

WaterAid/ Prashanth Vishwanathan

Menstrual Health and Hygiene Management during Emergencies

A Framework for Action in India



This publication was developed by UNFPA in collaboration with WaterAid India.

United Nations Population Fund (UNFPA) is the United Nations sexual and reproductive health agency. The organization is guided by the mission to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education.

WaterAid India is part of the global WaterAid network which seeks to improve access to clean water, decent toilets and good hygiene for everyone, everywhere.

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Executive Summary

In response to the increasing disasters faced by India coupled with lack of consistent engagement with menstrual health and hygiene management (MHM), UNFPA and WaterAid India (WAI) have developed a framework to guide action on MHM during emergencies in India. This framework and document draw upon the experiences and recommendations of organizations active in disaster response across the country, as well as global guidance for interventions in humanitarian contexts and MHM.

This framework intends to serve as a reference for community-based organizations, NGOs, INGO, networks and Government to support increased and continuous access to (i) menstrual hygiene products and materials; (ii) supportive facilities like water; sanitation and disposal and waste management product; (iii) information and education around MHM to tackle inequitable gender norms and practices related to MHM and; (iv) integration of MHM into health and protection services during various disasters.

This document outlines the framework for action, highlighting the four key MHM action components and the supportive components.

This should be considered a living document, that may be reviewed and updated with the latest evidence and learnings from the field at least once every two-three years.

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Acronyms

BCC	Behavior change communication
BMI	Body Mass Index
CBO	Community Based Organizations
DDMA	District Disaster Management Authority
DDMP	District Disaster Management Plan
IEC	Information education communication
INGO	International Non-Governmental Organizations
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MHHM	Menstrual health and hygiene management
MHM	Menstrual Hygiene Management
NDMA	National Disaster Management Authority
NDRI	National Disaster Risk Index
NFHS	National Family Health Survey
NIDM	National Institute of Disaster Management
NGO	Non-Governmental Organizations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VDMP	Village Disaster Management Plan
VDMT	Village Disaster Management Team
WAI	WaterAid India
WASH	Water, Sanitation and Hygiene

1. Introduction

1.1 Background



... Sometimes it takes a natural disaster to reveal a social disaster



(Jim Wallace in Washington Post, 2005)

India, like other countries in the world, faces numerous humanitarian crises as a consequence of climate change and weather disturbances, human conflict, and public health threats, that affect the wellbeing and health of its vast and diverse population. The advent of the COVID-19 pandemic in 2020, brought to the forefront India's vulnerability to disasters, accentuating the double, sometimes triple crises that many communities faced, and laying bare the intimate nexus between socio-economic inequalities and vulnerability to disasters.

Humanitarian emergencies are *"events that pose a serious threat to the health, safety, security or well-being of a large group of people, usually over a wide area"*, and disproportionately affect marginalized and vulnerable populations (Tellier et al. 2017). The National Disaster Management Act (NDMA) 2005 of India provides a comprehensive explanation of disasters as a *"catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man-made causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of property, or damage to, or degradation of environment and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area"* (National Disaster Management Act, 2005). The term 'humanitarian crisis' and 'emergency' and 'disaster' are used interchangeably in this document, and refer to situations where a human-made or natural disaster disrupt essential services, livelihoods and/or support systems of a community, to an extent that the community requires external assistance to cope in the short-term, mid-term or long-term (Tellier et al. 2017).

India's vulnerability to several types of natural and man-made disasters and emergencies, results from its unique geoclimatic, fragile human settlements, and challenging economic and social dynamics (Lekurwale, 2015). Commonly occurring natural disasters are floods, cyclones, droughts, and landslides. Out of 35 States and Union Territories, 27 are considered disaster prone. The Natural Disaster Risk Index (NDRI) ranks Maharashtra, West Bengal, Uttar Pradesh, Madhya Pradesh, Karnataka, Assam, Andhra Pradesh, Gujarat and Bihar among some of the high-risk

¹ A comprehensive list of disasters in India is available at the National Institute for Disaster Management: <https://nidm.gov.in/pdf/modules/db%20stat.pdf>

² The disaster risk index maps hazards and vulnerabilities including economic vulnerabilities across 640 districts and all states including Union Territories of India. The index factors in the exposure of population, agriculture and livestock, environmental risk and the steps taken by the administration to mitigate the risks.

(Thakur and Chauhan, 2018). Public health emergencies have often closely followed disasters in India, resulting from localized disease outbreaks and epidemics. India has experienced calamities not only due to natural disasters but also because of human conflict and environmental disasters caused by humans. Crises also emerge from human conflict, as well as forced migration and displacement of population groups and communities, as witnessed in selected parts of the country.

Crises affect whole communities, yet reinforce existing and deeply embedded social and economic disparities. Gender inequalities are particularly stark during crises, with women and men differing in their vulnerability to disasters and the consequences of these adverse events. Evidence suggests that women have lower life expectancy compared to men during a disaster, lacking the necessary information and support to get to safety, and often sacrificing their own wellbeing for that of their family and children. Further, women face hardships in rebuilding their lives due to limited access to information and financial resources (Panicker, 2019). For many women, girls and other individuals living in vulnerable situations, post disaster situations have been known to increase the risk of gender based violence, human trafficking and harmful practices like child marriage.

According to estimates from UNICEF, COVID-19 will disrupt planned efforts to end child marriage and lead to an increased risk of child marriage for 10 million more girls globally (The Global Partnership to End Child Marriage, 2020; Baird, Bunker, et al 2020).

1.2 Menstrual health and hygiene during emergencies in India

“Periods don’t stop for pandemics”

Starting in March 2020, India, along with many countries across the world, plunged into State imposed lockdowns. Mobility was restricted, and access to essential goods and services was abruptly curtailed. Amidst the myriad challenges faced, girls and women struggled to manage a normal biological process – their monthly menses, leading women’s health activists to declare that “periods do not stop for pandemics”. The COVID-19 pandemic vocalized the vulnerability of girls and women during emergencies, sharply and unequivocally highlighting how prevalent inequalities are heightened and reinforced in crisis.

Menstruation is associated with words like “unclean”, “dirty” and “impure”. Such stigmas and taboos surrounding menstruation leads to an overall culture of silence around menstruation. During emergencies, these taboos and social stigma add to an existing layer of complexity in addressing menstrual hygiene. For instance, menstruating girls and women themselves do not prioritize their MHHM needs. Adolescent girls and women suppress their needs for appropriate menstrual absorbents, and culturally place their family’s needs before their own needs.

Women and girls in low resource settings face challenges in managing menstruation in general, as a consequence of deeply embedded socio-cultural norms related to menstruation, limited information and poor support services, constrained access to products, and unreliable access to safe sanitation facilities. These challenges are exacerbated during emergencies, often due to the loss of privacy, safety, and access to essential services. Emergencies can disrupt usual coping strategies and support structures, including access to menstrual management materials, relevant information, privacy and WASH facilities.

