

Menstrual hygiene management in humanitarian emergencies: Gaps and recommendations

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Over the last 15 years there has been increasing attention to adolescent girls' and women's menstrual hygiene management (MHM) needs in humanitarian response contexts. A growing number of donors, non-governmental organizations, and governments are calling attention to the importance of addressing girls' and women's MHM-related needs in post-disaster and post-conflict settings. However consensus on the most effective and culturally appropriate responses to provide for girls and women remains insufficiently documented for widespread sharing of lessons learned. This article is an effort to begin to document the recommendation of key multi-disciplinary experts working in humanitarian response on effective approaches to MHM in emergency contexts, along with a summarizing of the existing literature, and the identification of remaining gaps in MHM practice, research and policy in humanitarian contexts.

Keywords: menstrual hygiene management, humanitarian emergencies, adolescent girls, women.

OVER THE LAST 15 YEARS, there has been increasing attention within the global humanitarian emergency response community to addressing the menstrual hygiene management (MHM) needs of adolescent girls and women in post-conflict and post-disaster settings. MHM refers to the spectrum of interventions deemed necessary and appropriate to assure adolescent girls and women in various contexts can privately and safely manage their monthly menstrual flow. Although the global relief and development communities do not yet have an agreed definition of MHM per se, there is sufficient consensus to suggest that an MHM approach is multi-faceted, and includes adequate numbers of safe and private latrines (including separate latrines for girls and women with locks inside the doors); easily accessible water (ideally inside a latrine facility); culturally appropriate sanitary materials (cloth, pad); socially and environmentally appropriate means of disposal of used sanitary materials (e.g. burning, burying) or private washing/drying for cloths); and pragmatic information on hygienic menstrual

The global relief and development communities do not have an agreed upon definition of MHM

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There is less available evidence on the relief community's response to addressing MHM needs

management for pubescent girls who are reaching menarche or newly menstruating. There is currently a movement in the development community, particularly among those conducting research and programmes relating to water, sanitation, and education, to explore how best to assure schools in low-income countries are girl friendly in their ability to enable girls (and female teachers) to successfully manage their monthly menses. A growing body of literature delineates the minimal but expanding literature on this topic (Sommer 2009; Scott et al., 2009; Oster and Thornton 2009; Sommer 2010; Mahon and Fernandes, 2010; McMahon et al., 2011). In contrast, and likely owing to the nature of emergency work which provides insufficient time and added complexity to research and publications by experts in the field, there is less available evidence on the relief community's response writ large to addressing adolescent girls' and women's MHM needs.

The unique nature of the humanitarian response arena, that of focusing on life-saving measures as the priority in the immediate aftermath or acute phase of a natural disaster or eruption of conflict, and then assessing the appropriate interventions for sustained responses in differing situations (short-term versus long-term disaster settings; protracted conflict; internally displaced persons (IDPs) versus refugees; camp versus urban setting) lends an additional layer of complexity to determining what an appropriate MHM response should include, and when and how and by whom such a response is enacted. These were the types of situational context which served as a backdrop as the content of the article was investigated. Key questions guiding the review included what is a typical MHM response; who usually enacts the response; when is an MHM response deemed appropriate; from where do the funds come to support MHM; and what are perceived existing gaps within the knowledge of the field and expert recommendations for improvement.

Review process

The review included three components: First, a desktop review was conducted of the grey and peer-reviewed literature as identified through searches of PubMed and other databases, along with Google and additional search engines. Second, inquiries were sent via electronic communication to key organizations working in humanitarian response (bilateral donors, United Nations agencies, and non-governmental organizations) to identify key experts to contact for interviews and documents that might not be identifiable through an internet search. Questions were also posted on a sanitation/menstruation-related blog requesting information on MHM in emergency response (SuSanA

forum). Third, interviews were conducted by phone or email (questionnaires were utilized) to gather additional insights and perspectives into current MHM responses in humanitarian emergencies. Over 75 experts were contacted, with in-depth information gathered from a smaller sample of ~ 30 experts working in water and sanitation, reproductive health, and related areas. The findings from the combined searches are presented here, although individuals' names are not listed as permission was not requested to quote them on behalf of their respective agencies. A complete list of the documents reviewed is included in the reference list (although not all reports of UNHCR sanitary distributions have been included). This review did not incorporate the small but growing body of literature on MHM in development contexts.

