camp Caraduex	9 FGD groups (separated into specific age groupings) were convened in each location in Port-au-Prince, Haiti.	Catholic women and adolescent girls from urban communities (Port au Prince) living in IDP camps displaced by earthquake.
		Camp Sinai		
		Camp Coridor Icare		

UNICEF Key Informant Interviews

Key informant interviews (attached at Appendix B) were conducted with UNICEF Child Protection and WASH staff. Key questions were asked to identify the current MHM support that is being delivered as part of a program response and draw out suggestions on how support could be improved in the future. It also provided information on how effective different sections work together in providing MHM support during emergencies.

Findings from Key Informant interviews

There is clear recognition from the staff in the UNICEF WASH sections that MHM was an important part of an emergency WASH intervention, however, the WASH CO programs have had limited involvement if any of MHM during emergencies. While the WASH sections in Haiti and the Philippines

are involved in the distribution of disposable pads in hygiene kits, WASH Somalia CO does not consider this a priority. This lack of consistency of support from different CO locations included in the analysis suggests the importance of MHM can be subjective and emergency response efforts are dependent perceptions and attitudes of program managers.

Child Protection section in Somalia CO had a similar response to the importance of MHM in emergency support but more focused toward dignity and supporting a normalised lifestyle for girls and women affected by emergencies. The section is involved in providing support through the distribution of dignity kits that include sanitary pads. However it is also reported that the distribution occurs on an ad hoc basis targeting area where there is limited gender base violence interventions. Some of the bottlenecks in providing MHM support that have been identified by the CP section in the Somalia CO include:

- Logistical issues in procurement processes of UNICEF, to get around this the section has included budget lines for MHM materials within the PCAs.
- Distribution issues including security and lack of mapping capability.
- Acceptance issues where women do not normally use disposable pads.
- Facility issues restricted use of sanitation facilities due to security and lighting issues.

MHM UNICEF stakeholders were also asked if they have a system of monitoring and evaluation through beneficiary feedback. While all respondents felt it was important, no UNICEF office that was involved in the research systematically conducts this type of data collection on MHM and certainly no evidence was available when asked.

The absence of clear ownership of MHM as a humanitarian response is obvious in all the CO locations in this analysis. It was a stated opinion of a CP Chief in Somalia that MHM is primarily a WASH responsibility, with CP providing entry of beneficiary communication. While this may seem a logical coordination framework of providing support, it would have to be agreed by all stakeholder sectors involved.

Summary of Findings from FGDs

Summary of findings from FGD are included in Table 2. The table is a summary key aspects relevant to MHM behavior in emergencies and perceptions from beneficiaries of support systems required specific to each country location. Some common findings that were identified were the importance of gender appropriate sanitation facilities that are safe and well maintained with water access. While initially women discussed using specific personal sanitary product, participants from Haiti and Philippines did discuss using mixed methods for a variety of reasons highlighted previously.

Prior to this study, FGD participants highlighted that no one had discussed them about hygiene and nothing about MHM and suitability of support. It is suspected that any MHM support that has been provided has come from opinions and experiences of those providing the support. This highlights a significant gap in accountability and feedback from beneficiaries.

Cultural / Religious aspects identified

Cultural and religious views have a significant influence on MHM behavior that needs to be taken into consideration. A common discussion point among the women who use reusable cloth (primarily in Somalia but noted also in Haiti) was the need to conduct washing of menstrual cloth out of sight. Women would wash blood soiled cloth at night inside their accommodation, hang them, and take them down before the sun came up before anyone saw them.

Both the Haiti and Philippine research participants come from a Catholic background but still discussed traditional beliefs dealing with spirits. Women in the groups in Haiti discussed a vodou belief that links bad magic and curses through blood products, highlighting the importance of not leaving used sanitary pads lying around. This interestingly encourages the proper disposal of used pads ensuring no one is able to use the blood to place a curse or similar.

In the Philippines there are many traditional beliefs discussed relating to MHM, including using the first menstrual blood to wipe on the face of teenagers to prevent acne.

When it comes to selection of personal sanitation products many of the younger girls say that their mother/ grandmothers encouraged them to use reusable cloth methods stating it is a more traditional method to use (over disposable pads). One mother of a teenager (in Haiti) stated she gets her daughter to use reusable cloth as it teaches her how to wash properly.

In Islam, it is mandatory for every Muslim male and female to learn basic knowledge and Islamic law on menstruation. Muslim men in particular, are instructed to teach the Islamic rules about menstruation to their wife. If the men do not know the specific laws, the husband is to refer to ladies who are knowledgeable about the subject. This suggests an avenue of community support and communication, however using religious leaders to advocate such issues would have to be conducted with full disclosure of intended messages to stakeholder's especially key female leaders within the community.

