

GUIDE TO MENSTRUAL HYGIENE MATERIALS





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KEY TERMS



Menstruation or **menses** is the natural bodily process of releasing blood and associated matter from the uterus through the vagina as part of the menstrual cycle.

Menarche is the onset of menstruation, the time when a girl has her first menstrual period.

Menstrual hygiene management (MHM) refers to management of hygiene associated with the menstrual process. WHO and UNICEF Joint Monitoring Programme (JMP) for drinking water, sanitation, and hygiene has used the following definition of MHM: ‘Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear¹.

Menstrual health and hygiene (MHH) encompasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarised by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy.

A **menstruator** is a person who menstruates and therefore has menstrual health and hygiene needs – including girls, women, transgender and non-binary persons. Throughout this guidance, the term ‘girls and women’ is used as a shorthand term to increase readability and refers to all menstruators regardless of gender identity.

Menstrual hygiene materials are the products used to catch menstrual flow, such as pads, cloths, tampons or cups.

Menstrual supplies are other supportive items needed for MHH, such as body and laundry soap, underwear and pain relief items.

Menstrual facilities are those facilities most associated with a safe and dignified menstruation, such as toilets and water infrastructure.

¹WHO/UNICEF (2012) Consultation on draft long list of goal, target and indicator options for future global monitoring of water, sanitation and hygiene. Available at <https://washdata.org/sites/default/files/documents/reports/2017-06/JMP-2012-post2015-consultation.pdf>

OVERVIEW



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.

The guide is meant to familiarise UNICEF staff members with the key characteristics and requirements for the most common menstrual hygiene materials: menstrual cloths, reusable pads, disposable pads, menstrual cups and tampons. 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. The guide concludes with a summary table of these key attributes.

This guide is intentionally narrow in scope and does not cover other elements of menstrual health and hygiene programmes, which are instead outlined and explored in the companion piece *Guidance on Menstrual Health and Hygiene*. There are other additional rich resources for menstrual hygiene programming in emergencies which complement this guidance, including WaterAid’s comprehensive **Menstrual Hygiene Matters** and Columbia University and IRC’s **MHM in Emergencies Toolkit**.

INTRODUCTION



Access to safe and dignified menstruation is a fundamental need for women and girls. UNICEF envisions a world where every girl can learn, play, and safeguard her own health without experiencing stress, shame, or unnecessary barriers to information or supplies during menstruation. Meeting the hygiene needs of all adolescent girls and women in all settings is enables human rights, dignity, and public health.

A growing evidence base from low- and middle-income countries shows that many girls are not able to manage their menses and associated hygiene with ease and dignity. This deprivation is even more acute for girls and women in emergencies. These girls and women cannot practice good menstrual health and hygiene at home, at school, at work or in other public settings, due to a combination discriminatory social environments, inaccurate information, poor facilities, and limited choice of absorbent materials. Public infrastructure and policies in health, WASH, and education under-prioritise and under-resource menstrual hygiene, support, and knowledge. In addition, myths and taboos often promote a high level of secrecy about even the most basic menstruation facts – leading to shame and exclusion for women and girls. Inaccessible WASH facilities, access to information and materials are barriers for women and girls with disabilities managing their menstruation hygienically and with dignity.

Globally, there is growing attention to menstrual health and hygiene in the development and humanitarian communities. UNICEF is helping to lead this expansion, with an increasing number of country offices reporting menstrual health and hygiene (MHH) activities in both their development and humanitarian programmes. And MHH has been approved by UNICEF's Executive Board as one of UNICEF's five core priorities for adolescent girls in its Gender Action Plan (2018-2021), with specific targets in the Strategic Plan covering the same time period. Improving MHH has become a central part of UNICEF's commitment to ensure that girls grow up healthy and reach their full potential. For both adolescent girls and women, UNICEF commits to programming that strives to increase confidence, knowledge, and skills – and improve access to materials and facilities – for them to manage their menstruation safely and with dignity.

UNICEF works to improve girls' and women's menstrual health and hygiene in four areas: social support, knowledge and skills, facilities and services, and access to absorbent materials and supportive supplies.



- **Social support:** Many girls and women face discriminatory attitudes and beliefs around menstruation that lead them to experience their menses with shame and embarrassment. Girls' experiences in schools reveal common challenges, often due to unsupportive social environments: stress, teasing, and a range of restrictions on everything from school attendance to food choices are common. Girls should be able to participate in daily activities during their period without being subjected to stigma or exclusion from peers, parents, teachers, or community leaders. Community involvement, which specifically includes boys and men, and traditional and religious leaders, is key to changing perceptions, practices and, ultimately, national policies.
- **Knowledge and skills:** Many girls reach menarche without critical information about menstruation, resulting in fear and stress. This information may come too late, after a girl has had her first period, or not at all, due to taboos around puberty education linked to sexual and reproductive health. Before they reach menarche, girls need an understanding of the biology of the menstrual cycle and the opportunities to learn the skills to safely and privately manage menstruation – and the pain that they may experience during it. Boys similarly need an understanding of the changes to their bodies and those of their female peers, delivered in a way that cultivates solidarity and builds social support. Teachers, parents, and traditional leaders have a similar need for accurate information, so that they are in a better position to support girls as they approach menarche and during menstruation.
- **Facilities and services:** Girls and women frequently lack the water, toilets, and disposal mechanisms to manage their menstruation at school, at home, at work, and in other public institutions such as healthcare facilities or government buildings. In some cases, it can be a barrier to school attendance, causing girls to miss out on their education. MHH facilities and services should be established in a sustainable, safe and appropriate manner. Environmentally friendly, culturally-appropriate, safe and efficient hygiene and waste management approaches should be based on the best solution depending on the context. WASH facilities and reliable services must allow women and girls to safely, comfortably, and privately manage menstruation – and must be accessible to girls and women with disabilities.
- **Materials:** Access to high quality, appropriate hygienic absorbent materials to manage menstruation is lacking for most girls and women in UNICEF programme countries. UNICEF works to ensure that girls and women have access to a range of affordable and appropriate options rather than promoting any one option. This may involve working with government and the private sector to set standards for products, sharing research findings with the private sector to stimulate innovation to meet demand, or other approaches. There is no one menstrual material or product that suits every girl and woman in all settings. Girls and women have different needs and preferences for MHH materials, and these may change further depending on whether they are at school, at home, at work, or in other public settings. Girls and women with different types of disabilities may also have specific preferences depending on their situation. There is a need to increase efforts to increase availability and choice of menstrual hygiene materials, considering affordability, sustainability, disposal, and local market considerations. For example, solutions looking at wider market actions, such as the development of manufacturing standards or removing tariffs on sanitary products, should be considered.