Menstruation-related issues emerged in humanitarian aid discussions in 1994, where the International Conference on Population and Development called attention to the reproductive rights and dignity of women. Since then, the incorporation of menstrual hygiene management (MHM) into humanitarian response has evolved slowly, with greater emphasis now than ever before given to research, global advocacy and action on this issue. In the majority of emergencies, the most common relief support is the distribution of menstrual materials, notably sanitary pads. While, this is indicative of important progress in identifying and addressing an essential need of girls and women, the distribution of sanitary pads with limited attention to related menstrual health and hygiene management (MHHM) needs reflects the gaps in the humanitarian response for girls and women of reproductive age.

Relief efforts often focus on supplying menstrual hygiene materials, with little attention to provisions for supportive facilities (water, toilet and menstrual waste disposal mechanism, as well as information and support to overcome discriminatory norms and practices related to MHHM) to enable girls and women to manage their periods safely and with dignity. Improving menstrual health and hygiene requires a multi-faceted approach, even during emergencies. This includes information and education to address gender equitable norms and stigma associated with MHHM, adequate numbers of safe and private toilets, easily accessible water for washing and hygiene purposes, culturally appropriate menstrual products and materials (e.g., cloth, pad), socially and environmentally appropriate means of disposal of used sanitary materials or private washing/drying for cloths, pragmatic information on maintaining hygiene during menses, and supportive health services (Sommer, 2012). Further, concerted action is needed across the phases of emergency response that includes pre-disaster prevention, mitigation, preparedness, on-disaster response post-disaster response relief, reconstruction and recovery. The unique nature of the emergency 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 different situations adds an additional layer of complexity to determining what an appropriate MHHM response should include, and when and how and by whom such a response is enacted.

Overarching guidance on emergencies exists. At the global level, the Sphere Handbook provides direction on actions to be taken, incorporating attention to MHHM to some extent, and the MHM in emergencies toolkit builds upon research and consultations to recommend areas of action to improve MHHM in emergencies. In India, NDMA outlines response actions, and Sphere India is in the process of putting together an India specific handbook for disaster response. These resources provide important guidance for India based emergencies. A framework to address the menstrual health and hygiene needs of girls and women facing disasters and emergencies in India, can contribute and strengthen overall emergency response efforts.

2. Purpose of the MHHM in emergencies framework and methodology

2.1 Objectives

This document draws upon a consultative process with organizations working in the disaster response and emergency arena to propose a framework that outlines and describes how attention to menstrual health and hygiene may be incorporated into emergency/disaster response efforts. The framework may be referred to by organizations leading emergency response, and by organizations working on MHHM, who continue to support the communities in which they work during crises.

The MHHM in emergencies framework document aims to:

1. Detail the framework and components of MHHM response in emergency contexts
2. Showcase good practices to address MHHM during emergencies
3. Highlight available resources to facilitate a comprehensive response to MHHM during crisis

2.2 Methodology

Several non-Government organizations at the forefront of emergency response in India have responded to the menstrual health and hygiene needs of girls and women in difficult humanitarian circumstances. This document was developed drawing upon their critical insights, experiences, innovations and recommendations in three phases.

Phase	Objective	Methodology
Phase 1	To review the existing guidance for response to MHHM during emergencies	Desk review of global and India literature and guidance on MHHM in emergencies, and emergency response per se to understand how attention to MHHM has been conceptualized (Relevant literature reviewed are in Annexure 2)
	To understand the MHHM related needs of girls and women, and interventions in relation to different emergency contexts in India	Scoping interviews with ten organizations leading emergency efforts in India, to understanding the challenges faced in relation to menstruation, and action taken to address MHHM needs and overcome challenges. (Details in Annexure 1)
	To develop a draft framework for action on MHHM during emergencies	Drawing upon the existing guidance and insights from interviews, an initial action framework for MHHM during emergencies was developed.
Phase 2	To share insights, experiences and innovations from organizations at the forefront of emergency response in India, addressing natural disasters, conflict, migration crises, and COVID-19 pandemic.	“Voices from the field” consultation held with 20 organizations. (Details in Annexure 1) Organizations highlighted MHHM related needs with respect to different emergency contexts in India, and outlined responses and innovations.
	To seek feedback the draft framework for MHHM in emergencies from organizations leading and involved in emergency response in India.	A consultation with organizations leading emergency response and/or working on MHHM in India. The detailed draft framework was shared featuring case studies/illustration from the “Voices from the field” consultation. Feedback was invited from 28 participants. (Details in Annexure 1)
Phase 3	To facilitate review and finalization of the comprehensive framework for MHHM in emergencies in India	During the consultation, participants who wished to review the revised draft of the document were identified. The complete draft was shared with seven reviewers (Annexure 1), who provided detailed inputs. Based on reviewer inputs, additional discussions were held to garner information on procurement and supply chain of menstrual materials during emergencies, sanitation facilities, and emergency preparedness. The MHHM in emergencies document was finalized with reviewer inputs

3. The MHHM in emergencies Framework for Action

3.1 Considerations that guide and inform this framework

Underpinning this framework are constructs and considerations that inform the MHHM in emergencies action framework.

Vulnerabilities and intersectionality with gender, socio-economic status

The framework recognizes that emergency response efforts are intimately affected by prevalent socio-economic vulnerabilities, disability, and gender inequalities in affected communities. While response efforts cannot transform these inequalities, relief efforts must be sensitive to how these disparities affect the reach and uptake of interventions, particularly by marginalized and vulnerable groups and individuals, and actively prevent deepening of vulnerabilities as a consequence of the crisis. Specific vulnerabilities to be aware of and respond to include disability (physical disabilities, cognitive impairments, mental health issues), caste dynamics, women and girls engaged in manual scavenging; women, girls, and transgender individuals engaged in sex work; migrants and refugees; and girls and women in prison.

Strengthening MHHM as a part of routine programs will facilitate responsive action on MHHM during emergencies

The MHHM related challenges faced during crises are a reflection and often exacerbation of the difficulties experienced by girls and women during non-crisis times. Addressing MHHM (the MHHM value chain) through relevant routine interventions on adolescent health and nutrition, sexual and reproductive health, adolescent and women's empowerment, girls' education, water, sanitation and hygiene, rural and urban development, will better prepare and enable communities and frontline responders to meet MHHM needs during crisis in an appropriate manner. Government and non-government organizations working with girls and women in non-emergency settings must strengthen and expand work on MHHM to mitigate the adverse impacts of disasters on this aspect of their lives.

