



**A TOOLKIT FOR INTEGRATING
MENSTRUAL HYGIENE
MANAGEMENT (MHM) INTO
HUMANITARIAN RESPONSE**

THE MINI GUIDE

ACKNOWLEDGEMENTS

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ACRONYMS

CCCM	Camp Coordination Camp Management	IRC	International Rescue Committee
CFS	Child Friendly Spaces	KAP	Knowledge Attitude And Practices
4 Cs	Coordination, Consultation, Culture, Communication	KII	Key Informant Interviews
CTP	Cash Transfer Programming	M&E	Monitoring And Evaluation
DPO	Disabled Persons Organizations	MHM	Menstrual Hygiene Management
FGD	Focus Group Discussion	NFI	Non-Food Item
FGM	Female Genital Mutilation	NRC	Norwegian Refugee Council
HWF	Hand washing facility	PDM	Post Distribution Monitoring
IDP	Internally Displaced Person	SRH	Sexual And Reproductive Health
IEC	Information Education Communication	UNFPA	United Nations Population Fund
IFRC	International Federation Of The Red Cross	UNHCR	United Nations Refugee Agency
INEE	Inter-Agency Network for Education in Emergencies	UNICEF	United Nations Children's Fund
		WASH	Water Sanitation And Hygiene
		WHO	World Health Organization
		WRA	Women Of Reproductive Age

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PREFACE

The Menstrual Hygiene Management (MHM) in Emergencies toolkit aims to provide streamlined guidance to support organizations and agencies seeking to rapidly integrate MHM into existing programming across sectors and phases. This toolkit was informed by an extensive desk review, qualitative assessments with a range of humanitarian actors and organizations, and direct discussions with girls and women living in emergency contexts and directly affected by this issue.

Toolkit audience: The toolkit was designed to support a range of humanitarian actors involved in the planning and delivery of emergency responses. The guidance is therefore aimed to support 1) program staff directly delivering services; 2) program supervisors and country-level staff responsible for designing, coordinating and monitoring field activities, and 3) technical staff, focused on providing technical support and developing standards.

Resource Format: The MHM in emergencies toolkit is comprised of 2 main sections, serving different functions:

- **MHM IN EMERGENCIES: THE MINI GUIDE.**

This adjoining document provides a brief summary of the key actions necessary for addressing MHM during emergencies. It serves as a quick read to gain a basic understanding of a complete MHM response.

However, it is advised to review the complete guide when designing programs or developing response activities.

- **MHM IN EMERGENCIES TOOLKIT: THE FULL GUIDE.**

This document serves as a more extensive guidance resource. The chapter structure of this guide follows the same structure as the sections in the mini-guide, providing deeper discussion on each topic, including key assessment questions, case studies from around the world, design considerations, resources for gathering monitoring and feedback, and links to additional resources.

The resource has been collaboratively produced by David Clatworthy (International Rescue Committee), Margaret Schmitt (Columbia University, Mailman School of Public Health) and Dr. Marni Sommer (Columbia University, Mailman School of Public Health) with inputs from displaced adolescent girls and women and humanitarian practitioners and organizations ([see acknowledgements](#)).*

Please contact Dr. Marni Sommer with any concerns or insights you would like to share with the MHM in emergencies toolkit team at: marni.sommer@columbia.edu

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JUST THE FACTS: UNDERSTANDING MENSTRUATION

THE BASICS

MENSTRUATION IS NORMAL!
IT IS THE MONTHLY
SHEDDING OF BLOOD AND
UTERINE TISSUE AND AN
IMPORTANT PART OF THE
REPRODUCTIVE CYCLE.
TYPICALLY, IT LASTS...

2-7 DAYS



THE AMOUNT OF BLOOD
IS USUALLY BETWEEN

1 AND **6**



TABLESPOONS EACH
MONTH AND CAN
BE MESSY.

ABDOMINAL CRAMPS,
NAUSEA, DIARRHEA
AND HEADACHES
ARE COMMON
BEFORE AND
DURING A PERIOD.



WHY IT MATTERS?

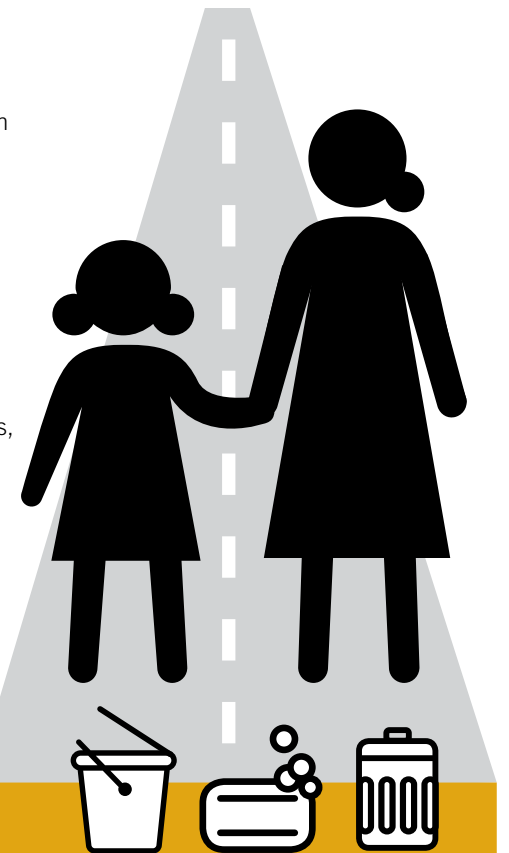
- Girls who get blood on their clothes are often teased by teachers, boys or other girls.
- Social norms may lead women and girls to feel that menstruation is dirty, shameful or unhealthy.
- Without access to good menstrual materials and private toilets or washrooms for changing, girls and women may not want to go far from home. Teachers may miss school, health workers may miss work, and girls and women may not attend school, go to the market or wait in line for supplies.

Menstruation is very personal.

Women and girls often do not want others to know they are menstruating – even other women and girls.

WHAT IS MENARCHE?

- Menarche is the onset of menstruation. Girls generally get their first period between 11–15, although some can be younger or older.
- **The first period is generally a surprise!** Sometimes girls are scared or worried they are sick. They may not know who to ask for advice.
- Information about menstruation is frequently passed on from mothers, friends, sisters or aunts, and is often a mixture of cultural beliefs, superstition and practical information that is sometimes helpful and sometimes not.
- In many cultures mothers may feel uncomfortable to talk to their daughters about periods because it is linked to sexuality.



WHAT DO THEY NEED?

- A range of materials can be used to catch the blood, including a sanitary pad (disposable or reusable), a tampon, or a piece of cloth in their underwear.



- **Menstrual periods are irregular and can catch girls and women by surprise.** This causes anxiety about finding a bathroom and materials quickly!
- Menstruation can be messy! Women and girls need a private space with water and soap to clean themselves and soiled materials.

- Even when using good menstrual materials, women and girls may be worried about blood stains on their clothes.
- Women and girls need access to a private, clean space (toilet or washroom) to change materials throughout the day and night and to hygienically dispose of menstrual waste.