These are UNICEF's four 'pillars' for MHH programming, and they are described in more detail in the *Guidance on Menstrual Health and Hygiene*. This document is a companion piece to that guidance, and it gives more detailed advice on specific considerations for the identification, assessment and procurement of MHH materials, particularly in humanitarian response. The 2012 WaterAid publication **Menstrual Hygiene Matters** and the **MHM in Emergencies Toolkit**, published by Columbia University and the IRC in 2017, offer additional and complementary technical resources on MHH.

PROCURING MENSTRUAL HYGIENE MATERIALS AND SUPPLIES



WHEN SHOULD UNICEF DIRECTLY PROCURE MENSTRUAL HYGIENE MATERIALS AND SUPPLIES?

There is no overall rule that dictates when UNICEF should or should not procure menstrual hygiene materials and supplies. UNICEF offices make procurement decisions based on their specific context and needs.

A rapid review of country office annual reports and records show that UNICEF offices most frequently directly procure menstrual hygiene materials and supporting supplies during humanitarian response. Procurement is often required to support displaced women and girls who have lost access to their usual possessions, and the income and markets through which they could replace them. UNICEF supply assistance may be best suited to the beginning of a rapid onset emergency, but will vary by context, and may be replaced by gender-sensitive cash or voucher systems as time progresses.

Generally, direct procurement of materials for recurrent provision to girls and women in development programmes is heavily dependent on external funding and therefore may not be advisable unless systems are in place for recurrent costs. Experiences from UNICEF offices further show that supply assistance through development programmes may offer only limited choice of materials and supplies to girls and women, so this needs careful needs assessment and evaluation. However, as governments around the world from the UK to South Africa pass legislation requiring public funding for menstrual hygiene materials in schools, UNICEF can play a role in advising governments and generating evidence on these programmes.

Menstrual hygiene materials are those used to catch menstrual flow, such as cloths, reusable and disposable pads, menstrual cups and tampons. Menstrual supplies are other supportive items for menstrual hygiene and health more broadly, such as soap, underwear and pain relief.

A wide range of menstrual hygiene materials, under many different product names, are available around the world. Many products are promoted by their manufacturers based on claims of appropriateness, cultural acceptability, cost effectiveness or reduced environmental impact. However, few of these claims are backed with credible data on usability and cultural acceptance of users.

To fill this gap and provide an evidence base for this guidance, UNICEF carried out a review of the literature on menstrual hygiene materials and their use in development and emergency contexts. This review can be found on the UNICEF intranet, and can be obtained through country offices, and is the source for the tables found in this document.

As with all aspects of menstrual health and hygiene programmes, consultations with girls, women, and other menstruators is essential, to understand the range of materials that are available, which ones are currently used, and which are preferred in a specific context, along with what common practices exist around their use. **The next section** provides information on such consultations.

Menstrual hygiene materials can be sourced locally or regionally by country offices. All standard UNICEF procurement processes and procedures apply to the procurement of menstrual hygiene materials and supplies. The country office should always assess local or regional markets to identify the best sourcing options, rather than assuming a broad national assessment of sourcing solutions will be either appropriate or effective.

Vendors supplying menstrual hygiene materials range from large multinational companies to small manufacturers, social enterprises and non-profit organisations. In high-income countries, disposable sanitary pads account for the majority of the market, and three multinational companies dominate their manufacture and sale. In low- and middle-income countries (LMICs), market reach and the size of manufacturers and distributors varies dramatically and assessments are frequently lacking². As a result, in LMICs, the majority of girls and women use cloth to manage their menstruation. As you will read in this guide, cloth is an acceptable alternative for menstrual hygiene where it is preferred and can be hygienically managed by girls and women.

An increasing number of small- and medium-sized social enterprises that manufacture, distribute, and/or sell menstrual hygiene materials have entered the market in recent years in LMICs, though they have faced challenges to scale³. Social enterprises sometimes provide menstrual hygiene materials along with programme support, such as education, and may be non-profit, for profit, or a combination of both. Other non-profits (sometimes known as non-governmental organisations, or NGOs) may also produce or distribute menstrual hygiene materials.

In typical procurement situations, social enterprises may often find it difficult to compete with for-profit organisations in a traditional bidding process based on unit costs, as they often have costs reflecting local production based on fair salaries, training and education costs. Keep in mind that NGOs working in the provision of menstrual hygiene materials could be a good fit as a partner organisation, as their principles and approach are often in alignment with UNICEF's and they may mobilize additional resources towards partnership. Country offices should decide whether procurement or a partnership is more appropriate with this in mind, in line with UNICEF's **Supply Manual** and the its **Procedure on Working with Civil Society Organisations**.

In **humanitarian response**, UNICEF often procures menstrual hygiene materials and supplies, also included in WASH & Dignity kits, particularly in the initial stages of a rapid onset emergency when girls and women lack their normal possessions and coping mechanisms. It is especially important to provide materials that girls and women are familiar with and can use in their new context. For example, if cloth is widely used before an emergency, this may be desired by girls and women as part of supply assistance. However, if girls and women are displaced and without access to water, laundry soap, or private places to wash and dry menstrual cloth, they may prefer another option that they can manage more easily, such as disposable pads. For effective response, preparedness is essential – when existing information on the preferences and practices of girls and women are available, ensure it is integrated into supply planning.

In emergencies, supply assistance helps UNICEF fulfil the **Core Commitments to Children in Humanitarian Action**. Such supply assistance must be informed by consultation with affected people and in line with SPHERE or locally-defined standards, and based on assessment results or reasonable assumption that affected girls and women lack menstrual hygiene materials. Despite the need for individual choice, procurement decisions will frequently be based on the majority preference. Cash and voucher systems are alternatives that can provide greater individual choice based on needs; however, care must be taken to ensure girls and women retain agency over the use of cash.

When preparing emergency preparedness plans, incorporate information from the development programme on girls' and women's current practices and preferences for

²FSG (2016) An Opportunity to Address Menstrual Health and Gender Equity. Washington, D.C. FSG. Available at <https://www.fsg.org/publications/opportunity-address-menstrual-health-and-gender-equity>.

