

UNITED NATIONS POPULATION FUND

Menstrual Hygiene Management in Emergencies

GUIDANCE NOTE FOR INTEGRATED
PROGRAMMING IN THE ARAB REGION



UNITED NATIONS POPULATION FUND
KNOWLEDGE SERIES

THE KNOWLEDGE SERIES

The UNFPA Knowledge Series products aim to provide all stakeholders in the humanitarian community with simple, effective, and replicable information or approaches that can aid humanitarian responses. These are based on lessons learned from UNFPA operations in the Arab region, informed by both local organisations and by population groups we serve: women, adolescent girls, men, and adolescent boys. The insights and recommendations provided by the Knowledge Series are meant to serve as practical tools to inform responses or enable actors to adapt successful approaches to suit their contexts.

ACKNOWLEDGEMENTS

UNFPA is grateful to all who have contributed to the development of this product. This includes lead author, Sara Tognetti, and staff members who contributed to polishing and revising the final report, including Elke Mayrhofer, Suhaila Aboud, Tamah Murfet, Mohammad Afifi, Reem Khamis, Kate Rougvie, Joanna Friedman, Danielle Jurman, Adrian Dongus, and Jafar Irshaidat.

Above all, we are grateful to the courageous women and girls we serve, whose experiences and insights continually inform our products.

FOREWORD

Menstruation is a fact of life and a natural monthly occurrence for the 1.9 billion girls and women of reproductive age globally of whom 107 million live in the Arab region. Yet millions of adolescent girls and women across the world are denied the right and the possibility to manage their monthly menstrual cycle in a safe and healthy way. In the Arab region, gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services further affect girls' and women's lives and their ability to meet their menstrual health and hygiene needs in a dignified way. Emerging research has linked women's sanitation and menstrual hygiene experiences with increased vulnerability to violence outside and inside the home.

Challenges around menstrual hygiene management are even more critical for women and girls during humanitarian crises when privacy is often scarce and access to clean sanitation facilities may be limited. Relief efforts often focus on the most immediate life-saving needs such as food, shelter, and health while little attention is paid to menstrual hygiene management.

Yet, not being able to properly manage menstrual hygiene can impact women's and girls' lives in many ways. It limits their mobility, freedom and choices; affects attendance and participation in school and community life; compromises their safety; and, causes stress and anxiety.

A critical element of UNFPA's humanitarian response is to provide women and girls of reproductive age with dignity / hygiene kits with a focus on menstrual supplies and to prevent and respond to Gender Based Violence. Over the past years, UNFPA has sought to strengthen quality, broaden the scope and scale up menstrual hygiene

management (MHM) programming in emergencies in a way that puts women's and girls' needs and voices at the center.

This guidance note focuses on the process of designing and supporting programmes from the vantage point of UNFPA and its mandate, offering practical guidance and links to existing resources on menstrual hygiene management.

Our hope is that this publication, like other resources in the Knowledge Series, will contribute to the knowledge in humanitarian settings and will help to design and deliver better programmes in a practical manner.

Sincerely,

Luay Shabaneh

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LIST OF ACRONYMS

AMAL	Adolescent Mothers Against All Odds	MPNS	Menstrual Practice Needs Scale
CCCM	Camp Coordination and Camp Management	MPQ	Menstrual Practices Questionnaire
CFS	Child Friendly Spaces	M-RAT	Menstrual Hygiene Management Rapid Assessment Tool
CMR	Clinical Management of Rape	NFI	Non Food Items
COVID-19 / SARS-CoV-2	Coronavirus Disease / Severe Acute Respiratory Syndrome Coronavirus-2	OPD	Organisations of Persons with Disabilities
CSE	Comprehensive Sexuality Education	PFA	Psychological First Aid
CVA	Cash and Voucher Assistance	PDM	Post-Distribution Monitoring
FGM	Female Genital Mutilation	PSB	Procurement Services Branch
GBV	Gender-Based Violence	PSS	Psycho-social support
GSS	Girls' Safe Spaces	PWD	Persons with Disabilities
IASC	Inter-Agency Standing Committee	SNAP	Social Norms Analysis Plot
HIV	Human Immunodeficiency Virus	SOGI	Sexual Orientations and Gender Identities
HTC	Humanitarian Country Team	SRH	Sexual and Reproductive Health
HPC	Humanitarian Programme Cycle	STI	Sexually Transmitted Infection
IEC	Information, Education and Communication	TPM	Third Party Monitoring
IFRC	International Federation of Red Cross and Red Crescent Societies	UNFPA	United Nations Population Fund
IP	Implementing Partner	UNHCR	United Nations High Commissioner for Refugees
IRC	International Rescue Committee	WASH	Water, Sanitation and Hygiene
LTA	Long Term Agreement	WHO	World Health Organization
MEAL	Monitoring, evaluation, accountability and learning	WGSS	Women's and Girls' Safe Spaces
MHM	Menstrual Hygiene Management	YMC	Young Mothers' Club
MIRA	Multi Sector Initial Rapid Assessment		



INTRODUCTION

Menstruation is a fact of life and a natural monthly occurrence for the 1.9 billion girls and women of reproductive age globally, of whom 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 way. Managing their monthly menstrual cycle is even more difficult for the 15.5 million women and girls that live in humanitarian settings the Arab region,¹ which hosts some of the largest and most intractable crises in the world.²

In the Arab region, gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services affect girls' and women's ability to meet their menstrual health and hygiene needs in a dignified way. This can impact their lives in many ways from limiting their mobility, freedom and choices; affecting attendance and participation in school and community life; compromising their safety; and affecting their physical and mental health.

Risks associated with inadequately addressing menstrual hygiene management (MHM) also include greater vulnerability to gender-based violence (GBV) and negative consequences on women's and girls' sexual and reproductive health (SRH).³ Challenges are particularly critical for women and girls during humanitarian crises when privacy is often scarce and access to clean sanitation facilities may be limited. Especially while on the move or being displaced, women and girls often lack a change of culturally appropriate clothing and hygiene

items. This can restrict their mobility also during the day, preventing them from seeking basic services, including humanitarian assistance, which may further increase their vulnerability to GBV. Stigma and shame associated with menstruation is another element that restricts women's and girls' mobility and their ability to manage their menses in a healthy and dignified manner.

Due to the lack of economic resources, women and girls are often forced to resort to unsafe and unhygienic menstrual absorbents.⁴ The use of these materials may pose risks to the health of women and girls, including preterm births, low birth weight, pregnancy loss and infertility.⁵ Women and girls may also resort to transactional sex to be able to buy menstrual products. Adolescent girls are particularly at risk as they often have less access to information, services and resources. Adolescent girls may be forced to engage in sexual activities and/or marry early, as menstruation is often associated with readiness for marriage and sex.

While crises can exacerbate pre-existing gender inequalities and lead to increased risks, exclusion and discrimination, they can, however, also provide opportunities for positive change. In Syria, for instance, due to displacement, women and girls could no longer adhere to the cultural restrictions they had previously been limited by while menstruating, i.e. in relation to bathing, cooking, interacting with males and eating specific foods, suggesting a possible decrease in the taboos surrounding MHM and possible behavioral and cultural changes.

1. UNFPA, *Humanitarian Action 2021 Overview*

2. OCHA, *Global Humanitarian Overview 2021*

3. Budhathoki SS, Bhattachan M, Castro-Sanchez E, Sagtani RA, Rayamajhi RB, Rai P, et al. Menstrual hygiene management among women and adolescent girls in the aftermath of the earthquake in Nepal. *BMC Womens Health*. 2018;18(1):33. Cardoso L.F, Clark C.J, Rivers K, Ferguson G, Shrestha B, & Gupta J. (2018). Menstrual restriction prevalence and association with intimate partner violence among Nepali women. *BMJ Sexual and Reproductive Health*, 45,38-43.

4. *Sustainable Sanitation and Water Management Toolbox*

5. Torondel, B., Sinha, S., Mohanty, J.R. et al. Association between unhygienic menstrual management practices and prevalence of lower reproductive tract infections: a hospital-based cross-sectional study in Odisha, India. *BMC Infect Dis* 18, 473 (2018)

PURPOSE OF THE GUIDANCE NOTE



Menstrual Hygiene Management (MHM) refers to a range of interventions that enable women and girls to manage their monthly menstrual flow in a safe, dignified and hygienic way.⁶ Menstrual health and hygiene interventions can not only support women's and girls' access to MHM, but also be a gateway for gender-transformative programming. MHM programming in emergencies requires an interdisciplinary and multifaceted approach and involves adjustments and improvements to a range of sectoral interventions including Gender-Based Violence (GBV), Sexual and Reproductive Health (SRH), Water Sanitation and Hygiene (WASH), Education, Non Food Items (NFIs) and Emergency Shelter.

To map UNFPA's ongoing MHM programming in emergencies the Arab States Regional Office conducted remote consultations on MHM in emergency programming with UNFPA country offices in the region. These consultations informed a brief report *Menstrual Hygiene Management in emergencies perspectives and practices from the Arab region* which identified different opportunities for improving the quality and reach of UNFPA's MHM programming in emergencies. The consultations highlighted the need for UNFPA to broaden the scope of MHM programming in emergencies beyond just the provision of MHM materials and to explore the use of cash and voucher assistance (CVA) as an alternative and/or supplement modality to improve access to menstrual products and related pain management medications. The consultations also pointed to the need to better involve women and girls in the design, implementation and monitoring of MHM activities and to scale up MHM activities focused on adolescent girls specifically.

This guidance note aims to support UNFPA country offices in the Arab region in their efforts to improve the quality, broaden the scope and scale up MHM programming in emergencies. This guidance note focuses on the process of designing and supporting programmes from the vantage point of UNFPA and its mandate, offering practical guidance and links to existing resources on MHM. There are several technical notes and programming materials that already exist on MHM in emergencies and each of the following sections references rather than duplicates already existing resources.