The history of integrating MHM into emergency response

The inclusion of attention to menstrual-related needs within a standard emergency response seems to have emerged after the 1994 Beijing platform in which attention was called to the reproductive rights and dignity of women. A more systematic effort to address MHM can be traced to a few specific documented efforts: 1) the United Nations High Commission for Refugees' (UNHCR) five commitments to refugee women delineated over a decade ago when providing sanitary materials to women became a noted priority for the agency (UNHCR, 2011a); 2) although a newer actor in the humanitarian field, the United Nations Population Fund's (UNFPA) emphasis on the provision of 'dignity kits' to adolescent girls and women in humanitarian responses, which frequently include sanitary materials, soap and underwear depending on the local context; and 3) the ever-expanding inclusion of MHM (or mention of menstruation-related needs) in the Sphere Standards, which will be discussed below. Additional sources of historical inclusion of MHM as an important part of an emergency response can be found within selected non-governmental organizations' (NGOs) standard operations, such as Oxfam and the International Federation of the Red Cross and Red Crescent Societies (IFRC), although many NGOs' records of MHM efforts are contained within internal organization documents that are not publicly available for review. The history and range of different organizations' approaches to MHM, such as the distribution of hygiene kits and construction of private, safe latrines, is more extensive than can be captured in this one article. This is particularly the case given the minimal written reports that exist on MHM, and the differing contextual nature of past emergency responses which have varied depending on the type of emergency and its geographic, cultural, and economic setting.

Provision of 'dignity kits' to women in humanitarian responses frequently include sanitary materials

Existing guidance documents on integrating MHM into emergency response

The existing guidance or guidelines on recommended approaches to addressing adolescent girls' and women's menstrual-related needs in emergency responses can be found in a range of sources. Although not all guidance documents are used by all sectors or organizations, the existing mentions of MHM are useful for delineating if and what additional guidance may be needed to assure MHM is appropriately incorporated in future emergency response.

The *Sphere Minimum Standards for Humanitarian Response*, now in its third edition, have included increasingly detailed mention of menstruation with each subsequent revision (Sphere 2000; 2004; 2011). The content on menstrual-related response is primarily located in the WASH section of the *Sphere Handbook*, with suggestions made regarding privacy of latrines/toilets, provision of sanitary materials, and disposal of used sanitary materials. The most recent *Sphere Handbook* edition (2011) recommends consultation with local women about their preferred menstrual sanitary materials (with one cloth recommended per woman); the promotion of women's involvement in water supply and sanitation approaches; the provision of underwear and a washing basin as additional items; the need for basins and laundry areas for women (for washing of sanitary materials and underwear); the availability of disposal mechanisms for used sanitary materials; and attention to schoolgirls' menstrual-related needs. The Handbook does not provide details on how to conduct the consultations with adolescent girls and women as this may fall beyond its purview as standards (versus guidelines). It also does not include recommendations regarding the placement of water inside latrines/toilets for privacy of washing menstrual-related stains and cloths.

The Inter-Agency Working Group on Reproductive Health in Crises (IAWG), the *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings* (2010), and the guidance within the Minimal Initial Services Package (MISP) distance learning module focuses on priority reproductive health services with additional guidance on menstrual-related responses, such as the provision of basic hygiene kits for all women and girls, ordered locally, and a three month supply of sanitary materials, underwear, soap, and towels (MISP, 2007). The UNFPA *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings* mentions a minimum standard as the provision of sanitary materials to adolescent girls, and as part of a comprehensive response, the provision of puberty education for 10–14 year olds (with the suggestion that such information would address menstrual management) (UNFPA, 2009). The report emphasizes the need to consult with adolescent girls on any planned intervention.

Sphere
recommends
consultation with
local women about
their preferred
menstrual sanitary
materials

Another useful document that incorporates questions about cultural beliefs pertaining to menstrual management into its assessment guidance is the *Inter-Agency Standing Committee Gender Handbook in Humanitarian Action* (IASC, 2006).

The education emergency response community has guidance on how to respond to school girls' and teachers' menstrual-related needs

From the education emergency response community, an extensive discussion of how to respond to adolescent schoolgirls' and women teachers' menstrual-related needs is found in a report by the Inter-Agency Network for Education in Emergencies (INEE) Gender Task Team (2006) using the INEE Minimum Standards as a framework for a tool entitled *Gender Responsive School Sanitation, Health and Hygiene*. The guidance includes assuring appropriate solid waste disposal, adequate water, separate toilets, and provision of sanitary materials for schoolgirls and female teachers. Emphasis is placed on the possibility that girls and teachers may miss school if these conditions are not met. The guidance document also suggests that existing curricula may be inadequate for providing girls with the pragmatic menstrual hygiene information they need, and that families in crisis situations may lack time to teach girls about such needs. A multi-disciplinary response is recommended, one that incorporates distribution of non-food items (NFIs), education, water, sanitation, and health.