³Ibid.

menstrual hygiene management and materials. If you are in a country that experiences frequent emergencies, review previous experiences with MHM in emergencies from UNICEF or WASH or Protection Cluster partners. Next, include menstrual hygiene materials and supplies in your plans for supply prepositioning or LTAs. Preparedness is also the stage to include MHM education together with hygiene promotion and community engagement activities in your contingency PCAs with programme partners and prepare or provide training for implementing partners. Depending on the context, communication materials from a development programme may also be appropriate during emergency response.

In humanitarian response, first consult with women and girls on their situation, needs, and preferences (refer to the next section **on consulting with women and girls**). Based on their needs and preferences, review the **materials guide** along with the products available on the local market and validate or adjust your procurement and programme strategies accordingly.

The recovery phase following an emergency can provide an opportunity for MHH education and training, as well as the introduction of new materials that may be more suitable or preferred by girls and women, as part of a development transition.

In **development programmes**, UNICEF generally does not procure menstrual hygiene materials and supplies as such direct supply assistance is unsustainable over the longer term. UNICEF can instead play a key role in strengthening the state, market, and community systems that can sustainably supply menstrual hygiene materials without reliance on external funding. UNICEF can support a ministry of education to budget for the provision of menstrual hygiene materials for girls, or work with local school management committees on a local recurrent fundraising mechanism. For example, at the community level, Village Savings and Loan Associations have been shown to support women effectively to save and invest in strategic goods including MHM products⁴.

Expanding access to a range of materials, rather than offering or promoting only one option, ensures freedom of choice and dignity, enabling girls and women to decide based on their own preferences and individual needs. To support the introduction of new materials on the market, some UNICEF offices have worked with government to develop national product standards – which should of course be informed by an analysis of the situation with supply and programme colleagues.



⁴FSG (2016) Available at <https://www.fsg.org/publications/opportunity-address-menstrual-health-and-gender-equity>.

CONSULTING WITH GIRLS AND WOMEN



Girls and women manage their menstruation using many different materials and strategies, each developed for the specific context of her life. Consultations and participatory programming is central to UNICEF's efforts to support girls and women to manage their menstruation safely and with dignity, in both development and humanitarian settings. Consultations are an effective way of getting in-depth information about the beliefs, attitudes, perceptions, and practices related to menstrual health and hygiene in a given context. They can be complemented by other qualitative and quantitative methods of data collection.

METHODS FOR COLLECTING DATA ON MENSTRUAL HYGIENE MATERIALS

Qualitative methods are used to explore beliefs or perceptions, specific aspects of a programme and to capture beneficiaries' direct, voiced experiences. These methods provide in-depth information and are useful when discussing sensitive topics.

Examples of qualitative methods are:

- **Focus group discussions** of age-segmented groups of girls or women (8-10 participants), led by a female facilitator.
- **Structured interviews** with key individuals – for example female WASH committee members, girls and women from the target population, or programme staff.
- **Semi-structured interviews** or discussions with local staff, which are most useful when staff are from the same population as the female beneficiaries or have worked with the population for a long time.

Quantitative methods are used to measure the extent of coverage, changes in impact, and to obtain statistical data on knowledge and perceptions, such as on the usefulness or satisfaction with an intervention.

- **Checklists/walk-throughs** include physical inspections of existing WASH facilities (communal, family and schools) and can utilise qualitative methods as well, such as during a safety audit.
- **Surveys** (i.e., post distribution monitoring, or a Knowledge, Attitudes and Practice survey) can assess supply availability and identify gaps in knowledge and access.
- **Market assessments** can explore the availability of products locally, to inform procurement decisions or the decision to move to a cash or voucher system.

Adapted from Columbia University and IRC (2017) MHM in Emergencies Toolkit

UNICEF and its partners have tested a range of tools and approaches to consultations. These experience are mostly documented from development settings, and can be adapted and used when deciding how to gather evidence on materials for menstrual hygiene. In 2012, UNICEF and the Center for Global Safe Water at Emory University initiated a programme to support collaborative research focused specifically on exploring the MHM barriers faced by female students, and describes how consultations, including those around materials preferences, were effectively carried out. The data collection tools and methodology for this collaboration were published in 2013 in the resource document **Tools for Assessing MHM in Schools** and have been used widely, in at least 20 countries around the world.

When choosing which materials to procure, there are specific aspects that need consideration.

Table I below includes a (non-exhaustive) list of considerations and discussion starting points for consultations with implementing partners in five categories: culture and context, health, financial and economic, use and care, and disposal.

TABLE I. SOME CONSIDERATIONS FOR CONSULTATION AND PROCUREMENT (NON-EXHAUSTIVE)

CATEGORIES				
CULTURE AND CONTEXT	HEALTH	FINANCIAL AND ECONOMIC	USE AND CARE	DISPOSAL
<ul style="list-style-type: none"> • What are the local menstrual beliefs and practices? • What are the local levels of knowledge about MHH? • Which materials are currently used and available? • Which materials are preferred? • Which materials are preferred by girls and women with different types of disabilities? • Are staff trained and able to discuss MHH? • Is there an emergency? What type? Are distribution points and facilities accessible for girls and women, including those with disabilities? • Is it wet or dry season? 	<ul style="list-style-type: none"> • Is the material associated with health risks? • What is the average age of menarche? • Is female genital mutilation or cutting practiced locally? 	<ul style="list-style-type: none"> • What is the one-off cost of a material? • What is the life-cycle cost? • Are funds for replenishment available? • Can the material and supportive supplies be procured locally through the market? • Are girls and women able to afford material without external assistance? 	<ul style="list-style-type: none"> • Are girls and women familiar with the material? • How frequently does the material need to be changed? • Does the material require supportive supplies and are they available? • How is the material cleaned and are supplies available? • Are water, private spaces for washing, drying and changing available? • How absorbent/ comfortable/ fast-drying is the material? 	<ul style="list-style-type: none"> • How frequently must the material be disposed of? • What are the local beliefs about different methods of disposal? • Are discreet disposal points available for used materials? • Is there a waste collection system and endpoint disposal site? • Are girls and women aware of disposal mechanisms?

Practical tips for effective consultations and data collection on MHH, to keep in mind when thinking about MH materials research include:

- When appropriate, include adolescent girls and women within the research team and provide them with training and support to lead discussions with other adolescent girls and women.
- Engage girls with disabilities in the community and their caregivers – if needed working through organisations of people with disabilities to help to plan and carry out appropriate consultations.

- Include men and boys, particularly those who are involved in programme delivery or humanitarian response – for example, men who manage NFI distribution in emergencies.
- Ensure an ethical and confidential consultation process.
- Disseminate the findings widely to reduce duplication of effort and help others quickly access information.

