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Pledge-based report
Menstrual Hygiene Management in Emergencies

International Federation of Red Cross and Red Crescent Societies

MAA64003
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Cash pledge No. **M1405015**
Donor Name:
Humanitarian Innovation Fund (Save the Children International)
Pledge amount in donor currency:
GBP 125,137

This report covers the period **01/02/14 to 30/07/15**

Fig 1: A focus group discussion with women to design appropriate MHM kits in Somalia.
Photo by SRCS/2014

In brief

Program outcome

Strategy 2020 guides the actions of the International Federation of Red Cross and Red Crescent Societies (IFRC) throughout this decade. The common vision for IFRC and its member National Societies is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with an aim of preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Through this pledge, the Humanitarian Innovation Fund (HIF) has supported the IFRC to achieve its outcomes of conducting evidence based trials of Menstrual Hygiene Management (MHM) kits as an effective and valuable emergency relief item, and to improve the knowledge of Red Cross and Red Crescent National Societies staff to incorporate Menstrual Hygiene Management into WASH emergency response activities.

The activities under this pledge contributed towards strategic aims 1 and 2 of IFRC's Strategy 2020 – to 'save lives, protect livelihoods, and strengthen recovery from disaster and crises' and to 'enable healthy and safe living' respectively.

Program(s) summary

The MHM kits were trialed in 3 different contexts:

i. Religious context (Somalia) – Socio-cultural and religious beliefs play an important role in MHM particularly in Muslim communities. Issues like availability (or lack thereof) of facilities with capacities for water purification using ablution, restrictions in going to mosque during menstrual periods, sex-segregated washing areas and latrines and other religious issues were considered in the design of the project.

ii. Emergency context resulting in displacement or disruption to normal situation (Uganda) – Understanding the needs of women and adolescents around menstruation in humanitarian emergency context, specifically for South Sudanese refugees who have moved into Uganda due to conflicts in their country.

iii. Indian Ocean Island Context (Madagascar) – This region has a high risk of destructive cyclones resulting in displacement of people and destruction of water and sanitation infrastructure. In addition to cyclones, different cultural and religious beliefs that affect menstrual hygiene management among girls and women were explored.

The project included: identification of beneficiaries based on a selection criteria, conducting of a baseline survey to determine the knowledge, attitudes and practices (KAP) concerning MHM in all 3 countries, and distribution of MHM kits to selected beneficiaries. The baseline, one and three months post distribution surveys questionnaires were adapted for each country specific context prior to conducting the age-segregated surveys. This was important because the responses and context for women and girls dealing with their menstrual hygiene varied greatly in all the 3 countries. These surveys were able to capture the changes in behavior, improved awareness and issues and or advantages of the different types of Kits

Specific IFRC menstrual hygiene promotion materials were developed, tested and included in existing hygiene promotion tools for emergency response. This included revision and adaptation of existing IEC materials for MHM (IEC materials were included in MHM kits). To create awareness on MHM these IEC materials were field tested through focus group discussions with women at community level.

To build staff capacity on MHM, the MHM curriculum has been adapted to RC/RC and rolled out as part of national and regional level Water and Sanitation (WatSan) trainings. This included the development of a training module for conducting training at national or regional level on menstrual hygiene management in emergencies. This training module is now adopted as part of IFRC, Eastern Africa and Indian Ocean regional WatSan specialized National Disaster Response Team (NDRT) and Regional Disaster Response Team (RDRT) training curriculum.

Detailed assessment and analysis of hygiene and dignity kits distributed by East African National Societies and/or WASH Cluster partners. A market survey of hygiene and MHM items from different local suppliers in Uganda, Madagascar and Somalia was conducted to determine potential for local procurement.

Continuous monitoring of project activities was conducted. Post distribution surveys were conducted to assess beneficiary satisfaction of project delivery as well as gather feedback for continuous improvement. Feedback was collected by National Societies volunteers through FGDs and KIIs.

Quarterly monitoring visits were conducted in Uganda, Madagascar and Somalia and update reports shared with national society HQ and IFRC.

Financial situation

The total pledge amount was CHF 183,822 (GBP 125,137). The funds were spent according to the budget. A detailed financial report (Annex 1) will be shared.