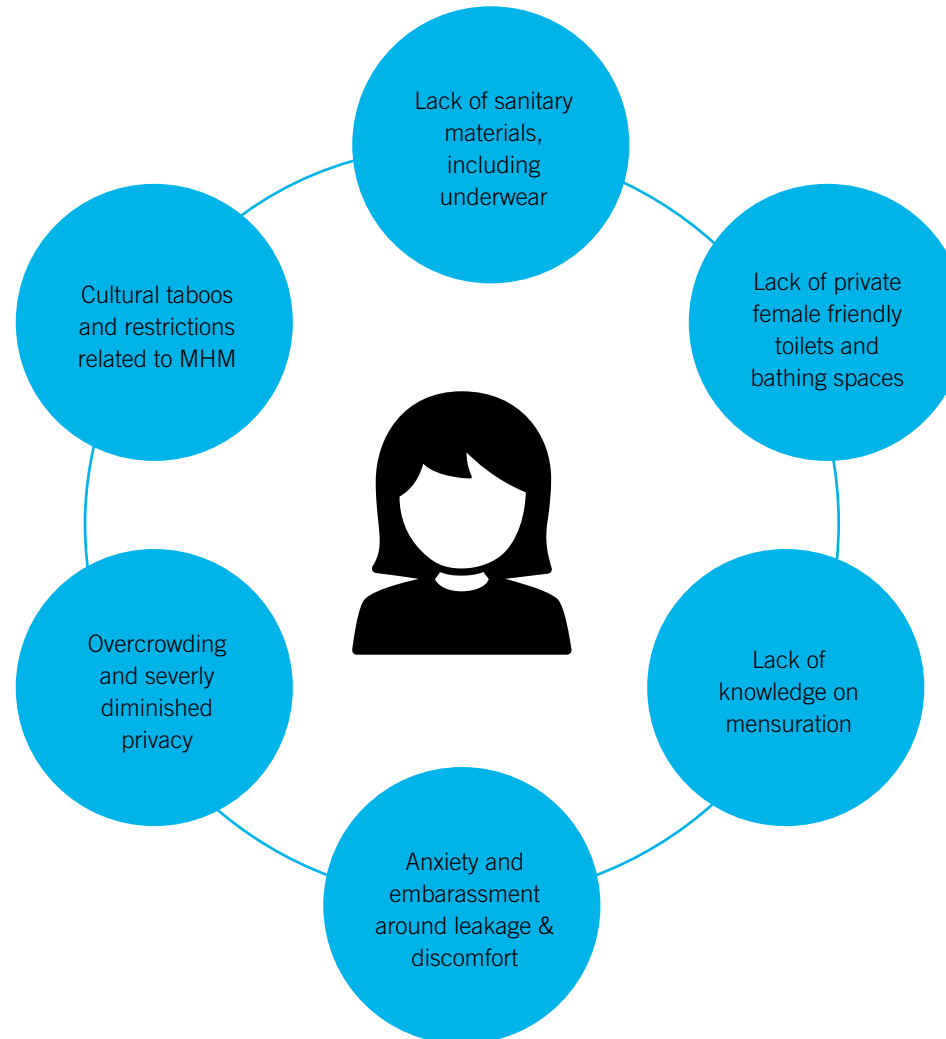
1 INTRODUCTION



Managing menstruation in resource-poor settings is often challenging, especially when away from home all day. Such challenges are increased by societal taboos, secrecy and embarrassment around menstruation. During emergencies, girls and women face even greater barriers managing menstruation given the loss of privacy and safety often associated with living in emergency contexts.

Menstrual Hygiene Management (MHM) programming in emergencies involves adjustments and improvements to a range of sectoral interventions including Water Sanitation and Hygiene (WASH), Protection, Reproductive Health, Education, Non Food Items (NFIs) and Shelter. While some components are specific to menstruation (such as the provision of sanitary pads) most components of MHM programming are concerned with improving the safety, privacy and dignity with which women and girls can live in emergency contexts, and therefore are helpful for overall quality of service provision and lead to improved outcomes which are expected for all the aforementioned sectors.

MHM CHALLENGES FACING GIRLS AND WOMEN IN EMERGENCIES



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THE 4 Cs OF EFFECTIVE MHM PROGRAMMING:

The 4 Cs, which weave across sectors and activities, will enhance the coverage, capacity and the completeness of an MHM response. The 4 C considerations include the following:

COORDINATION



- Present on MHM at interagency meetings, camp coordination and management meetings, cluster meetings, and directly with field staff to generate collective understanding and consensus on MHM.
- Partner with other agencies, including government entities, to maximize impact and minimize gaps, overlaps and misunderstandings.
- Delegate a MHM focal person(s) from WASH and Protection track the mainstreaming of MHM across the WASH, Education, Health, Shelter, and Protection sectors.
- Develop a cross-agency MHM programming information management sheet on the 4 W's (Who/What/Where/When) to ensure consistency and clarity on roles.

CONSULTATION



- Consult girls/women from beneficiary population on proposed MHM response activities (e.g. supplies, facilities, information).
- MHM focal person(s) shares findings from consultations across relevant sectors.
- After implementation, continue to directly consult girls/women from beneficiary population (e.g. post distribution monitoring, interviews, focus groups) on MHM response activities for monitoring and improvement.
- MHM focal person(s) shares learning from monitoring efforts across relevant sectors.

CULTURE



- Assess staff comfort levels and cultural sensitivities about MHM and develop appropriate capacity building trainings.
- Assess the cultural sensitivities and social norms around MHM within the beneficiary population, including their implications on the types of materials, design of facilities, disposal methods, and washing, drying and privacy needs.

COMMUNICATION



- Maintain on-going communications with MHM focal person(s) and working groups across relevant sectors including continuously updating on MHM programming, feedback from beneficiaries, lessons learned, and challenges.
- Sustained training of staff is a key tool for mainstreaming MHM in emergencies.
- Communicate with beneficiaries directly on MHM programming, including ensuring they understand how to use menstrual hygiene supplies, dispose of menstrual waste and have access to basic education on menstrual health and hygiene.

THE HIERARCHY OF MHM NEEDS

Providing an MHM response requires a range of sectors to identify which elements or activities may fall within their mandate. Figure 1 depicts the range of MHM considerations (e.g. basic materials and supplies, information, facilities, safety, privacy and dignity) and how these may fall within the responsibility of various sectoral actors. Effective coordination and communication across sectors is critical. Sectoral responsibility may vary considerably from one context to another.

DIGNITY

Harmful cultural norms addressed; a supportive environment; access to information about puberty, reproductive health; engagement with boys & men

PRIVACY

Ability to privately manage menstruation including to wash, dry and/or discretely discard disposable materials.

SAFETY

A secure environment, ability to access facilities of choice, throughout the day and night

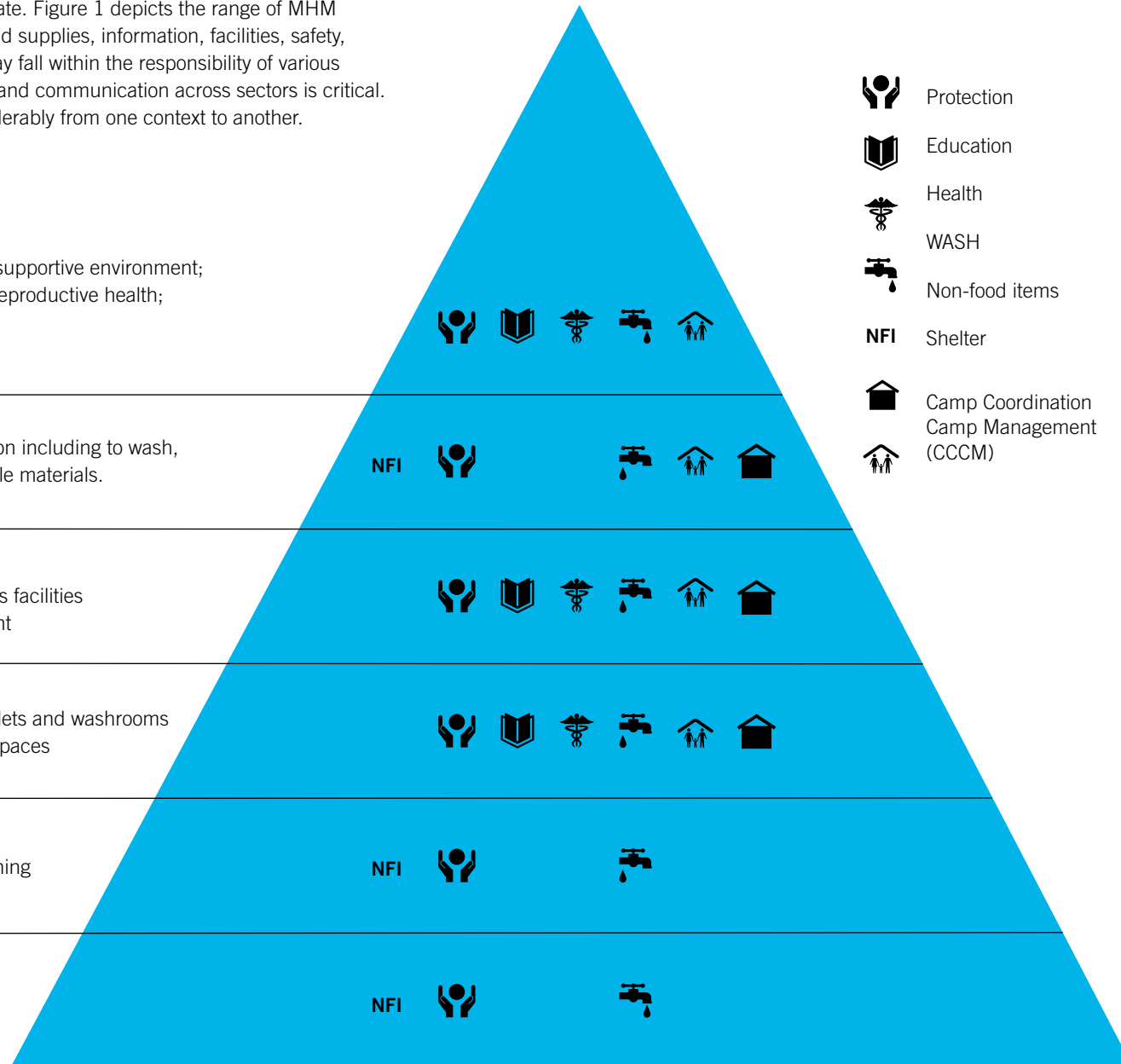
FACILITIES Private female friendly toilets and washrooms at home and in public & institutional spaces