Additional guidance on MHH consultations in humanitarian settings can be found in the **MHM in Emergencies Toolkit⁵**.



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⁵Available at <https://www.rescue.org/resource/menstrual-hygiene-management-mhm-emergencies-toolkit>.

UNDERSTANDING MENSTRUAL HYGIENE MATERIALS



To procure appropriate menstrual hygiene materials for women and girls in both development and emergency contexts, it is important to understand the potential advantages and disadvantages of these products in different contexts. This section presents an overview of each menstrual material, and it is followed by a summary comparison table of all materials, illustrating similarities and differences.

For each material, this guide considers their effects on health, the environment, waste management systems, and affordability – as well as user experience and cultural considerations. The summary pages also highlight various existing global standards, regulations and technical specifications. This is in line with UNICEF’s **Procedure for Sustainable Procurement**⁶ (SUPPLY/PROCEDURE/2018/001), which stipulates that economic, social, and environmental aspects of supply planning should be considered. This means striving for the best value for money considering whole lifecycle costs, reducing environmental impact and promoting local markets and human rights.

The guide below considers menstrual cloths, reusable pads, disposable pads, menstrual cups and tampons. Suppliers and vendors of these products are also included in a database hosted by UNICEF’s Supply Division⁷. While other MHH materials, such as integrated or absorbent underwear, menstrual sponges and reusable tampons are available, they not included in this guidance because of the lack of available research on these materials⁸.

WHICH MATERIAL SHOULD UNICEF PROMOTE?

No single material will be preferred by all girls or all women, all the time, and all materials have aspects that girls and women may like and dislike for different reasons. According to a landscape analysis carried out by FSG in 2016, it is estimated that over 75% of women and girls in high- and upper middle-income countries use commercially produced products, while over half of women and girls in LMICs use homemade products⁹.

Both commercial and homemade products have advantages and disadvantages, and it is not the role of UNICEF to promote one over the other, so long as the health and dignity needs of girls are being met. Where widespread unhygienic or harmful practices are followed for MHM, then UNICEF should actively promote alternatives that do not put girls and women at risk of infection.

In **development programmes**, existing information on practices and preferences may already be available, and UNICEF programmes should be responsive to the situation while still respecting that there is no ‘one-size-fits-all’ solution. Though a majority of girls and women may prefer one material, this should not preclude choice for those with other preferences.

The provision of menstrual hygiene materials in **humanitarian response** should be informed by formative consultations with girls and women, on their current practices and preferences, and how these may have changed since the emergency. Consultations can also inform preparation for an emergency, and they are encouraged as part of country office preparedness strategies.

⁶Available at https://www.unicef.org/supply/files/UNICEF_Procedure_on_Sustainable_Procurement.pdf.

⁷For more details on the database of suppliers and vendors, please contact: acabreraclerget@unicef.org.

⁸For a brief discussion on these alternative products, see the Literature Review on the UNICEF intranet (access for UNICEF staff)

⁹FSG (2016) Available at <https://www.fsg.org/publications/opportunity-address-menstrual-health-and-gender-equity>.

MENSTRUAL CLOTH ...



CHARACTERISTIC / ATTRIBUTE	SPECIFIC INFORMATION OF RELEVANCE FOR UNICEF PROCUREMENT
Description	<p>Cloths are reusable pieces of fabric worn externally to the body, in underwear or tied to the waist to absorb menstrual flow. They are made from either newly purchased pieces of fabric (mostly cotton) or old fabric repurposed from clothing or another use. There is no guidance on how long cloths can be reused, but it is generally agreed that this should be for no longer than 1 year. They are consumables and require regular assessment of supply, availability and affordability.</p>
Identified literature	<p>There is very little literature on cloths – and most studies merely refer to cloth as a method for MHH. While few studies exist on the health effects of cloth, some parallels can be drawn to reusable pads made from cotton. Distinguishing between material failure and behavioural use is difficult.</p>
Context of use	<p>Cloth is cheap and available in most contexts. While cloth for MHM is increasingly replaced by disposable pads, cloth remains widely used in low-income countries and is often distributed in humanitarian response.</p>
User experience and cultural considerations	<p>Proper washing and drying is crucial for safe use, though often difficult due to lack of privacy and stigma. Training on good user practice, provision of soap, underwear and storage bags, and the availability of private places for washing and drying is important. Thickness, colour, absorbency and softness of fabric, drying-time and number of pads provided are important to consider. The provision of underwear is crucial as girls and women often do not own underwear. This is of particular importance in emergency settings.</p>



Health impacts

Compared to reusable pads, cloth is often not recommended for menstrual hygiene management as their use has been associated with abnormal vaginal discharge, skin irritations and urogenital infections. Whether this is an inherent characteristic of cloth, or simply indicative of poor conditions of use, is not clear, however; and in some cases, cloth can be hygienically managed. In general, wearing damp or unclean material can lead to rashes and infections.

Waste management and environmental impacts

Cloths are environmentally friendly as they can be reused and are mostly made from natural fabrics. However, in some contexts they are discarded after one use. In the absence of a functioning waste-management system they are often disposed of in the environment. There is a lack of evidence-based guidance on disposal of used cloth.

Affordability

Cloths are cheap to procure locally. The average cost is about US\$ 2 per square metre. It is important to provide girls and women with information on how to properly use, wash, dry and store cloths as well as the means to do so (e.g. soap and possibly underwear), because this contributes to recurrent costs.

Standards and regulation

There are no standards and regulations for menstrual cloth as it is not specifically made for MHH, but rather is available on markets as cloths made from 100% cotton.

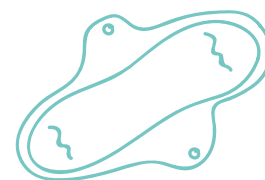
Technical specifications

Soft, light brown or grey multipurpose cloth made from 100% cotton with a size of ca. 1 m x 1.5 m, fabric weight of 170-180 g/m², awrap of minimum 21 threads per cm, a weft of 18.5 threads per cm. Inclusion of use and care instructions in English and other UN languages.

Supportive supplies required: soap for handwashing, laundry detergent, bucket for washing, clothes line, bag for storage, and scissors. These consumables require regular assessment of supply, availability and affordability.



REUSABLE PAD ...