MHHM within disaster management

The National Disaster Management Act (NDMA) conceptualizes disaster management as “a continuous and integrated process of planning, organizing, coordinating, and implementing measures which are necessary or expedient ...” across the different phases of emergency response (NDMA 2005). The NDMA specifies the nature of emergency response and alludes to the phases of response: 1) prevention of danger or threat of any disaster; 2) mitigation or reduction of risk of any disaster or its severity or consequences; 3) capacity building; 4) prompt response to any threatening disaster situation or disaster; 5) assessing the severity or magnitude of effects of any disaster; 6) evacuation, rescue or relief; and 7) rehabilitation and reconstruction. Action on MHHM

³ The MHHM value chain conceptualizes and guides action on MHHM to focus on awareness and gender equitable norms, informed product choice and access to menstrual materials, hygienic use and related infrastructure needs, and waste disposal and management.

is required across these response stages, with the understanding that the nature and extent of the intervention may differ in each phase. Further, action on MHM should be incorporated within the architecture for disaster response, as specified in the NDMA and the Sphere Handbook (2018).

Use of terminology

The framework acknowledges that people who experience menstruation include girls and women of reproductive age, as well as individuals with gender diverse identities who experience menstruation.

The heterogenous nature of crisis affected communities, response settings and action on MHHM

Emergencies affect communities that differ in terms of their geographical location and socio-economic composition, and also in the nature of emergency or emergencies faced. The effectiveness of emergency response is determined by the timeliness and relevance of the response, as well as geographic, socio-cultural, economic, political and environmental factors that shape the reach and acceptance of response efforts. The MHHM in emergencies framework presents components to be addressed and recommendations for action, with the understanding that these will have to be adapted as per the circumstances, and be informed by needs assessments and concurrent monitoring of the situation.

3.2 The MHHM in emergencies framework for action

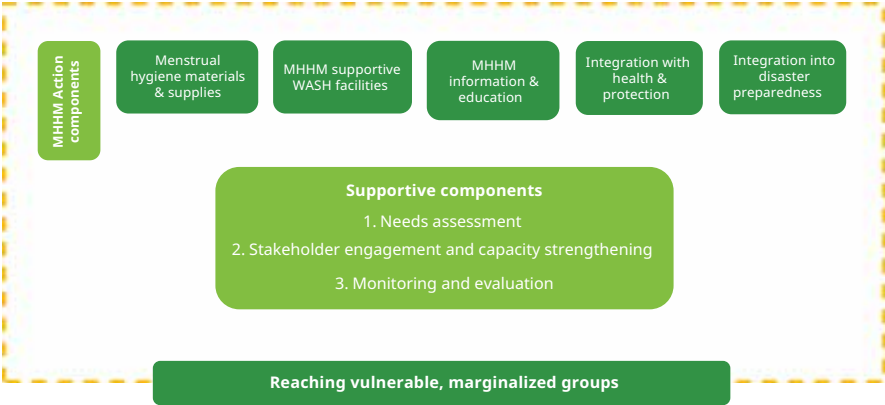
The MHHM in emergencies framework proposes four response or action components:

- Menstrual hygiene materials and supplies
- MHHM supportive facilities (e.g., water, sanitation, hygiene, waste management facilities)
- Information and support on MHHM to address inequitable gender norms and stigma related to MHHM
- Health (including sexual and reproductive health) and protection services.

The four action components are bolstered by components common to emergency response per se – needs assessments, stakeholder engagement and capacity building, monitoring and evaluation, and resource mobilization. The framework emphasizes reaching particularly vulnerable groups during crisis, while extending support to affected communities as a whole.

Each of the main action components and the underlying components are discussed in detailed in this document.

Figure 1: MHHM in emergencies action framework



4. Action Component 1: Menstrual hygiene materials and supplies

In this section:

- Menstrual materials
- Supportive materials
- Hygiene and dignity kits
- Procurement of menstrual materials and supplies
- Distribution and demonstration of menstrual materials and supplies

4.1 Rationale for action component 1

During crisis, girls and women often lack or lose access to menstrual materials and supplies they need and typically use to manage their menses. Without adequate menstrual materials, they find themselves at risk of using unhygienic alternatives or using the limited materials in an unsafe manner (e.g., using a sanitary pad or menstrual cloth for a longer duration than recommended). Girls and women may also receive, as a part of relief efforts, products that they are unfamiliar with, or with inadequate information to support hygienic use. Adequate and appropriate menstrual hygiene materials and supplies are necessary for girls and women to manage their menses with ease, safety and dignity during crises.

Key concepts

Menstrual materials refer to hygienic materials that are used to absorb menstrual blood, such as cloths, reusable cloth pads and disposable sanitary pads, as well as materials that collect menstrual blood such as menstrual cups. Menstrual materials may be referred to as menstrual products, menstrual hygiene products, menstrual absorbents.

Menstrual supplies are other supportive items for menstrual hygiene and health more broadly, such as buckets and mugs, soap for laundry and bathing purposes, underwear, information booklets.

Dignity or hygiene kits are a set of items provided in a humanitarian context to each girl/woman, comprising of menstrual hygiene and personal hygiene materials and supplies.

Procurement of menstrual materials refers to the acquisition of materials for distribution.

4.2 Important considerations for menstrual materials and supplies

- Usage patterns and preference: No one menstrual product is suitable for or acceptable to all. The choice or preference for menstrual materials is influenced by age, knowledge and attitudes, socio-cultural context, access to products, economic status and ability to pay. While emergency efforts may not be able to provide a basket of menstrual materials to choose from, the selection of menstrual materials to be distributed must be informed by the predominant preferences in the affected community, what can be made available locally and what can be feasibly introduced and used hygienically.
- Quantity of product needed, one time need or recurrent: The duration of the disaster, its aftermath, and the time taken to recovery will influence whether menstrual materials will need frequent replenishment and distribution.
- Availability and cost: Choice of menstrual materials for emergency response is shaped by the availability of affordable menstrual materials that can be quickly procured in sufficient quantities keeping in mind available financial resources.
- Requirement of supportive materials: Alongside the distribution of menstrual hygiene products, supportive items may be needed such as underwear (in case of distribution of disposable sanitary pads and reusable cloth pads), extra soap for laundry (in case of distribution of reusable cloth pads or cloth).
- Availability and accessibility of water, sanitation, disposal, and washing facilities: Water, sanitation, waste disposal and washing facilities in the disaster affected area will influence the choice of menstrual materials and their hygienic use. For instance, distribution of certain types of readymade reusable cloth pads may not be a feasible option in areas lacking water or water supply to affected areas. Further, reusable cloth pads will require a private space for washing and open areas that receive adequate sunlight for drying. Disposable products necessitate safe and acceptable disposal solutions.
- Ensuring quality of materials distributed: Menstrual materials distributed must meet basic quality parameters. At the very minimum, disposable sanitary pads must be checked for expiry and intact packaging. Disposables procured from manufacturers must meet the Bureau of Indian Standards revised standards for sanitary pads (IS 5409:2019). While standards for reusable cloth pads are yet to be formalized, such materials can be checked to ensure that the material or readymade stitched cloth pads are clean, dry, soft, and absorbent, and that the fabric does not leach or run color.
- Consideration for State governments and District Administration: Several States implement MHM schemes, and districts are often proactive in running campaigns and ensuring distribution of sanitary pads. During emergencies, State and District level MHM initiatives can be leveraged to provide menstrual materials to affected communities and can facilitate the use of existing IEC materials to create awareness on hygiene. Government departments and agencies engaged in emergency response (such as the District Disaster Management Authority (DDMA)) can procure menstrual materials in required quantities in a timely manner. Procurement models are described later in this section.