INFORMATION

Practical information on wearing, washing and disposing provided materials

BASIC MATERIALS AND SUPPLIES

Pads, underwear and soap



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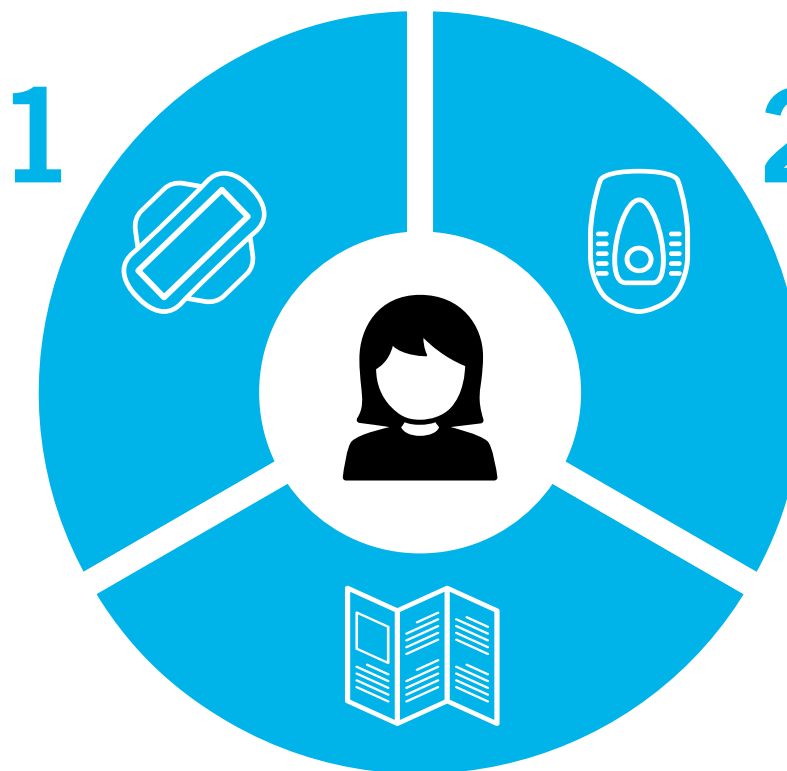
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THREE ESSENTIAL COMPONENTS OF A COMPLETE MHM HUMANITARIAN RESPONSE

MHM is a cross-sectoral issue. In order to deliver an effective response, the various sectors must coordinate to ensure that the three central components are addressed.

1 MHM MATERIALS & SUPPLIES

- Appropriate menstrual materials (pads, cloths, underwear).
- Additional supportive materials (e.g. soap, bucket) for storage, washing and drying.
- Demonstration on how to use MHM materials.



2 MHM SUPPORTIVE FACILITIES

- Safe and private toilet and bathing facilities with water for changing, washing and drying menstrual materials.
- Convenient and private disposal options for menstrual waste.
- Waste management systems in place for menstrual waste.

3 MHM INFORMATION

- Basic menstrual hygiene promotion and education.
- Basic menstrual health education (especially for pubescent girls).
- Address harmful cultural or social norms related to menstruation.

2 TRAINING STAFF ON MHM



Training is the single most effective tool for mainstreaming MHM into multisectoral emergency responses.

1

WHO:

All staff (male and female) should be knowledgeable and comfortable discussing MHM. Although male staff in most contexts should not be directly discussing MHM with the female beneficiaries, they can be involved with planning and implementing MHM activities. This includes staff across sectors that may be involved with MHM programming (including WASH, Health, Education, Protection and NFIs).

Training of more senior staff can help ensure that MHM is mainstreamed into program planning and coordination while training of field staff helps to ensure effective day to day programming.

STAFF SHOULD BE:

- Knowledgeable on the basics of MHM.
- Capable of speaking professionally about MHM.
- Familiar with the cultural specifics of MHM for a given emergency context.

2

WHAT:

A brief MHM training should be conducted to sensitize all program staff on MHM and to provide guidance on how to appropriately and confidently discuss it with both the target population and their colleagues. To review a training resource on menstruation basics, click [here](#).

Beyond conveying information, discussions at trainings are often a good opportunity to gather information from field staff about challenges that women and girls experience in that context.

3

WHEN:

Staff should be trained on MHM basics at the onset (or soonest possible opportunity) of an emergency. The sooner they are familiar with the issues, the more likely they are to effectively respond to the MHM needs of girls and women. In a protracted emergency, it may be necessary to conduct refreshers or follow up trainings to maintain knowledge levels and account for staff turnover.

KEY TOPICS TO COVER:

- Menstruation basics, including: What is menstruation? How long is a menstrual period? What are the symptoms of it? At what age does menstruation start? At what age does it end?
- How do girls and women manage their menstruation in this context?
- What are the challenges experienced by girls and women when managing their menstruation?
- What are the local cultural taboos and myths that exist around the management of menstruation? How do these impact girls and women?
- What are the full spectrum of MHM needs of girls and women living in emergencies?
- What are the different sectoral roles in supporting MHM?
- How can program staff respectfully and professionally discuss MHM with beneficiaries?
- Where can staff find additional information and resources on MHM?
- Do girls and women face any restrictions in accessing basic services while menstruating (e.g. access to NFIs)?



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If planning or facilitating a training on MHM, please refer to Chapter 2 (Training staff on MHM) in the Full Guide.



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CONDUCTING AN MHM NEEDS ASSESSMENT



Adolescent girls' and women's strategies for managing menstruation vary greatly across countries and cultures. Understanding local MHM practices is essential for integrating MHM effectively into the emergency response.

1

WHAT TO LEARN?

During an acute or protracted emergency, **a few key MHM questions** can serve as a quick and informative tool for integrating MHM into programming across relevant sectors:

MATERIALS AND SUPPLIES



1. PREFERENCES?

What are girls' and women's preferences for menstrual materials? What is feasible in this context? Any specific type/brand?

2. TARGET POPULATION?

Who should receive MHM materials and supplies (identify scale of need)?

3. DISTRIBUTION?

How should MHM materials and supplies be safely and privately distributed to the target population?

For more extensive guidance on conducting a MHM needs assessment, please refer to: **Chapter 3 (Conducting a needs assessment) in the Full Guide**

FACILITIES



4. FACILITIES?

What do girls and women want or need in terms of facilities for dealing with menstruation?

5. DISPOSAL AND WASHING?

How can women and girls privately dispose of or wash and dry used materials?

INFORMATION



6. KNOWLEDGE GAPS?

Are girls and women familiar with the MHM materials and supplies, disposal options and good hygiene practices?

2

CONSULTING ADOLESCENT GIRLS AND WOMEN

Needs assessments around MHM are largely qualitative but can be supplemented by direct observations.

Also refer to:

- Chapter 3 (Training staff on MHM).
- Chapter 13 (Monitoring and Evaluation)

Qualitative methods:

- Focus group Discussions (FGDs) with girls and women
- Structured interviews with key people (i.e. WASH committee members, girls and women, program staff etc.)
- Discussions with local staff (if from the same population as beneficiaries)

Observation methods:

- Checklists (i.e. physical inspections of facilities)
- Walk-throughs of facilities such as public toilets with a few women or girls who currently use the facility to gather insights.
- Market assessments to explore availability of products in local markets and inform existing norms.

3

TRAIN AND SENSITIZE STAFF ON MHM:

Staff conducting needs assessment activities should be knowledgeable about MHM and comfortable discussing it. Male staff should not directly be discussing MHM with beneficiaries but may be involved in the planning.

4

PROVIDING MHM MATERIALS AND SUPPLIES



When procuring and planning a MHM distribution, it is important to consider the emergency phase, the emergency type (conflict, natural disaster), climate (dry/rainy), population and setting (camps, urban areas, informal settlements). For example, in many settings, finding private spaces for washing and drying reusable materials can be a significant challenge. When selecting menstrual pads or cloths, it is important to consider the life cycle of usage (procurement, distribution, usage, washing/drying, disposal, and waste management)

1

CONSULT ADOLESCENT GIRLS AND WOMEN:

Assess preferences for materials (cloths, reusable or disposable pads). Bring in sample menstrual materials to discussions to enable beneficiaries to make informed decisions.

- Consider implications for disposal and/or washing and drying of reusable materials.
- Determine ways to reach the full number of adolescent girls and women in a community.
- Assess availability and feasibility of local versus international suppliers. Also consider implications for the sustainability of supply.

Assess what other distributions are occurring and **coordinate** with other sectors and partners (i.e. border points, reception centers, schools, protection centers)

BEYOND PADS: THE RANGE OF SUPPLIES NEEDED BY GIRLS AND WOMEN	
<p>Menstrual Materials</p> <p>Refers to the materials used to catch blood. This could be a pad, piece of cloth, tampon, cup or any other preferred method.</p>	<p>Menstrual Supplies</p> <p>Refers to the other items needed to support the management of menstruation.</p>



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2

SELECT APPROPRIATE MENSTRUAL MATERIALS AND SUPPLIES

The material selected has implications for water and sanitation facilities, shelter, protection, disposal and waste management systems, NFIs, hygiene and health promotion. Girls and women’s preferences may vary across a group of beneficiaries and require more than one type of material to be selected.