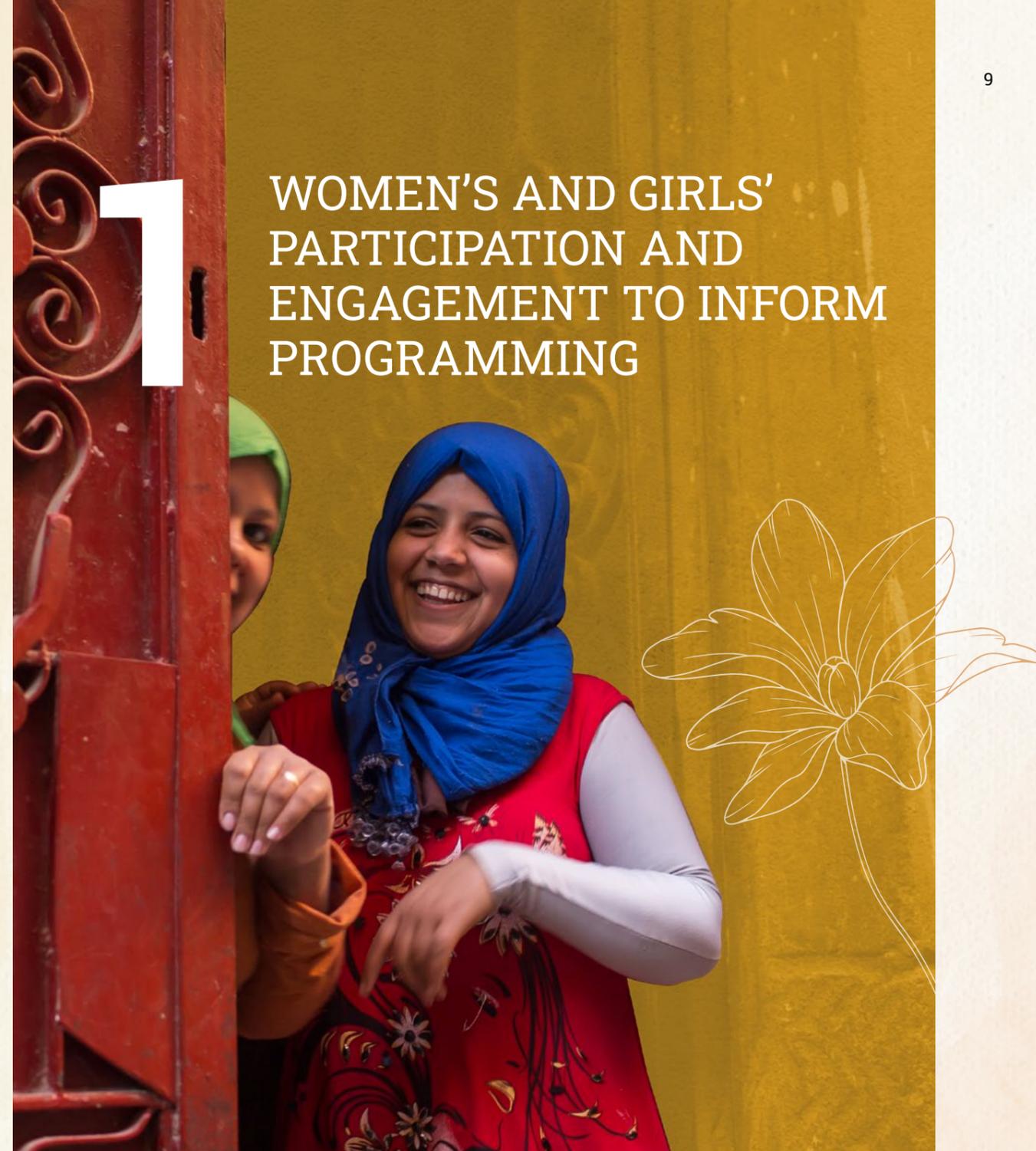
This guidance is organized according to seven elements of MHM programming. Each element is designed to link with and support the other elements. While coordination is presented as a separate element, it should be considered and integrated throughout the entirety of the programme cycle. These elements include practical tips on how to ensure inclusive and participatory MHM programming; how to design MHM programmes as part and/or in conjunction with other core UNFPA programmatic areas; how to select, procure and distribute MHM supplies; how to set up facilities that meet the MHM needs of women and girl; how to design MHM information and education activities; and, how to monitor and evaluate MHM activities to ensure programming is responsive to the needs of women and girls in emergencies.

While the resource employs the terms 'women and girls', it is intended for all people who menstruate. If appropriate to your context you may wish to refer to 'menstruators', a terminology which recognises that not all people who menstruate are women and girls.⁷

6. Schmitt, M.L., Clatworthy, D., Ratnayake, R. et al. Understanding the menstrual hygiene management challenges facing displaced girls and women, findings from qualitative assessments in Myanmar and Lebanon. *Confl Health* 11, 19 (2017)

7. For further information on how to include menstruators of all genders in public health messages about menstruation see Quint C. Queeriods, How to include menstruators of all genders in public health messages about menstruation (Poster). LGBT STEMinar. Sheffield, UK, January 2016.

1 WOMEN'S AND GIRLS' PARTICIPATION AND ENGAGEMENT TO INFORM PROGRAMMING



>> WHY

Commitment 4 of the IASC Principals' *Commitments on Accountability to Affected Populations* highlights the importance of enabling affected populations in decision-making processes that affect them. Due to the context-specific nature of menstrual hygiene, consulting women and girls about their MHM practices, preferences and priorities, as well as existing barriers and challenges is crucial. Consultations with women, girls and local staff are also essential given the likely variations in menstrual practices even within a specific population.

>> HOW

Women's and girls' participation does not mean passive inclusion but requires actively reaching out to, and valuing the inputs of, women and girls and the groups that serve their interests. It should not be limited to the initial assessment and programme design phase and should be consistently maintained throughout the entire MHM programming cycle.

- ▶ As part of preparedness activities gather basic information on local menstrual practices and beliefs prior to the onset of an emergency.
 - ▶ Assess needs and gaps in information, SRH services and MHM supplies. Personnel should be trained on MHM prior to engaging with communities. Designing and carrying-out an MHM assessment requires several key steps.
1. Coordinating with GBV/SRH/Youth actors within UNFPA and other humanitarian organizations working on WASH, NFI, Protection, Education and Health and any other relevant cluster/ sector to determine what information exists and if other assessments are planned. Incorporate MHM issues into interagency needs assessments if/when relevant within relevant cluster / sector assessments
 2. Establishing the objectives, parameters and scope of your assessment, including the target population and community.
 3. Identifying resources available for the assessment, including human and financial resources as well as the time available for the assessment.
 4. Establishing your methodology, both qualitative and quantitative.
- **Qualitative methods** can be used to explore beliefs or perceptions around menstruation and its practices. These methods provide in-depth information and are useful when discussing sensitive topics.
 - **Quantitative methods** can be used to measure extent of coverage of services provided, number of women and girls affected/targeted, results/impact of programming activities.

Sensitize and train staff on MHM

Women and girls may hesitate to speak openly about menstruation, while emergency response staff may feel ill-equipped to explore the topic, which may be a taboo in their culture or something that male emergency responders may not feel comfortable discussing. Regardless of gender, all staff should be knowledgeable and comfortable discussing MHM. Although in most contexts it is not advisable for male staff to discuss MHM with the female target population, male staff can be involved with planning and implementing MHM activities. A brief MHM training should be conducted to sensitize all program staff on MHM and to provide guidance on how to appropriately discuss it with both the target population and colleagues. Training for non GBV-SRH-Youth specialists should also cover issues of gender, GBV, Psychological First Aid (PFA), human rights and sexuality education. Training of staff should be part of preparedness activities. An example of a sample general MHM presentation for humanitarian practitioners is available in [English](#), [Arabic](#), and [French](#).

AREAS OF ENQUIRY INCLUDE:

- A. What are the MHM needs of women and girls?**
Ensure to cover all aspects of MHM, from overarching questions on challenges regarding management of periods to more specific queries about access to material, information and facilities. The [Menstrual Practices Questionnaire \(MPQ\)](#) provides a set of best practice self-report questions to capture respondents' menstrual hygiene practices.
- B. What interventions will best address the MHM needs of women and girls?**
Ensure that women and girls express their preferences and have a space to suggest interventions that could best meet their needs
- C. What is already being done to address the MHM needs of women and girls and who is doing it?** Map existing services and ongoing MHM activities by communities, public service and local/international organizations. The [MHM in emergencies toolkit](#) includes a list of sectoral roles in supporting MHM response that could be useful to inform mapping activities.
- D. What could and should we do to complement these efforts?**
Assess existing capacities and opportunities to complement existing interventions

REMEMBER! Before collecting information, ask for the informed consent/assent of women and girls involved in the consultations.⁹ Staff interacting with women and girls should be trained on Psychological First Aid (PFA), on how to handle disclosure of GBV and be aware of GBV referral pathways. For further information please refer to the [GBV pocket guide](#) and [IFRC Guide to Psychological First Aid in Arabic](#).



The **Menstrual Practice Needs Scale (MPNS-36)** measures the extent to which respondents' menstrual management practices and environments were perceived to meet their needs during their last period. The tool offers a way to understand menstrual practice needs among populations of interest, which could also be used as a baseline dataset to track or compare changes over time.

REMEMBER! Attitudes of family members, caregivers, service providers and community members at large can be barriers or facilitators for persons with disabilities to access safe and effective GBV and SRH services and MHM.

KEY CONSIDERATIONS WHEN CONSULTING WITH YOUR TARGET POPULATION:

- ▶ Consider the MHM needs and gaps for women and girls with disabilities. Given that some women and girls with disabilities may have restricted movement and limited ability to express themselves and identifying, interpreting and addressing their unique MHM related needs may be more difficult. Consulting with women and girls with disabilities and their caregivers and tailoring programming to their specific needs should be done systematically. Additional areas of enquiry should be included in assessments to try to capture the perspectives of women and girls with different types of disabilities as much as possible. Do girls with disabilities also frequent the same places as their peers to manage their menses? Do women and girls with disability access information around menstruation? Why/why not? What types of barriers do they experience? Are these barriers different depending on the type of disability, for example, physical versus intellectual disability? For further information consult the [IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action](#) available in [English](#), [French](#) and [Arabic](#).
- ▶ Consult and involve adolescent girls. MHM programming may otherwise neglect to understand the needs of young and old adolescents and incorporate measures to mitigate some of the specific barriers in access to services and risks they may face. Girls' social isolation and their daily routines often restrict their ability to benefit from programme intervention. The lack of access to services is often a function of adolescent girls' limited mobility within communities and the public distribution of these services. Due to this invisibility in the public sphere, humanitarian aid typically neglects adolescent girls and rarely consults for adolescent friendly and responsive programmes. Moreover, adolescents are not a homogeneous group, their experiences are diverse as a result of their family situation, education, health status and other circumstances. During MHM needs assessments and analysis, it is, therefore, important to identify most at-risk adolescent groups and/or their access to information and services, and to consult them about their needs.
- Where possible and safe to do so, consult directly with adolescents. Participating in consultations can give adolescents a sense of control over their situation and agency.
- Where and when possible, also consult with parents and caregivers of adolescents, and other relevant gatekeepers, such as husbands if girls have been forced to marry early, employers or community leaders to understand whether they share and support the needs and priorities of adolescents with regards to MHM. Understanding the perspectives and roles

9. For further information on consent/assent for adolescents, please refer to the IRC and UNICEF, 2012. [Caring for Child Survivors of Sexual Abuse](#).

of those who influence the lives of adolescents, particularly girls, helps in the development of effective strategies to support the priorities of adolescents.

- When it is not possible to consult directly with adolescents, identify other ways to gather information, for example, consult with local organisations with an existing programme that focuses on or includes a significant number of adolescents, or with agencies with access to parents and community gatekeepers.¹⁰
- ▶ Where possible, include consultations with people of diverse sexual orientations and gender identities and local organizations to assess their needs, understand the specific barriers they may face in accessing services and information, and identify suggestions for MHM programming best tailored to them, avoiding generalisation by recognising the diversity of transgender experiences. Understand the terminology preferred by transgender people in the specific context, acknowledging that terms used by the general public may be inaccurate or offensive. Where possible, avoid further stigmatisation or exposure to vulnerability through the provision of services. For example, in some cases, transgender people may prefer gender-neutral toilets, while in other cases, gender-neutral toilets may expose them to harm and they may therefore prefer gender-segregated facilities. Safety audits are useful tools to facilitate participatory assessments and design.¹¹
- ▶ It is important to allocate dedicated financial resources that can enable women's and girls' participation, for instance providing transportation and translation for consultations, and compensation for time or child-care.
- ▶ Consult quarterly (as a minimum) with women and girls on GBV risks and constraints to their participation in and access to MHM, SRH, Youth and GBV services (e.g. timing, locations, safety of these activities, etc.); develop strategies to address these risks and provide feedback to those consulted and the wider community.¹²



Periods are not just a women's issue

Menstruation is an important aspect of women's health, however, not only women and girls menstruate and not all women and girls menstruate. It is important to note that there are women and girls who do not menstruate due to health or anatomical reasons, trans men that menstruate, trans women who do not menstruate and intersex people who do or do not menstruate. People of diverse sexual orientations and gender identities (SOGI) who menstruate may face additional barriers to MHM. SOGI menstruators may be less likely to access MHM information, may have additional barriers to accessing commercial MHM products and less able to use public WASH facilities. The need to keep menstruation secret is arguably more important to transgender men than it is to cisgender women for both safety and identity reasons, especially when using public toilets. Avoiding discussion of menstruation as a way to preserve masculine identity might result in lack of knowledge about the normal menstrual cycle and lack of healthcare-seeking behavior for menstrual concerns that could contribute to health disparities.