Additional guidance is included in UN and NGO documents, such as UNHCR's *Handbook for the Protection of Women and Girls* (2008) which highlights the need for attention to the asylum seeker's need for sanitary materials, available disposal, and bathing facilities; and emphasizes the potential negative outcomes of not providing such services, including the potential for girls' school attendance to decrease, and for girls to exchange sex for money in order to afford sanitary pads. Case study examples are included, such as Nike Foundation's support for private and separate latrines for schoolgirls in Kenya (UNHCR, 2008). A recent UNHCR survey of 88 country offices that explored the need to update UNHCR's guidance and support for the inclusion of MHM-related interventions includes mention of the UNHCR standard response of the provision of pads/cloth, underwear, and soap, with reports from the field suggesting girls and women are in need of a separate basin for washing of menstrual-related cloths/underwear for hygienic and cultural reasons, such as taboos that prevent washing of such materials in the family's primary wash basin. Obstacles identified to the inclusion of MHM (primarily the provision of sanitary materials) in country experiences will be incorporated into the section below (UNCHR, 2011).

Girls may end up exchanging sex for money in order to afford sanitary pads

The guidance documents from most organizations operating in emergencies, such as the International Committee of the Red Cross (ICRC), Oxfam, CARE, the Office of Foreign Disaster Assistance (OFDA), UNHCR, and others, are primarily internal. Useful information was, however, gleaned from UNHCR, UNFPA, OFDA, and those NGOs

Incorrect sanitary material has been provided to women who were unfamiliar and uncomfortable with their usage

more actively exploring whether their current MHM-related responses are as effective as they should be, and how they might be revised (UNHCR, 2011c; Abbott et al., 2011). One example is IFRC, which has traditionally distributed hygiene kits during the acute phase of disaster emergencies and then monitored and revised as needed in the subsequent phases of the disasters. Based on selected experiences where the agency felt the incorrect sanitary material was provided, such as sanitary pads to women who were unfamiliar and uncomfortable with their usage, the WASH group is proposing a revised response where only soap and water storage are distributed until the WASH staff engages in dialogue with the beneficiaries about their preferred materials (IFRC, 2011). The effort would aim to ensure WASH staff are engaged in both the development of the kit through consultations with beneficiaries, and also training in the use and promotion of the kits. A positive impact would be the distribution of more appropriate materials and hence increased uptake and use, while a negative potential impact might be a multiple week delay in the provision of any sanitary materials to adolescent girls and women given the time needed to procure and receive supplies. An alternative approach is used by NGOs such as Oxfam, which prefers to distribute materials immediately if the need is apparent (e.g. frequently they distribute a piece of cloth such as kanga or sari to free up the use of women's other cloths), with subsequent monitoring to revise errors in the MHM response. The guidance provided to staff of any NGO may also be influenced by the type of organization it is and how it operates in the field, such as those international NGOs with permanent staff based in countries or regions when emergencies occur or who fly in technical experts to respond, versus, for example, the IFRC, which operates through its 187 national societies, which take the lead in an emergency and can provide important cultural inputs, in collaboration with an extensive volunteer pool of technical experts who may have less expertise on an issue such as MHM (although trainings are conducted to try to address such gaps).

Assessment tools

There was a clear consensus that additional guidance on MHM was needed

There are numerous assessment tools that are used in the field, including initial rapid assessments, baseline assessments for the post-acute phase, the Participatory Hygiene and Sanitation Transformation Process (PHAST), Minimum Initial Service Package (MISP), and donor, UN, or NGO assessment tools. While there were differing opinions as to when and how questions on MHM should be incorporated into tools, there was a clear consensus that additional guidance was needed. Such guidance might include minimal questions for inclusion early in the emergency life-saving phase, with

more detailed guidance provided for longer-term response situations in which field teams would utilize participatory methodologies to explore adolescent girls' and women's menstrual-related needs and preferences given the frequently taboo and secretive nature of the topic. The importance of using participatory and more empowering methodologies is described in a useful case study describing the use of PHAST after the Pakistan 2005 earthquake (IFRC, 2006). Suggestions were also made for preplanning guidance, with one possibility being a 'mapping' of menstrual practices (cultural beliefs around materials, disposal, sanitation) used by girls and women in countries around the world so MHM supplies and related responses could be appropriately pre-positioned in regions. The author recently conducted a global review of menstrual practices which might prove a useful starting place for such a mapping, although the literature was scant (Sommer, 2011). Another suggestion was to pre-prepare and pre-position MHM promotion materials for staff, teachers, and adolescent girls in local languages, much as the WASH field has done for other hygiene-related topics.

The existing guidance and assessment tools provide insight into the various sectors who traditionally respond to MHM-related needs, ranging from the WASH (water, sanitation, and hygiene) sector to reproductive health, or education. From the range of interviews conducted, there appears to be a predominance of MHM elements noted in relation to WASH responses in emergencies, particularly as relates to the hygiene promotion sphere, although the reproductive health sector has served an important role in the inclusion of hygiene kits (e.g. sanitary materials). The various logistics of the responses will be further discussed below; however it seems important that future revisions of guidance and assessment tools clearly delineate which sectors will be responsible for which components of MHM, including coordination with other relevant sectors, in order to minimize overlap and maximize response effectiveness.