⁴ The revised standards for disposable sanitary pads are available here:
<https://bis.gov.in/wp-content/uploads/2020/09/Revised-PM-IS-5405.pdf>

4.3 Selection of menstrual materials

- **Disposable menstrual management materials** are single use menstrual materials, and comprise disposable sanitary pads, compostable sanitary pads and tampons.
- **Reusable menstrual materials** are those that can be reused multiple times after appropriate washing and drying. These include unstitched cloth, stitched or readymade cloth pads made from different fabrics, and menstrual cups⁵

Annexure 3 provides details on the range of menstrual materials in India⁶.

Table 1: Considerations for menstrual materials selection during emergencies

Product Category	Disposable sanitary pads	Reusable fabric pads and unstitched cotton cloth
Considerations	Sufficient quantities of sanitary pads should be provided per person (12-15 pads per month) for the duration of relief services.	Sufficient quantities of reusable sanitary pads should be provided per person (5-6 pads per person) or sufficient quantity of soft cotton cloth. Consideration for the color of the reusable pads. It should be of dark color, so the blood stains are not visible. Cloth and cloth pads should be of soft fabric that does not leach color.
	Some girls and women will be unfamiliar with the distributed material and its correct usage, and must be provided with adequate support and information to use products hygienically	
Supportive supplies in emergency contexts	<ul style="list-style-type: none"> • Underwear (in different sizes and dark color) • Non-transparent storage bags • Menstrual materials may be provided as a part of hygiene or dignity kits or as standalone products. Where possible, menstrual materials to be provided as a part of a kit with other supportive materials (noted later in this section). 	
Benefits during emergencies	<ul style="list-style-type: none"> • Easy to procure and distribute • Easily distributed with usage and disposal instructions 	<ul style="list-style-type: none"> • Sustainable option as product can be reused if washed, dried and maintained well. • Promotes self-sufficiency as girls and women can be trained to make their own cloth pads. • Reusable pads are a good option during prolonged emergencies.
Product related challenges during emergencies	<ul style="list-style-type: none"> • Requires underwear • One-time use only • Necessitates disposal and disposal solutions • May be available in limited quantities for limited period of time • Long term emergencies will require frequent or bulk distribution 	<ul style="list-style-type: none"> • Requires sufficient quantities of water and soap for washing of pads, and a private space to wash and dry materials to enable hygienic use. • Socio-cultural norms surrounding washing and drying practices will influence hygienic practices.

⁵ Menstrual cups may not be appropriate for use during emergency relief efforts as cup use requires practice and support over 3-4 menstrual cycles. Menstrual cups are a long-term option and can be considered for introduction in regular MHMM programs.

⁶ In collaboration with and support from UNFPA, WaterAid India (WAI) and Development Solutions have conducted a detailed study on the product landscape of India. A summary is provided in Annexure 3.

Distribution of menstrual materials during different phases of emergencies

Both disposable and reusable products may be distributed during emergencies, as per the preferences of the community, availability of materials and the availability of supportive supplies and facilities. The selection of menstrual materials must be done keeping in mind materials that can be consistently provided for the duration of emergency response. For communities affected by acute emergencies, who are temporarily displaced, who are in transit and who lack adequate shelter or access to water for washing, disposable sanitary pads can be a feasible option for distribution. During floods, cyclones and even the COVID-19 pandemic, several organizations provided disposable sanitary pads as a part of hygiene or dignity kits, and some have provided plain cotton cloth for women to fold and use. If communities are affected for a long duration (e.g., long term curfews in Kashmir, COVID-19 lockdown), or displaced and relocated in shelters or relief camps for extended periods of time, reusable readymade fabric pads can be considered if support facilities are available for appropriate maintenance and hygienic use. Whenever menstrual materials are distributed, adequate information and support for hygienic use must be provided.

Promising practices in enhancing menstrual hygiene product access during emergencies

The COVID-19 related lockdown in March – May 2020 illustrated how access to menstrual hygiene materials was facilitated in the face of significant mobility restrictions, financial constraints, and disrupted supply chains. Several organizations and citizen groups garnered resources to provide communities with disposable sanitary pads. Large manufacturers provided a certain quantity of pads for free distribution through citizen groups and civil society organizations, while Niine⁷ reduced the price per package to facilitate consistent supply of low cost pads. Some organizations assessed that regular supply of sanitary pads to all those in need would be challenging for the entire duration of the lockdown, and took to providing guidance and instructions on making homemade cloth pads, using materials available at home. The Government of Madhya Pradesh, with technical support from WaterAid India, shared digital posters and video on how to make reusable cloth pads based on the Uger (Jatan Sansthan) model.

Save the Children's response to 2017 Bihar floods – disposable pads and cloth

Save the Children provided both disposable pads and reusable 4 square meter cloth, taking into consideration frequency in distribution of supplies, and preferences of girls/women, mostly elder women in Bihar.

⁷Niine is a new entrant in the Indian market of sanitary napkins and other female hygiene products. During the COVID-19 lockdown, Niine worked closely with the NGOs, government stakeholders, and individuals to supply sanitary pads to girls and women across the country at a subsidised rate or even free distribution of sanitary pads for girls and women who could not afford it. Niine's supply chain is extensive, and the company is able to dispatch sanitary pads quickly to affected communities.

SafePad by Real Relief

SafePad can be used in a resource-constraint setting as it as it does dries easily, can be used 100 times (approximately 1.5 years) and is designed with a permanently bonded antimicrobial technology to reduce vaginal infection.

Cash transfers and vouchers

During the COVID-19 lockdown in Maharashtra, IDBRO experimented with cash transfers to families in hard to reach communities to facilitate purchase of essential items, including sanitary pads for women.

OXFAM has successfully used vouchers during emergencies and post emergency/rebuild phase to enable girls from affected communities purchase sanitary pads and essential supplies from identified local shops. The vouchers can be redeemed only for selected items that were identified as necessary (food, personal hygiene items, sanitary pads). The voucher system is effective for remote locations. Vouchers can be given for between 3-6 months after the disaster to provide sufficient time for the community to recover from the aftermath of the emergency.