10. Adolescent Programming Toolkit, Guidance and tools for adolescent programming and girls' empowerment in crisis settings, Plan international 2020

11. Adapted from UNICEF-Guidance-menstrual-health-hygiene, 2019

12. Interagency Minimum Standards for Gender-based Violence in Emergencies Programming

2 COORDINATION WITH OTHER ACTORS AND ADVOCACY FOR MHM PROGRAMMING IN EMERGENCIES



>> WHY

The leadership and actions taken by humanitarian decision makers in-country have significant influence on the extent to which MHM is recognized as a priority and addressed across all areas of humanitarian preparedness and response. Effective coordination across sectors / clusters is also instrumental in identifying early gaps in programming and creating complementarity within and across sectors / clusters. The WASH sector is usually tasked with leadership on MHM programming. However, there is no formalised coordination structure and depending on the context, there may be different sectors/actors taking the lead on MHM coordination.

>> HOW

Coordinate and establish partnerships with other agencies, including government entities, to maximize impact and minimize gaps and overlaps in MHM in emergencies programming. Advocate for the prioritization of MHM activities and inclusion in emergency preparedness and response efforts.

- ▶ Foster MHM incorporation across sectors / clusters (i.e. Protection / GBV, Health / SRH, WASH, Education, Logistics, and others) and other youth and women focused interventions.
- Make available any existing information about affected populations' MHM perceptions and needs for inclusive response strategies
- Ensure that MHM needs are reflected throughout the humanitarian programme cycle (HPC)
- Ensure that different cluster/sector programming policies and plans integrate MHM concerns and include strategies for budgeting of MHM-related activities including prepositioning of sanitary supplies
- ▶ Advocacy with the HCT and the donor community.
- Raise MHM considerations, needs and priorities at inter-cluster and Humanitarian Country Team (HTC) coordination fora;
- Highlight cross-cutting relevance of MHM and the importance of making MHM programming a priority for humanitarian action.

UNHCR-UNFPA pledge on MHM

To strengthen the commitment to intersectoral response to MHM, UNFPA and UNHCR signed a pledge at the 2019 Global Refugee Forum to improve harmonized, quality, inter-sectoral menstrual hygiene management programming for refugee- and host communities.

KEY ACTIONS FOR GBV SUB-CLUSTER/SECTOR COORDINATOR AND SRH SUB-WORKING GROUP COORDINATOR

- ✓ Maintain MHM as a regular agenda item in GBV sub-cluster/sector and SRH sub-working group meetings and integrate MHM considerations in GBV sub-cluster/sector Standard Operating Procedures and strategies;
- ✓ Promote increased MHM capacity among GBV sub-cluster/sector and SRH sub-working group members by sharing relevant information, guidance and best practice, and facilitating access of members to relevant training;
- ✓ Ensure that guidance notes and documents to support programming developed by the GBV sub-cluster/sector and SRH sub-working include MHM considerations where appropriate
- ✓ Advocate for the inclusion of MHM-related questions in both GBV- and SRH-specific and inter-agency needs assessments, and proactively share information on local MHM practices with relevant sectoral actors;
- ✓ Promote and support safe and appropriate consultations with women and girls on all aspects of MHM;
- ✓ Promote, and participate in inter-cluster coordination on MHM, in particular with WASH, NFI, CCCM, Protection, Health and Education actors;
- ✓ Promote use of MHM-related materials and activities as entry points to GBV and SRH services. This can include, if safe and appropriate in the given context, distributing relevant Information, Education, and Communication (IEC) materials with MHM supplies and/or with Cash and Voucher Assistance (CVA), or ensuring that GBV and SRH service providers are present at distributions;
- ✓ Promote the availability of MHM information, supplies and female-friendly facilities as part of GBV- and SRH- related services and activities, including Women's and Girls' Safe Spaces, Health Facilities;
- ✓ Include MHM considerations in sub-cluster/sector preparedness and contingency planning processes and in inter-cluster or inter-agency multipurpose cash discussions, and promote or facilitate prepositioning of MHM supplies;
- ✓ Encourage sub-cluster/sector members/GBV and SRH service providers to address MHM needs of their own staff to support physical and mental well-being

3 DESIGN OF INTEGRATED AND MULTISECTORAL MHM PROGRAMMING IN EMERGENCIES



>> WHY

MHM programming in emergencies involves adjustments and improvements to a range of sectoral interventions including SRH, youth and GBV programming. While some components are specific to menstruation, such as the provision of CVA for access to hygiene supplies, most components of MHM programming are concerned with improving the safety, privacy and dignity for women and girls in emergency contexts - all elements that are critical to UNFPA's mandate.

>> HOW

To set up an integrated programme with components reflecting all technical areas, it is critical to involve GBV, SRH and Youth actors in the design of activities. The development of multi-sector MHM interventions could be done from scratch or by integrating MHM components into existing programmes. Key entry points for integration of MHM activities into UNFPA programmes are many and vary depending on the context. Below is a non-exclusive list of programming entry points and relevant resources for consideration.



WOMEN'S AND GIRLS' SAFE SPACE (WGSS)

WGSS are places where women and adolescent girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance psychosocial well-being, and more fully realize their rights.¹³ MHM information-sharing and education sessions can be hosted in the WGSS. Women and girls can learn about menstrual management techniques, sexual and reproductive health, and know more about the GBV risks associated with menstrual hygiene practices and beliefs around menstruation. If the spaces are accessible to girls, additional efforts should be made to address the specific needs of adolescent girls. While it is important to keep an emergency stock of menstrual material at the WGSS, the use of WGSS as avenue for distributing MHM supplies needs to be evaluated on a case by case and based on the specificities of the context, so as not to create material incentives only for women/girls to visit the WGSS, and to ensure the safety of staff.

GIRLS' SAFE SPACES (GSS)

A girl-only safe space allows for consistent access to programming and provides a trusted environment where girls can express and be themselves. Girls generally first learn about menstruation from their mothers, friends and sisters and this information is often a mixture of cultural beliefs, superstition and practical information. In some cultures, mothers may feel uncomfortable to talk to their daughters about menstruation due to a perception that it is linked to the readiness to have sex. These spaces could be used to share information and organize activities where girls can learn about their bodies, interact with their peers and dispel some of the myths surrounding menstruation. The [My Safety, My Wellbeing Guide](#) developed by the International Rescue Committee (IRC) offers curricula for adolescent girls to

develop positive coping mechanisms and establish a secure network of friends and supporters who they can draw upon. The curricula include sessions on puberty, hygiene, reproductive health for both young and older adolescents. GSS can also be used to provide MHM materials, with the same considerations that apply for WGSS.

GENDER-BASED VIOLENCE - PSYCHOSOCIAL SUPPORT (GBV-PSS) SESSIONS

GBV-PSS sessions can be organised within WGSS/GSS or as separate services, and be implemented through structured/semi structured outreach activities. When menstruating, women and girls are subjected to various religious, food-related, domestic or sexual prohibitions, which can lead to further isolation or stigmatization and psychological distress. Perceptions of menstruation affect how many cultures perceive girls, and starting to menstruate is often viewed as a sign of maturity and, thus, considered as readiness for marriage and sex. This can, in turn, result in increased risks of GBV, including sexual, physical and psychological violence and forced marriage. GBV-PSS¹⁴ sessions can provide a powerful entry point to discuss issues around menstruation and empower women and girls to dispel myths, change practices and question existing restrictions. Sessions can be split by age groups so that the girls feel more comfortable to participate and express themselves (for example, 10-14 years and 15-19 years).

Tailoring programming to adolescent girls

Most girls get their first menses when they are between 9 and 16 years old, which has been documented as a period of significant gap in the humanitarian response for girls. Adolescence, being the onset of puberty and sexual maturation, is a period of rapid physical, social, emotional, and cognitive changes. In some contexts, very young

13. [Women And Girls Safe Spaces, A Toolkit For Advancing Women's And Girls' Empowerment In Humanitarian Settings](#)

14. Psychosocial support can include improving a GBV survivor's wellbeing by bringing healing, restoring the normalcy of life for the survivor, and protecting survivors from the accumulation of distressful and harmful events. Psychosocial support interventions can range from basic support by first responders, such as psychological first aid to survivors and families, to more focused GBV case management support, including psychological interventions provided by non-mental health specialists.

adolescent girls experiencing puberty are perceived as being old enough to begin sexual relations, marry, and bear children. This is also a time where gender norms shift and interpretations of what it means to be a woman begin to exert control over girls' lives. Pre-existing harmful gender norms are often enforced as a means of exerting power and dominance over adolescent girls. How adolescents process these messages will affect their behaviors and ultimately shape their sexual and reproductive health outcomes. [The Adolescent Girls Toolkit for Iraq](#) is a collection of learning sessions and tools designed to empower adolescent girls including through dedicated MHM chapters, in the SRH section, for both younger and older adolescents. The [Girl Shine program model and resource package](#) also offers a variety of tools to support, protect, and empower adolescent girls in humanitarian settings. The resource package includes life-skills curricula on health and hygiene with extensive material on puberty and menstruation.

SRH SERVICE DELIVERY AND INFORMATION

Some girls and women can experience extreme pain or discomfort during menstruation and request pain-relief medication. Protocols for managing these requests should be adopted by each facility providing SRH services.¹⁵ Some types of GBV may have consequences on the menstrual health of women and girls' and response should include high quality care as part of the health response. For example, obstruction of the vaginal opening might result in painful menstruation (dysmenorrhea), difficulties passing menstrual blood and irregular periods.¹⁶ Menstrual health issues should be addressed not only as part of FGM programming, but also in postnatal care, obstetric fistula management and clinical management of rape.¹⁷ Survivors of sexual assault may present with genital injuries that result in bleeding, or may bleed after taking emergency contraceptive pills or¹⁸ present with complications of sexual assault such as urinary incontinence or fistula which all require proper MHM management. MHM information and education activities can and should also be associated or included as part of SRH and particular efforts should be made to ensure that girls receive adolescent-friendly, culturally sensitive and age-appropriate SRH information.

The [SmartCycle training curricula](#) has been developed by the social enterprise Be girl with the support of UNFPA and features amongst UNFPA's innovation work. The SmartCycle® educational methodology enables organizations and educators to deliver a one-hour interactive, age-appropriate menstrual cycle workshop engaging both boys and girls in menstruation education, and it is available

in English and Arabic. It contains some useful information on MHM and facilitation tools that can be used and adapted in different contexts.

ADOLESCENT MOTHERS AGAINST ALL ODDS (AMAL) APPROACH

The Adolescent Mothers Against All Odds (AMAL) approach was developed to meet the unique needs of pregnant adolescents in northwest Syria. AMAL includes three components (1) the Young Mothers' Clubs (YMCs) specifically for pregnant adolescents and adolescent first-time mothers, (2) health providers, and (3) community members. YMCs are small groups of pregnant adolescents and first-time mothers that meet for eight discussion sessions centered around improving sexual and reproductive health knowledge and strengthening life skills, including menstrual hygiene. These sessions are co-facilitated by a health worker and a psychosocial worker/GBV case worker. The purpose of the YMCs is to mitigate risks associated with early marriage and pregnancy, providing SRH and pregnancy-related information and services in an adolescent-friendly manner. Adolescents can benefit from increased knowledge and skills around health and child development, including menstruation, fertility, family planning methods, and how to prevent and respond to GBV.

[Rosie's World](#) is a two-sessions menstrual management education guide developed by WASH UNITED and available in [English](#) and [Arabic](#). Girls will learn from Rosie's experience and engage in fun activities about menstrual hygiene. After completing the activities of Rosie's World, the girls will engage in the 'Take Action Project' where each of them will share what they have discovered with at least two other girls among their relatives.