Table 2: Summary of Findings

Country	Theme	Findings	Quote	Comment
Somalia	Environment	Women came from open nomadic lifestyle to a confined camp environment	*'Before we came here we lived in the bush as nomads. We did not have privacy problem because there is very open environment and one can change her clothes in the bush safely or even go with the blood without others noticing her easily.'*	A significant amount of discussion linking into requirement for information on how to conduct MHM in an unfamiliar environment is required.
	Support	Lack of initial support from stakeholders. Majority of participants reported they did not receive any MHM support	*'Not having private latrines to clean ourselves and the piece of clothing were the greatest challenges regarding managing our menstrual cycle'*	Only a couple of women in one of the groups said they received hygiene kits. The kits they received was provided to pregnant women through the Mother and Child Health centers (MCH).
	Communication	No communication to gain beneficiary feedback was conducted	*'We were asked about our health needs but nothing about menstrual needs'*	This was highlighted and agreed on by all women in all groups, highlighting this was the first time anyone had asked their opinion about hygiene related needs
	Personal sanitary support	Use of reusable sanitary cloth is most common in the camps.	*'We would collect piece of clothing from garbage sites, clean it with water and detergent and use it for our menstrual hygiene needs…..We feel hopeless for not having items needed to manage my menstruation.'*	Cloth is most common due to the expense of sanitary pads. Many women do not know how to use pads.
	Facilities Support	• Lack of facilities to wash and dry sanitary cloth. • Not enough suitable toilets. • Some women have to pay for use of toilets and access to water is too expensive. • Lack of disposal facilities.	*Toilets are not spacious to wash inside. So we wash our sanitary pads, towels and underwear during the night within our homes. We also dry our sanitary clothes in our homes at night and pick them out early in the morning before people wake up and see them.'*	No facilities were available when they first arrived in the camps and open defecation was the normal practice. Women reported it took some months to have facilities available.
	Information	Women say they would like information on how to conduct MHM in an alien environment that is crowded and confined. Younger women said they would like information on menstrual pain and dealing with smell.	*'We need education and awareness on proper management of menstruation especially for young girls. They hide from us and they sometimes develop problems.'*	The women said they would like information to be provided to MCH and CFS.
Haiti	Environment	The FGD participants were residents of PAP with their houses destroyed by earthquake having to be relocated in a cramped tent environment.	*It is very crowded and there are many people who live in the tents.'*	Sanitation prior to the earthquake was reported to be poor.
	Support	Hygiene Kits are provided by a number of organisations including UNICEF that contain disposable pads Poorly maintained hygiene hardware facilities		There is a real feeling of expected support among IDPs, creating a dependence culture

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Country	Theme	Findings	Quote	Comment
	Communication	Health information delivered through NGO partners. All discussion on one way communication (teaching)	*They taught us about hygiene and washing hands'*	The women in the FGD said that this type of 2 way communication is the first and would like it to happen more frequently.
	Personal sanitary support	Pads, Rags and serviettes were discussed usually dependent on affordability. Pads issued in hygiene kits, had to be supplemented (usually by use of cloth) when pads ran out.	*The disposable pads come wrapped, which is cleaner and safer than rags'*	
	Facilities Support	Sanitation facilities were not immediately available after the earthquake. Facilities that have been constructed are poorly maintained to the point of being unusable. Issues of access to clean water in the camps.	*No, we change and wash in our shelter… inside our tent, the toilets are too filthy.'*	The lack of or poorly maintained facilities have influenced a preference toward disposable pads.
	Information	No information was supplied with the kit. Women asked for information on how to avoid getting infection.	*We would like to know how to better manage our periods as to avoid getting infections'*	While there was no evidence of MHM related infection this was a major concern highlighted by participants, probably influenced by the very dirty/poor facilities.
Philippines	Environment	The FGD participants were females displaced for 3-4 months affected by floods on December 11. The ladies are all from Catholic peri-urban communities.		
	Support	Hygiene Kits provided by UNICEF, not everyone received kits. Limited clean water was available in the first few days that could be used for washing.	*I needed water in first few days as I was dirty from flood waters'*	Some of the women said they did not receive the kits as they ran out. Neighbors claimed kits during distribution and not passing on to intended recipient.
	Communication	One way health information delivered by health officials	When asked about communication..'Y*our the very first maam (to facilitator). This is our first time'*	
	Personal sanitary support	Disposable pads available in hygiene kit distributed by UNICEF. However not enough. Participants also discussed using cloth.	*I would like more napkins in the kit'*	All groups discussed using mixed methods (cloth/pads) depending on availability and activity.
	Facilities Support	Portaloos and temporary sanitation facilities provided. Not big enough for MHM and issues with safety at night. Lack of clean water available.	*Yes we have CRs but for now there is no water' 'The CR is quite far and is dangerous to go out at night… In our camp, it was open for outsiders…'*	Discussion on the safety of facilities, many women use arenola (bed pan) at night.
	Information	No information supplied with the kit	*I think it would be nice to have a user guide for the whole hygiene kit.'*	

Drawing Meaning from the Data

1. How do humanitarian emergencies affect normal MHM processes?

To answer this question effectively we need to look at how women and adolescent girls managed their menstrual cycle prior to being affected by the emergency. In the Somali context, prior to coming to the camp, many of the women came from poor nomadic and rural communities where they were able to have the space for privacy but had limited resources to purchase MHM support products. Many women stated that they did not use any individual sanitary products and had the ability to move to a private space to bleed freely or conduct personal hygiene activities. Women from a more urban environment (in Haiti and Philippines) may have used disposable pads but many women described using a washable cloth, or mixed methods. Selection is influenced by a number of factors including, cost, availability of sanitary materials, facilities available and what daily activity is being conducted.