The literature on integrating MHM into emergency response

Much of the existing minimal literature on MHM in emergency responses can be found in a search of the grey literature or through contacting individual experts as mentioned above at organizations engaged in emergency post-disaster and post-conflict response. The search of the peer-reviewed literature did not identify any specific articles focused on MHM responses in emergencies (with one exception on Pakistan described below), although mention of the need to better address this topic was found in a small selection of articles

focused on MHM in development contexts. Both organization reports and case study examples presented at various conferences proved to be useful sources of field experts' views on possible responses. A repeated example mentioned by experts was MHM-related responses to different emergencies in Pakistan over the last six years, with discussion of the confusion that arose among men and women when disposable sanitary pads were distributed (e.g. men utilized the pads for other purposes not recognizing they were menstrual sanitary materials), and agencies' efforts to improve their MHM responses in subsequent Pakistan emergencies. The latter included a very useful article and Water, Development and Engineering Centre (WEDC) conference briefing paper delineating the effort to build appropriate sanitation and water facilities for adolescent girls and women, and the input from beneficiaries that was crucial to the incorporation of private menstrual material washing and drying spaces. The latter included the need for entry into the facilities to be hidden from the opposite sex (Nawaz et al., 2006, 2010). Such examples highlight the critical need for contextualization of an MHM response both in terms of the local cultural and geographic setting, and the type and timeline of the selected emergency. Another useful WEDC briefing paper addressed the MHM challenges facing women in northern Ugandan IDP camps, highlighting the insufficient materials, privacy, sanitation, and bathing facilities experienced by women, and the lack of MHM guidance for girls. The paper discusses the subsequent UNICEF-supported response to address MHM challenges in collaboration with IDP women (Bwengye-Kahororo and Twanza, 2005). There is a great need for additional case study examples to be provided to enhance the literature on possible approaches to addressing MHM in a sensitive and effective manner. Although numerous brief news or organizational reports exist online mentioning the distribution of sanitary materials in humanitarian scenarios ranging from Uganda to Yemen to Aceh, insufficient detail is included to allow for much learning. As will also be discussed below, a key question emerging from the document review and interviews was the need for improved evaluation and follow up of existing MHM responses, and publications highlighting relevant findings.

In building the MHM in emergency response literature in the coming years, attention should also be paid to where such publications are located, given the likelihood that experts within the WASH sector will be focused on water- and sanitation-related articles, while experts in the reproductive health and education sectors may focus on articles published within their respective fields. Conflict- or disaster-specific journals or databases would also be a good place for experts to learn about the different sector responses, and case study examples that become available.

An MHM response depends on the local culture, along with the type and timeline of the emergency

There is a need for additional case study examples on possible approaches to addressing MHM

Viewpoints on integrating MHM into emergency response

The current status of the field of MHM in humanitarian emergency responses that emerged from the review seemed to be one that is increasingly systematic but not yet sufficiently so, and one that is in need of additional guidance, evaluation, and even clarity of underlying purpose and aims across the emergency response field. The more effective MHM-related responses appeared to be dependent on the organization, experience, and commitment level in relation to MHM of the staff involved (as with so many programmatic responses). Improvement of the larger field of those engaging (or not yet engaging) in MHM responses, it was recommended, would be most effectively strengthened if improved guidance on assessment and response in various contexts, including clarifying of sector roles and responsibilities, and training on the issue are provided in the future. More specific thematic areas that emerged as key aspects of current (and future) MHM response in emergencies will be discussed one by one below. The overall consensus appeared to be that MHM was not yet sufficiently incorporated as standard practice in emergencies, or integrated in a systematic way, with current staff trainings (WASH, reproductive health, education), which have inadequate MHM content.

The more effective MHM-related responses appeared to be dependent on the organization, experience, and commitment

What does MHM response typically include?

The typical MHM response includes all or some of the following components: the provision of sanitary materials (cloth and/or disposable pads), soap, and possibly related items (e.g. underwear, basin) through the distribution of hygiene promotion kits; and the construction of safe and private water and sanitation facilities (with the latter also addressing the need for privacy, water, and space for laundering and bathing). The distribution of hygiene kits is often a one-time distribution during the acute phase of the emergency or immediately thereafter, with less attention to menstrual sanitary material needs afterwards. The expectation and hope amongst many emergency staff is that after the one-time distribution, adolescent girls and women will be able to return to their usual menstrual practices (whether perceived as hygienic or not by the emergency staff), with minimal follow up to assess if adolescent girls and women in protracted conflicts or long-term disaster settings feel adequately supported during menses.

