

Mainstreaming is key for integrating menstrual hygiene management (MHM) effectively into emergency response

A new Toolkit was developed to support practitioners in delivering more effective menstrual hygiene management programming during humanitarian emergencies. The Toolkit was piloted in refugee camps in Tanzania, and both response staff and women and girls articulated benefiting from an improved MHM response. A key finding from the pilot was the importance of mainstreaming MHM. This means, integrate MHM supportive modifications and improvements into existing programs within relevant sectors, as a more effective way to both introduce MHM and ensure its sustainability.



“...sometimes if we don’t have [reusable] pads, we can’t move from one place to another. So, we can’t move from home, we can’t go anywhere.”

– Congolese interviewee

Picture credit: Columbia University

Background

Displaced adolescent girls and women face many challenges managing menstruation in crisis settings. MHM in emergency response should target three key components: (1) information, (2) materials and supplies, and (3) supportive infrastructure. However, challenges for emergency responders in delivering MHM include insufficient training and guidance, discomfort with the topic, and inadequate coordination across sectors. There are also financing needs and resource gaps. A lack of MHM support can exacerbate existing health challenges, create safety risks, and increase the marginalization of women and girls in crisis settings. The MHM in Emergencies Toolkit was developed by the study team to equip humanitarian actors to provide an improved and holistic MHM response.

Project scope and methods

The project sought to better understand the ways humanitarian actors currently respond to adolescent girls’ and women’s MHM needs in humanitarian crises, and to capture improved approaches across the relevant sectors. We conducted a global desk review coupled with key informant interviews of humanitarian actors, along with conducting qualitative assessments with women, girls and staff in Myanmar and Lebanon. The team then piloted the Toolkit in three refugee camps in Northwest Tanzania. Multiple methods were used to evaluate the feasibility and acceptability of the Toolkit, including process documentation of its usage, observations of facilities, and interviews with staff that focused on the impact of the Toolkit on women, girls, and practitioners. Over 50 cross-sectoral practitioners reviewed the toolkit draft and provided inputs.

Key findings

- The toolkit was valued by humanitarian staff, improved basic understanding on the issue, technical capacity, and promoted improved coordination on MHM from the outset.
- Training on the Toolkit helped to break down barriers, clarify cross-sectorial roles and responsibilities, and reduce staff discomfort in discussing MHM.
- MHM can be integrated and mainstreamed into existing programming if carefully framed and well designed.
- Uptake and recognition of MHM at senior levels was limited; learning from trainings was not cascaded through various levels within humanitarian organisations.
- Review and inputs from across key response sectors was essential to designing and finalizing the toolkit content.

Implications for humanitarian practitioners and policymakers

- Across sectors and organizations, there was consensus about the need for introducing structured guidance on MHM into response operations, tailored for humanitarian settings.
- MHM responses are more effective when integrated into existing responses and activities, rather than 'added-on' as a new intervention.
- However, for long-term impact, efforts are needed to translate the key concepts into organizations and introduce a practice of follow-up within clusters for continued accountability and sustainability.
- Strong buy-in across sectors and amongst humanitarian leadership is needed to frame MHM as an integrated and essential component of a routine response.

Recommendations for future research

Future research could expand on the role of cross sectoral staff in delivering MHM response, moving beyond the purview of the Water, Sanitation and Hygiene (WASH) sector. Documentation of practice in a range of contexts will improve the evidence on effective MHM responses.

About the study team

This study was conducted by a research partnership between the International Rescue Committee, and the Mailman School of Public Health Columbia University. The Principal Investigator was Marni Sommer of Columbia University.

Keywords

Menstruation, Menstrual hygiene management, Gender, Refugees, Sanitation, Reproductive health, Water, sanitation and hygiene (WASH), Waste management, humanitarian response

Articles and further reading

The Menstrual Hygiene Management in Emergencies Toolkit:

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

Project page on Elrha website linking to articles and further outputs:

<https://www.elrha.org/project/irc-menstrual-hygiene-call2/>



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This research was funded by Elrha's Research for Health in Humanitarian Crises Programme (R2HC), which aims to improve health outcomes for people affected by crises by strengthening the evidence base for public health interventions. The programme is funded by the UK Department for International Development (DFID), Wellcome, and the UK National Institute for Health Research (NIHR). Elrha has developed this Research Snapshot in consultation and partnership with University of Victoria's Research Partnerships and Knowledge Mobilization unit, on behalf of Research Impact Canada – Réseau Impact Recherche Canada network.

www.elrha.org/programme/r2hc