In contrast when the women were displaced from their homes and community and forced into camp, the environment changed dramatically and away from their normal support networks. This made a significant impact on how women affected by the emergency are able to manage their menstrual period. Due to the limited amount of space and lack of open environments, many women are unable to conduct MHM activities in the privacy that they are used to. Nomadic Somali women in the IDP camps are restricted in using the natural approach of bleeding freely, as they did before the emergency, and would be socially forced into using some type of personal sanitary pad or cloth. Somali women discussed having to find pieces of rag sometimes often from a rubbish tip to use. In all emergencies, due to the confined environment and lack of privacy, WASH facilities are also an issue and many women say that they wash menstrual cloth at night, dry them inside their tents or homes and remove them before being seen in the morning. This activity highlights a cultural belief that menstrual cloth should not be seen.

In Haiti and in Philippines, while women use a variety of personal sanitation they highlighted that they would prefer pads due to the lack of areas to conduct personal hygiene specifically linking to poorly maintained toilet facilities and the lack of clean water for washing. The following model (Diagram 1) highlights a number of factors that may influence the type of personal sanitation product an adolescent girl or women might use.

Diagram 1: Influences on choosing personal MHM sanitation product during emergencies.

The threat of attack and rape is also an important issue. Some women said that they do not go to the bush to bath as it is too risky, other comments highlight the risk of attack in around the communal toilet facilities, especially at night. With adequate facilities the risk of sexual violence reduces as women/girls do not need to use the bush or facilities after dark to manage their needs where they are easy targets for sexual abuse.

Women are also restricted in using sanitation facilities due to financial constraints. In some camps local land owners and government agencies charge for use of sanitation and water facilities. Women have to prioritise resources for the family survival and use of toilet facilities is seen as a lower priority behind water, food and shelter.

There was a considerable amount of discussion related to the quality and quantity of toilets among the groups. The main consensus in all the camps was that toilet and washing facilities were not adequate to support MHM needs of women. Toilets are often broken and/or located in areas that are not safe or have poor access. It was also stated that there is insufficient room within the toilet to conduct washing and drying of reusable sanitary items or even adequate room for changing. Disposal is also another issue identified by women in the groups. Disposable pads and worn out pieces cloth are discarded on top of rubbish piles or placed in sanitary facilities making them unusable.

2. What are the needs of menstruating adolescent girls and women during emergencies?

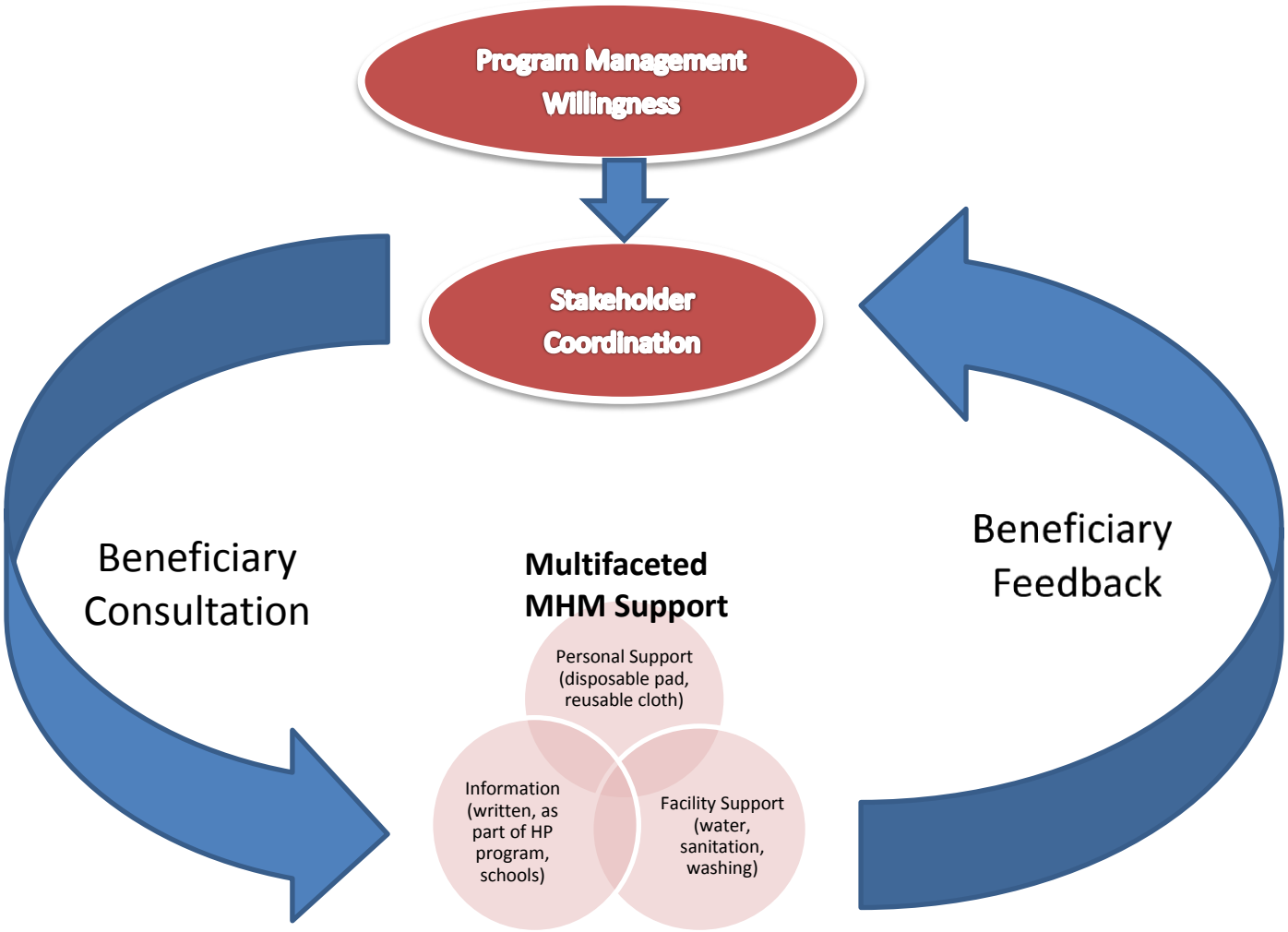
a. The needs of menstruating adolescent girls and women can be broken down into key support areas. Women need an option to manage their menstrual flow discreetly and hygienically. This could be achieved through an individual pad that is affordable, accessible and culturally acceptable. In Somalia, the majority of women within the groups said they use reusable cloth. To support this system, women would need access to affordable clean, soft cloth.