Globally, vouchers have been given to girls and women facing protracted crises to acquire menstrual materials of their choice from local vendors in relief camps/shelters.

Project Baala's study on acceptability of reusable sanitary pads during the COVID-19 pandemic lockdown in India

Project Baala conducted a study to understand the acceptance of reusable cloth pads with 368 women in New Delhi during the lockdown phase of the COVID-19 pandemic. The survey found that 63% of women used the reusable pad at least once. Among users, a vast majority found the pad comfortable and convenient to use, and expressed intent to continue using the reusable product. Given limited mobility during the lockdown, reusable products were considered advantageous. Further information on the study can be found [here](#).

4.4 Menstrual materials as a part of dignity kits and hygiene kits

In 2000, the United National Population Fund (UNFPA) recommended that the response to reproductive health during emergencies should include 'dignity kits' with menstrual materials, and successfully advocated that such services are life-saving and therefore eligible for humanitarian funding (Abbott et al. ,2011, pg. 14-16). Dignity kits promote mobility and safety of women and girls and increases their psychosocial and physical well-being. Over the years, the scope of humanitarian and emergency response widened to include greater attention to menstrual hygiene and health through dignity or hygiene kits. The Sphere Handbook (2018 edition) and the Toolkit for integrating MHM into humanitarian response (Sommer et al 2017) both provide guidance on the essential contents and quantity of hygiene or dignity kits. Organizations and agencies engaged in emergency response in India have developed and distributed versions of these kits, all of which include essential menstrual hygiene materials in addition to other materials for personal hygiene needs. Many kits include a pamphlet or pocket book with information on menstrual hygiene management. At the minimum, dignity or hygiene kits must include the items in Table 2.

Table 2: Essential contents of hygiene/dignity kits

Contents of hygiene kits	
Items	Quantity ^a
Disposable pads	15/per month
Reusable pads	6/year (cloth should be 4 square meters)
Underwear	6/year
Washing soap	250 grams (requires replenishment in case of extended emergency)
Bathing soap	250 grams (requires replenishment in case of extended emergency)
IEC materials with simple visual instructions on usage	Simple, visual instructions on safe and hygienic usage, maintenance and disposal of menstrual materials
Non-transparent bag to store materials safely	Plastic bag, cloth bag

^a The quantity prescribed for the contents are in guidance with The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, 2018 Edition.

Content of dignity or menstrual hygiene kits for emergencies

Table 3 showcases the contexts of some of the kits used in India, as well as global guidance on the content of kits.

Table 3: Content of dignity and hygiene kits¹⁰

Organization	Contents of dignity/hygiene kits
<u>The Sphere Handbook</u>	<ul style="list-style-type: none"> • A dedicated container with lid for soaking cloths and storing pads/cloths. • Rope and pegs for drying. • Absorbent cotton material (4 square metres per year), or disposable pads (15 per month) or reusable sanitary pads (six per year), as preferred by women and girls. • Underwear (six per year) • Extra soap (250 grams per month)
<u>Toolkit for integrating menstrual hygiene management into humanitarian response</u>	<ul style="list-style-type: none"> • Laundry and bathing soap (200 grams of each, per person) • Bucket with lid • 4-5 reusable pads or inserts • 12-15 disposable pads per person per month • Underwear in different sizes (3 every 6 months) • 6-8 safety pins • Non-transparent washable and leak-proof storage bag • Cloth/clothing as culturally appropriate • IEC pamphlet • Clothes line and pegs (1 set) • Torch with batteries (or solar torch)
UNFPA	<ul style="list-style-type: none"> • Women's clothing • Underwear (at least 2 sets) • Bath soap • Toothbrush and toothpaste • Towel • Disposable sanitary pads or reusable pads where applicable • Old Newspaper (for disposing sanitary pads) • Soap • Washing powder • Flashlight • Comb • Face masks (for emergency response during COVID-19)
PLAN India	<ul style="list-style-type: none"> • Sanitary pads • Underwear • Washing soap • IEC pamphlet
IDOBRO Kits given to particularly vulnerable populations	<ul style="list-style-type: none"> • 16 sanitary pads • Disposable bags • Red pen to mark the bags (to identify personal items) • IEC booklet

⁹ IEC should be in the local language. This is discussed in detail in Component C.

¹⁰The contents of hygiene kits differ depending on the available funds. At the very least, organizations must provide essential items– disposable pads and/or reusable fabric pads/cloth, underwear, washing soap and bathing soap. Other items can be added if funds are available.

Organization	Contents of dignity/hygiene kits
<p>Sachi Saheli</p> <p>The Five P pouch is provided to school going girls as a part of regular intervention, and has also been distributed during riots and COVID-19 pandemic</p>	<p>The Five P pouch</p> <ul style="list-style-type: none"> • Pad • Panty • Paper (old newspaper for disposing) • Paper soap • Paper bag/pouch
<p>Goonj</p>	<p>MY Pad Woman Kit</p> <ul style="list-style-type: none"> • Three MY Pad packs (GOONJ's clean cloth sanitary pads), where each pack contains 8 MY Pads and an undergarment • Flex waterproof pouch for storing MY Pad • 2 pairs of women's clothing and warm clothing/woolen shawl • Handmade Goonj's cloth bags, Goonj ka Jhola • Other household essentials / toiletries/ women accessories as per availability • Face masks can be added • IEC on usage of MY Pad
<p>The Eco Hub</p> <p>(Hygiene Kit contents for women during Assam flood relief)</p>	<ul style="list-style-type: none"> • Reusable cloth pads • Disposable sanitary pads • Underwear • Hand sanitizers • Bathing soap • Detergent powder • Phenyl • Bleaching powder • Face Mask • Mosquito coil
<p>UNICEF</p> <p>The UNICEF hygiene kits is distributed to families – within which menstrual hygiene products are distributed.</p>	<ul style="list-style-type: none"> • Towels • Bucket • Soap • 6 disposable Sanitary pads • Water treatment tablets • 1 disinfectant • Chlorine tablets (1 bottle) • Jug • Jerry Can
<p>Oxfam</p>	<ul style="list-style-type: none"> • Disposable pads • Reusable pads (previously used, now discontinued) • Bathing soap • Washing soap (Rin soap) • Bra • Underwear • Antiseptic solution/ointment

Additional considerations for hygiene or dignity kits:

- Provision of two types of hygiene kits, one with disposable sanitary pads, and another with reusable menstrual materials, for areas where adult women prefer cloth over sanitary pads and adolescent girls prefer disposable sanitary pads.
- Distribution of dignity kits to each girl and woman, to prevent sharing of materials and underwear, and to ensure that each person has adequate materials to manage menstruation safely. Sharing of reusable cloth and underwear may place them at risk for infection, and sanitary pads may be used longer than recommended if they are rationed across female family members. Selection of dark colored underwear and reusable cloth and fabric pads.