REMEMBER! Ensure that MHM programming is adapted for women and girls with disabilities. The [Toolkit for Menstrual Hygiene Management](#) for visually impaired and hearing-impaired women and girls, provides examples of programming adaptation to help women and girls visually and hearing impaired to visualize and understand their bodies, the physical changes during puberty, the biology behind menstruation and how to manage their monthly period with pride and dignity.

15. [Toolkit for integrating Menstrual Hygiene Management \(MHM\) into humanitarian response](#)

16. [WHO \(2020b\). Health risks of female genital mutilation \(FGM\).](#)

17. [Neglect of Menstrual Disorders in Reproductive Health Care in India, A Population-Based Survey](#)

18. [Clinical management of rape and intimate partner violence survivors, Developing protocol for use in humanitarian setting, WHO,UNFPA and UNHCR, 2020](#)

4 MENSTRUAL HYGIENE SUPPLIES



>> WHY

Supplies of menstrual products and supporting materials are crucial for women and girls to manage menstruation in times of crisis in a safe, hygienic and dignified manner. These products enable them to continue to work, attend school, and participate in daily life including accessing services. In the absence of appropriate, adequate and acceptable quality products, girls and women may be restricted in their mobility and experience additional barriers in participating in these activities and it may increase their vulnerability to GBV.

>> HOW

Distribute high quality MHM supplies as stand-alone items or include MHM supplies as part of dignity kits. Supplies to consider include disposable and reusable MHM supplies, as well as commodities to support proper management of menstruation such as underwear, soap or string and painkillers. These supplies can be integrated into other NFI kits (dignity kits, postpartum kits, etc.) or distributed as stand-alone items.¹⁹

19. For up to date information on dignity kit sourcing and existing LTAs, as well as the content of the basic and custom items offered by PSB consult UNFPA HO or PSB.

The delivery process of MHM supplies comprises of different phases:

1. ASSESSMENT:

Review existing information on MHM needs and supplies; e.g. in protracted crises with previous MHM supplies distribution there may already be practices and information to draw from. Combine this information with need assessments. Needs assessments with the target population should determine what hygiene items should be included in a dignity kit, or distributed separately. Whenever possible, relevant MHM questions should be integrated into other assessments (e.g. SRH, GBV.) to minimize duplication.

Preparedness and pre-positioning of supplies

Pre-position age-, gender-, and culturally sensitive supplies where necessary and appropriate. Ensure quality of the product can be maintained in storage, that storage locations are in secure locations to ensure safeguarding of supplies, and that there is regular stock management. Together with supplies, pre-position GBV-SRH-MHM related information material.

REMEMBER! When consulting with women and girls about their menstrual product preferences, including underwear, it is useful to bring samples of the various options available. Women and girls may not be familiar with all product categories that are available, or rely on non-commercial means to manage menstruation. Make sure that girls and women understand how to use the different products before their preferences are recorded, this way they can make an informed decision about the type of menstrual product they prefer to use.

2. SELECTION OF MENSTRUAL MATERIALS:

Select the appropriate menstrual material in the given cultural context and in consultation with the women and girls. These can include disposable menstrual pads, reusable menstrual pads, menstrual cups, menstrual cloth or tampons. For guidance on selection of appropriate items please refer to the MHM in emergencies toolkit. For more information on different methods of MHM, including a discussion on how waste management can also help inform decisions on product choice please consult the [Menstrual Hygiene Management Informed Product Choice and disposal](#). Supplies should include supportive materials (e.g. soap, underwear, string) in addition to menstrual materials. When selecting materials ensure that they abide by the standard of quality set in the technical specifications for menstrual hygiene management (MHM) products (see Annex 2). If the preferred option is disposable materials, consult with the WASH sector/cluster to ensure that proper waste management infrastructure is put in place. For more information,

consult the [Menstrual Disposal, Waste Management & Laundering in Emergencies, A Compendium in English or Arabic](#). If women and girls prefer to use reusable materials, consider if additional measures need to be taken to ensure women and girls are able to wash and dry their menstrual material in a private/dignified manner and in safety.

FGM and Menstruation

FGM may cause menstruation to last for seven or eight days instead of four or five. If FGM is prominent in your context you may consider procuring additional pads to distribute.

3. PROCUREMENT OF MENSTRUAL MATERIALS SUPPLIES

Menstrual material supplies can be procured locally or internationally through the UNFPA procurement services branch (PSB). Before procuring supplies, assess the availability of quality MHM materials on the local market. Distribution of high quality menstrual materials is an essential precondition for an effective response to MHM needs. If high quality supplies are not available on the local market, in line with UNFPA guidance on quality assurance for MHM supplies (see Annex 2), international procurement should be considered.

- Local Procurement, if supplies are available on the local market in compliance with UNFPA technical specifications (see Annex 2), procurement should be implemented in line with procurement rules and regulations, including receipt and inspection, to ensure the products received are of the quality requested from the manufacturer or supplier. Local procurement can often be faster, more environmentally friendly, and more sustainable for the local context through the use of familiar brands and/or investments in the local markets. Especially in countries with protracted and/or recurrent crisis, a local Long Term Agreement (LTA) for stand-alone MHM supplies or dignity/hygiene kits will be crucial for preparedness and fast response capacity.





- b. International Procurement, if the quality available on the local market is unknown or substandard, international procurement needs to be explored. Other factors to be considered are urgency of the needs, end cost when adding international transportation, and potential importation restrictions. MHM items can be procured from PSB through the UNFPA catalogue as bulk items, as part of dignity kits. When purchasing internationally it is important to consider potential import restrictions, which may affect the ability for supplies to enter the country and add demurrage costs in case of long customs clearance delays. International procurement can often be of higher quality, cheaper due to economies of scale and require less efforts for the country office as there is no need for local tendering.

Pregnant and breastfeeding women:

Remember to include pregnant women and women who are breastfeeding in MHM activities and provision of supplies. Women who are breastfeeding can start to menstruate again several months after giving birth. Pregnant women should also be supported with specific hygiene items (e.g. extra absorbent postpartum pads for heavy bleeding) depending on the needs.

4. PROCUREMENT OF PAINKILLERS:

Procurement of painkillers, such as ibuprofen or paracetamol, is possible through the UNFPA supply catalogue for international procurement. If there is a source of high quality supplies on the local market, local procurement may be appropriate in line with UNFPA procurement rules and regulations on requirements for local procurement of pharmaceuticals. It is important to consider the local legal environment for distribution of pharmaceuticals outside of healthcare settings when planning your distribution. In some countries, pain management drugs may only be allowed to be distributed in health facilities, hence, before procuring these items make sure to coordinate with the SRH actors to decide

on the best modality for women and girls to access painkillers.

Waste management

If consultations with the target population have identified disposable pads or cotton as preferred MHM-method, waste management considerations need to be taken into account to inform programming. Some of these additional considerations include: How can the items be disposed of in a safe, hygienic and dignified manner? Are there bins in the toilet facilities? Are the bins emptied/cleaned regularly? If not, are the women / girls provided with (small/non-transparent) bags so they can dispose of the items at a time that suits them? Are there notes in the toilets that explain items should not be flushed through the toilet as this may block the drainage system or fill up pit latrines? Can they clean themselves and wash their hands before / after they change or remove their items? These considerations are essential to safeguard the privacy and dignity of women, girls and people of diverse SOGI and could be applied to both male and female WASH facilities depending on the context.

5. DISTRIBUTION:

In conjunction with the distribution of MHM materials and supplies it is necessary to provide information on the characteristics of each product, use and care instruction and if/when relevant possible health impacts in at least two different formats (e.g., audio/ braille/sign language/simplified words and pictures). Measures should also be put in place to ensure that distribution is safe and appropriate, including:

- a. Involving women and adolescent girls in the process of selecting the distribution points, dates and timing; i.e. outside of school hours, so girls do not have to miss classes;

- b. Providing information prior to the distribution (i.e., what, when, where, how) so women and girls can plan to collect their dignity kit / MHM supplies safely and discreetly;
- c. Organizing the distribution in an appropriate place and at an appropriate time so that women and girls do not miss other distributions, have to skip school or work;
- d. Involving female staff and hiring female community members to distribute the MHM materials and supplies;
- e. Avoiding locations that are a long distance from shelters as this may increase GBV risks;
- f. Ensuring proper quality assurance in distribution and safeguarding of supplies.
- g. Setting up a complaints and feedback mechanism both regarding the safe distribution and the satisfaction with the items delivered
- h. Ensuring all the people distributing the dignity kits have signed a code of conduct, are aware of the risk of sexual exploitation and abuse, and are knowledgeable and competent in handling disclosures of GBV, including sexual exploitation and abuse.

REMEMBER! The distribution of kits / MHM supplies is an opportunity to meet and speak with women and girls, to provide necessary information and to better understand their concerns. Therefore, menstrual supplies distribution should not be a stand-alone activity, but be accompanied by explanations of the items, their use and care instructions, and their disposal. Distribution of kits / MHM supplies should be associated with MHM education and sensitization activities and be linked to the broader GBV and SRH programming.

Cash and Voucher Assistance (CVA) for Dignity Items

UNFPA has committed to scaling up CVA within its humanitarian SRH, GBV and youth-oriented programming, including access to essential/ dignity items and other context-specific objectives as appropriate, in line with UNFPA's global humanitarian commitments. CVA for adults and youth to directly purchase MHM items in their local markets should always be considered as an alternative/supplement to dignity kits, as it can contribute to dignity, choice, and agency of women and girls, demonstrate more cost-effectiveness than in-kind kits, and support local markets. CVA, just like dignity kits, can also be an important entry point to share information about menstruation and referral to services. Before opting for the CVA modality or a mixed 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 instead of in-kind assistance through kits. 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 for women and girls. Some MHM supplies, in case their quality is substandard, could also pose a health or protection risk. Menstrual pads, reusable pads and cups may require additional local market assessments before being included in a cash transfer or voucher for local purchase. CVA can broaden women's and girls' choices and increase their access to menstrual hygiene materials, but quality on local markets needs to be examined. For further information, consult [UNFPA Guidelines for Cash and Voucher Assistance](#).



5

MHM SUPPORTIVE FACILITIES



>> WHY

Women and girls require more privacy for sanitation than men and boys, especially when dealing with menstruation. Maintaining safety and dignity while accessing sanitation facilities remains a widespread challenge in humanitarian contexts. Adolescent girls and women have different preferences about where to change menstrual materials. There is not one universal approach used by all girls and women. Managing menstruation is very personal, and adolescent girls and women will make choices based on culture, preference and perceived safety.²⁰

>> HOW

Integrating a few minimal improvements into the development or rehabilitation of facilities and locations where UNFPA and its implementing partners (IP) provide services, can better accommodate the MHM needs of girls, women and female staff of the facilities.

20. 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.

- ▶ Ensure that the locations where UNFPA and its IPs deliver services are safe, accessible, and have gender-responsive, accessible water and sanitation facilities.²¹ Ensure that soap is available or located near the handwashing facility and that appropriate mechanism for disposal is in place. For more detailed guidance on how to design or rehabilitate facilities consult the Hygiene promotion standard 1.3, Menstrual Hygiene Management and Incontinence of the SPHERE Standards as well as the [Menstrual Disposal, Waste Management & Laundering in Emergencies, A Compendium](#).
- ▶ Ensure that there are private and safe spaces for women and girls to wash and dry reusable materials. When supporting girls and women with the washing, drying and storage of menstrual materials, it is important to be aware of what each maintenance task entails, which supplies may be needed, where each task will occur, and what type of information would be useful. A breakdown of these requirements for various menstrual products can be found in the [Menstrual Disposal, Waste Management & Laundering in Emergencies, A Compendium](#).
- ▶ Ensure that MHM products are available for women and girls accessing UNFPA and its IPs' facilities and services. Keep an emergency buffer stock of MHM items (i.e. pads, underwear) appropriate for the local context for girls and women who may be unprepared for the onset of their menstruation.
- ▶ Ensure that basic MHM measures are in place to address the needs of menstruating patients/visitors and health staff, as girls and women may spend long hours waiting in health facilities to receive health care for themselves or their families.
- ▶ Ensure that girls and women with different types of disabilities are involved in facility audits for accessibility, safety and suitability.