b. Women and girls would also need areas and equipment to wash and dry the used cloth; this would include the cloth itself, bucket, soap, drying lines. It was also mentioned in all study locations that, if a pad or cloth is used, underwear or other devices would be required to keep the device in place.
c. There was also a consistent emphasis across all emergencies on the need for water to be accessible and affordable and in close proximity to identified facilities.
d. In terms of communal facilities, access to safe and private safe areas to wash themselves is required. When the women were asked what improvements to toilet facilities could be done to support MHM, having accessible toilets that are safe well lit facility, closer to their residence and identified for women only.
e. There was also a significant amount of discussion related to the need for information and education. While this educational need was focused toward adolescent girls, it was also identified that women may need information on using MHM products that they do not normally use and information on ways to conduct MHM in over populated and confined environments. Consistent discussions amongst adolescent girls highlight that they would like further information on managing period pain and smell. They stated they would like the information delivered in a private safe setting but an interactive delivery format. Many of the groups stated that they would like information to come with the hygiene kit, however consideration would have to be made toward literacy levels of the intended beneficiaries and cultural acceptability on the method of communication and specific information provided.

3. How can UNICEF support the needs of menstruating adolescent girls and women during emergencies?

UNICEF could support the needs of menstruating adolescent girls and women affected by emergencies in a number of ways however; a support system should focus on adopting key aspects that hold the key to an enabling environment of support. Diagram 2 shows how these aspects are related in providing effective MHM support to beneficiaries during emergencies.

Diagram 1: Enabling Environments to MHM support in Emergencies



Management Willingness

Before any support can be provided relevant UNICEF program managers need to identify MHM as an issue that requires a response. During the initial phases of the project over 15 UNICEF WASH CO programs around the globe were invited to participate in the project. While it is understood that UNICEF WASH CO programs are extremely busy, it was evident from a lack of response and/or disinterest that MHM is subjectively prioritized by program managers. This attitude is also seen through the lack of evidence to date on gaining gender specific, direct beneficiary feedback. Willingness to facilitate MHM support is affected by a number of motivators the main one being understanding how MHM support fits into UNICEFs mandate within the Core Commitments for Children in Humanitarian Action.

Stakeholder Coordination

The Core Commitments for children in humanitarian action clearly state that the coordination and collaboration between sectors as critical to successful humanitarian response. It was identified through the Key Informant Interviews that there is lack of clarity and gaps within UNICEF sectors and external organisations at the provision of MHM support during emergencies. A representative from the UNICEF WASH section in Somalia highlighted the importance of MHM in emergencies but the section is not providing MHM support to beneficiaries, in contrast the CP section are involved in distributing sanitary pads within dignity kits but suggest WASH should be taking the lead role in providing MHM support. It is important to discuss which sectors will be responsible for which components of MHM that incorporates the spectrum of support, detailed above, that may be required. This will provide stronger coordination between different sections and different organisations in order to minimise overlap and maximise response effectiveness. In some areas, funding has also been identified as a bottleneck in providing support. To alleviate this, sections could use a collaborative approach to pool resources to maximise a cost effective response. Communication for Development can provide support to forge stakeholder alliances and support program sectors.

Beneficiary Communication

Beneficiary communication should focus on strengthening beneficiary consultation and feedback mechanisms. Prior to this study, FGD participants in all countries locations highlighted that no one had discussed with them about MHM support. Some women had been involved with health promotion activities conducted by government and NGO stakeholders discussing health and nutrition needs (especially mother at antenatal clinics) but all communication was one way, no organisation had asked any of the FGD participants asking their input on suitability of the support provided.

'This focus group is the first group meeting that someone is asking about our hygiene needs….I would actually love it to happen frequently… it is a good idea to learn what others are doing to manage.' (Women 18-30 Haiti)

The Core Commitments for Children in Humanitarian Action, 2010, specifically advocates for the adoption of a human rights base to programming which highlights promoting participation of women and adolescent girls into the design, analysis and monitoring of humanitarian programs. The most recent Sphere handbook edition 2011 recommends consultation with local women about their preferred menstrual sanitary materials; the promotion of women's involvement in water supply and sanitation approaches; the need for laundry areas and equipment; availability of disposal mechanisms for used sanitary material and attention to school girls MHM needs. Beneficiary feedback can be coordinated by use of gate keepers that include local community and religious leaders. Use of these gate keepers can guide feedback mechanisms and provide a support base for conducting future program support.