CHARACTERISTIC / ATTRIBUTE	SPECIFIC INFORMATION OF RELEVANCE FOR UNICEF PROCUREMENT
Description	<p>Reusable pads are worn externally to the body in the underwear, to absorb menstrual flow and held in place usually by snaps. They are made from a variety of natural or synthetic materials. After use, they are washed, dried and re-used for approximately one year. They are consumables which require regular assessment of supply, availability and affordability.</p>
Identified literature	<p>Evidence on reusable pads is scarce and limited to Uganda, Kenya and India. Few intervention studies exist, limiting generalisation. There are challenges to identify if a failure or problem using the material is due to the product or the user not using it properly.</p>
Context of use	<p>Prevalence of use is not well-documented and depends on awareness, affordability and availability. There are very few large-scale producers of reusable pads and they are not readily available in many contexts due to supply chain limitations. Several initiatives exist where girls and women are taught how to produce reusable pads for individual or commercial use, though with varying quality and scale.</p>
User experience and cultural considerations	<p>Compared to cloths, reusable pads are often perceived better by girls and women, though in some cases girls and women prefer cloth due to familiarity. When compared to disposable pads they are sometimes found inconvenient. Proper washing and drying is crucial for safe use, though often difficult due to stigma and lack of privacy. Training on good user practice, provision of soap, underwear and storage bags, availability of private places for washing and drying is important. Thickness, colour, absorbency and softness of fabric, drying-time and number of pads provided are important to consider. The provision of underwear is crucial as girls and women often do not own underwear, which is of particular importance in emergency settings.</p>



<p>Health impacts</p>	<p>There is very little evidence of health impacts of reusable pad use. There might be an association with urinary tract infections and bacterial vaginosis, and the use of damp materials can lead to skin irritations. A private and comfortable place for changing as well as proper washing and drying is important.</p>
<p>Waste management and environmental impacts</p>	<p>Reusable pads can be used for approximately one year and thus produce significantly less solid waste than single-use, disposable materials. Their use requires laundry soap and clean water for washing as well as access to private spaces for drying.</p>
<p>Affordability</p>	<p>Reusable pads are generally cost-effective when annualised, but initial investment is often high. The average cost is between US \$ 1.50 and US \$ 3 per pad. Girls and women must be educated on safe use and care and supportive supplies provided.</p>
<p>Standards and regulation</p>	<p>Standards for reusable pads exist in Uganda and Kenya but are lacking in most countries.</p>
<p>Technical specifications</p>	<p>A set should comprise a minimum of five light coloured, washable and reusable sanitary pads made from soft absorbent cotton, preferably flannel with synthetic moisture-impermeable backing, of which a minimum of three pads should have wings. Additionally, the set should include a minimum of two holders with ribbon bands with edges stitched by over-locking or other adequate fixation to secure the pads in position. Workmanship and quality should be adequate to withstand multiple washes for at least one year. A cotton bag for storage and use, as well as pad care instructions in English and other UN languages should be included.</p> <p>Supportive supplies required: Soap for handwashing, laundry detergent, bucket for washing, clothes line, and underwear. These consumables require regular assessment of supply, availability and affordability.</p> <p>For reference, in 2017 Ugandan Bureau of Standard (UNBS) developed a «Reusable sanitary towels — Specification» Reference number US 1782 : 2017</p>



DISPOSABLE SANITARY PAD ...



CHARACTERISTIC / ATTRIBUTE	SPECIFIC INFORMATION OF RELEVANCE FOR UNICEF PROCUREMENT
Description	<p>Disposable pads are worn externally to the body in the underwear to absorb menstrual flow. They are disposed of after a maximum of 8 hours; they are therefore consumables which require regular assessment of supply, availability and affordability. Pads come in various sizes, absorbencies and materials and consist of a layered design made of blends of plastics, rayon and cotton. Pads should include wings to prevent leakage and keep the pad more securely in place.</p>
Identified literature	<p>Only 5 intervention studies were identified. Evidence is limited to Kenya, Ghana, Somalia and India. Few laboratory studies assess health effects, and there is risk of confounding, social desirability bias, and recall bias affecting results.</p>
Context of use	<p>Local procurement is often easy and cheap as disposable pads are available in most contexts, but not in very remote areas. Locally produced disposable pads are sometimes available, though with varying quality. There is a lack of cheap, high-quality biodegradable disposable pads on the market. A problem in emergencies is the lack of continuous supply of disposable pads and additional challenges with disposal and solid and liquid waste management. Distributing enough pads and ensuring replenishment is important – and distributing disposable and reusable pads simultaneously could be explored.</p>
User experience and cultural considerations	<p>Disposable pads are often preferred and considered aspirational by girls and women as they are cited to be reliable, hygienic, comfortable, easy to use (especially in contexts with limited privacy) and require no access to water for cleaning. Unfamiliar users sometimes reuse them. Disposable pad distribution should include education on proper use and safe disposal, while taking local beliefs and practices (e.g. burial, perceptions of blood) into account. The provision of underwear is crucial as girls and women often do not own underwear, which is of particular importance in emergency settings.</p>



<p>Health impacts</p>	<p>In most studies, no significant adverse health effects are reported, though there is inconclusive evidence on the impact of disposable pad use and bacterial vaginosis, as well as reproductive tract infections especially in relation to prolonged wear time. Skin compatibility is very high and disposable pads are well tolerated by users in different parts of the world, though quality control is important. Disposal of used pads in flush toilets can lead to clogged pipes and sewage backflow into buildings, presenting a serious health risk and maintenance problem; provision of proper disposal through waste management services is crucial.</p>
<p>Waste management and environmental impacts</p>	<p>As pads are disposed after one use they create large quantities of litter, accumulate in landfills, block sanitation systems when thrown in toilets, and release toxins when burned incorrectly. An appropriate waste-management chain must be in place from on-point to end-point. As cultural beliefs and stigma influence individual disposal, users must change their disposal behaviour to manage disposable pads.</p> <p>Suppliers often claim biodegradability of a product without indicating the exact conditions (e.g. temperature, humidity) and timeframe. Thus, it often remains unclear if a product is 100% biodegradable and how long and under which conditions the biodegradation would take place. In theory, biodegradable pads would have a lower impact on environment, but their precise impact is poorly understood and the vast majority of pads used are non-biodegradable.</p>
<p>Affordability</p>	<p>Relatively higher prices and reoccurring costs render disposable pads unaffordable for many. The average cost lies between US \$ 0.10 to US \$ 0.30 per pad. While local procurement is often possible and cheap, costs for replenishment, underwear, education on use and disposal and ensuring an enabling infrastructure must be considered.</p>
<p>Standards and regulation</p>	<p>Recently, Kenya and Uganda have developed standards for disposable pads. In other regions, voluntary guidelines were put in place by the industry. There is a need to better understand conditions of biodegradability and there is a lack of cheap, high quality biodegradable pads on the market.</p>
<p>Technical specifications</p>	<p>Single use, unscented ultra-thin menstrual pads with wings to absorb medium to high flow, with adhesive backing to attach to underwear. One 'unit' is a pack containing a minimum of 20 pads. Two units per woman of menstruating age are usually required per distribution, covering a three-month timeframe. Use and care instructions in English and other UN languages should be provided.</p> <p>Supportive supplies required: Soap for handwashing, underwear, lidded bins inside toilet stalls. These consumables require regular assessment of supply, availability and affordability.</p>



TAMPON ...