CHECKLIST: GENDER-RESPONSIVE LATRINES COMMUNAL, PUBLIC OR INSTITUTIONAL LATRINES:

- ✓ Male and female latrines are physically separated and have clear signage.
- ✓ A proportion of latrines are accessible for women and girls who have disabilities. (e.g. ramp, wide door and larger cubicle, hand-rails etc.)
- ✓ Latrines have sufficiently high walls (or screens) with no gaps or holes.
- ✓ Latrines have doors with internal lock/latches.
- ✓ Functional hand-washing facility located near latrines.
- ✓ Soap is available or located near the handwashing facility and placed at a height that can be reached by women and girls using wheelchairs.
- ✓ There is a hook and/or shelf inside the latrine to place sanitary items
- ✓ Latrines have a light source available during the evening/night.
- ✓ Waste bins (or other appropriate mechanism for disposal) for menstrual waste are located inside the female and male latrines.
- ✓ Signage is present inside the latrine with instructions on how to dispose of menstrual waste

21. Access to a private toilet (lockable and with water) and hygiene supplies is amongst the minimum essential infrastructure, supplies and commodities of a Clinical Management of Rape (CMR) facility. For more information consult the [Quality assurance tool-minimum care version, Standards for the provision of high quality post violence care in health facilities, Jhpiego, PEPFAR, CDC and WHO](#)

6

MHM INFORMATION AND EDUCATION



>> WHY

Often, discriminatory social and gender norms make up the underlying causes of exclusion, violations and denial of rights. Cultures have different practices for managing menstruation as well as restrictions on the actions and interactions of menstruating women and girls. Although it is important to understand the social and cultural context in an emergency setting, culture should also be viewed as dynamic, subject to many influences over time, and thus subject to change.²² MHM education and information is critical to improve MHM practices and can also be a vehicle to reduce stigma around menstruation and to tackle some of the underlying gender discrimination and promote positive shifts.

22. [Interagency Minimum Standards for Gender-based Violence in Emergencies Programming](#).

>> HOW

Community outreach and awareness-raising are necessary to increase timely and safe access to MHM services and mitigate risks of GBV. In order to transform harmful social norms, MHM programming should also include MHM education and gender-transformative programming that aims at shifting social expectations, not just individual attitudes, publicize the changes, catalyse and reinforce new norms and behaviours. Below are some key considerations to inform programming.

- ▶ Analyse barriers and enablers for behavior change. Some of this information may already have been collected during other assessments conducted by UNFPA or other partners. Where more in-depth understanding is needed, focus group discussions, key informant interviews, polls or surveys can be used to consult with women and girls and further analyse both barriers and motivators, and to determine any existing gaps in their current knowledge and the types of messaging that would be useful and the appropriate methods for dissemination.

CARE's [Social Norms Analysis Plot \(SNAP\) framework](#) and [Tipping Points](#) are useful resources for guidance and examples of how to collect data on social norms. Complementing these tool, which help understand the social norms data, there are the [Social Norms Data Use Tool \(French, Arabic\)](#) and [Social Norms Design Checklist \(French, Arabic\) for guidance and examples of how to shift norms through specific project activities](#).

- ▶ In any context, it is important not to assume cultural consensus, and to identify allies and opinion leaders who can promote positive shifts to reduce stigma around menstruation. Engage women and adolescent girls in transformative life skills/education sessions to change internalized harmful gender norms, increase knowledge around periods, dismiss myths and reduce shame. Understanding the biological process underpinning menstruation, causes for related pain, getting to know their own cycle and how it is an indicator of their own health is crucial information for any woman or girl and adds to normalising the topic.

REMEMBER! The presence of interpreters, including for sign language, who can facilitate communication between groups speaking different languages might be needed in certain contexts. Interpreters should receive orientation on the topic of discussion to ensure that meanings are interpreted faithfully, especially when discussing taboo subjects.

- ▶ Engage female and male community leaders, religious institutions and other opinion leaders to support social change and MHM information. Engaging men and boys requires transformation in individual boys' critical reflection on the power and privileges they enjoy and helps them to give up their privileges to dismantle patriarchy.

[How Changing Social Norms is Crucial in Achieving Gender Equality](#) is a compendium with promising strategies for social norms change to achieve gender equality and provides a framework for programmatic approaches to norms change at scale. The compendium presents tested processes of social norms change and a programme design framework, as applied to programming to end female genital mutilation. These processes are iterative, simultaneous and self-reinforcing and can be applied to other social areas including menstrual hygiene management.

- ▶ Topics to be covered in MHM education sessions include: introduction to the range of product types and how to use them,²³ education/demonstrations on hygienic practices for managing on washing and drying materials; on hygienic disposal of menstrual materials. Education on puberty and menstrual cycle, debunking of myths around menstruation, information/demonstration on healthy menstrual management practices and pain management.²⁴

Many young girls may not understand the changes happening in their bodies, due to lack of access to information, disruption in school attendance or inadequate or unavailable comprehensive sexuality education (CSE). Setting up or advocating for CSE programmes during humanitarian emergencies can be challenging, due to diverse views on the subject. It is, thus, important to work with local stakeholders and the Education sector actors to design the curriculum



23. For information on the range of product type consult the [UNICEF-Guide-menstrual-hygiene-materials](#)

24. For education on puberty and menstrual cycle consult [My Safety, My Wellbeing Guide](#) and the [Girl Shine - a program model](#) or the [The Adolescent Girls Toolkit for Iraq](#) for adolescent specific activities.

with careful consideration of the context. CSE should contribute to normalizing menstruation as a natural part of a girls' physical development, not to be treated with secrecy or stigma, and should be coupled with information about available services to address the health needs of young people, especially their SRH needs. Examples of age-appropriate learning objectives on menstrual health can be found in the [International technical guidance on sexuality education](#).

- IEC messages and education on MHM can be delivered in a multitude of ways, such as through individual or group discussions; through service providers who are already providing services in the community supportive of women's and girls' needs; as well as through mass communication channels. *Periods Don't Pause For Pandemic* is one example of IEC material that provides a visual step-by-step

guide on making a washable pad at home during the COVID-19 pandemic. Additionally, MHM messaging can also be integrated into the school curricula and or/out of school education curricula and programmes to reach young girls.

Remember! Engage communities to ensure that communication materials are locally relevant, translated, acceptable and appropriate, such as pictorials for communities with low literacy, adjusted to different needs of PWD, adolescents, etc.



7 MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING



>> WHY

To ensure that MHM programming is appropriately designed, sustained and improved upon when needed, it is critical to have robust monitoring, evaluation, accountability and learning (MEAL) mechanisms in place. This can help UNFPA and its partners to conceptualize their programme goals and strategies, facilitate the development of logic models and clarify how a programme expects to create change. It will also be instrumental in capturing key learning on the particular cultural practices and beliefs in a given context or group, identifying gaps and holding UNFPA accountable to ensure the MHM needs of women and girls are met. The documentation of lessons learned and best practices for MHM is also important to continue innovating and improving MHM in emergencies programming.

>> HOW

Program monitoring and evaluation refers to activities designed to understand how a program has been implemented and what it has achieved. This can involve assessing the timeliness and/or quality of MHM activities implemented as well as the outputs, outcomes and impact a program achieves.²⁵ Monitoring and Evaluations (M&E) plans should begin with the design and implementation of MHM activities, and be expanded once conditions stabilize.

25. The Global Women's Institute, 2017. *Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations, A Manual and Toolkit for Researchers and Practitioners – Field Testing Version*. Washington, DC.

- ▶ An M&E plan should use a combination of qualitative and quantitative assessment methods. A list of key M&E learning questions is included in the [MHM in emergencies toolkit](#). One example of a rapid assessment tool is the '[Menstrual Hygiene Management \(MHM\) Rapid Assessment Tool \(M-RAT\)](#)' developed by IRC and Columbia University to assist the humanitarian community in evaluating the status and reach of MHM programming within an ongoing humanitarian emergency.
- ▶ MHM MEAL activities should not be limited to Post-Distribution Monitoring (PDM) of menstrual hygiene supplies, but should cover all aspects of MHM programming, including women and girls' satisfaction with the services, the increase in knowledge among individuals who took part in the MHM information and education sessions.
- ▶ Use a log-frame to define key indicators to demonstrate performance and show whether proposed changes have occurred. Consider using a mix of process and performance indicators. Process indicators provide information about the scope and quality of MHM activities implemented, and consist of inputs as well as outputs, while performance indicators are most commonly used to measure changes towards progress of results, and include outcomes.
- ▶ Planning feedback mechanisms – including how, from whom and the frequency. Collecting feedback alone is not enough; make sure there is a system in place (including identifying who is responsible) to analyse, track mitigating actions, and then



communicate this back to communities. Different options for receiving feedback include, community feedback forms/log sheets that are filled in by staff or volunteers, surveys, focus group discussions, community committees, phone lines (call and/or SMS), question desks, complaints or suggestion boxes²⁶.

Due to security risks or access issues, UNFPA and implementing partners may have to manage a programme remotely. Remote operations demand for increased monitoring and reporting requirements compared to traditional programming due to the lack of field presence and direct oversight by international organizations. In contexts where access is impeded and UNFPA and implementing partners rely on Third Party Monitoring (TPM) it is key to support the capacity building of TPM staff on specific MHM related topics and monitoring tools through directly facilitating training, sharing relevant materials. For further information on Third Party Monitoring consult the [UNFPA Guidance for Third Party Monitoring entities and donors on handling External M&E and verification processes for GBV Programmes](#).

- ▶ Revise, adapt or add activities based on feedback from women and girls and whenever there are changes in the situation. An essential part of the feedback process is closing the feedback loop such as explaining to women and girls how their feedback was taken into account. At the start of the program, in addition to sharing ways in which feedback can be provided, it is essential that women and girls know about the ways in which UNFPA and its partners will respond to feedback received. For more information, consult the [ALNAP Closing the Feedback Loop Guidance notes](#).

Remember! Ensure interviews and group discussions with girls and women are conducted privately and that all information is collected and shared only upon informed consent/assent of women and girls.

Budget for MEAL activities to estimate the cost of MEAL activities within the budget, consider the costs of measuring indicators with the means of verification available (such as surveys, field visits, assessments, third party monitoring). The budget line should also include the costs for conducting an evaluation- where appropriate.