The construction of appropriate water, sanitation, bathing, and laundering facilities is critical

The construction of appropriate water, sanitation, bathing, and laundering facilities is a critical component of a typical MHM response, although one that to date may have inadequately incorporated adolescent girls' and women's specific preferences and needs. Decisions over what gets constructed and how will obviously depend on the nature of the emergency and the priority aim of life-saving

interventions and the prevention of infectious disease. However subsequent to assuring the latter, organizations can be creative, such as the Pakistan case study example in which menstrual washing and drying spaces were devised (and amended as needed), along with the findings of why women did or did not choose to use the facilities published to provide insights for future emergency responses. Assuring such facilities are safe and private is essential, with cultural appropriateness an ideal. For example, an Oxfam intervention with women in the DRC that was aimed at assuring appropriate disposal of used menstrual materials revealed that burning menstrual blood was taboo. So a discussion was commenced with local women to devise an appropriate alternative approach, which resulted in the burying of used menstrual materials in a safe manner.

The content of the hygiene promotion kits differs by agency or organization distributing or procuring the items

The content of the hygiene promotion kits differs by agency or organization distributing or procuring the items; UNFPA's dignity kits are frequently composed of items procured locally, while IFRC as mentioned, will be re-examining whether kits should be pre-positioned and distributed prior to consultation with beneficiaries. Many organizations, such as Oxfam and ICRC, pre-position kits in selected regions, distribute what is contained during the acute phase (if needed) and then monitor and assess if the response is appropriate or needs amending. Decisions on what to contain in the pre-positioned kits are usually made in consultation with local country staff more familiar with local cultural menstrual practices. Many organizations provide sanitary materials and soap, but not underwear (which may render the materials inadequate if the girls and women are unable to use them); while other organizations distribute cloth (given its frequent cultural acceptability) but do not account for the need for girls and women to wash and dry the materials privately and with adequate water and soap. In contexts of extreme drought, for example, the increased need for water during monthly menses may not be adequately accounted for by all emergency actors. Organizations also differ by whether they purchase items for the hygiene kits locally or procure internationally, although the latter decision is frequently made on a case-by-case basis depending on what the local market contains, and the economics around purchasing the maximum materials with the funding available. One creative example from a protracted conflict is that of Uganda where UNHCR has engaged in a partnership with Makerere University and GTZ, employing refugee women to produce environmentally friendly disposal pads made of papyrus leaves (Maka pads). While some reports suggest Maka pads are useful but not sufficient for girls' and women's heaviest menstrual flow days, this is still a good example of a locally based solution. Other examples include the re-useable AfriPads being produced in Uganda and the pads made by women's groups in the camps in Dadaab. Another approach is the

In Uganda refugee women were employed to produce pads

one time partnership between UNHCR and Proctor & Gamble (P&G), in which the latter provided disposable sanitary pads en masse to the organization. This collaboration was deemed effective with P&G covering the costs of transporting the pads.

The discussion of the typical MHM response leads to a consideration of differing but overlapping perspectives that emerged during the review about the justification for addressing MHM in emergencies, an issue which would be useful to clarify and gain consensus on in the future. One perspective is that the inclusion of MHM serves the primary role of meeting adolescent girls' and women's health and hygiene needs, and preventing the possibility of infection if not hygienically managed (although the latter is less frequently mentioned). A second perspective perceives attention to MHM as an issue of protection, emphasizing the dangers (primarily sexually related) existing for adolescent girls and women who are not sufficiently provided with private and safe facilities, and an adequate supply of sanitary materials. The third perspective perceives the role of an MHM response as a life-saving measure (and hence equates it with other acute phase interventions) given the need for adolescent girls and women to join the long queues for water or food distributions, and other challenges of providing essential needs for their families in emergency contexts, and the difficulties of doing so if lacking adequate sanitary materials and facilities. The fourth perspective perceives the MHM response (and particularly the provision of kits) as an issue of dignity, and one that is crucial for girls and women to feel empowered to engage in survival and other daily activities in an emergency context. Lastly, the fifth is that of the education perspective, and the need for adolescent girls and female teachers to participate in education in emergency contexts, and hence the need for appropriate MHM responses in the school setting. While all of these perspectives overlap to some degree, clarification amongst emergency experts on the overall rationale for incorporating MHM into emergency response as an essential component would prove useful.

Clarification of the overall rationale for incorporating MHM into emergency response is essential

Who conducts MHM response (assessment, intervention, evaluation)?