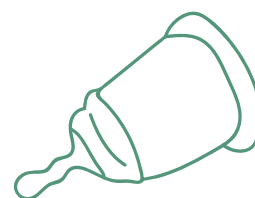
CHARACTERISTIC / ATTRIBUTE	SPECIFIC INFORMATION OF RELEVANCE FOR UNICEF PROCUREMENT
Description	<p>Tampons are absorbent materials made from cotton and/or rayon that are inserted into the vagina to absorb menstrual flow. They expand with moisture and thereby avoid leakage. They can be worn for up to 8 hours, after which they are removed using the removal string, and disposed of. They come in a variety of sizes, materials and with or without an applicator to assist insertion. Tampons are consumables which require regular assessment of supply, availability and affordability.</p>
Identified literature	<p>No feasibility or acceptability study with tampons in development and emergency settings could be identified. However, similarities exist to menstrual cup (insertion) and disposable pads (waste management and environmental impacts) and there is a vast amount of literature from high-income countries on health aspects.</p>
Context of use	<p>Tampons are often not available and are rarely used in low-income countries.</p>
User experience and cultural considerations	<p>There is a lack of awareness of tampons and prevalence of use is as low as 1%-4% in low-income countries. When known about, girls and women often express fear of pain and the tampon getting stuck as reasons for non-use. Tampons have to be inserted into the vagina, which presents a barrier for uptake in many cultures as it is inaccurately associated with tearing the hymen and loss of virginity. However, studies on menstrual cups report high acceptability of insertable devices even when met with initial scepticism. Education on safe use and disposal and discussion of myths is crucial. No underwear is required for use.</p>



<p>Health impacts</p>	<p>Tampon use is associated with toxic shock syndrome, a rare but potentially fatal disease. To lower this risk, the use of a tampon with the lowest absorbency required is recommended, and the tampon should be changed after a maximum of 8 hours. Residual chemical and fragrance can lead to allergic reactions. Soap for handwashing and access to clean water is important to avoid UTIs and vaginal infections. Tampons can be used with an intrauterine device.</p>
<p>Waste management and environmental impacts</p>	<p>As tampons are disposed after one-time wear, they create large amounts of waste. The flushing of tampons in toilets can lead to clogging of pipes, service disruption and increased maintenance costs. When burned incorrectly, they can release furans (a highly volatile chemical compound) and toxins. Only tampons made from natural fibres biodegrade, while those containing plastics remain in the environment. Education on appropriate disposal and the availability of an appropriate waste-management chain from on-point to end-point is important.</p>
<p>Affordability</p>	<p>The (perceived) lack of demand leads to a lack of interest from manufactures to supply tampons, making them rarely available in low-income contexts. If available, they are unaffordable for many. They require continuous purchasing as well as training on safe use and disposal, and education on myths related to virginity. Bins for disposal, and soap can add to programme costs. The average cost is between US \$ 0.20 and US \$ 0.30.</p>
<p>Standards and regulation</p>	<p>While regulations of tampons vary between countries, many high-income governments require tampons not to contain dangerous chemicals. No regulations or standards were identified for low-income countries.</p>
<p>Technical specifications</p>	<p>Single use menstrual tampons to absorb low to high flow made from cotton or other materials with similar absorbency and biocompatibility. There is an attached withdrawal cord for removal and the tampon comes with or without applicator. They usually come in two sizes for absorbency; light and regular flow, and to cater for the needs of both young girls and women who have given birth. One 'unit' is a pack containing a minimum of 20 individually wrapped tampons. Inclusion of use and care instructions in English and other UN languages is needed.</p> <p>Supportive supplies required: soap for handwashing, lidded bins inside toilet stalls, and a regular waste management system. Consumables require regular assessment of supply, availability and affordability.</p>



MENSTRUAL CUP...



CHARACTERISTIC / ATTRIBUTE	SPECIFIC INFORMATION OF RELEVANCE FOR UNICEF PROCUREMENT
Description	<p>The menstrual cup is a non-absorbent bell-shaped device that is inserted into the vagina to collect menstrual flow. It creates a seal and is held in place by the walls of the vagina. It is typically made of medical-grade silicone. It collects three times more blood than pads or tampons and needs to be emptied every 6-12 hours, after which it is rinsed and re-inserted (if facilities allow). After each menstrual cycle the cup must be boiled for 5-10 minutes. Most manufactures offer at least two sizes, and different shapes are becoming more common. Cups are reusable for 5-10 years.</p>
Identified literature	<p>There is increasing interest on the acceptability of cups in low-income contexts but the few existing studies are of varying quality. All studies have been in Eastern and Southern Africa and South Asia. There is only one study in an emergency context.</p>
Context of use	<p>Menstrual cups are not yet widely promoted in low-income countries but there is increasing interest and growing evidence of their acceptability.</p>
User experience and cultural considerations	<p>Even in contexts where insertable menstrual products are not known of or used, many studies report high acceptability for the cup after initial behavioural barriers are overcome. However, insertion can present other cultural barriers to cup use, as it is incorrectly associated with breaking the hymen and loss of virginity. Education and discussion of myths and perceptions are crucial for cup acceptability, as well as continued support and access to knowledge. Cups are often perceived as better than pads or cloths in relation to ease and discretion of washing, drying and storing, comfort, leakage protection, odour development, quality and length of wear. Soap for handwashing and a container for boiling and storing are required. No underwear is needed for its use. It is often recommended that cups are rinsed with clean water after emptying and before re-insertion. However, this step is not necessarily required if no water is available in stalls. If desired, an option could be to bring a small bottle of clean water inside stalls to rinse the cup. At the end of the cycle, the cup should be boiled for 5-10 minutes.</p>