No. of people we have reached

The direct beneficiaries (see table 1) were split into three age groups:

- Group A: younger menstruating adolescent girls (12 – 17 years)
- Group B: women of reproductive age in general child-bearing years (18 to 34 years)
- Group C: women above general age of reproduction, prior to menopause (35 – 50 years)

Table 1: Direct Beneficiaries of the MHM Kits

Countries	Beneficiaries of MHM kits	Number of MHM kits distributed
Uganda	1,950 adolescent girls and women received the kits A & B *(See table 2 for detailed list of MHM items)*	1950 MHM kits. • 1000 MHM kits (Kit A with disposable pads) distributed in Rhino Camp - Arua District • 950 Kits (Kit B with washable pads) were distributed in Mungula –Adjumani District.
Somalia	2,000 adolescent girls and women received Kit C (includes washable and disposable pads)	2,000 MHM kits distributed: • 1,000 kits distributed in Alleybadey • 1,000 kits distributed in Dilla
Madagascar	1,993 adolescent girls and women received the Kits A & B	1,993 MHM kits were distributed • 999 Kit A(disposable) • 994 Kit B (washable)

The forecast was for 2,000 kits to be distributed in each country, the reason for this difference in kits distributed in Uganda and Madagascar was the absence of some of the intended beneficiaries at the time of distribution.

19 participants (17 male and 2 female) at the Water and Sanitation specialized Regional Disaster Response Team (RDRT) training benefitted from a Menstrual Hygiene Management training session for capacity and confidence building

Table 2: Detailed list of MHM items

Type of MHM Kit	Items
Kit A (Disposable)	Disposable sanitary pads, normal, pack of 8
	Plastic bucket, 6 Litres, with lid
	Bio-degradable plastic bags, 8 - 10 Litre size, non-opaque, black
	220 grams personal bathing soap
	Underwear, 100% cotton, not white, Medium size
	Underwear, 100% cotton, not white, Large size
	Use, care and disposal instructions (Kit 1 - disposable)
	Polyethylene storage bag, with drawstring
Kit B (Washable)	Kit of reusable/washable sanitary pads (AFRI pads)
	Plastic bucket, 6 Litres, with lid
	4 meter length plastic coated rope
	Plastic pegs, pack of 8
	350 grams laundry soap
	220 grams personal bathing soap
	Underwear, 100% cotton, not white, Medium size
	Underwear, 100% cotton, not white, Large size
	Use, care and disposal instructions (Kit 2 - reusable)
	Polyethylene storage bag, with drawstring
Kit C (Disposable and Washable)	Plastic bucket, 7 Litre capacity, with lid, solid color
	Disposable sanitary pads, regular absorbency, pack of 10
	Small plastic bags (bio-degradable), 1 - 2 L capacity, thin with handles, non-opaque, black
	Pack of reusable/washable sanitary pads (AFRI pads)
	Plastic coated rope, 4 meter length
	Plastic pegs, pack of 8
	350 grams laundry soap, bar
	220 grams personal bathing soap, bar
	Underwear, 100% cotton, not white, Medium size, with elastic waistband
	Underwear, 100% cotton, not white, Large size, with elastic waistband
	Use, care and disposal instructions (Both type A Disposable and type B Reusable/Washable)

Working in partnership

IFRC co-hosts the MHM regional working group quarterly meetings in its offices in Nairobi. These regional meetings bring together WASH actors (including interested Red Cross Red Crescent partners) to share experiences, challenges and current activities related to MHM.

IFRC and URCS coordinated with UNHCR during the scale up of the MHM project in Uganda refugee settlement. They collaborated in the joint distribution of kits and sensitization activities as shown in figure 2 below. This was also a learning opportunity on MHM for UNHCR as well.

Fig 2: A joint community sensitization on MHM by Uganda RCS and UNHCR in a refugee camp. Photo by URCS

Additionally, Somalia Red Cross Society collaborated with the regional health officers and Ministry of Health in a joint distribution of the MHM kits and assisted with health and hygiene promotion.

Context

There were some significant socio-political and natural events that affected the MHM programs in all three countries. Accessibility into Rhino-camp in Uganda is only allowed after a courtesy visit with the settlement commandant at base camp. Furthermore, the volunteers conducting the survey were afforded only a limited amount of time each day by the settlement commandant to collect data from the refugees. Additionally, the refugee population data for Arua and Adjumani from UNHCR was unreliable due to the unstable population as many refugees kept on travelling from one settlement to the next or even back and forth between South Sudan and Uganda. This affected the household surveys as some of the beneficiaries were missing, thus delaying the survey.