Distribution of underwear in different sizes. Size requirements can be estimated during the needs assessment phase, or using available data (e.g., latest National Family Health Survey data for the affected district on Body Mass Index). Organizations (e.g., Save the Children and Plan International) often procure medium and large size of underwear, and clearly indicate the size to avoid distribution of the wrong size.

PLAN International

PLAN International selects underwear sizes using the National Family Health Survey (NFHS-4) data of the State and affected district, identifying the average Body Mass Index of girls and women. PLAN also adopts a method of direct observation during the needs assessment to understand underwear size requirement.



Photograph 1: Hygiene kit by Save the Children, India



Photograph 2: Dignity kit distribution for cyclone Fani (UNFPA 2019)

4.5 Procurement and supply of menstrual materials and supplies

Procurement of disposable or reusable menstrual materials should be informed by a needs assessments carried out in the affected communities to ascertain the number of people requiring such supplies, product preferences, availability of supportive services, and ease of access to markets and/or manufacturers for procurement. During the needs assessment, a rapid investigation of the availability, quality and reliability of the local and regional markets can be undertaken. If self-help group (SHG) production of menstrual products is prevalent in the affected geography (e.g., in certain districts of Bihar, Maharashtra under the Rural Livelihoods Missions), existing stocks can be quickly accessed and distributed to communities. In geographies or communities that face recurrent or predictable disasters like floods or cyclones, products can be procured and stored in relief shelters or distributed to families in advance as a part of emergency preparedness efforts.

Models of procurement of menstrual hygiene materials and supplies

Procurement of sanitary pads, reusable menstrual materials and cloth can be done in several ways, depending on the nature of the organization's work on emergencies, fund availability, and time available to provide supplies to the community. The points below highlight insights from organizations who have procured sanitary pads for distribution during emergencies.

- **Floating tentative tenders:** Tentative tenders for sanitary pads notifying vendors about potential need can be posted on public platforms (e.g., DevNet, newspapers) as a part of emergency preparedness (when disaster is anticipated). Tentative quantities of products or hygiene kits required are estimated based on knowledge of the to be affected area.

- Establishing a separate procurement committee for emergencies: Organizations routinely engaged in emergency response may establish a separate committee to handle all procurement needs for emergencies (including food rations, medicines and medical equipment, and sanitary pads/hygiene kits). The committee will have a list of essential food and non-food items and suppliers, pricing, and vendors who supply to various affected or disaster prone areas. The committee can also facilitate procurement from local vendors as per established criteria for given products. Save the Children has a separate procurement committee for emergencies.
- Conducting a market scan: Organizations routinely engaged in emergency response and provision of sanitary pads and hygiene kits conduct a market review or scan to identify available products that can be delivered to the affected locations, and locally available or produced products. The scan includes the cost of product and the quantities that the manufacturer or supplier can provide in a timely manner.
- Establishing fixed-term vendors: Organizations may opt for a fixed-term vendor for sanitary pads for a period of 2-3 years. OXFAM selected a sanitary pad manufacturer as a fixed-term vendor following a rigorous recruitment process. Some of the key criteria they used was quality certification of product, cost, well established supply chain in various States, and ability to deliver sanitary pads quickly and efficiently during emergencies. Their current sanitary pad vendor has well established supply chains across rural India and is able to supply quality products at reasonable costs to remote areas and disaster affected areas in a timely manner.
- Identifying local vendors: During the emergency preparedness phase or immediate response phase, the procurement committee can ask the field team to identify local vendors for essential supplies who meet certain criteria for quality and quantity, and seek three quotations. Local vendors must have the necessary supplies in sufficient quantity and quality, and be able to provide supplies quickly to the affected areas.
- Identifying Self Help Group (SHG) vendors: SHGs can be considered a local vendor for sanitary pads, providing they are able to provide the quantity and quality of sanitary pads required for the affected population, and within the necessary timelines.

Essential considerations for procurement

When an agency is considering procurement, the following points must be considered:

- Procurement should be a part of the emergency preparedness phase, response phase and the recovery phase, particularly for disaster prone areas.
- Depending on the nature of emergency and the duration that the community may require support, sanitary pads may be procured in bulk to meet needs of girls and women for 2-6 months. For sanitary pads, vendors must provide certification/proof that the product meets essential quality criteria (i.e., BIS standards for sanitary pads IS-5405: 2019) before finalizing procurement. For reusable cloth pads, vendors may provide quality certification (if that exists for the product)
- or basic criteria such as length, width, absorbency of the material, and whether the cloth is of materials that does not leach colour.
- Vendors to provide proof of supply chain to the affected areas and past history of timely delivery.

Promising practices in procurement of menstrual materials and supplies during emergencies

Robust procurement process for emergency response

Save the Children, PLAN India and OXFAM have well established, robust procurement protocol for menstrual hygiene materials and hygiene kits for emergencies. Their procurement processes ensure timely delivery of quality products, leveraging local supplies and existing supply chains.

IDOBRO, Maharashtra (COVID-19 response)

IDOBRO collaborated with the Maharashtra State Rural Livelihoods Mission to secure the Asmita sanitary pads. The Asmita pads are locally produced by SHG women (woman supporting women model) at low cost, good quality, and acceptable. Further, given the local production, supply of these pads was assured.

Real Relief SafePad™

Real Relief distributes the reusable SafePad, and also supports establishment of local manufacturing units during an emergency (especially long-term emergencies). The organization equips and trains local women to produce SafePads, creating employment and generating income.

Healing Fields Foundation, Bihar

The Healing Field Foundation works with the Bihar Rural Livelihood Mission to establish local sanitary pad production units, operated by women SHG members. This model has facilitated rapid production and distribution of pads during the monsoon season when flooding affects many communities. The decentralized production of disposable sanitary pads generates employment and income for community members.

Shudh Plus – Niine Sanitary Pads

Shudh Plus, a new Indian manufacturer of disposable sanitary pads branded Niine entered the market in 2017. The company claims that they are able to provide Niine disposable sanitary pads across the country in any emergency situation, transporting the quantity required within one day for a charge of INR 1 extra per packet for the delivery. BIS testing protocols for disposable sanitary pads are followed – ensuring good quality of the product.

4.6 Distribution and demonstration of MHM materials and supplies

Distribution of menstrual management materials, supportive supplies and hygiene/dignity kits must be conducted in an equitable manner, ensuring that all those in need receive these essential items. Alongside distribution, demonstration on the appropriate use of materials is important to facilitate and support hygienic use. The section 'Action Component 3: MHM Information and Education' provides more details.

Key considerations for the distribution and demonstration of MHM materials, supplies, kits:

- Distribution of materials by female volunteers in female friendly spaces: The distribution and demonstration of MHM materials and related supplies, where possible, should be done by female volunteers and in a safe space that enables girls and women to receive these materials in privacy, and without embarrassment and shame. When female volunteers are few, male volunteers and relief workers must be sensitized to distribute menstrual materials and kits in a sensitive manner.