There are a variety of actors engaged in the MHM response in post-conflict and post-disaster contexts

There are a variety of actors engaged in the MHM response in post-conflict and post-disaster contexts. There does not appear to be a total consensus on whose responsibility MHM ultimately is, particularly when related to the hygiene kits, with both WASH/hygiene promotion and reproductive health having a role in different past emergencies. In terms of assessment, individual organizations (NGOs, donors, UN) conduct their own assessments and particularly in the acute phase of a conflict, collaborate within sectors on the

appropriate response. While the WASH sector usually takes responsibility for the construction of water and sanitation facilities, they may also be engaged in the procurement of non-food items (NFIs) which frequently include hygiene kits (although the content of the kits can as mentioned vary). The procurement of hygiene kits can differ, sometimes coming through a UN agency such as UNFPA or UNICEF, while in other contexts NGOs such as CARE and Oxfam will create their own kits either through their WASH or reproductive health point people. It is less clear who should focus on assessing the needs of schools in emergency settings to assure MHM-related interventions are incorporated to address girls' and female teachers' water and sanitation needs, along with the provision of sanitary materials and pragmatic menstrual management guidance for girls who are lacking information. This is likely a collaborative response between the WASH and education or protection sectors.

The issue of assessment also raises questions of how the assessment is conducted. Some organizations rely during the acute phase of the conflict on their local staff for menstrual-related information, as such staff may be more familiar with cultural practices relating to menstruation, while in later aspects of the emergency, such as during the early recovery period, staff (preferably female and frequently hygiene promotion workers) will conduct participatory assessments or a survey of adolescent girls' and women's needs. Understandably, there appears to be a trade-off between wanting to respond quickly and with urgency, and assuring that whatever the MHM response encompasses, it is culturally and socially appropriate so as not to prove useless and disempowering to girls and women. Many agencies emphasize the need for consultation with beneficiaries in their guidance materials, although additional and more explicit guidance on how to explore the issue of menses management was recommended. One recommendation included the use of visual aids on MHM for staff to use with beneficiaries, such as those utilized by UNICEF/Bangladesh or included in the WASH VAL (visual aids from WASH cluster). Surveys may be less effective for eliciting such information, while focus group discussions may take more time but more effectively gather sensitive information, a methodological trade-off that needs to be negotiated in each emergency context.

The monitoring and evaluation of MHM responses is an area deemed particularly lacking in past and current emergency responses. While some organizations conduct monitoring of interventions, such as the uptake and use of the facilities to assure they are being utilized by girls and women, multiple sources reported a significant gap in the field's understanding of feedback on how menstrual hygiene kits may or may not have met girls' and women's needs, and follow-up post-distribution of kits to ascertain ongoing needs. One example

The monitoring and evaluation of MHM responses is an area particularly lacking

of challenges that can arise in the evaluations occurred in a remote province in Afghanistan where an NGO attempted to evaluate its WASH programme. The international consultant hired to conduct the evaluation (a woman) was not allowed to travel to the rural areas to meet with local women for security reasons, and the local women were not allowed to travel to the provincial capital for cultural reasons. An effort to hire a female translator to conduct a Skype session with the rural women proved equally problematic given that only one local woman in the province was known to be sufficiently educated to be able to translate, and she was not available. The consultant had to work with a male translator and a male in the rural area managing the technology, which prohibited any questions being asked about MHM given the cultural context. Such examples are essential to incorporate into the literature so that others attempting to evaluate MHM-related projects can try to plan for such challenges in similar contexts.

The consensus appeared to be that while increasing numbers of organizations are incorporating MHM into their responses, the existing guidance is insufficient, and the various components of MHM are rarely all included, with kits provided in some settings, water and sanitation in others, and more infrequently, adequate bathing and laundering facilities. The provision of menses management guidance to girls is an even less mentioned topic, aside from the education and sexual and reproductive health sectors, although one example was the inclusion of a Tanzania puberty book (www.growandknow.org, 'publications' link) which was created for a development context and was recently shared during UNHCR-supported WASH trainings in sub-Saharan Africa, and incorporated into the associated UNHCR WASH training CD for various countries in East, the Horn of, and Central Africa.

The provision of menses management guidance to girls is an even less mentioned topic

There were differing viewpoints on when MHM is most appropriate during an emergency response

When is MHM response appropriate during an emergency?

There were differing viewpoints on when MHM is most appropriate during an emergency response, although the conclusion appeared to be that immediate distribution of sanitary materials (hygiene kits) should be a priority, along with the construction of water and sanitation facilities (although these would be built regardless of MHM for disease prevention purposes). There was, as mentioned, some disagreement over the kit distribution approach, and the suggestion that local consultations with beneficiaries should occur before any sanitary materials are procured or distributed, even though this would slow the response likely by many weeks. In terms of consultation with beneficiaries (girls and women) over the adequacy of water, sanitation, laundering, and bathing facilities for MHM-related needs, it was less clear when in the scope of an emergency this is

recommended, although these consultations appeared to occur during the early recovery phase of the emergency and less so in the acute phase. The nature of the rapid assessment questionnaire in most emergency contexts is one that needs to be short and focused on preventing disease outbreaks. Opinions on whether or not it would be appropriate to include questions on MHM into these rapid questionnaires varied, although consensus seemed to be that it might not be appropriate unless it meant adding only one targeted question. If a question were to be included, attention should be given to ensure it was asked in a sensitive way, and in adherence to local cultural norms and taboos.