3

PROCURE MENSTRUAL MATERIALS AND SUPPLIES

Menstrual supplies should account for the total number of females of reproductive age in each household. Some items, like soap and disposable pads, will require monthly re-supply.

4

DISTRIBUTE AND DEMONSTRATE MENSTRUAL MATERIALS THROUGH HYGIENE PROMOTION ACTIVITIES

Female staff should be available during distributions so they can educate and answer questions on the contents:

- Do not assume beneficiaries know how to use the sanitary supplies being distributed. Staff should demonstrate how to use the items during distributions.
- Provide menstrual hygiene promotion and menstrual health education during distributions.

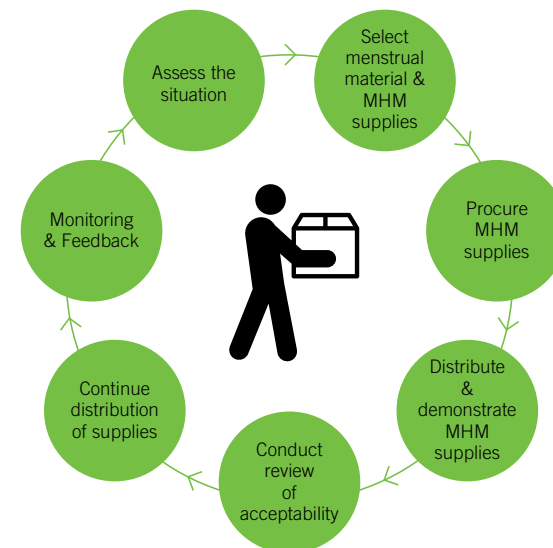
5

MONITORING AND FEEDBACK

A plan for monitoring MHM material distributions should be introduced immediately and can be done through a combination of the following methods, including 1:1 interviews and FGDs with girls and women and Post-distribution monitoring (PDM). PDMs are useful for assessing acceptability of materials, coverage, and knowledge gaps. To review relevant sample indicators, see [link](#).



PROJECT CYCLE FOR MHM DISTRIBUTION



For more extensive guidance on providing MHM materials and supplies, please refer to: Chapter 4 (Providing of MHM materials and supplies) in the Full Guide.

Other relevant chapters:

- Chapter 2 (Conducting a needs assessment)
- Chapter 13 (Monitoring and Evaluation)

5 MHM IN TRANSIT

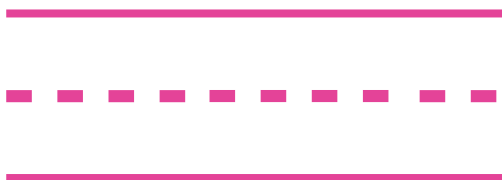


1 MHM IN TRANSIT CHALLENGES

Upon leaving their homes and while traveling to safety, girls and women may:

- Lack any materials for managing the blood;
- Lack toilets or washrooms for changing materials or cleaning while traveling long distances;
- Have to go into forests, alleyways etc., to try and find privacy, creating safety concerns;
- Be unable to wash and dry menstrual materials or stained clothing;
- Have limited capacity to carry excess supplies.

Along transit routes and at stopping points, rather than providing a blanket distribution, MHM in transit responses often aim to target girls and women in most need of menstrual materials. See Figure 1 for an overview of the key challenges faced by girls and women in transit.



2 PROVIDE A BASIC RESPONSE TO ADDRESS MHM IN TRANSIT NEEDS

Girls and women arriving at their next destination (e.g. those arriving at a border point, railway station, transit center, etc.), may experience shame if their clothing has been spoiled by blood or be at risk for exploitation in exchange for basic goods. They may be in urgent need of a safe and private space for dealing with their menstruation and leaks.

Response should include:

- **Provide basic menstrual materials** including pads, underwear and soap.
- **Ensure female friendly water and sanitation facilities are available** in transit where possible, and at border points, reception centers, transitional shelters, etc. as girls and women will need a place to change their materials, clean themselves or clothing and in some cases, help restore their basic hygiene and dignity after their journey.

3 ENSURE THAT GIRLS AND WOMAN IN NEED REVIEW MHM MATERIALS

A variety of methods can be used to quickly assess who may need assistance most urgently. Discretion and sensitivity are essential, especially considering that girls and women may be tired from the journey and feel embarrassment about their menstruation. A few possible methods for identifying girls and women include:

- Incorporate a menstruation question into existing health or protection screenings upon arrival at border points, reception centers.
- Female protection actors can organize small women's circles to discuss menstruation (among other protection related discussion items such as GBV).
- If a displaced population is literate, informative signs can be put up instructing girls and women on where they can request or discreetly pick up menstrual hygiene materials.

For more extensive guidance MHM considerations for girls and women in Transit please review Chapter 6 (MHM in Transit) in the Full Guide.



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FIGURE 1: MHM CHALLENGES FACED BY GIRLS AND WOMEN WHILE IN TRANSIT



UPON LEAVING THEIR HOMES AND WHILE TRAVELING, THEY MAY...

- Lack any materials for managing the blood.
- Lack toilets or washrooms for changing materials or cleaning themselves
- May have to go into forests or alleyways to find discreet places to change, creating safety concerns.
- May be unable to clean menstrual materials, clothing or find water.



WHILE BEING PROCESSED AT THE NEXT DESTINATION/ BORDER POINT, THEY MAY...

- Experience shame if their clothing has been spoiled by blood.
- Need basic menstrual hygiene supplies (i.e. pads, underwear, soap)
- Need access to private female friendly toilets and bathing spaces for changing and cleaning themselves.



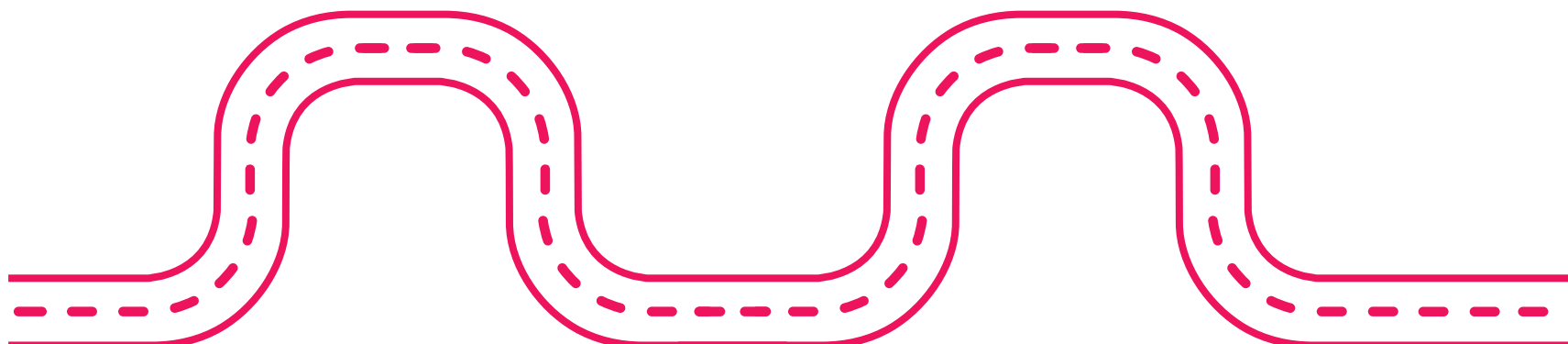
UPON ARRIVAL TO TRANSIT OR RECEPTION CENTERS, THEY MAY...

- Need continued provision of basic menstrual materials (i.e. pads, underwear, soap).
- Need access to private female friendly toilets and bathing spaces for changing and cleaning themselves.



UPON ARRIVAL AT A CAMP OR NEW ACCOMMODATION THEY MAY...

- Need to be consulted on their MHM preferences and needs.
- Need longer term solutions for sustaining access to MHM materials (i.e. providing reusable materials, maintaining frequent distributions of disposables, etc.).
- Need new toilet and bathing infrastructure that integrates the minimum standards for private female friendly toilets and bathing spaces.



6 MHM AND SHELTER



Overcrowding in urban areas, camp situations or informal settlements can intensify the challenges for adolescent girls and women to find safe, private spaces for managing menstruation. This can be more difficult when living in tents, multi-household dwellings, unfinished buildings or communal spaces. Girls and women have different preferences about where to change menstrual materials. Some prefer toilet facilities and others prefer to change in their homes. In many contexts, shelters and facilities are not designed to meet these needs.

1 CONSULT WITH GIRLS AND WOMEN

Prior to initiating any MHM activities, it is important to learn:

- Where and how do girls and women change, dispose, wash and dry menstrual materials?
- What are girls and women's safety and privacy concerns related to managing menstruation in the context?

Coordinate with other sectors, especially WASH and Protection, by sharing learning gathered from beneficiary consultations.