In addition to the security situation in Somalia hindering travel to the field by volunteers and IFRC staff, the rainy season made the roads impassable, which delayed the implementation of the activities.

There were also unforeseeable air strikes in Madagascar which made it difficult to travel from Antananarivo to the field for data collection and monitoring visits, thus delaying results.

Progress towards outcomes

Outcome(s)

The overall goal of the project was to enable women and adolescent girls in Eastern Africa to safely and hygienically manage their monthly menstrual flow with dignity during emergency situations. Specific outcomes of the project are:

Outcome 1: Menstrual Hygiene Management (MHM) Kits are adopted by IFRC as a standard emergency relief item.

Output 1.1: Menstrual hygiene management Kit A & Kit B are trialed in 3 different emergency contexts in the East Africa region

- Completion of trial of MHM kits in 3 different contexts : Uganda (Refugee camps in Arua and Adjumani), Somalia (Dilla and Alleybadey) and Madagascar (Miary and Ankilioaka). *(See Annex 2,3 and 4)*
- Distribution of MHM kits in each country was completed *(See Annex 5)*. This was followed by 1&3 month post-distribution surveys to understand the change in behavior, improved awareness and gauge usefulness and value of the items in the MHM kits.

- A Knowledge, Attitudes and Practice (KAP) survey conducted using Rapid Mobile Phone-Based (RAMP) survey tools in all three countries revealed that Information, Education and Communication (IEC) materials and information sessions during MHM kit distribution were working. Compared to baseline survey results done in 2014, there has been a marked positive change in the beneficiaries knowledge on menstruation. For example in Somalia, 3 months after MHM kit distribution more than 65% of respondents had knowledge of pregnancy being a likely reasons for not experiencing their monthly periods compared to 46
  % in the baseline survey. Three questions on knowledge on MHM were included in the KAP survey questionnaire and tested in baseline, 1 & 3 months post distribution surveys *(See Annex 6).*

- Age-segregated FGDs were completed in each of the three countries i.e. Toliara II district in Madagascar (Ankililoky and Miary towns), Uganda (Adjumani and Arua refugee settlements) and Somalia (Alleybadey and Dilla towns). These FGD's were conducted 3 months after distribution of the MHM kits. The main objective was to understand how adolescent girls and women manage their monthly period, what their key challenges are (particularly in relation to water and sanitation facilities), and what their preferences or thoughts are on specific MHM items (e.g. disposable and reusable pads, buckets and basins). 19 focus group discussions were carried out in Madagascar 3 months after distribution in 4 Fokontany in Miary and 3 Fokontany in Ankilioaka while 3 FGDs were carried out in Dilla town in Somaliland and 3 FGDs were each carried out in Rhino and Mungula refugee camps in Uganda respectively. FGDs in Somaliland and Madagascar revealed a majority preference for washable pads due to their cost effectiveness over disposable pads and a marked reduction in feelings of embarrassment among all age groups as they felt that there was no risk of blood leaking out when using the pads. In addition to adolescent girls reporting increased school attendance, all groups expressed the importance of demonstration sessions and IEC materials during distribution and how that informed them on the use and importance of the each item in the MHM kit and consequently increased their knowledge of hygiene and health.

- Development of Key Informant Interview (KII) guides, and completion of KIIs in all three countries. Key informants included clinicians/health workers, NS volunteers, NS branch staff, MHM focal points, Ministry of Health officials, beneficiaries, camp commandant (in the case of Uganda). The varied selection of Key Informants was to get a better understanding on a range of issues that came out from the KAP surveys which included: Irritation, itching or UTI (urinary tract infections) resulting from poor menstrual hygiene, acceptance of the MHM kits, issues faced by volunteers and NS branch staff during survey and any other relevant information.

- The focus group discussions and baseline survey in Somalia also indicated the impact availability (or lack thereof) of water for menstrual hygiene management has. In the context of a water stressed region, this directly impacted the design and final content of the MHM kit for Somalia. Without water, it is impossible for women to wash and clean the reusable cloth pads. Based on the discussions during the FDGs, it was agreed that the MHM kit in Somalia will contain both reusable and disposable pads (MHM Kit C). This enabled the women and adolescent girls to use disposable pads during the periods when there was no access to water, and to use the reusable cloth pads when there was sufficient access to water.