Multifaceted approach

A multifaceted approach to MHM means taking into consideration all aspects that are needed for adolescent girls and women to effectively manage their menstrual cycle hygienically, safely and privately. On review of the literature and from discussion with MHM stakeholders, there is a common theme to focus MHM support solely with the provision of personal sanitary pad. This personal approach, while easy to deliver, does not take into consideration the spectrum of support that is required for MHM in an emergency context. Other factors to consider would include:

- Any other personal item requirement to keep pads in place like underwear;
- access to acceptable gender sensitive sanitation facilities;
- access to water use in a private secure and safe location;
- access to buckets, soap and drying line to wash reusable pads and soiled clothes;
- accessible and culturally appropriate washing and drying areas for reusable pads/cloth;
- appropriate disposal mechanisms for disposable pads;
- communication and distribution systems identified; and
- Access to menstrual hygiene information that may be lacking.

Limitations

A number of limitations have to be highlighted with the regarding the data collection and ability for complete analysis. Due to the nature of qualitative research the data captured cannot be statistically significant but it can yield rich, in-depth qualitative information through exploring knowledge, beliefs, concerns and attitudes of the participants.

The most important limitation regarding data collection was the inability of the researcher to get directly involved with the data collection due to cultural and gender sensitive considerations. Security and resource limitations also restricted a consistent process for work-shopping and preparing for FGD. In Somalia key NGO support staffs were taken through the workshop in Kenya by the research facilitator and in turn conducted a similar workshop with data collectors in various locations in Somalia. In the Philippines the research facilitator had to pass on the coordination of both the workshop and data collection to a researcher from Emory University who was conducting a similar project on MHM in Schools. While the separation from direct involvement with data collection has impacted some of the academic rigor, it has shown that with a properly work-shopped FGD guide similar information can be collected at the global level for comparison and analysis.

Recommendations by phases of an emergency

While some emergencies would not be considered in its initial or immediate stage, the following table is a list of recommendations that can be included within future planning to incorporate specific MHM support. A number of the recommendations maybe already key activities being conducted within normal programing.

Table 3: MHM in Emergencies: Recommendations

Phase	Recommendation	For action
Preparatory	Initiate discussions within UNICEF of the different section stakeholders (including WASH, CP and supply) to determine key responsibilities and preparedness action to be taken.	UNICEF program sector chiefs (WASH, CP, education, C4D) facilitated by deputy representatives
	Conduct social mapping of different cultural and social groups within the country with a focus on specific gender base norms and requirements to MHM.	C4D
	Identify locally appropriate, effective mechanisms to gather information from potentially affected women and adolescent girls. Integrate this into the planning, implementation and monitoring process.	Section heads in collaboration with C4D
	Identify which technical working group within the WASH sectoral platform would be responsible for MHM to identify areas of stronger collaboration between partners and different clusters that are involved in MHM in emergencies. Key outputs would be to determine who is responsible for providing MHM support and identify shortfalls and overlap in response.	WASH Cluster coordinator
	Identifying supply and distribution mechanism. Specific supplies should be determined by a working group with beneficiary input from different cultures and age groups. Feminine hygiene supplies could include: - appropriate and acceptable disposable pads or reusable cloth - appropriate and acceptable underwear, - basin or bucket to wash clothing and soiled cloth, - clothing and body soap, - drying line, and - information/ education material	Logistics Section in consultation with stakeholder sectors
	To maintain cultural gender acceptability, the items specifically for MHM should be separately packaged and clearly marked as female hygiene products.	Specific information content should be advised by a working group with C4D and beneficiary input. Information should clearly explain the content and its use (and misuse) and basic facts on MHM.
	Review monitoring and assessment tools, incorporating key observational questions within the rapid assessment with a specific focus on gender access, suitability and safety of water and sanitation facilities.	Emergency section in collaboration with WASH and CP colleagues during the planning phase.
Response and early recovery	Work with other UNICEF sections and partner organisations within a collaborative approach for a coordinated response to MHM building on the knowledge of the agreed responsibilities identified within the preparatory phase. This would include initiating coordination with identified key community groups.	WASH Chief
	Distribution of MHM items as per agreed distribution system.	Logistics
	Identify water and sanitation requirements within an initial rapid assessment giving consideration to MHM support. Specific questions within the rapid assessment tool could include; ease of access (distance and location); separation from male sanitation facilities; lighting and security; water provided in or around sanitation facilities; availability of washing and drying areas for reusable sanitary cloth.	Emergency in consultation with WASH section
Recovery and Regular programing	Conduct on-going beneficiary consultation as part of the M&E.	WASH in collaboration with CP and stakeholder sectors
	Review contracts dealing with WASH facilities and hygiene kits in emergency settings to ensure that MHM including beneficiary consultation is covered as part of the required outputs.	WASH chiefs
	Benchmark activities that are happening in other country office locations.	Stakeholder sector chiefs in consultation with RO and PD
	Use of community leaders and local religious groups to contribute to coordinated MHM message dissemination.	C4D in collaboration with stakeholder sectors
	Strengthen MHM support in educational institutions including improving school sanitation facilities and information dissemination.	WASH and education
	Strengthen and support local manufacture of appropriate reusable sanitary pads.	WASH Cluster coordinator

Conclusion

MHM does not seem to get the acknowledgement that it deserves when dealing with emergency situations. There is a significant absence of accountability to and dialogue with women and girls in affected populations. Through systematic communication with these individuals, and coordination with all stakeholders, UNICEF will be in a better position to introduce structure and practices for improved planning, community interaction, monitoring and evaluation of MHM responses in emergencies.