2 TRAIN SHELTER STAFF ON MHM

Both male and female staff working in shelter should be aware and knowledgeable on the basic MHM practices and needs of girls and women living in that emergency context (See Chapter 2).

3 ENSURE ACCESS TO FEMALE FRIENDLY WATER AND SANITATION FACILITIES THAT INCLUDE ATTENTION TO WASTE MANAGEMENT

In coordination with WASH actors, all toilets, bathing and washing spaces should accommodate the MHM-needs of girls and women. See page 19 for an example of a female friendly toilet.

4 CONSTRUCT SHELTER STRUCTURES THAT ENSURE PRIVACY AND SAFETY FOR MHM NEED

As a range of shelter structures are found in emergencies, a few MHM considerations should be included when building or improving spaces:

- **Safety measures:** Doors and windows with inner locks should be provided.
- **Privacy partitions:** Where appropriate for gender, age or cultural reasons, family and/or gender segregated partitions should be installed.
- **Lighting:** Both internal and area lighting should be provided. Upon consultation with beneficiaries, torches should be provided as needed.
- **Mass Shelters:** Special consideration should be given to the privacy needs of girls and women staying in mass shelters. For example, providing a small, suitable partitioned area designated for changing clothes may be necessary.

5 MONITORING AND FEEDBACK

Key questions on MHM should be integrated into existing shelter monitoring activities to ensure privacy and safety concerns of menstruating girls and women are addressed. This can occur through the use of a combination of methods including both interviews and FGDs with girls and women and direct observation of Shelter structures and WASH facilities.



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For more extensive guidance on developing MHM supportive shelters, please refer to Chapter 5 (MHM and Shelter) in the Full Guide.



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7

MHM AND WATER & SANITATION FACILITIES



Maintaining safety and dignity while accessing sanitation facilities remains a widespread challenge in humanitarian contexts. Women and girls require more privacy for sanitation than men and boys, especially when dealing with their menstruation. Most MHM requirements for women and girls are similar to basic hygiene and sanitation needs. This includes the following:

- A safe, private place to change their menstrual materials (at least 3 times daily), including during the night.
- A place to privately wash their hands with soap and water after changing menstrual materials.
- A safe, private place for bathing typically once a day.

1

CONSULT AND COORDINATE:

- **Consult girls and women.** They should be directly consulted regarding the location and design of sanitation facilities. They will have important insights on privacy, safety, and convenience.
- **Coordinate with other sectors** implementing WASH facilities to ensure the design incorporates learning from consultations.
- Culture strongly influences menstrual practices and needs.

2

CONSTRUCT FEMALE FRIENDLY SANITATION FACILITIES

Construct facilities in homes and institutions (i.e. schools, health facilities, and protection spaces). See next page for example.

3

PROVIDE SUPPORTIVE SUPPLIES AND INFORMATION FOR WASHING AND DRYING OF MENSTRUAL MATERIALS

Washing and drying of menstrual materials is often a challenge. Girls and women may have different preferences on where they prefer to do this. Some may prefer communal washrooms, households, bathrooms, toilets or other spaces. Key considerations include:

- **Communal washrooms:** provide private cubicles for privacy (with washing slabs), and discreet drainage (so menstrual blood cannot be seen).
- **Home washing:** provide MHM-related laundry and bathing supplies, including laundry and bathing soap, a clothes line and a basin (as girls and women will not want to use the same containers for cooking or laundering other clothes).

- **Provisions for drying menstrual materials:** provide a clothes line, a drying hanger or screened areas at public laundry spaces, for hanging reusable pads or cloths.
- **Hygiene promotion:** Integrate menstrual hygiene promotion into existing education and distribution activities.



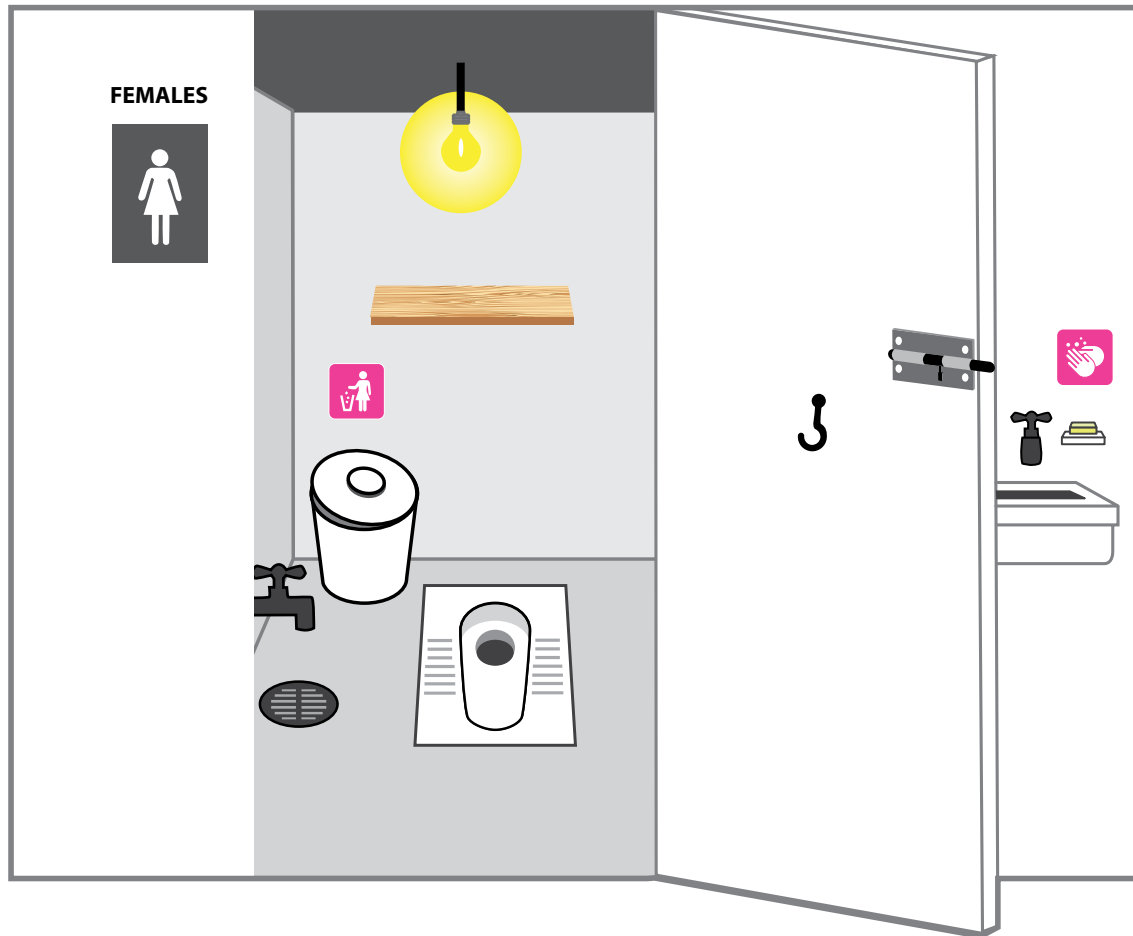
4

MONITORING AND FEEDBACK

Monitoring of access and coverage can be coupled with regular consultations with women and girls to elicit feedback and ensure systems are understood and being used as planned. To review relevant sample indicators.

MAKING MODIFICATIONS EARLY IS FAR EASIER THAN CORRECTING ERRORS AFTER INFRASTRUCTURE IS BUILT.

EXAMPLE OF A FEMALE FRIENDLY TOILET



Adequate numbers of safely located toilets separated (with clear signage) from male facilities.



Safe and private toilets with inside door latch



Clear signs instructing girls and women to dispose of menstrual waste in the trash bin



A shelf and hook for hygienically storing belongings during usage.



Night time light source both inside and outside of the toilets



Easily accessible water (ideally inside the cubicle) for girls and women to wash themselves and menstrual materials.



Trash bins (with lids) to dispose of used menstrual materials



Walls, door and roof are made of non-transparent materials with no gaps or spaces.



Some units should be accessible to people with disabilities.



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For more extensive guidance on developing MHM supportive water and sanitation facilities, please refer to: **Chapter 7 (MHM and Water and Sanitation Facilities) in the Full Guide.**

Other relevant indicators include:

- Chapter 3 (Training staff on MHM).
- Chapter 14 (Monitoring and Evaluation).



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8

MHM, DISPOSAL & WASTE MANAGEMENT



Used menstrual materials make up a significant waste flow in camps or other contexts. Key considerations include:

- Menstrual waste is often seen as embarrassing and strong taboos may exist around handling it.
- Where sanitary materials are used by women and girls, they need to be able to discreetly and safely dispose of used menstrual materials.
- Waste handling at institutional and public toilets may be different to arrangements at household and shared toilets. Consider each context separately.
- It is common for girls and women to dispose of menstrual waste directly into the toilet. In direct drop pit latrines, this method may be feasible but it makes desludging difficult. In other toilets, this will likely lead to widespread blockages and maintenance issues.