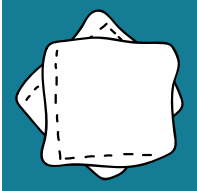
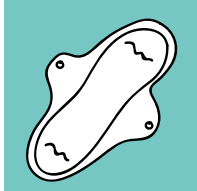



<p>Health impacts</p>	<p>Based on literature from high- and low-income countries, no significant health risks are reported. Since cups do not disrupt vaginal flora and pH, health risks like toxic shock syndrome, infections and skin irritations are minimal in comparison to other materials. Cups can be worn with an intrauterine device. Good hand hygiene is important for safe cup use.</p>
<p>Waste management and environmental impacts</p>	<p>The cup can be used for 5-10 years and thus produces significantly less waste than other MHH materials. While cups require water for boiling, they need far less than reusable pads or cloths.</p>
<p>Affordability</p>	<p>The cup allows its user to safely handle menstruation without reoccurring costs for many years. However, as the high initial investment of US\$ 10 to US\$ 40 presents a barrier for uptake, there is a need for less expensive, high-quality cups on the market.</p>
<p>Standards and regulation</p>	<p>There is a lack of regulations and standards for menstrual cups, though there is consensus of the importance of high-quality materials for manufacturing such as medical grade silicone. Furthermore, low-quality cups often do not form an effective seal, which can lead to leakage.</p>
<p>Technical specifications</p>	<p>A reusable, biocompatible menstrual cup made of medical grade silicone or thermoplastic elastomer, to be worn inside the vagina to collect around 10-30 ml. of menstrual flow. Workmanship and quality to maintain its function and shape for a minimum of 5 years are needed. Cups can be provided in two sizes: a bigger menstrual cup for females who have given birth vaginally and a smaller cup for females who have not. A cotton bag for storage, as well as use and care instructions in English and other UN languages is needed.</p> <p>Supportive supplies required: soap for handwashing, containers for boiling, and for bringing water to toilet stalls for rinsing the cup.</p>



SUMMARY OF MATERIALS

The table below compares aspects of menstrual hygiene materials. The table should be interpreted with caution as the classification of low, medium, and high is highly dependent on contextual factors. For example, the health risk of tampons is generally accepted to be low, but insertion without proper hand hygiene can lead to infections, and prolonged wear time increases the risk for toxic shock syndrome.

	Menstrual cloth	Reusable pad	Disposable pad	Menstrual cup	Tampon
					
Insertion	-	-	-	Yes	Yes
Reusable	Max. 1 year*	1+ year	-	5-10 years	-
Wear time	Approximately 2-4 hours*	Approx. 3-6 hours	Approx. 3-6 hours	Approx. 6-12 hours	Max. 8 hours
*There is a lack of guidance on safe wear and life-time of cloths. The stated timeframes are estimates.					
Amount needed for one cycle	1*	Minimum 5	12-22	1	12-22
*Depending on the size of the cloth provided, and whether it is reused or disposed of.					
Price for one item	US \$ 2 for 1m x 1.5m	US \$ 1.50-3	US \$ 0.10-0.30	US \$ 10-40	US \$ 0.20-0.30
Estimated cost for one year*	US \$ 2	US \$ 1.5-3	US \$ 30-90	US \$ 1-8	US \$ 60-90
*Based on an average cycle length of 5 days and 13 menstrual cycles per year and 22 tampons/pads per cycle.					

	Menstrual cloth	Reusable pad	Disposable pad	Menstrual cup	Tampon
					
Health risks*	Medium	Medium	Low	Medium	Medium
Maintenance	High	High	Low	Medium	Low
Learning costs	Medium	Medium	Low	High	High
Supportive supplies needed	Soap for handwashing, laundry detergent, bucket for washing, clothesline, storage bag, underwear, scissors.	Soap for handwashing, laundry detergent, bucket for washing, clothes line, storage bag, underwear.	Soap for handwashing, underwear, lidded bins inside toilet.	Soap for handwashing, container for boiling.	Soap for handwashing, lidded bins inside toilet stall.
Supportive environment needed	Sufficient water for washing (daily), private washing space, drying space, solid waste management system.	Sufficient water for washing (daily), private washing space, drying space.	Solid waste management system in place from on-site to end-point.	Water for sterilisation (one time per cycle), hygienic space for storage, water inside toilet stall.	Solid waste management system in place from on-site to end-point.
Availability of local manufacturers for procurement *	High	Medium	Medium	Low	Low

*Depending on context and general hygiene aspects.



MONITORING AND LEARNING



Effective monitoring and evaluation of MHH interventions along a given theory of change remains a priority globally, and generating evidence on materials and supplies can help increase knowledge of this critical component.

Monitoring and evaluation is of course critical for accountability to children and their caretakers, and to governments, but is also critical to improving the quality of UNICEF’s work. There is much more to learn about increasing access to menstrual hygiene materials and supplies – and UNICEF can help to build the global evidence base through effective assessment, monitoring and evaluation. Some of the priority areas for research surrounding increasing access to MHH materials and supplies were outlined by leading MHH researchers and practitioners in 2016¹⁰, and are outlined in Table II below.

With regard to menstrual hygiene materials and supply assistance, most monitoring may be at the input or activity and output level – such as monitoring the number of women and girls who received or were satisfied with supply assistance. In humanitarian settings, monitoring might be done through quantitative post-distribution monitoring surveys, or perhaps using a mix of methods described in the consultation section above. Ensure that data are disaggregated by sex, age, and disability status.

TABLE II. MHH TOPICS AND RESEARCH QUESTIONS FOR ADOLESCENT GIRLS (SELECTION OF TOPICS RELEVANT TO MENSTRUAL HYGIENE MATERIALS AND SUPPLIES)

TOPIC AREA	RESEARCH QUESTION – RELATED TO MENSTRUAL HYGIENE MATERIALS AND SUPPLIES
Environmental infrastructure	What are cost-effective menstrual waste disposal systems? How can safe, hygienic, sustainable, and environmentally friendly disposal systems be developed?
Hygiene products	How can programmes improve access to menstrual products, such as sanitary pads, other absorbents, or menstrual cups, and availability of underwear? Are certain MHH products only culturally acceptable in some countries? How does culture or religion affect uptake? Can acceptability and use be promoted globally? How can programmes measure the benefits and risks of traditional hygiene materials (such as cloth) in LMIC and support safe practices? Can cluster randomised controlled trials define the cost-effectiveness of MHH products on hard outcome measures?
Girls’ health	Can cluster randomised controlled trials define the cost-effectiveness of MHH products on hard outcome measures? What health impact would MHH products have on reproductive tract infections, vaginal discharge and odour, and urinary tract infections? What impact would effective MHH products have in reducing transactional (or coerced) sex to obtain money for sanitary pads?