If UNICEF managers don't consider MHM as a priority, don't focus on that, focus on the gaps in gaining gender specific beneficiary feedback on the support that is provided during an emergency, this in turn will include MHM support if women and adolescent girls see it as an issue that requires additional support.

Acknowledgements

UNICEF HQ
Andrew Parker – UNICEF HQ Senior Advisor WASH emergency.
Jesus Trelles – UNICEF HQ WASH Specialist
Murat Sahin – UNICEF HQ WASH Specialist
Tabinda Syed – UNICEF HQ Supply Division

Nairobi
Silje Heitmann – UNICEF Somalia GBV Specialist
Sheema Sen Gupta – UNICEF Somalia CO CP Chief
Sahr Kemoh – UNICEF Somalia CO WASH Manager
Domenica Constantini – Intersos
Hassan Diriye – GRT

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FGD Co- Facilitators;
- Nasra Mohamed Ahmed- GBV Assistance
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- Farhiyo Jama Said- Facilitator, GBV

Appendix A: Menstrual Hygiene Management in Emergencies FGD

Focus Group Discussion Guide

This FGD guide is broken into 3 main groups; Group A. – Women aged 18 – 30 and, Group B – Women aged 30-50 and Group C. Adolescent girls aged 12 – 17 years. Specific Group C questions guide is covered later in the guide

Informants

Adolescent girls and women of menstruating age in the identified or emergency affected community…

FGD Groups

Broken down into age groups of 6-8 participants of same cultural background. Discussion should occur without gatekeeper and land owners to ensure open discussion amongst participants. Voluntary committee members may be appropriate for participation.

A. Women 18 - 30 years
B. Women 31 – 50 years
C. Girls 12 – 17 years (Child Friendly spaces/schools)

Numbers of FGD will be determined in consultation with CO in consideration of capacity and beneficiary numbers.

Facilitator Requirements

There should be at least 3 researchers to coordinate the FGD with the following roles:

- Lead facilitator – This will be the person who will be asking the questions and guiding the discussion. The lead facilitator should be a person with previous FGD experience and be able to draw out discussion with such a sensitive topic. The lead facilitator's goal is to generate discussion on different ideas and opinions.
- Recorder – This person is responsible for taking notes and records the discussion. This person should be fluent with the local language and should be directly involved in translation of recording and notes after the session.
- Observer/time keeper –If possible a separate observer would be useful to record group dynamics. Who is dominating who is not joining in discussion, body language etc. The lead facilitator could cover this role if a third person is not available.

Logistic considerations

- An invitation letter (or message)should be sent out at least a week prior to identified participants.
- Inform local authorities as appropriate on the intent of the study.

- Organise a location that has a comfortable room in a quiet convenient location with easy access. The room should have a door for privacy and table and chairs to seat up to 12 people and toilet facilities.
- Arrange for food. At minimum offer a beverage and light snack. If you are offering a full meal include 30 minutes into the session.
- Other items to consider:
    - Note pad and pens
    - Sanitary items for display (only display once the question is introduced)
    - Tape recorder
    - Name tags
    - refreshments

FGD Guide (Groups A and B)

FGD Key Considerations

- Importance of undertaking the information gathering in confidential and comfortable setting.
- The need for participants to provide there informed consent.
- What incentives are you offering? At least a meal.
- Gain approval from community leaders and local government as appropriate. .
- Having female data collectors that understand local language and cultures of women being interviewed.
- Information on background of informants; female head of HH (consideration for distribution of items)

Introduction

Good morning/afternoon. First of all, thank you very much for joining us today for this discussion. My name is _____ and these are my colleagues, _____ and _____. We are researchers working for _____ in collaboration with UNICEF here in (country). We are not employed by UNICEF. Instead we are here to try to help them better understand the health situation of women and families such as yourselves. For this reason we would like to talk to you to learn more about your experiences following (crisis/disaster), and specifically how you managed your health and the health of your families. Our conversation will last about two hours, and there will be a break in the middle.

During our conversation today, _____ here will take notes of what you say so that we can remember and understand all of the important information you will be sharing with us. It is important for you to know, however, that nothing you say will be recorded in association with your name or location. Please feel free to speak honestly and say what is on your mind.

DISCLAIMER: Specify what UNICEF and partners actually are (in the event that beneficiaries do not know exactly who UNICEF and partners are)

We hope that after talking to you and other people around the world, we will be able to help UNICEF understand how they might better serve people like you in response to future disasters. Although we hope that UNICEF will be able to improve its programs as a result of our conversation today, you and your community will not receive any direct benefit from participating in this conversation. We appreciate the time that you are giving to us to help people like you in the future. (NOTE: This disclaimer is crucial – be sure to sit with the translator before the FGD starts to see if he/she understands this and if he/she feels that it is appropriate language in the context of the groups you will be meeting).

