LEARNING FROM THE DEVELOPMENT OF A CROSS-SECTORAL TOOLKIT FOR IMPROVING MENSTRUAL HYGIENE MANAGEMENT DURING HUMANITARIAN EMERGENCIES

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Overview:

• Project aims
• The Process
• Formative Research (a global review and in-country assessments)
• Piloting the toolkit (activities and key learning)
• Overview of the toolkit
• Gaps in evidence
• Next steps
Project aims

• To contribute to the evidence base around MHM in humanitarian contexts.

• To develop effective cross-sectoral MHM guidance for humanitarian programming to improve MHM outcomes for girls and women.

• To develop evidence-based monitoring measures for MHM in humanitarian response.
The Process

1. • Formative research
2. • Toolkit development
3. • Pilot & assess
4. • Dissemination & uptake
Formative research

• Global Key informant assessment with array of cross-sectoral humanitarian practitioners (n=28)

• Rigorous desk review of existing document, evidence and guidance available

• Qualitative assessments in two humanitarian emergencies (Lebanon & Myanmar)
Global KII Findings:

Is MHM usually part of initial humanitarian response?

• Often not prioritized in acute phase

• When included from start, is generally provision of MHM supplies (disposable pads)

• Failure to consider disposal and waste management systems when selecting materials.

• Most initial rapid assessments do not include MHM questions

“There is often a flood of materials at the start and no way to deal with disposal. I think that has fallen off the radar.” – WASH Adviser
Global KII Findings:

Barriers to MHM programming?

- The gender of program staff (especially senior leadership)
- Not considered as a life-saving intervention
- Discomfort discussing MHM (local program staff and both genders)
- Women & girls often do not demand support for MHM.
- Lack of written guidance or documentation on MHM approaches & experiences
**Global KII Findings:**

**When should an MHM response be introduced?**

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<td>“If we don’t deal with gender [appropriate facilities] from the get go, 50% percent of the population won’t use the services we put in.” – WASH Advisor</td>
<td>“In the 1st phase you need to plan as if you don’t have any external commodities available. In the 2nd phase you can consider the materials you have available but you need to think about the next phase and being able to sustain the commodity delivery.” – WASH Adviser</td>
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<td>“There is no excuse or good argument for it not being an immediate priority. It’s cheap and it’s not too hard to do…. It is often an excuse for any change in the aid sector, that it is not perceived as acute.” – Gender Adviser</td>
<td>“It is pressing for women but it is not pressing for survival of people. It’s not water and it’s not sanitation. It’s part of sanitation but it’s not general health or food or infectious disease or vaccinations.” – Health Adviser</td>
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There is a lack of consensus across organizations and actors about which MHM response components should be introduced when.
What types of MHM guidance are being used?

Resources are almost entirely concentrated in the WASH and Gender/Protection Sectors.
To learn more about the findings from the global assessment please review recent article:

What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review

MARNI SOMMER, MARGARET L. SCHMITT, DAVID CLATWORTHY, GINA BRAMUCCI, ERIN WHEELER, and RUWAN RATNAYAKE

Global attention on improving the integration of menstrual hygiene management (MHM) into humanitarian response is growing. However, there continues to be a lack of consensus on how best to approach MHM inclusion within response activities. This global review

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• Volume 35; Issue 3
• DOI: 10.3362/1756-3488.2016.024

Available open access until July 3, 2017!
Learning from in-country assessments: Lebanon & Myanmar

Syrian refugees living in informal settlements and host communities across Lebanon

Conflict and flooding displaced IDPs living in camps in the Rakhine State, Myanmar
Learning from in-country assessments (1)

• Lack of access to appropriate MHM supplies (frequency of distributions, amount, targeting, types of items provided)
• Discomfort using toilets for MHM (lack of: water, adequate privacy, locks, doors, gender segregation).
• Challenges disposing menstrual waste (including lack of discreet options and cultural barriers)

“Women were putting the pads down the latrines and it was clogging the pipes. They would take sticks to try and force the pads down and this was creating problems. Also, because it was men doing the desludging, the men would refuse to take out the pads”
– WASH Adviser, Myanmar

“The informal settlements are not secure, so we can’t go outside at night…because of the kids.”
– Syrian refugee living in informal settlement
Learning from in-country assessments (2)

- Barriers in being able to discreetly wash and dry reusable materials (Myanmar only)
- Challenges accessing basic MHM information, especially girls on menstrual health education
- Lack of guidance available for response staff on providing an MHM response.
- Minimal coordination across sectoral actors

“When there was flooding again, we saw multiple issues that came up with the distributions of kits, including dignity kits…What are we giving? What are the standards? How often do we supply them? These are unanswered questions.” — RH Adviser, Myanmar

More in-depth learning to be shared in forthcoming article: Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon (pending review)
Piloting the toolkit

• Location: 3 camps comprised of Burundian and Congolese refugees in northwest Tanzania

• Hired 2 dedicated staff (WASH and Protection officers) to carry out pilot activities

• An introductory MHM toolkit workshop was held in October 2016 with 34 cross-sectoral actors from 13 different organizations working across the 3 camps.
Highlights from pilot activities:

• Provided training on the toolkit, active coaching and dialogue with IRC staff, sectoral partners and inter-agency working groups.

• Developed a border point pilot project in collaboration with the Health Sector, to identify and provide MHM supplies to menstruating girls and women arriving at border points.

• Supported education and protection staff with toilet improvements.

• Supported education actors with provision of MHM education in the form of translated puberty books in schools.
Highlights of key learning from pilot:

- Training of staff proved the most effective method for generating consensus on MHM and mainstreaming across activities.

- Gaps remain on identifying and addressing the MHM needs of girls and women in transit and those with disabilities.

- Inadequate toilets and bathing spaces continue to be a significant impediment for girls and women to comfortably and safely manage their menstruation.

- More in-depth learning will be shared in a forthcoming publication later in 2017.
A brief overview of the toolkit (1)

• Six sectors targeted: WASH, Shelter, NFI/Supplies, Health, Protection, Education

• Target users include: Humanitarian staff (including frontline practitioners and adviser/supporting staff).

• Includes practical guidance, checklists, global case studies, cultural considerations, consultation tools, and additional resources.
A brief overview of the toolkit (2)

• Key technical areas:
  – Conducting a needs assessment
  – MHM and WASH facilities (including disposal)
  – Considerations for menstrual waste systems
  – Menstrual hygiene promotion
  – Integrating MHM programming into education, protection, and health activities.

• Overriding theme: Incorporating the 4 C’s across all MHM planning and programming: Coordination, Consultation, Culture and Communication
Framing MHM as a cross-sectoral issue

The hierarchy of MHM needs

- **Dignity:** Harmful gender 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 supplies:** Pads, underwear and soap
Gaps in practical evidence to support approaches for:

- Discreet, sustainable disposal mechanisms for menstrual waste.
- Menstrual waste management systems.
- Methods for discreetly washing and drying reusable materials.
- Maintaining female friendly toilets (i.e. enforcing gender segregation, lighting, and locks).
- The impact of cash transfers on MHM in emergencies.
- Strategies for involvement of men and boys in MHM response.
Next steps: Finalize and disseminate

• Toolkit content finalized in May 2017.

• Graphic design firm is currently supporting the development of a final design and layout to enhance usability and visuals.

• Formal launch activities (webinars and presentations) commence in August 2017

• Will be available in interactive PDF and print forms in English, French and Arabic.
Thank you!

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