ANNEX 1. LIST OF ADDITIONAL RESOURCES

Author, title and link	Content	Languages
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.	Multi-sectoral guidance, aims to give practical, streamlined guidance to humanitarian workers on how to mainstream MHM across sectors. It contains checklists and links to resources for each MHM sector of interventions.	English, mini version available also in Arabic and French
MHM Staff Training Materials	Sample PPT based on the toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response.	English, Arabic, French
Menstrual hygiene matters, a resource to improve menstrual hygiene around the world	Comprehensive resource on menstrual hygiene that supports the development of context-specific information for improving practices for women and girls in lower- and middle-income countries. Module 6 is dedicated to Menstrual Hygiene in emergencies.	English
Palgrave Handbook of Critical Menstruation Studies. Menstrual health management in humanitarian settings	Takes stock of menstrual health management in humanitarian settings, seeking to shed light on the goals, key components, and coordination efforts to address menstruation needs under duress. The authors discuss how interventions can be made sustainable beyond the short-term 'kit culture' response; they highlight experiences with more developmental approaches involving policy support, community participation, capacity building, and the use of products that are economically and environmentally sustainable	English
Exploring menstrual practices and potential acceptability of reusable menstrual underwear among a Middle Eastern population living in a refugee setting	This study explores the hypothetical acceptability and potential utility of a reusable menstrual underwear product through examining the beliefs, behaviors, and practices toward menstrual hygiene in a Middle Eastern population living in a refugee setting.	English

26. Adapted from [Addressing menstrual hygiene management \(MHM\) needs Guide and tools for Red Cross and Red Crescent Societies](#)

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Author, title and link	Content	Languages
Assessment of Beliefs and Practices Relating to Menstrual Hygiene of Adolescent Girls in Lebanon	The aim of this study was to assess menstrual hygiene practices based on sociocultural beliefs of adolescent girls in Lebanon.	English
UNICEF guidance, Menstrual health and hygiene	This guidance was developed for UNICEF WASH, Education, Health, and Gender specialists, and focal points in country offices who are working with their partners to develop programmes related to menstrual health and hygiene (MHH). It focuses on the process of designing and supporting programmes from the vantage point of UNICEF and it provides reference on existing more detailed technical resources	English
UNICEF-Guide-menstrual-hygiene-materials	This document provides guidance for staff from UNICEF Supply Division and Programme Division (WASH, Education, and Protection sections) on the selection and procurement of appropriate materials and supplies for menstrual hygiene management, particularly during humanitarian response. For each menstrual material, the environmental, health, and financial aspects are highlighted in individual tables, along with considerations of availability, user experience, and standards and regulations. Technical specifications are provided for each material.	English
UNICEF guidance, Monitoring menstrual health and hygiene	The purpose of this guide is to support the development and/or improvement of MHH monitoring, by highlighting basic principles (including ethical considerations) and example questions to monitor the various elements of MHH. The questions and the wider guidance are not intended to be comprehensive or prescriptive; rather, they represent practical suggestions for monitoring MHH, based on WASH sector experiences.	English
Addressing menstrual hygiene management (MHM) needs. Guide and tools for Red Cross and Red Crescent Societies	This guide aims to provide comprehensive guidance and practical tools for designing and implementing appropriate, comprehensive and effective MHM action in humanitarian contexts, adapted for the Red Cross Red Crescent context. It contains practical tools for assessing, planning, implementing and monitoring MHM	English
Menstrual Disposal, Waste Management & Laundering in Emergencies, A Compendium.	The compendium complements the MHM in Emergencies Toolkit on aspects related to menstrual disposal, waste management and the laundering of reusable materials. This tool aims to provide guidance to support organizations and agencies seeking to rapidly address these aspects of an MHM response.	English Arabic
IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019	The guidelines set out essential actions that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings. It provides examples of inclusive field practices contains specific recommendations for each sector, including protection, health, education and WASH	English, Arabic, French, Braille

>> ANNEX 1. LIST OF ADDITIONAL RESOURCES

Author, title and link	Content	Languages
The GBV and Disability Toolkit	Disability inclusion in GBV program planning, in GBV program implementation, M&E disability inclusion in GBV programs. These tools can help GBV practitioners to consult with persons with disabilities and their caregivers in the design of programs and services, to build the capacity of GBV program staff to work with people with disabilities and their caregivers and to help GBV staff monitor their progress with disability inclusion.	English
Handbook for Coordinating Gender-based Violence Interventions in Emergencies/	This handbook is a quick-reference tool that provides practical, field-level guidance to establish and maintain a GBV sub-cluster in a humanitarian emergency. Although focusing on GBV, this resource contains a lot of useful information that can be used to inform MHM coordination activities.	English, French, Arabic
Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action	These Guidelines provide practical guidance and effective tools for humanitarians and communities to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV. Although focusing on GBV this resource contains a lot of useful information that can be used to inform MHM mainstreaming activities.	English, Arabic, French
Interagency Minimum Standards for Gender-based Violence in Emergencies Programming	This resource presents 16 Minimum Standards for the prevention of and response to gender-based violence in emergencies. The actions outlined in these Minimum Standards apply to actors working to deliver GBV-specialized programming and coordination across humanitarian crises. Each standard contains Key Actions, Indicators, Guidance Notes, and Tools and Resources.	English, French, Arabic
A strategy to address the needs of adolescent girls in the whole of Syria	The strategy intends to strengthen and expand upon existing programming for adolescent girls in Syria. This strategy is informed by a literature review on the impact of humanitarian emergencies on adolescent girls with a focus on the protection risks and developmental and reproductive health needs and can be useful when designing adolescent MHM interventions	English
Women And Girls Safe Spaces, A Toolkit For Advancing Women's And Girls' Empowerment In Humanitarian Settings	The toolkit aims to support women's and girls' sense of self and empowerment by providing a global blueprint for WGSS programming. It offers field staff 38 tools and 9 databases with step-by-step instructions and guidance on how to apply feminist principles, approaches and strategies in practice, within an accountable, women and girl-led process.	English
Girl Shine - a program model and resource package that seeks to support, protect, and empower adolescent girls in humanitarian settings	Girl Shine supports adolescent girls as they navigate a safe and healthy transition into adulthood, protected from GBV, supported by their caregivers and peers and able to claim their full rights	English

>> ANNEX 1. LIST OF ADDITIONAL RESOURCES

Author, title and link	Content	Languages
The Adolescent Girls Toolkit for Iraq	The Adolescent Girls Toolkit for Iraq is a collection of learning sessions and tools designed to empower adolescent girls from IDP, Refugee and Host communities in Iraq to address key issues on life skills, Reproductive Health, Gender Based Violence (GBV) and Financial Education. The Toolkit provides guidance on how to set up girl friendly spaces, carry out girl focused needs assessments and plan an intervention accordingly. As part of the RH section, there are dedicated chapters to MHM for both younger and older adolescents.	English, Arabic
My Safety, My Wellbeing Guide	This curriculum enables adolescent girls to develop positive coping mechanisms and establish a secure network of friends and supporters that they can draw upon if they encounter GBV or other types of violence. Chapters 10, Reproductive Part 1, My body, puberty, hygiene, reproductive health (includes for ages 11-13 years; 14-18 years)	English
The Adolescent Mothers Against All Odds (AMAL) toolkit	Adolescent Mothers against All Odds (AMAL) Initiative was designed to meet the immediate needs of pregnant adolescents and first-time mothers in crisis-affected settings, while simultaneously addressing community consciousness and engagement around gender, power and social norms. The toolkit touches upon menstruation in different sections, exploring different aspect related to MHM including, beliefs and values about girls' puberty, fertility	English, Arabic
Adolescent Programming Toolkit	Guidance and tools for adolescent programming and girls' empowerment in crisis settings developed by Plan International in 2020.	English
Rosie's World	Two sessions menstrual management education guide developed by WASH UNITED. Girls will learn from Rosie's experience and engage in fun activities about menstrual hygiene. After completing the activities of Rosie's World, the girls will engage in the Take Action Project, where each of them will share what they have discovered with at least two other girls among their relatives.	English Arabic
Global Menstrual Health and Hygiene Collective's statement for the Commission on the Status of Women	Statement provided by the Hygiene Collective on the occasion of the 64th session of Commission on the Status of Women. Could be used as a sample to advocate for MHM	English
UNFPA CVA Guidelines	UNFPA's CVA programmatic and operational guidelines. Annex 2, Cash Assistance for Dignity Items. For UNFPA internal use only	English, Arabic French

>> ANNEX 1. LIST OF ADDITIONAL RESOURCES

Author, title and link	Content	Languages
Queer periods, attitudes toward and experiences with menstruation in the masculine of centre and transgender community. Culture, Health & Sexuality	The purpose of the present study was to gather information about attitudes toward and experiences with menstruation in the masculine of centre and transgender community. Useful to have more information about experiences of menstruating LGBTQI.	English
International technical guidance on sexuality education	The International technical guidance on sexuality education was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials. It contains sessions that covers among others Sexual and Reproductive Anatomy and Physiology, Reproduction, and Puberty.	English
Menstrual cup use, leakage, acceptability, safety, and availability, a systematic review and meta-analysis	Comprehensive 2019review by The Lancet of international studies on menstrual cup leakage, acceptability, and safety and explored menstrual cup availability to inform programmes. Useful to have evidence based information on menstrual cap accessibility, acceptability and use.	English
GBV pocket guide	Provides guidance to non-GBV specialists on how to support a survivor of gender-based violence who disclosed in a context where there is no gender-based violence actor (including a referral pathway or GBV focal point) available in your area. Useful for any staff that may be directly in contact with affected populations.	English, French Arabic
'Menstrual Hygiene Management (MHM) Rapid Assessment Tool (M-RAT)'	This Menstrual Hygiene Management (MHM) Rapid Assessment Tool (M-RAT) is designed to assist the humanitarian community in evaluating the status and reach of MHM programming within an ongoing humanitarian emergency. It can also be used as a self-assessment or diagnostic tool for agencies or organizations responding to the emergency, or by the cluster and coordination mechanisms. The M-RAT is recommended for use once WASH and other services are already underway, in order to consider what is in place, and what gaps are most critical. It should be used as early in the response as possible, to allow maximum opportunity for course-changes	English
The Menstrual Practice Needs Scale (MPNS-36)	This tool measures the extent to which respondents' menstrual management practices and environments were perceived to meet their needs during their last period. The tool offers a way to understand menstrual practice needs among populations of interest (for example, at baseline before an intervention) and to track or compare changes over time.	English

>> ANNEX 1. LIST OF ADDITIONAL RESOURCES

Author, title and link	Content	Languages
Menstrual Practices Questionnaire (MPQ)	This tool provides a set of best practice self-report questions to capture respondents' menstrual hygiene practices. The MPQ is designed to provide a comprehensive pool of questions. Users can select questions that fit best their research needs. Menstrual practices provide information about the menstrual experiences of a population. They may be measured as part of a needs assessment, to describe a population and to consider external validity, and to track changes in behaviour over time.	English
Save the Children Menstrual Hygiene Management Operational Guidelines	These guidelines provide a framework for how to plan, implement, and monitor and evaluate MHM programs. It includes access to various templates to assist organisations with MHM programming.	English
Periods Don't Pause For PANDEMICS	Visual step-by-step guide to show one way you can make a washable pad at home during COVID-19.	English
Just the Facts, Understanding Menstruation Infographic	Examples of IEC material/infographic on MHM in emergencies	English
Challenges and Responses for MHM in Emergencies Infographic		French Arabic
Mitigating the impacts of COVID-19 on menstrual health and hygiene, UNICEF, April 2020	This brief list some of the challenges for menstruators during the Covid-19 pandemic and considerations for mitigating impacts This brief complements other UNICEF guidance on aspects of the response to the global Covid-19 pandemic and should be read together with the guidance on monitoring and mitigating the secondary impacts of the Covid-19 pandemic on WASH services availability and access.	English
Digital booklet on MHM, including accessible versions for visually impaired women and girls	Toolkit in Hindi and English on Menstrual Hygiene Management for visually impaired and hearing-impaired women and girls. The tools in this kit help women to visualize and understand their bodies, the physical changes during puberty, the biology behind menstruation and how to manage their monthly period with pride and dignity. The toolkit includes: i.) Facilitator's Manual for As We Grow Up, A Tactile Book on Menstrual Hygiene Management . ii) As We Grow Up, About Menstruation (videos in Indian Sign Language). iii) Menstrual hygiene bracelets for the visually impaired. iv) Tactile apron on the female reproductive system	English
10 Practical Male involvement Strategies on MHM and the Male Involvement Strategies Factsheet	Provides guidance on involving men in the conversation of MHM. A starting point to build understanding on menstruation among the male community, gain support for MHM programming and address misconceptions or taboos.	English
Menstrual Hygiene Management Informed Product Choice and disposal	This report summarizes the different products used for MHM specifically in India, including their availability, environmental impact, and quality standards. It describes various advantages and disadvantages of different MHM methods, and includes a discussion on how waste management can help inform decisions and important consequences for informed choice.	English