The conclusion, although this is one of the issues that would best be debated and determined by experts leading the field of emergency response, is that an immediate standardized and systematic MHM response in terms of distribution of kits is preferred, with subsequent (and soon thereafter) monitoring and evaluation assuring the tailoring of the hygiene materials distributed and the water, sanitation, laundering, and bathing facilities constructed to girls and women's MHM-related needs. Emergency responders can best assess if it would be preferable to construct the facilities according to girls' and women's needs from the start, based on the size, context, and nature of the emergency.

Which beneficiaries are usually targeted for MHM response?

The primary focus of staff in terms of MHM-related assessment and intervention appeared to be primarily on women of reproductive age, with younger menstruating adolescent girls and older women with delayed menopause frequently overlooked. The more experienced organizations appear to make a stronger effort to separate out adolescent girls and women, with examples provided of decisions to distribute disposable pads to girls and cloth to women based on their stated preferences (including a report given of one occasion when older women who were given cloth became jealous of the girls' disposable pads).

One of the frequent challenges reported by those working in emergencies is those contexts in which multiple cultural groups, ages, and socioeconomic classes are all together, and the difficulty of identifying what the appropriate materials should be to distribute (along with the cost-effectiveness of responding to differing preferences). Other organizations reported examples of how when emergencies occur in urban settings, they are more likely to distribute disposable sanitary pads, while for emergencies in rural contexts, they are more likely to include cloths in the kits. Some organizations include both cloth and disposal pads in their kits, while other

The primary focus of staff in MHM-related assessment and intervention appeared to be women of reproductive age

Organizations were more likely to distribute disposable sanitary pads in urban settings

organizations first consult with local staff to assure they procure the appropriate colour and material for the cloth.

In terms of the distribution of kits, there was some consensus that overlap occurs, and agencies and organizations would do better to clarify their target beneficiaries both in terms of assessment, and in terms of distribution and evaluation (Abbott et al., 2011). Such targeting would also be important for gathering input with regard to the use of water and sanitation facilities, as adolescent girls may have responsibilities and preferences and face dangers going about their daily activities in an emergency setting that are different from those of older women. A priority emphasized by most organizations was the need to consult with adolescent girls and women in a sensitive and appropriate manner that will elicit the needed information. An excellent example was given by one interviewee who described the difference in gathering information on menstrual material preferences from a group of urban women who may be used to publicly purchasing disposable sanitary materials, compared with adolescent girls living in rural Sudan who may have never spoken out loud to anyone about their monthly menses and how they manage it.

Where does funding come from for MHM?

The availability of funding for integrating MHM into emergency responses appeared to be a significant issue, and partially related to the under-funded nature of the sanitation and reproductive health sectors in general. Other potential reasons for the funding challenges may be related to the fact that MHM has to date been frequently overlooked by the emergency community; to the lack of a clear 'home' for MHM within the various emergency sectors; or because of a lack of clarity on how best to respond (and what to fund). Funds primarily come from UN agencies, bilateral donors such as OFDA, the private sector (such as P&G's donation of pads), and through organizations' own internal fundraising mechanisms (Dawn, 2008; P&G, 2010). A number of experts suggested that greater attention needs to be paid to educating the donor community about why MHM should be prioritized (and hence funded) in emergencies. Given UNHCR's inclusion of MHM in standard assistance packages, the UNHCR survey of their country offices was particularly revealing in highlighting that budgetary issues were a frequent reason why MHM was not incorporated (or did not have sustained inclusion) in their responses. In response, headquarters is determined to assure that in the future MHM is treated as a priority, essential component of country-level responses.

The availability of funding for integrating MHM into emergency responses is a significant issue

There are numerous reasons that MHM may get overlooked in emergency response

Why does MHM get overlooked?

There are numerous reasons why MHM may in the past, and still in the present, be overlooked in emergency response. Some of the reasons overlap with those of the development community which has also overlooked MHM until now, but other reasons are likely to be related to the unique nature of emergency response. First, as various experts suggested, the water and sanitation community was for a long time predominantly male, a group who may have unintentionally overlooked girls' and women's menstrual needs given their lack of personal experience with the challenges that monthly menses present. Second, and related, men (and women) may be uncomfortable discussing and asking about the issue of menstruation, particularly in different cultural contexts where the topic is particularly taboo. So this in turn may lead to its absence from the response plan. Third, those focused on the immediate life-saving needs of an acute emergency (e.g. disease prevention, emergency obstetric care) may from their training and orientation within the field of public health in emergencies, not consider MHM a relevant aspect of immediate need. This latter reason would bump up against the earlier discussion of the justifications for including an MHM response immediately, that of the perception that it may in fact be life-saving. Fourth, given the frequently taboo nature of the topic (even in industrialized countries) it is unlikely that adolescent girls and women will clamour for help regarding their MHM needs, in comparison with needs for shelter, food, and water, unless specifically approached and asked in a sensitive manner.