1 CONSULT GIRLS AND WOMEN



- Prior to initiating an MHM response, directly consult girls and women on their preferences for disposing of menstrual waste.
- Girls and women usually do not want anyone (including other girls and women) to see their used menstrual materials.

- Taboos may also exist around handling of menstrual waste, so consultation is needed to ensure that collection systems are being utilized.
- Strong taboos may exist around burning of menstrual waste so consultation is essential if planning to use incinerators.
- **Coordinate with relevant sectors:** Share learning with relevant sectors (including education, health, shelter, protection) as their own institutional toilet facilities will need to consider menstrual waste management implications. The waste management system will need to cover institutions as well as households.

2 PROVIDE MENSTRUAL WASTE DISPOSAL OPTIONS IN TOILETS AND WASHROOMS

- **A covered waste bin in public toilets, washrooms and at the household level.** Visual signs or demonstrations may be needed to display appropriate disposal behaviors.



MHM waste bin (Oxfam-Nepal)

- **A chute disposal system.** A chute is an option where pads can be deposited directly into a locked covered bin or deep covered pit outside a toilet.

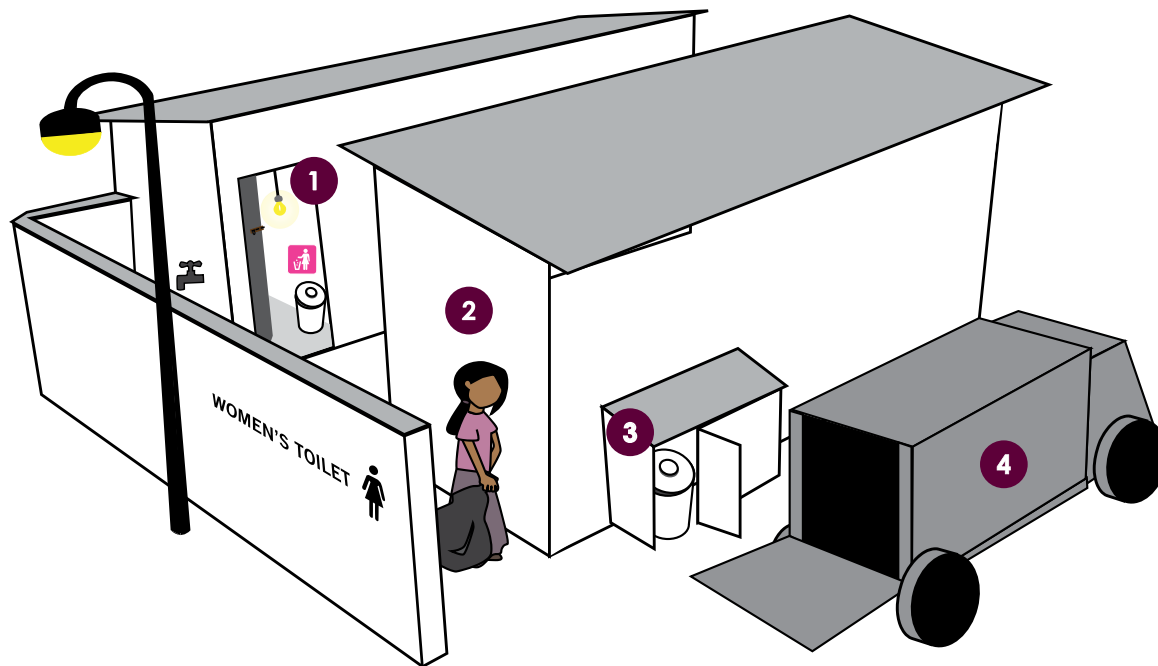


MHM disposal chute (Oxfam-Nepal)

3 ESTABLISH WASTE MANAGEMENT SYSTEMS FOR MENSTRUAL WASTE

- All households and institutions (i.e. schools, health facilities, protection spaces) should be covered by waste collection systems that can discreetly include menstrual waste.
- Educate and engage beneficiaries and institutional staff on the waste collection process, including where to put waste and waste collection schedule.
- Menstrual waste can be collected with other non-hazardous waste, and disposed using the same methods such as landfills or controlled burning, provided beneficiaries understand and are comfortable with these practices.

A MENSTRUAL WASTE SYSTEM



1 WASTE BINS, CHUTES OR OTHER METHODS

- HOUSEHOLD TOILETS
- PUBLIC TOILETS
- INSTITUTIONAL TOILETS

2

Household caregivers and toilet cleaners regularly empty bins, and deliver waste to a designated waste collection point

3 DESIGNATED COLLECTION POINT

- A COLLECTION POINT IS SERVICED BY SANITATION WORKERS

4

Sanitation workers regularly clear waste collection point, and transport waste to final disposal point

5 END POINT DISPOSAL

- LANDFILLS, BURY PITS, INCINERATORS ETC.

4

MONITORING AND FEEDBACK

Monitoring should occur routinely and measure uptake and acceptability as well as coverage. To review relevant sample indicators, see [link](#).

ENGAGE WITH THE COMMUNITY WHEN DEVELOPING A SOLUTION TO ENSURE IT IS ACCEPTABLE TO THE POPULATION'S DISPOSAL PREFERENCES AND ADDRESSES THE WASH STANDARD FOR THE CONTEXT.



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For more extensive guidance on developing disposal and waste management solutions for MHM please refer to: Chapter 8 (MHM, Disposal and Waste Management) in the Full Guide.

- Other relevant chapters:
- Chapter 2 (Conducting a needs assessment)
 - Chapter 14 (Monitoring and Evaluation)



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9

MHM AND HYGIENE PROMOTION & HEALTH EDUCATION ACTIVITIES

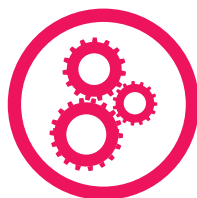


Staff working in emergencies need to identify appropriate approaches for sharing basic menstrual health education and menstrual hygiene promotion with adolescent girls and women. It is important to take into account cultural beliefs, privacy concerns around WASH facilities and how to dispose of used materials. This contextual learning should be integrated into existing hygiene promotion and health education activities. It is important to consider that some girls and women may have never discussed the issue of menstruation openly before.

1

CONSULT AND COORDINATE:

- **Consult girls and women:** Prior to developing or adapting menstrual health education and menstrual hygiene promotion materials, consult girls and women to identify their cultural beliefs, knowledge gaps and privacy concerns surrounding menstruation and its management.
- **Coordinate with relevant sectors:** Menstrual hygiene and menstrual health education can be integrated into existing sectoral programming, including education, health, and protection.



MENSTRUAL HYGIENE PROMOTION



Education and demonstrations on hygienic practices for managing menstruation (cleaning, changing, washing etc)

- Provide at NFI distributions, at schools and protection centers and in the community.

Information and demonstration on washing and drying materials

- Encourage hygiene promoters to work closely with WASH hardware staff to integrate MHM.

Information and demonstration on hygienic disposal of menstrual materials

- Use context-specific information in messaging about MHM materials, cultural preferences, and the design of sanitation and washing facilities.

MENSTRUAL HEALTH EDUCATION



Education on puberty and menstrual cycle basics

- Integrate into Sexual and Reproductive Health (SRH) education activities provided to girls and women, including routine health outreach and clinic-based activities.

Information and demonstration on healthy menstrual management practices

- Include a health worker at NFI distributions who can answer menstrual health questions that might arise during adjoining hygiene promotion activities.

Education to dispel any harmful cultural myths and taboos

- Provide education at schools and youth centers to pubescent girls about menarche, menstruation and menstrual taboos.

Note: Menstrual hygiene promotion and menstrual health education should be led by female staff and provided in private spaces without men or boys.

2

DEVELOP OR ADAPT APPROPRIATE IEC MATERIALS

Develop or adapt appropriate Information Education Communication (IEC) materials: Findings from consultations can identify MHM knowledge gaps or cultural taboos within the community. Integrate these findings into existing hygiene promotion and health education activities. Considerations include:

- **During the acute phase,** IEC materials should accompany NFI distributions with menstrual materials and supplies. They can be modified from existing materials with consultation from female staff or existing women’s groups.
- **During the chronic phase,** participatory methodologies can be used to engage women and girls in the development of more culturally appropriate education materials, visual aids, community drama, or films to raise issues around MHM.



DEMONSTRATION OF USE OF MENSTRUAL MATERIALS IS KEY TO ASSURING PROPER USE.

For more extensive guidance on integrating MHM with hygiene promotion and health education activities, please refer to Chapter 9 (Integrating MHM into Hygiene Promotion and Health Education activities) in the Full Guide.

3

MONITORING AND FEEDBACK

Continue to collect feedback from girls and women on the appropriateness and usefulness of menstrual health education and menstrual hygiene promotion activities through consultation with girls and women. To review relevant sample indicators, see [link](#).