>> ANNEX 1. LIST OF ADDITIONAL RESOURCES

Author, title and link	Content	Languages
Period Empowerment Handbook	A learning and training manual on planning, designing and delivering menstrual interventions through youth work by non-formal education practices. This handbook was developed to advocate for menstrual health and hygiene by strengthening the capacity and improving the menstrual knowledge, attitudes, and resources among youth workers operating in grassroots youth organisations. It is a learning and training manual on planning, designing and delivering menstrual interventions through youth work by non-formal education practices.	English
Menstrual Health Training Manual	Training manual for facilitators, most of the sessions are designed for a non or semi-literate audience. This training manual focuses on the importance of women and girls making informed decisions regarding sexual and reproductive health and rights, water, sanitation and hygiene free from discrimination, coercion and violence. It focuses mostly on menstrual health, while it also incorporates other episodes of bleeding between menarche and menopause and when relevant specifically refers to these as other types of vaginal bleeding. There are four training sessions included in the manual, Norms and gender roles, Menstrual Health, Improving Menstrual Hygiene, and Sexual and Reproductive Health.	English
Female-friendly public and community toilets, a guide for planners and decision makers	The guide can help improve understanding of the requirements of women and girls using public and community toilets. It provides guidance on how to address these in city planning and local-level implementation, so that planning, designing, upgrading and management results in female-friendly toilets that are more accessible to users whose requirements have often been ignored, including women, girls, older people and people with disabilities.	English
Oky app by UNICEF	A period tracker designed for girls that integrates information about periods to help with stigma around menstruation. Oky's mission is to reverse the stigma and misinformation around periods and make sure all girls have access to the information and tools they need to make their periods manageable.	English
Social Norms Data Use Tool (French, Arabic) and Social Norms Design Checklist (French, Arabic) by CARE	SNAP Framework and Tipping Point's resources on social norms measurement provide guidance and examples of how to collect data on social norms. After using this tool, which helps understand the social norms data, the Social Norms Design Checklist can be used for examples of how to shift norms by using project activities.	French, English, Arabic
How Changing Social Norms is Crucial in Achieving Gender Equality a compendium on social norms change to achieve gender equality	This document provides a framework for programmatic approaches to norms change at scale. This document presents some of the most promising strategies for changing social norms and achieving gender equality. The compendium presents the tested processes of social norms change and a programme design framework, as applied to programming to end female genital mutilation. These processes are iterative, simultaneous and self-reinforcing and can be applied to other thematic areas including menstrual hygiene management	English



ANNEX 2. MENSTRUAL PRODUCTS TECHNICAL SPECIFICATIONS

>> ANNEX 2: MENSTRUAL PRODUCTS TECHNICAL SPECIFICATIONS



Technical Specifications for Disposable Sanitary pads

General description

Female disposable (single use) sanitary pads with wings to manage menstruation and to maintain a menstrual health. Supplied as unscented menstrual pads.

Product Specification

The product shall consist of a top layer which comes in direct contact with the body, a transfer layer followed by an absorbent material which absorbs menstrual blood and other fluids, a leak proof layer at the bottom and an adhesive coating at the back of leak proof layer for fixing to the panties, which prevents dislocation when worn. The pad shall have wings so that it could be attached to the panties.

The upper layer (top layer) is a woven or non-woven material with sufficient porosity to meet the absorbency requirements. The materials for the top layer may include polyester, polyethylene or polypropylene or their blend, cotton, viscose/rayon etc. Middle absorbent layer made of cellulosic material and outer layers made of plastic. Optionally, the absorbent layer can be mixed with super absorbent polymers to enhance absorption and make the pad thin. The lower leak proof layer including the wings is made of plastic such as polyethylene/polypropylene. The leak proof layer and the wings are coated with a synthetic resin adhesive/glue, which is laminated with a silicone coated release paper liner or similar adhesive release liners. The adhesive shall provide sufficient tack to retain the mounted pad to the fabric surface of the crotch of the undergarment. Each pad may be folded and shall be provided with a pull away cover, preferably environment friendly, for disposal of pads after use.

The product shall be white in color for most of the areas and shall be free from unpleasant odor. It shall not contain any foreign matter such as dust and particulate matter. It shall be safe for skin contact and shall not cause any allergy or irritation and applicable standards shall be referred while selection of raw materials. Difference in color, size or odor shall not be allowed among the products. The sanitary napkins shall be free from acids and alkali, shall have sufficient absorbency to manage normal to heavy flow, the adhesive layer is sufficiently strong so that no dislocation happens while use and the product shall not disintegrate within the recommended wear time. The adhesive layer shall not leave adhesive residues on the panties while removal of pads.

Product shall be unscented only. Wear Time: Shall be able to wear for 46- hours.

The total viable bacterial count, when determined in accordance with EN ISO 68871-or equivalent shall not exceed 1000 CFU per gram of sanitary pad/towel; and shall be free from Enterobacteriaceae, Staphylococcus aureus, candida albicans and Pseudomonas aeruginosa etc.

Absorbency shall be tested using colored water or oxalated sheep or goat blood or test fluid when poured on to the center of the napkin (at the rate of 15 ml per minute) and it shall not show up at the bottom or sides of the sanitary napkin (test method is indicative only). Submit the absorbency values, weight of the pad and test method used during the submission.

References

ES 6345:2018 - Ethiopian standard
<https://www.rhsupplies.org/news-events/news/standards-for-menstrual-health-products-1698/>
 Sanitary Towels- East African Standard EAS 96:2008
 FDA GUIDANCE DOCUMENT - Menstrual Tampons and Pads: Information for Premarket Notification Submissions (510(k)s) - Guidance for Industry and FDA Staff JULY 2005FDA-2020-D-0957

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The absorbency values shall be comparable to the same sample sizes that are available in the market or tested at an accredited lab as per ISO 17025. The pad shall have enough fluid retention capacity under pressure, details under size and absorbency capacity.

Shelf life shall be minimum 3 years from date of production with minimum 80% of total shelf life on delivery.

pH of the extract should be 6-8.5 when tested according to EN ISO 3071, Method B.

A claim on biodegradability and composting for the product shall be accompanied with independent third-party certification as per applicable ISO/EN standards.

Size and absorbent capacity

Regular: Size and absorbent capacity must be suitable for normal flow. Regular size should have length 180mm to 220mm and width excluding wings shall be 60mm–100mm.

Absorbency shall be 15-20ml when measured as per standard test method mentioned above.

Large: Size and absorbent capacity must be suitable for moderate flow. Large size with length 220mm to 260mm and width excluding wings shall be 60mm–100mm.

Absorbency shall be 20-30 ml when measured as per standard test method mentioned above.

Extra Large: Size and absorbent capacity must be suitable for heavy flow. Extra-large size with length 260mm to 300mm and width excluding wings shall be 60mm–100mm.

Absorbency shall be 30-40 ml when measured as per standard test method mentioned above.

Instructions for use

Must be multilingual: English, French, Arabic and Spanish.

Shall have details such as the method of use and wear time, Indication as to which side is absorbent and disposal instructions. Caution statement to indicate that the pad after use shall not be washed and reused and not to be shared. Safety and warning statements on the primary packaging. Instruction for use and care as a QR code or pictograms (preferable to have).

Accessories/ Spare Parts/Consumables

N/A

Packaging and labelling

Primary packaging: 10 one size units per pack. Primary package shall be a plastic type with good seal integrity to protect the item from moisture and contamination during storage and transportation. The instructions of use to be supplied as an insert in the primary packaging.

References

ES 6345:2018 - Ethiopian standard
<https://www.rhsupplies.org/news-events/news/standards-for-menstrual-health-products-1698/>
Sanitary Towels- East African Standard EAS 96:2008
FDA GUIDANCE DOCUMENT - Menstrual Tampons and Pads: Information for Premarket Notification Submissions (510(k)s) - Guidance for Industry and FDA Staff JULY 2005FDA-2020-D-0957

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Labelling: Printing on primary packing shall have manufacturers name and address, product name, size of the pad, Lot/batch No, Date, month and year of manufacture, expiration date, Number of Napkins, user instructions, caution statements.

Secondary packaging: Marking as specified in contract. Printing on secondary Packaging shall include Generic name of product, Lot/Batch No, Date, month and year of manufacture, Expiration date, month and year, Manufacturer's name and address, Consignee address, Number of primary packages, Gross weight.

Regulation and Conformity Requirements

Applicable QMS standards ISO 9001 minimum.

Classification

FDA regulates sanitary pads as Class I medical device. In the European Union sanitary pads are regulated as consumer products (General Product Safety Directive 2001/95/EC).

Safety and Product Standards, must comply with the following standards

Product comes in close contact with skin and mucosa hence, shall not harm vaginal flora or lead to reproductive tract infections (RTIs) through growth of harmful microbes.

For any pad materials that are bleached during processing, the supplier should identify the bleaching process used, e.g., Elemental Chlorine-Free (ECF) or Totally Chlorine-Free (TCF) and shall provide safety data. Shall be free from formaldehyde, heavy metals, polycyclic aromatic hydrocarbons (PAHs) phthalates, dioxins, acrylic monomers, reproductive & developmental toxins and other carcinogens. Shall be compliant as per as per REACH regulations (preferable to have a REACH compliant certificate issued by the competent authority).

ISO 10993 Part-5&10: Evaluation and Testing to assess the safety.

ISO 6887-1:2017 Microbiology of the food chain — Preparation of test samples, initial suspension and decimal dilutions for microbiological examination or equivalent

ISO 6888-1:1999/AMD 2:2018 Microbiology of food and animal feeding stuffs — Horizontal method for the enumeration of coagulase-positive staphylococci (*Staphylococcus aureus* and other species) or equivalent.

ISO 17088:2008- Specifications for compostable plastics or equivalent.

Environmental Requirements

EU Ecolabel, Sustainable, recycled, re-used or reusable materials for packaging and the manufacturer of the disposable pad preferably shall be in compliance with ISO 14001.

References

ES 6345:2018 - Ethiopian standard
<https://www.rhsupplies.org/news-events/news/standards-for-menstrual-health-products-1698/>
Sanitary Towels- East African Standard EAS 96:2008
FDA GUIDANCE DOCUMENT - Menstrual Tampons and Pads: Information for Premarket Notification Submissions (510(k)s) - Guidance for Industry and FDA Staff JULY 2005FDA-2020-D-0957

>> ANNEX 2: MENSTRUAL PRODUCTS TECHNICAL SPECIFICATIONS



Menstrual Cup Specifications

General description

A reusable menstrual cup made of medical grade silicone, to be worn inside the vagina to collect menstrual fluid. The menstrual cup comes with a protective pouch and user instructions.

Product description

Reusable menstrual cup (non-absorbent bell-shaped hygienic device) made of medical grade silicone, to be worn inside the vagina to collect menstrual fluid.

The cup creates a vacuum seal and is held in place by the walls of the vagina. Product comes with a protective textile pouch and user instructions. Workmanship and quality of the cup are declared by the manufacturer and allow in-use functionality for a minimum of 1 year.

Cup material: Medical grade silicone (may include elastomer, dye or colorant but no more than 0.5 per cent).

The material is comfortable to use, dimensionally stable and resilient to rebound. The cup will go back immediately to its original form after a prolonged period of use.

Material ensures easy insertion (easy to unfold in the vaginal cavity) and removal.

Material has good tear strength and endures boiling, cyclic use and pulling out.

Material is most often transparent but can come in different colors.

Material is hypoallergenic, non-absorbent and contains no harmful additives or chemicals.

The material, dye and colorants used are non-toxic, non-carcinogenic, non-mutagenic and do not cause skin irritation or skin sensitization.