What are the unique aspects of responding to MHM?

In assessing and responding to adolescent girls' and women's menstrual management needs in a range of contexts, from rural Africa or Pakistan to urban Asia and Haiti, there is a need for the relevant actors within the emergency response community to understand the local menstrual beliefs and practices that may be relevant for an effective response. Numerous taboos and secrecy still exist around discussing menstruation and its management, with cultural beliefs particularly important for the materials that are used to manage it, the design of the water and sanitation facilities with regard to privacy, and the disposal of used materials. Most of these beliefs can be adequately assessed if sensitive approaches are used to engage adolescent girls and women, but it is important for staff to recognize that some girls and women, particularly in more rural contexts, may never have discussed the issue openly before (or even shared it with their mothers) (Sommer 2009; McMahan et al., 2011). Staff themselves may also be less comfortable addressing the MHM topic, and hence the suggestion that additional training and awareness raising occur.

Numerous taboos and secrecy still exist around discussing menstruation and its management

Gaps in knowledge on MHM response in emergencies

As already mentioned, there are a number of gaps in the current knowledge on responding to MHM in emergency contexts, including the differing justifications for incorporating MHM. These gaps include the shortage of evaluations conducted on what has and has not worked in past emergencies, including more specifically the views of beneficiaries on the usefulness of the kits and materials distributed and what their ongoing needs may be in differing contexts (such as short- or long-term disasters and protracted conflicts); along with beneficiaries' views on the effectiveness (or not) of water, sanitation, laundering (including privacy for washing and drying of cloths), and bathing facilities constructed in various emergency settings. There exists insufficient information on why MHM has not been fully integrated to date as a standard part of an emergency response, including the barriers to doing so, and how best to overcome such barriers to assure that adolescent girls' and women's MHM-related needs are effectively met in a timely manner. Lastly, and related to all of the above-mentioned reasons, there is little documentation of NGOs' standard practices in terms of either assessing or responding to MHM in various types of emergency, potentially contributing to the current absence of a systematic MHM response based on documented experience and evaluation.

Recommendations for improving MHM response in emergencies

Organizations reported a new commitment to better addressing MHM in emergency responses

Numerous organizations reported a renewed or new commitment to better addressing MHM in emergency responses, citing the dedication of their organizations' directors to assuring adolescent girls' and women's menstrual-related needs are adequately and effectively addressed. The challenge is translating this strong commitment into a more widespread commitment assuring MHM is systematically, sensitively, efficiently, and effectively incorporated into emergencies (broadly defined for various contexts and situations) as deemed most appropriate by those experts working day to day in the field. This necessitates flexibility in response depending on the context and emergency. Some key recommendations that emerged from this review of the existing documentation and expert opinion included the following: One, there should be a delineated systematic response to MHM with a clear assignment of roles that incorporates the multi-disciplinary components of an MHM response. Two, this systematic response should assure that a coordinated assessment and response is enacted by including the primary actors of relevance (e.g. shelter, WASH, reproductive health, education). Three, improved and more

detailed guidance is needed on how best to assess, intervene, and evaluate MHM in emergencies, so those operating in fast-moving emergencies have clarity on how best to gather information and act on it. Four, emergency organizations should consider additional mechanisms for planning for MHM-related aspects of emergencies, such as the suggested mapping of countries' traditional practices and beliefs around preferred sanitary materials and appropriate mechanisms of disposal through local collaborators. Five, organizations or UN agencies might consider utilizing the existing Tanzania puberty book (with adaptations already occurring in additional African and Asian countries) or other existing books such as those available in India, Zimbabwe, Sierra Leone, and Afghanistan, in a format that could be quickly adapted and distributed in longer-term emergency contexts where numerous young girls approaching menarche can be found. Five, and lastly, adequate and clear funding streams must be identified for assuring all the MHM components are able to be incorporated into emergency responses when deemed appropriate.

Conclusion

In conclusion, there appears to be a strong and growing interest in better addressing adolescent girls' and women's MHM-related needs in humanitarian emergency contexts, paired with a lack of systematic guidance on how to most effectively respond. Much rich expertise abounds amongst the emergency response community, with seeming consensus on most of the priority gaps in information and the recommendations for an improved way forward. The aim of conducting this review was to provide an up-to-date, albeit brief, summary of the status of MHM responses in emergencies in an effort to assist those attempting to move the MHM agenda ahead in emergency contexts. While this review is not intended to be all encompassing, the input from the various experts working in the challenging emergency contexts of today's world provided extraordinarily helpful insights into the topic of MHM in humanitarian response.

The challenge is assuring MHM is systematically, sensitively, and effectively incorporated into emergencies

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