Do any of you have any questions about this? Please feel free to speak or ask questions. Do you have any other questions? If you are comfortable, can we begin the discussion?

Before we start, we would like to set one ground rule. We know that many of you have experiences that you are interested in sharing, and we want to make sure we can hear from each and every one of you. Let's respect our fellow participants and when they speak, do not interrupt but let them finish first and then speak your mind. Also sometimes you might have a different opinion or different experience from someone else in the group. It is important to us to hear all kinds of different opinions and experiences, so please do not feel shy if you have something to different to say, and please also respect what other people in the group say. Do you agree with this rule?

Do you have any other questions before we begin?

Write down number of women in group and there ages, identified heads of household, Date of arrival. (other relevant information)

A. Background Questions

A1. Think about when you first arrived in (here/camp/location). What things did you feel you and your family needed for your health or hygiene requirements?

A2. Were you able to get these items(or support)**?**

PROBE: How did you obtain the items and/or support? Were you given the items for free or did you have to buy them? If you had to buy them, where did you buy them? Were you able to buy any items in a local shop?Were facilities (water, latrines etc) available?

A3. At any point after you arrived, did anybody ever ask you about the health and hygiene of you or your family, or what you needed to improve your health? For example, did anyone ever bring you into a circle like this to ask you what you needed?

PROBE: If yes, who asked you? What did they ask? Who else did they ask? Was the support you asked for provided?

A4. Before coming to the camp (or before the emergency) What do you normally use to manage your menstrual cycle? (highlight if support other than personal sanitary items is brought out but don't bring it out… It will be drawn out later)

PROBE: Ask participants to describe items they used? Were they locally produced sanitary pads or cloths.?

A5. After arriving in this camp what are you using now for to manage your menstrual cycle?

PROBE: If different from what you were using before coming to the camp, why? If same is it easy to get items now? How does the current emergency affect your MHM needs? How did it feel not having these items/ facilities?

A6. Were you able to get personal MHM items?

PROBE: How did you obtain the items? Were you able to buy any of these items locally? What were the costs? Did you or your family have to sacrifice buying other items? What weren't you able to get? Were the items the same as what you regularly use? *Were the items appropriate?*

B. <u>MHM Items in Hygiene/Dignity Kits</u>(have samples or pictures of items to pass around if appropriate)

B1. Did you ever receive these items as part of a Hygiene/Dignity kit?

PROBE: When? Who from? How often?

B2. Did you find the items needed? Did you find the useful/ appropriate? (facilitator should use notes in A5 and A6.)
PROBE: what items were most useful

B3. What items were not necessary and/or not used? Why?

B4. How long did the items last for? And what did you do when they ran out?

B5. Do you feel the items were high quality (comparing to what you normally use)**? Did you have trouble using the items?**

B6. What do you feel were missing from the kits to help support your menstrual needs?

Probe: What should be added to support other MHM items?

B7. Is there a different need for girls compared to adult women?

Probe: If so what were the differences? Why is there differences?

C. Distribution

C1. Tell me about the process of receiving the kits?

PROBE: Who was doing the distribution? How did you hear about them? Did you or anyone else in the HH pick them up? Was this a problem? Why? Did you have to pay for the kits? How far is the distribution point from your home?

C2. Did you feel safe during the distribution?

PROBE: Why, Why not?

C3 How should women's hygiene items be distributed in the future?

PROBE: Should they be distributed with the kits, separately, through a facility? Why?

D. Facilities

D1.
Did you have the proper facilities for MHM?

PROBE: Where do you change your sanitary pads?

Reusable to towels: Do you have areas for washing and Drying of towels? Is it appropriate?

Disposable Pads: Where do you dispose of your pads? Do you see pads littered ?

Water availability: Separate/ private functional latrines with internal water available?

Protection; Toilets are lockable from the inside. Are there lights, Do they have to pay for use of toilets?

D2. If facilities are not available or suitable, how do you cope?

PROBE: What were the restrictions? How did you make do? If you go to bush to bathe, do you go alone or with other family members? Do you feel safe doing this?

D3. Looking at your current situation, what type of changes or improvements to facilities are needed for your MHM?

PROBE: Discuss what has been previously raised, Discuss facility requirement in priority?

Optional ACTIVITY – Draw facility and discuss

E. Information on MHM

E1. How do girls/women get information about Menstrual hygiene?

PROBE: Who provides this information?

E2. Was information supplied with the kit?

PROBE: Was the information informative? Was it useful? Why or why not? (if it was not included ask if any information is needed)

E3. What other information would be beneficial?

PROBE: How/when should information be disseminated? With Kit? Written? Discussion? What ages?

E4. Who would you feel comfortable talking to about MHM support?

F. Exit

F1. After discussing all aspects of MHM where is the priority of support needed?

PROBE: Supply of Hygiene items, improvement to facilities or information.

F2. Is there anything else you would like to share about MHM?

Thank You for your time we will provide feedback to you through _____

FGD Guide (Group C.)

Considerations

- This section is for getting the opinion of girls primarily in a school setting but could be used for groups in IDP or refugee communities (ie Child Friendly spaces).
- The age of girls is flexible but should consider those that have enough experience and confidence of MHM to talk about it. To reach teenage girls FGD may have to be conducted with mothers or run through school programs.
- The questions can be added with any previous questions that may be culturally appropriate.