Material is biocompatible and does not change performance after multiple uses (12 cycles).

Non-sterile.

Reusable for monthly use.

Shelf life minimum 5 years.

Easy to clean using the minimum quantity of supplies possible (e.g. boiled water in a pot or another container).

The cup must have a minimum of two air holes close to the rim and covering at least 2 sides.

Diameter of air holes is approximately 1 mm each.

Air holes have no sharp edges; the surface is smooth.

Cup wall thickness: 2 mm (+/- 0.3 mm).

Pull-out stem length: minimum 15 mm.

The pull out stem design allows firm grip for easy removal, easy spin and comfort during use.

The stem does not have a slippery surface, it is not hollow (for easy cleaning), and it does not have sharp edges.

Product comes with a protective textile pouch

May come with container for sterilization.

Cup size

Small size for menstruators with light flow or a low cervix - especially young women/menstruators.

Outer (ext.) diameter of the rim: 36-40 mm.

Length of the cup excluding pull out stem: approx. 40-50 mm.

Cup capacity approx. 15-25 ml.

Firmness: Soft to Medium.

Medium size for adult menstruators.

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Outer (exterior) diameter of the rim: 41-44 mm.
Length of the cup excluding pull out stem: approx. 45-55 mm.
Cup is able to collect approx. 20-30 ml.
Firmness: Soft to Medium.

Large size for adult menstruators with a high cervix, heavy flow or after first child, vaginal delivery.
Outer (ext.) diameter of the rim: 45-48 mm.
Length of the cup excluding pull out stem: approx. 48-58 mm.
Cup is able to collect approx. 30-40 ml.
Firmness: Medium to hard

Note: Cup size, capacity, firmness and length vary by brand and the above size is therefore indicative only. The correct cup size depends on factors such as the individual anatomy of the user, user preference for cup firmness and the flow quantity.

Supplied with

A washable, non-linting textile (e.g. cotton) pouch with a closing mechanism.
The protective pouch is used for storing a cleaned cup during non-flow days.

Accessories / Spare Parts / Consumables (available but not supplied)

N/A

Instructions for use

Manufacturer's instructions for use (in English, Arabic, Spanish and French) should come with pictorial illustrations and/or drawings for folding and insertion.
Instructions for Use (IFU) may include a QR code or a link to the video of instructions for use.
IFU will include guidance for washing and sterilization.
Instructions for storage and maintenance.
Guidance for the appropriate time to empty and clean the cup (e.g. maximum 8 to 12 hours inside vagina), guidance for not using the cup during non-flow days of the cycle, guidance for leaking and guidance related to potential discoloration of the product.
Instructions and warnings if irritation, discomfort, injury or a toxic shock syndrome is experienced by the user.
Guidance on stem length adjustment, where applicable.
Warnings to prevent sharing of the cup or cup use during sexual intercourse.
Warning to prevent use if the cup is not properly washed/sterilized.
The cup must be washed frequently in clean, boiling water as per manufacturer's instructions.
Instructions should specify the manufacturer's recommendation for the maximum product life time (maximum time of use before replacement is required).

Compatibility with IUDs

The IFU include the following precaution note:
Women using Intra-uterine Devices (IUDs) for contraception should take caution as there have been scientific reports of menstrual cups having contributed to dislodging of the IUD.¹ Consultation with a

¹ Obstetrics & Gynecology: May 2020 - Volume 135 - Issue - p 1S
doi: 10.1097/01.AOG.0000662872.89062.83

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local health worker is advised. Women with IUDs may need to consider an alternative option for either family planning or menstrual flow management.

Packaging and labelling

One (1) cup with a textile pouch in a protective primary packaging.
Cup is individually placed in a sealed package between the factory and the end user.

Label includes:

Name and address of manufacturer
Product name and description including any brand name
Manufacturer's product code or reference number
Product size
Manufacturing and expiry date
Lot/batch information
Symbols used according to ISO 15223
CE or FDA mark

Regulation and Conformity Requirements

ISO 13485 or ISO 9001
CE mark (CE self-declaration), or FDA registration, or MDSAP, or equivalent

Classification

US FDA: Device class 2
EU: Personal hygiene device

Safety and product standards

Product must comply with following standards:
ISO 10993-1
ISO 10993-3
ISO 10993-5
ISO 10993-10
Compliance to regulations related to the use of chemicals (e.g. REACH, SVHC in European Union).
Materials: PhEur or USP pharmacopeia

Environmental requirements

Sustainable, recycled, re-used or reusable materials for packaging, textile pouch and containers for storage and cleaning are preferred, and the manufacturer of the cup is preferably in compliance with or operates as per the principles of ISO 14001.

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**Technical Specifications for Reusable Menstrual Pads****General description**

Reusable cloth pads with wings used to manage menstruation and to maintain menstrual health.
Supplied as unscented.

Product description

Product shall consist of a top sheet, middle absorbent core consisting of cotton, polyester and other absorbent fabrics and a leak proof layer consisting of typically, polyurethane laminate (PUL) at the bottom. Top sheet shall be the high absorbance layer and shall be fluid transporting to the below absorbent core.

Top sheet is made of materials such as organic topped cotton or bamboo velour, hemp fleece, cotton flannel, cotton jersey and cotton fleece poly jersey etc. The absorbent core is made of materials such as Cotton Terry Toweling, Cotton Fleece, Hemp Fleece, Bamboo Fleece and Bamboo Terry, Cotton jersey, Zorb, Microfiber terry etc. (The materials are for information purpose only).

Product shall have securement mechanisms such as plastic buttons, waist strap, velcro, etc or similar for the wings to firmly attach the product to underwear to prevent dislocation while use.

Product shall be unscented only.

The pads shall be free from acids and alkali, free from dust and particulate matter, free from bad odour, no bleeding of colour, and free from shedding fibres. It shall be free from chemical residues like chlorine, herbicides, pesticides, heavy metals, azo dyes etc as per REACH regulations.

The total viable bacterial count, when determined in accordance with EN ISO 6887-1 or equivalent, shall not exceed 1000 CFU per gram of sanitary pad/towel and shall be free from Enterobacteriaceae, Staphylococcus aureus, and Pseudomonas aeruginosa etc.

Products shall be capable of being soaked and washed thoroughly in water up to 60 deg C using soap/laundry detergent. After washing with soap, they shall be able to be dried well for reuse.

Wear Time: Shall be able to wear for 4-6 hours.

pH of the extract shall be 6-8.5 when tested according to EN ISO 3071, Method B

Colour fastness test: The product shall have a colour fastness of 4 and above.

Durability: The product shall be able to withstand 60 washes minimum during hand/machine wash. The seam line shall be free of loose threads and neat. It shall have dimensional stability with good tensile strength and seam strength.

Colour: dark blue, black, purple or brown or other dark colours.

A claim on biodegradability and composting for the product shall be accompanied with independent third-party certification as per applicable ISO/EN standards.

References

ES 6346- 2018 Sanitary Pads —Specification— Part 2: Reusable
IS 5405 Specification for sanitary napkins
South African national standard Draft- SANS 1812:2019
<https://www.rhsupplies.org/news-events/news/standards-for-menstrual-health-products-1698/>

>> ANNEX 2: MENSTRUAL PRODUCTS TECHNICAL SPECIFICATIONS



Sizes

Regular: Regular with length 180 mm to 220mm and width 60mm–100mm excluding wings

Maxi (large): Maxi with length 220mm to 260mm and width 60mm–100mm excluding wings.

Super maxi (extra-large): Supermaxi with length 260mm to 300mm and width 60mm–100 mm excluding wings.

Absorbency

Regular: Shall be able to handle normal flow.

Absorbency shall be 15 ml minimum for a coloured water or oxalated sheep or goat blood or test fluid when poured on to the centre of the napkin (at the rate of 15 ml per minute) and it shall not show up at the bottom or sides of the sanitary napkin under pressure (Supplier to share the results from a ISO 17025 approved lab during the technical document submissions).

Maxi: Shall be able to handle moderate to heavy flow

Absorbency shall be 20 ml minimum for a coloured water or oxalated sheep or goat blood or test fluid when poured on to the centre of the napkin (at the rate of 15 ml per minute) and it shall not show up at the bottom or sides of the sanitary napkin under pressure (Supplier to share the results from a ISO 17025 approved lab during the technical document submissions).

Supermaxi: Shall be able to handle moderate to heavy flow

Absorbency shall be 30 ml minimum for a coloured water or oxalated sheep or goat blood or test fluid when poured on to the centre of the napkin (at the rate of 15 ml per minute) and it shall not show up at the bottom or sides of the sanitary napkin under pressure (Supplier to share the results from a ISO 17025 approved lab during the technical document submissions).

Accessories / Spare Parts / Consumables

To be supplied with one leak proof travel pouch to store minimum two soiled pads and shall be reusable.

Instructions for use

Must be multilingual: English, French, Arabic and Spanish.

Instructions for use and shall include use, wash and care instructions, preferably by QR code or by pictograms.

Indication as to which side is absorbent; Safety warnings if any; Recommendation on wear time during menstruation. Recommendation and indications as to when to dispose the product and disposal method.

Packaging and labelling

Primary Packaging:

References

ES 6346- 2018 Sanitary Pads —Specification— Part 2: Reusable
IS 5405 Specification for sanitary napkins
South African national standard Draft- SANS 1812:2019
<https://www.rhsupplies.org/news-events/news/standards-for-menstrual-health-products-1698/>

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The supplier shall be capable of meeting the following packaging options

- (a) One pack shall have 36- units of Regular in a durable packaging.
- (b) One pack shall have 36- units of Maxi in a durable packaging.
- (c) One pack shall have 3-6 units of Supermaxi in a durable packaging.
- (d) One pack shall have 3 units of Maxi and 1 unit of supermaxi in a durable packaging.

The primary package material shall be made of suitable materials, which are sealed to protect the pads from moisture, soiling and contamination during storage and transportation. The instructions of use to be supplied as an insert in the primary packaging.

Labelling: Printing on primary packing shall have product name, product size, manufacturers license No, address, dimensions, Lot/batch No, Date, month and year of manufacture, expiry, Number of pad, Recommended wear time, Indication as to which side is absorbent, Safety and warning statements on the primary packaging. Instruction for use and care as a QR code or pictograms (preferable to have).

Secondary packaging: Marking as specified in contract. Printing on secondary Packaging shall include Generic name of product, Lot/Batch No, Date, month and year of manufacture, Expiration date, month and year, Manufacturer's name and address, Consignee address, Number of primary packages, Gross weight.

Regulation and Conformity Requirements

Applicable QMS standards ISO 9001 minimum

Classification

Class I as per FDA. Classification may be different according different national standards.
EU: Personal hygiene device

Safety

Comes in close contact with skin and mucosa, hence, shall not harm vaginal flora or lead to RTIs through growth of harmful microbes. Shall be free from heavy metals, chlorine, azo dyes and phthalates as per REACH regulations.

Meet the General Product Safety Directive (200195//EC).

Product must comply with following standards:

ISO 10993 – 5&10 Intracutaneous irritation and skin sensitization test (G.pig maximization test).

ISO 6887-1:2017 Microbiology of the food chain — Preparation of test samples, initial suspension and decimal dilutions for microbiological examination or equivalent

ISO 6888-1:1999/AMD 2:2018 Microbiology of food and animal feeding stuffs — Horizontal method for the enumeration of coagulase-positive staphylococci (Staphylococcus aureus and other species) or equivalent

ISO 105-C10:2006 - Textiles — Tests for colour fastness.

Environmental requirements

Sustainable, recycled, re-used or reusable materials for packaging and the manufacturer of the reusable pad shall be preferably in compliance with or operates as per the principles of ISO 14001.

References

ES 6346- 2018 Sanitary Pads —Specification— Part 2: Reusable
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