- Successful use of Rapid Mobile Phone-based Survey (RAMP) in collection and managing of 1&3 months post distribution knowledge, attitude and practices (KAP) survey data from Uganda and Somalia, and completion of analysis and final reports detailing key findings.

Fig 3: Somalia RCS volunteers collecting data using mobile phones at households. Photo by SRCS

- Successful training of NS staff in using Magpi application and mobile phones for data collection which increased their capacity of managing and evaluating their own data in the field.

Output 1.2: Detailed assessment and analysis of hygiene and dignity kits distributed by East African National Societies and/or WASH Cluster partners, including market survey of hygiene and MHM items in 3 countries.

- A market survey of menstrual hygiene items at national and sub-national level was done. Results revealed that in Madagascar all items were available in the market except reusable pads (like Afripads) and biodegradable plastic bags. However, local manufacturers were approached and indicated capacity in manufacturing washable pads similar to the specifications. In Adjumani district in Uganda, all items were available except washable pads, storage bags and tampons while in Somalia (Hargeisa) all items were available except plastic buckets with lids (7 litre capacity) and tampons *(See Annex 7).*

- Completion of detailed assessment and analysis of hygiene and dignity kits distributed by Eastern African humanitarian agencies (UNHCR, UNICEF, World Vision International and Goal etc.). Respondents also included detailed content list of items inside their hygiene/dignity/menstrual hygiene kits and various distribution mechanisms used. Survey monkey was used to collect responses from regional humanitarian actors. The full results of the survey have been shared with all participants and HIF to promote information sharing and collaboration between agencies in the East Africa Region and to help address the challenges of 'overlap' with existing hygiene and dignity kits distributed in the region and support development of guidelines on most effective approaches aimed at meeting beneficiaries needs. *(See Annex 8)*

Outcome 2: Improved knowledge of Red Cross and Red Crescent National Societies staff to incorporate menstrual hygiene management into WASH emergency response activities.

Output 2.1: MHM curriculum is adapted to RC/RC context and rolled out into national and regional level WatSan trainings.

- Overall, a 39% improvement in MHM knowledge was shown following a training session on MHM at the WatSan specialized Regional Disaster Response Team (RDRT) refresher training held in November 2013 (Funded by Norwegian Red Cross). Two questions on menstrual hygiene (out of a total of twenty questions) were included in the pre and post-test, which all participants at the training completed. Out of 19 participants (17 male; 2 female), the average mark for MHM related questions at the pre-test was 29%. This average mark increased to 67% at the post-test (end of training).

Output 2.2: Specific menstrual hygiene promotion materials are developed, tested, and included in existing hygiene promotion tools for emergency response.

- Specific IFRC menstrual hygiene promotion materials were developed, tested and included in existing hygiene promotion tools for emergency response. This included revision and adaptation of existing IEC materials for MHM (IEC materials were included in MHM kits). To create awareness on MHM, these IEC materials were field tested through focus group discussions with women at community level.

***Outcome 3: Results and outcomes of MHM operational research are documented and shared with wider WASH partners*.**

Output 3.1: Continuous monitoring of project activities.

- Continuous monitoring of project activities was conducted and quarterly project update reports were completed for all 3 countries .
- Beneficiary feedback was collected by NS volunteers through FGDs and KIIs questionnaires tools as well as feedback sessions with beneficiaries and volunteers during quarterly monitoring visits conducted in Uganda, Madagascar and Somalia. This mechanism was initiated and sustained throughout the project period and improved accountability to beneficiaries.

Innovation and Learning

New knowledge generated during the initial focus group discussions and baseline survey in Somalia indicated the impact of availability (or lack thereof) of water on menstrual hygiene management. In the context of a water stressed region, this directly impacted the design and final content of the MHM kit for Somalia. Without water, it is impossible for women to wash and clean the reusable pads. Based on the discussions during the FDGs, it was agreed that the MHM kit in Somalia will contain both reusable and disposable pads (i.e. MHM kit C). This enabled the women and adolescent girls to use disposable pads during times of water scarcity, and to use the reusable pads when there is sufficient access to water.

This project has also been taken to scale and used to improve the effectiveness of other programs. For instance, the Uganda Red Cross Society has incorporated MHM into their programming in other camps. They have piloted and designed sanitary pads, and latrine facilities and bathing facilities that will have a menstrual hygiene component included.