Sachi Saheli's sensitive approach to pad distribution during 2020 Delhi riots

During the East Delhi riots in February 2020, many left their homes due to communal violence, taking temporary shelter. Women were initially scared and suspicious of outsiders, and hesitant to accept sanitary pads in front of male family members, despite their need. Sachhi Saheli quickly realized the fears, changed their approach to building rapport with the women and identifying a separate room/space in the temporary shelter where women felt comfortable taking sanitary pad packets.

- Facilitating access to menstrual materials: In addition to physical distribution of products, pad banks, pad ATM or pad depots may be established in temporary shelters to enable girls and women to access menstrual materials as per their need. Distribution of products in this manner need monitoring to facilitate equitable distribution and timely replenishment.

Pragati Jubak Sangha and Goonj establish pad banks and pad ATMs in disaster affected areas

In cyclone prone districts on Odisha, **Pragati Jubak Sangha**, as a part of emergency preparedness, equips schools in affected communities with sanitary pads that girls and women can access when the cyclone hits.

Goonj often runs **MyPad ATMs** (through boxes or suitcases) in disaster affected areas to ease access to products. The MY Pad ATM is a decentralized model to ensure regular, quick supply and accessibility in remote villages of the country. The ATMs are filled in an interval of one month. A female volunteer from the community is trained and keeps the MY Pad ATM – where the girls and women from the community can procure pads as per their requirement.

- Demonstrating use of menstrual materials: The supply and distribution of MHM specific kits must be accompanied by demonstrations or information on how to use products in a hygienic manner given the constrained and challenging contexts. Some girls and women may be using the distributed materials for the first time, and others may need information on how to use, wash and dry, and dispose materials. Further information on location of sanitation facilities, water, designated waste disposal solutions or sites must be provided by relief workers.
- Special consideration for vulnerable groups: Vulnerable and marginalized girls and women within disaster affected populations include those living with disabilities (physical and intellectual), families from low-castes and those engaged in manual scavenging, migrant labour, girls and women in sex work, transgender individuals, those facing gender-based violence, and incarcerated women. Relief efforts must reach these groups, providing these women and girls with essential materials and supplies.

CFAR, Sachhi Saheli, and IDOBRO work with women in sex work during the COVID-19 induced lockdown

During the COVID-19 lockdown in 2020, CFAR, Sachhi Saheli and IDOBRO quickly identified women in sex work as a vulnerable group, having lost their source of income and with little means to cater to their personal needs. These organizations intervened in red light districts, providing women with sanitary pads and cloth pads, and with information on menstrual hygiene management.

It is important to note that the need for menstrual materials and supplies will continue through the phases of disaster management, not just as a part of emergency relief efforts. Distribution of these essential items must be considered as a part of emergency preparedness activities as well as during the recovery and rebuilding phase.

Recovery efforts and distribution of menstrual hygiene products

Continued support to access affordable menstrual hygiene materials during the recovery and rebuild phase is important. When the community is transitioning into the “Early Recovery Programme”, OXFAM India shifts its focus on implementing a market-based WASH response. During this phase, the organization distributes a commodity voucher for buying sanitary pads and other hygiene items like washing and bathing soaps from local small-scale vendors/shopkeepers. OXFAM India has found that instead of the conventional in-kind distribution, market-based humanitarian programming makes better use of existing market actors’ capabilities and boosts the local economy post disaster. The system fulfills immediate needs while contributing to the long-term economic recovery of the region. Sanitary pads are included in the commodity voucher system to give young girls choice as well as the dignity to choose. The commodity voucher system has received positive results and girls feel a sense of empowerment when they buy sanitary pads from shopkeepers themselves.

Logistical consideration of Commodity Voucher System:

1. Market scan and assessment essential for identifying and selecting local vendors
2. Local vendors must be within the reachable distance from the relief camps or affected communities
3. Local vendors must have a bank accounts to facilitate transfer of funds



Photograph 3: OXFAM's Commodity Voucher system, Cuddalore (OXFAM India)

5. Action Component 2: MHHM supportive facilities

In this section:

- Female friendly toilets and bathing facilities
- Access to water for hygiene needs
- Provisions for washing and drying reusable menstrual materials
- Menstrual waste disposal and management

5.1 Rationale for action component 2

Girls and women have distinct water, sanitation and hygiene (WASH) needs as compared to boys and men owing to their physiology, biological processes, social and cultural norms and heightened vulnerability to gender-based violence (Schmitt et al., 2018). During humanitarian emergencies, girls and women often lack of reliable access to safe, private and functional toilets, bathing facilities, water supply, and waste disposal systems (VanLeeuwen et al., 2018; Sommer, 2016; Schmitt et al., 2020). In the absence of these facilities girls and women may restrict their food and liquid intake, wear menstrual materials for longer hour than recommended, be unable to maintain personal and menstrual hygiene, and meet sanitation related needs in unsafe places. As a result, women may be at increased risk of discomfort, reproductive and urogenital infections, gender-based violence, and anxiety, and may be unable to participate in and available of relief activities. Thus, along with the distribution of menstrual materials, provision for a separate female friendly toilet, washing and drying spaces and menstrual waste disposal facility is essential so that girls and women can manage their menstrual hygiene appropriately, safely and with dignity. District Disaster Management Plans can specify how quickly water and sanitation facilities must be made available to affected communities during different disasters. For instance, Shillong's District Disaster Management Plan (DDMP) for East Khasi Hills recommends drinking water and sanitation facilities within 12 hours of disaster during earthquake and within 24 hours for a cyclone.

Provisions for sanitation, water and drying and washing facility depend on the cultural factors, geographical location, essential non-negotiable components for toilets, washing and drying spaces and waste disposal are outlined in this section.