Other relevant chapters:

- Chapter 2 (Conducting a needs assessment)
- Chapter 14 (Monitoring and Evaluation)



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10

MHM AND VULNERABLE POPULATIONS



Vulnerable girls and women are those individuals at heightened risk in a given context. This includes girls and women that are very poor, orphaned, from indigenous or minority groups, or those with physical or developmental disabilities. These populations can experience unique MHM challenges during emergencies:

- Limited funds for buying menstrual supplies.
- Reduced access to WASH facilities due to location, accessibility, or social restrictions around use.
- Lower literacy and reduced access to written information on MHM.
- Potentially increased restrictions to menstrual hygiene due to traditional or cultural beliefs.
- Reduced social support networks.
- Increased risk of exploitation and other forms of gender-based violence.

MHM CHALLENGES FOR GIRLS AND WOMEN WITH DISABILITIES

Physical disabilities

- May need help changing and washing menstrual materials.
- WASH facilities may not be accessible.

Visual disabilities:

- Unable to see leaks or extent of blood
- May need help changing and washing menstrual materials.
- May not be able to see or read MHM information.

Developmental disabilities:

- May be unable to communicate discomfort or pain.
- May need help changing and washing menstrual materials.
- May change in inappropriate places
- May not understand MHM education and activities.

(WaterAid/Menstrual Hygiene Matters, 2012)

1

IDENTIFY, CONSULT AND COORDINATE:

- **Identify vulnerable girls and women**, which can be difficult given their restricted movements. Utilize on-going monitoring efforts, including household surveys, PDM, NFI distributions and discussions with key informants.
- Engaging with community groups (i.e. Disabled Persons Organizations, Parents Associations (for children with disabilities), or religious organizations) can help to identify and ultimately support vulnerable girls and women and their caretakers, and improve coverage and distribution of MHM services.

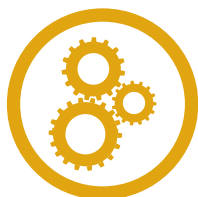
Consult vulnerable girls, women and caregivers (when appropriate) to learn:

- About their experiences and unique challenges around managing menstruation
- How organizations can better support them in addressing these MHM needs, including related to supplies, accessing WASH facilities, and informational needs.



ENGAGING WITH COMMUNITY GROUPS CAN HELP TO IDENTIFY VULNERABLE GIRLS AND WOMEN AND THEIR CARETAKERS.

- Coordinate with other sectors, especially WASH and Protection, by sharing learning gathered from beneficiary consultations.



2

PROVIDE MHM SUPPLIES AND MATERIALS

A key challenge for vulnerable populations may be regularly accessing MHM NFI distributions or other MHM-related services. It is important to:

- Provide additional supplies of sanitary materials (pads, cloth, etc.) and soap (bathing and laundry). In some cases, other items like an extra water container or a protective bedding layer should be supplied.
- Ensure that distribution centers (or any venues being used for distributions) are accessible to people with physical disabilities or are culturally appropriate for marginalized girls and women to attend.

3

BUILD ACCESSIBLE FEMALE FRIENDLY WASH INFRASTRUCTURE

As girls and women with physical disabilities may be unable to comfortably and hygienically access WASH facilities, alternative support and supplies should be provided. Considerations include:

- Develop facilities that better address their unique needs and should be designed through direct consultation with disabled girls, women and their caregivers.
- Modifications can include larger door width, bigger handles, handrails, increased space in the toilet (accessible to both a girl/woman and her caregiver if necessary), chairs or stools inside the toilet, slip-resistant floor, and the use of slopes or ramps at the entrances.

4

PROVIDE MHM INFORMATION

MHM education and hygiene promotion may need to be tailored to account for the developmental level of vulnerable girls and women. These populations are often excluded from educational opportunities and may have less knowledge on menstruation, puberty, and reproductive health.

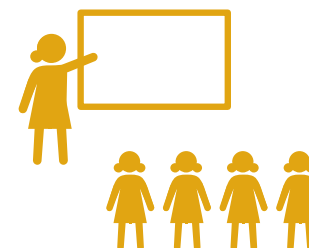
- Messaging formats may need to be adapted for certain disabilities.
- Direct outreach by health and hygiene workers to households of disabled girls and women or out of school youth may be necessary.
- Engage caregivers for girls and women with mental or physical disabilities who may depend on them for MHM support. Education should be directly provided to caretakers on how they can safely and sensitively support MHM.

5

MONITORING AND FEEDBACK



As vulnerable girls and women may not be captured through routine monitoring and evaluation activities due to limited visibility and movement, staff should proactively follow up with them and/or their caregivers. This learning can be used to improve programming and to advocate for the needs of vulnerable girls and women (and their caregivers) across organizations, working groups and other relevant forums.



ENSURE THAT MHM DISTRIBUTIONS ARE ACCESSIBLE AND CULTURALLY APPROPRIATE FOR DISABLED OR MARGINALIZED WOMEN TO ATTEND.



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For more extensive guidance on developing MHM and Vulnerable Populations, please refer to Chapter 10 (MHM and Vulnerable Populations) in the Full Guide.



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11 MHM AND EDUCATION



In many resource poor settings, menstruation can negatively impact a girl's education. This is especially the case in emergencies where there is a lack of private and safe toilets, menstrual materials and supplies, and information on MHM (including menarche) which can all negatively impact a girl's ability to participate in school.

1 CONSULT AND COLLABORATE

- **Consult with girls and female teachers.** Prior to initiating an MHM response, directly consult adolescent girl students and female teachers on MHM needs and challenges. Consulting girls will also inform the types of pads to make available (e.g. disposable pads, reusable pads, or cloth).
- **Coordinate with WASH actors** regarding the design and construction of toilets and school WASH activities (including hygiene promotion).

SCHOOL TOILETS SHOULD PROMOTE STUDENT AND STAFF PRIVACY, DIGNITY AND SAFETY.

For more extensive guidance on integrating MHM within educational spaces, please refer to Chapter 11 (MHM and Education) see the Full Guide.

2 ENSURE FEMALE FRIENDLY TOILETS ARE AVAILABLE

School sanitation facilities should promote student and staff privacy, dignity and safety. See [link](#) for an example of a female friend toilet.

3 STOCK EMERGENCY MENSTRUAL MATERIALS

An emergency reserve (e.g. pads, underwear) should be available for girls who lack supplies or are unprepared for a menstrual period during school.

- The school community should be engaged on how best to assure pads are kept for girls and not given away or sold and that girls feel comfortable asking for materials when in need. (e.g. female teachers may also need supplies).
- Like students, female teachers and school staff may all require menstrual materials in order to be able to effectively teach throughout the school day without fears of leaks.

Other relevant chapters:

- Chapter 2 (Conducting a needs assessment)
- Chapter 3 (Training staff on MHM)

4 PROVIDE MHM INFORMATION

Menstrual hygiene promotion and menstrual health education should be provided to girl students by a female facilitator and conducted in safe, private spaces.

- Include attention to local beliefs and understandings of MHM (learned through consulting girls), including taboos surrounding menstruation.
- If female teachers are unavailable, a health worker, a protection staff member or a trusted woman in the community can lead the sessions.

5 MONITORING AND FEEDBACK

Feedback from female students and teachers can be used to monitor access to facilities, availability of materials and the provision of information. This can be further supported by direct observation of facilities and the review of tracking documents. To review relevant sample indicators.

12 MHM AND HEALTH



In most contexts, health facilities are viewed as ‘women-friendly’ spaces, where women visit for a variety of health services for themselves and their families. Health facilities therefore provide an important opportunity to reach women and girls with MHM support, materials, and information.

1 CONSULT AND COLLABORATE

- **Consult girls and women** to determine the challenges around menstruation.
- **Coordinate with WASH actors** regarding providing female friendly toilets, menstrual waste disposal and menstrual hygiene promotion.

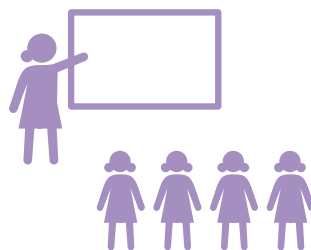
2 ENSURE ACCESS TO FEMALE FRIENDLY TOILETS (AND WHERE NECESSARY, BATHING SPACES) AT HEALTH FACILITIES

Girls and women may spend long hours waiting or be inpatients and therefore require access to female friendly toilets. In addition, providing adequate staff toilets enables female health workers to more easily manage their menstruation during the work day. See female friendly toilet diagram on page 19.

3 PROVIDE AN EMERGENCY STOCK OF MENSTRUAL MATERIALS:

The health facility should keep an emergency stock of MHM materials (e.g. pads, underwear) appropriate for the local context. Materials should be available for:

- Girls and women waiting for services who may be unprepared for a menstrual period.
- Girls and women with certain clinical indications that may require additional MHM materials (for example post-partum bleeding, contraceptive related breakthrough bleeding, post-abortion bleeding or incontinence).