Adapted from Phillips-Howard, P.A., et al. (2016)

¹⁰Phillips-Howard, P. A., Caruso, B., Torondel, B., Zulaika, G., Sahin, M., & Sommer, M. (2016). ‘Menstrual hygiene management among adolescent schoolgirls in low-and middle-income countries: research priorities.’ In *Global Health Action*, 9(1), 33032. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5148805/>

ANNEX 1: ADDITIONAL RESOURCES

AUTHOR, TITLE AND LINK	RELEVANCE
<p>The Impact of Water, Sanitation and Hygiene on Key Health and Social Outcomes: Review of Evidence</p> <p>UNICEF and SHARE Consortium (2016)</p>	<p>This evidence paper looks at 10 areas identified by SHARE and UNICEF on which WASH can plausibly have a strong impact: diarrhoea, nutrition, complementary food hygiene, female psychosocial stress, violence, maternal and newborn health, menstrual hygiene management, school attendance, oral vaccine performance, and neglected tropical diseases. The paper indicates where evidence-based consensus is emerging or has been established.</p>
<p>Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world</p> <p>SHARE & WaterAid (2012)</p> <p>Modules and Toolkits 3 Menstrual hygiene – sanitary protection</p>	<p>This resource brings together accurate, straightforward, non-judgmental knowledge and practice on menstrual hygiene programming from around the world to encourage the development of comprehensive and context-specific approaches to menstrual hygiene.</p> <p>Module and toolkit 3 provide information on menstrual materials, supplies, and disposal.</p>
<p>UNICEF Supply Manual</p>	<p>Provides all resources to explain and support UNICEF’s Procurement Policies including links to other relevant procedures and principles.</p>
<p>UNICEF Toolkit for working with Civil Society Organizations</p>	<p>Provides all resources to explain and support UNICEF’s Procedure for working with Civil Society Organizations with key reference documents for partnering with CSOs.</p>
<p>An Opportunity to Address Menstrual Health and Gender Equity: A Global Menstrual Health Landscape Analysis</p> <p>FSG (2016)</p>	<p>This report gives a concise overview of 1) the state of the evidence linking menstrual health to health, education, and equality outcomes; 2) a brief landscape of the menstrual health sector, including areas of progress and existing gaps; and 3) conclusions and perspectives on opportunities for working in menstrual health. The report was prepared with support from the Bill & Melinda Gates Foundation. It is the result of a review of over 150 peer-reviewed articles and grey literature, interviews with 37 global experts, 70-plus interviews with experts and practitioners in India, Kenya, and Ethiopia, and a review of relevant programming focused on menstruation, MHM, and sexual and reproductive health and rights.</p>
<p>Tools for Assessing Menstrual Hygiene Management in Schools</p> <p>UNICEF and Emory University (2013)</p>	<p>In 2012, UNICEF and the Center for Global Safe Water at Emory University initiated a programme to support collaborative research focused on MHM in Bolivia, the Philippines, Rwanda and Sierra Leone. The assessment results are now published as a series of reports. All of the tools presented here are meant to be used and adapted for assessments around the world.</p>
<p>MHM in Emergencies Toolkit: Full guide, mini-guide and training resources</p> <p>Columbia University and the IRC (2017)</p>	<p>The MHM in Emergencies Toolkit provides streamlined guidance to support organisations and agencies seeking to rapidly integrate MHM into existing programming across sectors and programme phases. This toolkit was informed by an extensive desk review, qualitative assessments with a range of humanitarian actors and organisations, and direct discussions with girls and women living in emergency contexts and directly affected by this issue.</p>

Violence, Gender & WASH: A Practitioner's Toolkit – Making water, sanitation and hygiene safer through improved programming and services.

House, S., Ferron, S., Sommer, M., Cavill, S. (2014)

This toolkit was developed in response to an acknowledgement that although the lack of access to appropriate WASH services is not the root cause of violence, it can lead to increased vulnerabilities to violence of varying forms. It includes tools like safety audits and transect walks that can be used with girls, women, and other menstruators.

UNICEF Guidance on WASH & Dignity Kits

UNICEF (2018)

(Available internally to UNICEF only)

This guidance is meant for WASH and Child Protection specialists who are procuring WASH & Dignity Kit – First Response (S9901153) through UNICEF Supply Division. The kit helps fulfil UNICEF's commitment to provide gender-specific 'non-food items' (NFIs) to women and adolescent girls in line with their rights to health, dignity and protection in emergencies.

Menstrual hygiene management in schools in South Asia: Synthesis report

UNICEF & WaterAid (2017)

This report details the status of MHM in schools in South Asia. Progress and gaps are identified in achieving sustainable and inclusive MHM services at scale, and the report draws together opportunities for further promoting and mainstreaming MHM in schools across South Asia.

The findings are presented in an overall report, a summary, and 8 country specific reports.

Menstrual Health Management in East and Southern Africa: A Review Paper

UNFPA (2018)

This review provides an overview of MHM policies and programmes in the Eastern and Southern Africa region, with a focus on education, school and community-based sexuality education, WASH, sexual and reproductive health, workplace support and humanitarian programming, as well as opening up the discussion regarding marginalized groups of women and girls such as disabled, prisoners and transgender men. It addresses barriers and enablers for scalability of MHM programmes such as knowledge, attitudes, and cultural perceptions, availability of menstrual products and supplies and sanitation facilities as well as policy.

Supporting the Rights of Girls and Women through Menstrual Hygiene Management in the East Asia and Pacific Region: Realities, Progress and Opportunities

UNICEF (2016)

A comprehensive overview and analysis of the experiences of girls and women, to establish the current status of MHM programming and action across the East Asia and the Pacific region. The review not only focuses on the school context linked to WASH in Schools programming, but also explores MHM in relation to out-of-school youth, as well as MHM at community level, in humanitarian contexts and in the workplace.

The findings are presented in two documents:
 (1) A regional synthesis report titled "Realities, Progress and Opportunities"
 (2) An implementation guidance note with selected good practices titled "Regional Good Practice Guidance Note"



For more information on this publication and menstrual hygiene management as part of WASH in schools programmes, contact **Brooke Yamakoshi** at UNICEF, byamakoshi@unicef.org