- The group and data collector should only be female. And conducted in a private setting to ensure all girls are comfortable to discuss with each other in confidence.
- Ensure the facilitator tells the girls that information will be confidential and will not be collecting any names.

Introduce the topic light-heartedly, could use activities adapted from a school curriculum

Write Down the number of girls in the group and there ages.

1. **What they know of becoming a woman? What does it mean?**

   PROBE: What changed after you reached puberty?Ask them what they know of menstrual cycle?

2. **Who taught you about your menstrual cycle? What age were you? What type of things were you taught?**

3. **What type of MHM items were you taught to use?** (show samples of products) You can include section B of previous guide to include with this group.

4. **Do you come to school when you are menstruating? If not, why not?**

5. **What would make it easier to come to school when you are menstruating?**

6. **Are the toilet facilities at your school appropriate to deal with your menstrual flow? If you could change one thing about the toilets what would it be?**You can use probing questions from section D in previous guide.
   ACTIVITY – Draw facility and discuss

7. **What type of information would be useful for younger girls about to start menstruating?**

Adapt other questions from previous setting to be included

Appendix B: Key Informant Interview Guide

UNICEF COUNTRY OFFICES INTERVIEW GUIDE:

STANDARD INTRODUCTION

*Note: Just an introduction guide

Name of Interviewee

_____

Date: _____ Time: Interviewer: _____

Country/Location/Organisation:_____

_____

Good morning/afternoon. My name is and this is (if 2 people present). Thank you for agreeing to speak with us. We are conducting an assessment of UNICEFs provision of MHM support in emergencies. The purpose of this assessment is to evaluate the overall impact and usefulness of UNICEFs provision of MHM support and to make recommendations on how UNICEF can improve this type of intervention going forward. We are speaking with beneficiaries, UNICEF staff and partners to gain a better understanding of how MHM is perceived and to strengthen MHM support to beneficiaries in future emergencies. Your responses will help inform our assessment. If you wish, any personal or sensitive information that you choose to share with us will be kept in confidence.

Do you have any questions? If not, we will now begin.

A. General Background:

A1. What is your current title and what are your main responsibilities ?

A2. Have you worked directly on MHM in emergencies, and if so in which capacity?

A3. Over the past 5 years, in which instances has your CO provided MHM support during emergencies? Please specify:

B. Supportive MHM Environment (WASH staff)

B1. Do you feel MHM is an important aspect of an emergency WASH programme? Why?

B2. How do you assess/ include MHM requirements during emergencies?

B3. Do you have a system/tool to assess supportive MHM requirements within the emergency affected population?

a. Sanitary items supply availability and acceptability

b. Adequate amount and access to latrines (with internal washing facilities) for menstruating girls and women
c. Socially and environmentally appropriate means of disposal for non-reusable sanitary material or private washing and drying for reusable cloth.
d. Pragmatic information on MHM for adolescent girls

B4. Do you have a system/tool to facilitate communication and feedback from beneficiaries that includes MHM?

C. The type of emergency; communication with the target population; Impact & Usefulness of support by UNICEF WASH programme.

C1. How did you determine which areas to target? Did you use a mapping system to monitor where MHM support was being delivered?

C2: In your opinion, what is the main objective of MHM? How useful do you think the support delivered by UNICEF has been in fulfilling that (or these) objective(s)?

C3. Do you think that support delivered by UNICEF or partners has met the MHM needs of menstruating adolescent girls and women?

C4. Have you documented feedback from your beneficiaries? If yes: How? Would it be possible for us to see this information?

C. MHM items in Hygiene Kit

C1. How are Hygiene kits distributed? Are MHM items distributed separately or part of the kit?Is there any protocol for distributing hygiene kits?

C2. Have you observed or heard about any unintended consequences related to distribution of MHM items?

C3. Do you think the perceived impact/usefulness of the MHM items in hygiene kits outweigh their cost? Why?

C4. How are the contents of hygiene kits typically determined?

C5. In your particular country context what are/would be benefits of stockpiling items (standardizing) prior to emergencies? And what would be the challenges?

C6. Is there a monitoring system in place to verify the quality of items supplied? Who conducts the monitoring? How is this communicated back?

C7. In your opinion what is the biggest challenge in procuring MHM items in hygiene kits? Are there any systematic bottlenecks that surround hygiene kit procurement? If yes, do you have any thoughts on how to overcome them?

C8. Was the provision of MHM items in hygiene kits coordinated with other agencies (i.e. government, other UN, international and local NGOs)?

a. If yes, which agencies/organizations and in what way were activities coordinated?

b. What were some of the benefits and challenges of these partnerships?

C9. Are there any ways in which the overall procurement process could be improved?

If yes, what role could HQ play in improving this process and helping COs provide kits more effectively? If no particular answer: Do you think they should standardize procedures? Provide guidelines for procurement? Stockpiling?

D. Closing Questions

D1. Do you feel there is something important we should have asked that we did not address?

D2. Do you have any documentation that would help us understand UNICEFs provision MHM support in emergencies, and that you would be willing to share with us?

D3. Do you have any suggestions of other people we should contact in your country?

Thank you very much for your time. [Recap any information that was especially helpful] Here is our contact information. Please do not hesitate to contact us if you have any other questions.