FGDs, KAP surveys and post-distribution surveys have fostered insights into menstrual hygiene practices and preferences in four diverse contexts, and into the relevance and effectiveness of a range of components of menstrual hygiene kits. Findings have increased the significance and need of distributing complementary items such ropes, underwear, buckets and soap together with pads as opposed to distributing pads on their own, of which is the norm in most organizations. The project has also significantly changed the attitudes of women and adolescent girls towards MHM, with marked positive changes in knowledge and behavior after using the MHM kits.

Constraints or Challenges

1. The turnover of key staff during the project was not sufficiently mitigated for, which led to significant delays in the procurement of materials in both Somalia and Uganda. However, this had been anticipated in the work plan. National Societies and IFRC regional office were sufficiently flexible to deal with this and other delays. Furthermore, the learning in the initial stages of the project had already been captured in key documents and built into the innovation process and thus made it easier for new staff to carry on with the completion of the project.

2. Respondents of the regional hygiene dignity and menstrual hygiene items survey were fewer than expected despite the fact that the survey was shared well in advance and to many key humanitarian actors. The few responses were probably due to the fact that many of organizations surveyed were not involved in MHM activities. Nevertheless, the information gathered from the survey gave a good source of information of hygiene, dignity and menstrual hygiene items distributed in Eastern Africa particularly by organizations that have a strong standing in the E.A. region (e.g. UNICEF, UNHCR, World Vision International, GOAL).
3. The rotation of some of the volunteers in the Somalia and Uganda MHM trial meant that data collection was conducted by different volunteers at each stage; this therefore required repeated training, and may have compromised data quality. However, data quality was assured by a 3 month post distribution survey combined with FGD and KII's to identify and iron out any anomalies in data.
4. Funding was intended solely for the implementation of trial projects in selected regions of the 3 countries, which were limited in scope. There were expectations from the communities that they would be a wider geographical reach and more beneficiaries selected during subsequent distributions.
5. The Magpi application did not respond effectively during the surveys in Somaliland and Uganda. There were issues with adding records in the field and intermittent internet and limited network in survey sites. To address this, more rigorous testing of the hardware (phones) and software (Magpi app) will be done well in advance of future field activities and technical faults with the application have been sent to the Magpi team for addressing.

Contributing to longer-term impact

- In Uganda and Somalia, the National Societies used the Rapid Mobile-phone based (RAMP) survey methodology for data collection (baseline survey, 1 and 3 month follow up surveys). Both National Societies have had previous experience using mobile phones for data collection (Somalia: Integrated Health Care Programme baseline survey; and Uganda: Hepatitis E outbreak rapid KAP survey). The use of RAMP for this MHM project provided them an opportunity to practice and continue gaining experience with this new methodology, as well as providing other (solely female) volunteers the opportunity to use and build their capacity in this area.
- Results and outcomes of MHM operational research were documented and will be shared with wider WASH partners. The development of a case study publication has just been completed and will be shared widely with internal and external partners *(See Annex 9)*. Additionally, the IFRC is planning a lessons learned and experience sharing workshop with key WASH sector partners and MHM focal points from all three countries.
- In addition to the lessons learnt workshop, IFRC will also continue to support and co-host the annual regional technical working group on MHM in Nairobi. This forum brings together regional humanitarian WASH actors (including interested Red Cross Red Crescent partners) to share experiences, challenges and current activities related to MHM.
- Capacity building of National Societies in menstrual hygiene management: Following a training session conducted at the Water and Sanitation specialized Regional Disaster Response Team (RDRT) training in November 2013 (funded by Norwegian Red Cross), a 39% improvement in participants MHM knowledge was seen.

Looking ahead

- Success of the scaled-up trials will facilitate the inclusion of the MHM kit (reusable and disposable) onto the RC/RC Emergency Relief Items Catalogue (ERIC).
- Results and outcome of MHM operational research are documented and shared with wider WASH partners. This includes a case study publication that will be uploaded onto ALNAP website (http://www.alnap.org/) and will be available to all WASH partners.
- Development of guidelines for RC/RC National Societies on pre-positioning, appropriate uses/contexts and distribution mechanisms for MHM/hygiene/dignity kits developed and disseminated.
- The learnings from this MHM project are been translated into real emergencies for the current Rwanda emergency appeal supporting Burundi refugees (Rwanda - Burundi Refugees; Appeal code: MDRRW013). Outcome of these MHM interventions will be published and shared.

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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