4 INCORPORATE MENSTRUAL HEALTH INTO HEALTH EDUCATION ACTIVITIES:

Health educators conducting sessions in the facility waiting areas or during regular outreach activities can integrate MHM into existing educational sessions. Key considerations include:

- Women and girls should be gathered privately for receiving MHM education (e.g. lessons, IEC materials)
- Collaboration with other sectors can create additional opportunities or venues for MHM health education, such as NFI distributions, women’s groups, youth centers and schools.
- Girls approaching menarche should be a key target population for menstrual health education.

5 MONITORING AND FEEDBACK

This can occur through consulting girls and women, direct observation of toilets (and bathing spaces) and reviewing the tracking records of supplies. To review relevant sample indicators, see [link](#).

For more extensive guidance on integrating MHM into health facilities, please refer to: **Chapter 12: (MHM and Health) in the Full Guide.**

Other relevant chapters:

- Chapter 2 (Conducting a needs assessment)
- Chapter 3 (Training staff on MHM)



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13 MHM AND PROTECTION



Protective spaces in emergencies are often the safest entry point for women and girls to access some kinds of MHM services and information. As menstruation can impact a women and girls' ability to comfortably move within an emergency setting, such as their ability to access supportive resources and programming. This can include services available through women's safe spaces, Child-Friendly Spaces (CFS) and youth centers.

1 CONSULT AND COLLABORATE

- **Consult girls and women:** A brief consultation should occur prior to initiating any MHM activities. Girls and women should be consulted separately to enhance their comfort.
- **Coordinate:** As girls and women may be more comfortable discussing MHM in protective spaces, it is essential for Protection actors to serve as advocates. This includes sharing these concerns with relevant sectors such as WASH, Education and NFIs.



2 ENSURE THAT FEMALE FRIENDLY TOILET FACILITIES ARE AVAILABLE

Through collaboration with WASH actors, ensure that toilet facilities designed and built at CFS, youth centers or women's safe spaces incorporate female friendly measures. In addition, providing adequate staff toilets enables female protection workers to more easily manage their menstruation during the work day. See page 19 for an example of a female friendly toilet design.

3 PROVIDE AN EMERGENCY STOCK OF MENSTRUAL MATERIALS:

Maintain emergency stocks of menstrual materials (including underwear) for girls and women who lack access to supplies or are unprepared for a menstrual period while visiting spaces. CFS, youth centers and women's safe spaces can also be used to distribute and demonstrate MHM materials and supplies especially when targeting vulnerable populations (such as adolescent girls).

4 PROVIDE MENSTRUAL HYGIENE PROMOTION & HEALTH EDUCATION

Protection spaces can be useful settings for providing basic MHM information, hygiene promotion and health education to women and girls.

- All sessions should be conducted in a safe and private space (with no men or boys present)
- Explore if sessions should be conducted separately or together with adolescent girls and women.
- If female staff are not available, arrange for a health care worker or hygiene promoter to provide this instruction to women and girls in the protective space.

5 MONITORING AND FEEDBACK

This can occur through consulting girls and women, direct observation of toilets and reviewing the tracking records of supplies. To review relevant sample indicators, see page 27.

For more extensive guidance on intergrating MHM within protective spaces, please refer to: Chapter 13 (MHM and Protection) in the Full Guide

- Other relevant chapters:
- Chapter 2 (Conducting a needs assessment)
 - Chapter 3 (Training staff on MHM)

14

MHM MONITORING AND EVALUATION



To ensure that MHM programming is appropriately designed, sustained and improved upon, regular and continuous Monitoring and Evaluation (M&E) should be conducted. Whenever possible, integrate MHM M&E should be integrated into on-going M&E activities.

1

KEY M&E LEARNING AREAS:

- Were the approaches used for distributing and demonstrating the use of MHM materials and supplies effective in reaching all girls and women? (Why or why not?)
- Were the menstrual hygiene materials acceptable in design and adequate in quantity?
- Do all girls have access to suitable facilities for managing their menstruation (toilet, bathing space or space in their homes)?
- Do girls and women feel safe and comfortable managing their menstruation in the existing sanitation or bathing facilities available to them? (Why or why not?)

- Do girls and women feel safe and comfortable washing their reusable menstrual materials in existing washing facilities or their homes/shelters? (Why or why not?)
- How are girls and women drying reusable menstrual materials?
- How are girls and women disposing of used menstrual hygiene materials?
- Were girls and women provided with MHM education? Was the information useful to them? In what ways could it be improved?



2

TYPES OF METHODS

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

QUALITATIVE METHODS

Beyond the needs assessment, qualitative methods can be used to gather continuous feedback from girls and women about their perceptions of the response, challenges and barriers, and opportunities for improvement.

QUANTITATIVE METHODS

MHM questions should be built into existing M&E activities or introduced as a new activity if necessary. This can provide explicit learning on the quantity, quality and reach of response activities.



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A range of methods can be used (often in combination) to inform or improve an MHM response. See a summary of key methods below:



ASSESSMENT METHODS	
FOCUS GROUP DISCUSSIONS (FGD)	<p>FGDs are an ideal method for discussing sensitive topics such as MHM. Key considerations include:</p> <ul style="list-style-type: none"> • Gather groups of 8-10 female participants in a safe and private space. • Deliver (if culturally appropriate) to segmented age groups (i.e. girls (12-18 years) and women (19-45 years). Further segmentation may be needed. • Female staff should conduct THE FGD, partnered with someone from the local context, in a safe and private space. • Use purposive sampling or selective sampling during the acute phase. Selection criteria should represent both the norm (average response) and most vulnerable cases (i.e. adolescent girls, disabled, impoverished). As conditions stabilize probability sampling may be used.
ONE-ON-ONE INTERVIEWS	<p>Key Informant Interviews: Conduct with individuals such as female WASH Committee members or staff members who work extensively with women and girls in the community, and may have insight into the issues that the community faces.</p> <p>Semi-structured Interviews: Conduct with a select number of adolescent girls and women who may not feel comfortable discussing MHM in groups, or who may be able to provide deeper insight in a private setting.</p> <p>Key considerations include:</p> <ul style="list-style-type: none"> • Conduct with key individuals, such as female WASH committee members, and a select number of girls and women in the target population. • Conduct enough interviews to ensure a range of perspectives are captured (especially if no other assessment methods are used). • Female staff should conduct, partnered with someone from the local context, in a safe and private space.
POCKET OR VOTING CHARTS	<p>A participatory method for assessing peoples' preferences in a private and interactive format where individuals are asked to 'vote' anonymously. This is often used in association with FGDs. When possible, pictures or drawings can be used to depict an activity or item. This technique is useful for sensitive topics related to MHM and WASH.</p>

ASSESSMENT METHODS	
PARTICIPATORY MAPPING	<p>A participatory method in which small groups of participants draw maps of their communities (including sanitation and washing facilities) and draw where they do and do not feel safe on the maps. Conduct a discussion directly after a short drawing period, during which participants explain the safety rationale for each of their maps.</p>
OBSERVATIONAL CHECKLIST	<p>A rapid method for assessing the situational context or whether various components of the MHM response have been implemented or maintained over time.</p> <ul style="list-style-type: none"> • Add MHM focused checklist questions to existing M&E checklists being used by various sectors (such as WASH, Education, etc.). • Use observational checklists at different phases of the response, including at the onset of an emergency to assess the situation or capacity and then later during routine M&E activities.
SURVEYS	<p>A method for assessing programming, including Post-Distribution Monitoring (PDM) or Knowledge Attitude and Practices (KAP) surveys. A few basic MHM-focused questions can be added to existing sector survey tools.</p> <p>Key considerations include:</p> <ul style="list-style-type: none"> • Consider whether the culture of the population is sufficiently open on MHM that answers will be realistic and unbiased. • When training data collectors, sensitize both men and women on how to professionally ask questions related to MHM. However, it is always preferable for females to ask all MHM-related questions during survey activities. • Consider whether the venue where the survey takes place provides sufficient privacy for eliciting the information needed.

Additional Resources: More extensive information and tools for assessment methods can be found in the Full Guide. This includes in Chapter 14: MHM Monitoring and Evaluation

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A TOOLKIT FOR INTEGRATING MENSTRUAL HYGIENE MANAGEMENT (MHM) INTO HUMANITARIAN RESPONSE

Marni Sommer, Margaret Schmitt and David Clatworthy

This cross-sectoral resource on MHM in emergencies provides:

- Strategic guidance on best practices and design considerations for integrating MHM across response activities.
- Key assessment questions, case studies, staff training tools and additional resources for operationalizing MHM into planning and service delivery.
- Evaluation input and sample indicators for ensuring that MHM is integrated into existing monitoring and feedback systems.

The toolkit was designed to support a range of humanitarian actors involved in the planning and delivery of emergency response from a variety of sectors. This includes actors from the water, sanitation, and hygiene (WASH), health, education, protection, camp coordination camp management (CCCM), non-food items (NFI) and shelter sectors.