5.2 Female friendly toilet and bathing facilities

During disasters, girls and women may no longer be able to access and use individual household toilets, and will have to use public or community sanitation facilities or temporary toilet facilities. The guide for female friendly public and community toilets outlines the features of a female friendly toilet, that are applicable to sanitation facilities in emergency settings as well (UNICEF, WaterAid and WSUP, 2018). The Compendium on MHM Disposal, Waste Management & Laundering in Emergencies has adapted this guidance for emergency settings (see Figure 2)

Essential features of female friendly community and public toilets

- Be safe and private
- Cater for menstrual hygiene management and other hygiene requirements
- Be accessible to all users
- Be affordable and available when needed
- Be well maintained and managed
- Meet the requirements of caregivers and parents

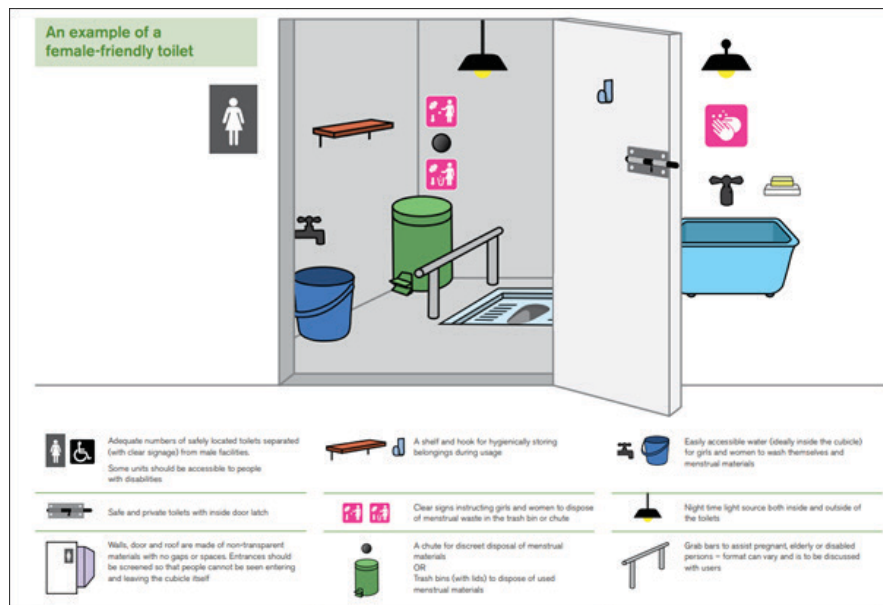


Figure 2: Illustration of a female friendly toilet stall (source: *Compendium on MHM Disposal, Waste Management & Laundering*, 2020)

The Sphere Handbook (2018 edition) proposes a minimum number of toilets available for communal toilets and bathing facilities during a disaster as seen below in Table 4.

Table 4: Sphere Handbook recommendations for communal toilets

Location	Short-term	Medium and long-term
Community (communal toilets)	1 toilet/bathing facility 50 persons	<ul style="list-style-type: none"> • 1 toilet/bathing facility for 20 persons (shared family) • 1 toilet/bathing facility for 5 persons or 1 family

Source: *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2018

Essential elements of female friendly toilets for emergency contexts

Relief responses take place in varied humanitarian contexts. However, the following provisions are the non-negotiable components/minimum standard to be followed to ensure a female friendly toilet in an emergency setting:

- Lighting inside and outside the facilities for night time.
- Separate entrance for female toilets and clearly labelled
- Easy to access – should not be far from the camp/temporary shelters and unobstructed and accessible path to the facilities
- Walls and doors made of solid materials. The toilet should be covered with solid materials from all 4 sides
- Ensure there are doors in all cubicles and locking measures.
- Mug for genital and anal washing in the sanitation facility.
- Water availability in/near toilet facilities.
- Large dustbin for menstrual waste disposal

Section 31 of NDMA 2005 mandates the preparation of a District Disaster Management Plan (DDMP). The DDMP stipulates that the Facility Maintenance-in-charge is responsible for organizing and providing toilet, bath and sanitation facility. The Facility Maintenance-in-charge or the camp manager should have a checklist for the non-negotiable provisions for toilets, bath/washing and waste management facilities in temporary shelters. Additionally, the Village Disaster Management Plan (VDMP) divides roles and responsibility between its various teams; the Shelter Management Team (VDMT) is responsible for checking and maintaining the sanitation facilities in the camps. During the emergency preparedness phase, the Shelter Management Team should ensure that toilets are responsive to the needs of women.

Good to have elements of female friendly toilets

Additional considerations for toilet and washing facilities include the following (these are not essential but are “good to have”):

- One facility should have all the sections - sanitation, bathing, washing and drying facilities. Each section should be separated by a wall and a clear sign in local language.
- Adequate number of cubicles in each section.
- Each section may have one cubicle specifically designed for people with disabilities and mobility issues.
- Clear signs and directions in the local language pointing to different toilet sections (female and accessible) and to pointing waste disposal mechanism.

When the disaster cannot be predicted or provisions for female-friendly facilities are not already available at the disaster location, provisions for toilet construction or installation must be made immediately. For example, mobile toilets can be potential solution in providing immediate sanitation facility. Temporary toilet structures are selected based on the urgency of emergency situation and therefore should be improved over time.

Oxfam India

In temporary camp setting with no facilities, OXFAM India recommends digging pits and installing latrine slabs, covering the sides with tarpaulins for privacy. These temporary arrangements can be replaced with permanent sanitation solutions during the recovery phase intervention.

Goonj

Using local available resources like bamboo, date/ coconut leaves, old sarees or by providing tarpaulins, communities under Goonj's Dignity For Work (DFW) initiative is making covered spaces for changing and bathing. This enables hygienic practices, even during menstruation.

Assigning roles and responsibilities for the maintenance of sanitation facilities during emergency phase helps maintain cleanliness in relief settings. To the extent possible, responsibilities should lie with members of the community. For example, the Shillong District Disaster Management Plan (DDMP) recommends creating 12 teams to carry out essential roles and responsibilities; the Quick Response Team (QRT) is responsible for setting up sanitation facilities and maintaining cleanliness of the sanitation facilities. This can be replicated at the habitation level as well, as seen in Odisha's Village Disaster Management Plan (VDMP) that has 12 teams carrying out all roles and responsibilities during emergencies. The Water and Sanitation Team, comprised of 5-7 community members, are in charge of cleanliness and maintenance of sanitation facilities. Those facilitating relief efforts on behalf of the Government or non-Government agencies must be mindful that existing caste hierarchies, inequalities and atrocities should not be exacerbated while assigning responsibilities for the maintenance and cleanliness of facilities. For instance, households engaged in manual scavenging should not be given the tasks for cleaning toilets given this demeaning caste-based occupation.

5.3 Access to water for hygiene needs

In addition to adequate quantities of clean water to meet basic needs during disasters, extra water is required for girls and women to meet their menstrual hygiene and washing needs.

Key considerations for water requirement for menstrual hygiene needs:

- **Availability of accessible and sufficient quantities of water:** Water quantity should be sufficient and easily accessible for drinking, cooking, bathing and handwashing, washing (washing menstrual materials, underwear, clothes). The guidance provided in the Sphere Handbook for the quantity of water needed per person for hygiene practices can be adapted to include the requirement for menstrual hygiene needs (Table 4).

- Type of menstrual materials distributed: If disposable sanitary pads are provided for, the additional requirement for water will be for personal hygiene needs. If reusable materials are distributed, the water requirement for hygiene will have to be increased to include washing of these materials.
- Water availability in sanitation and bathing facilities: Water should be available in sufficient quantities in the sanitation and bathing facilities. Where this is not possible, the maximum distance between the water point and any household, temporary shelter or camps should be no more than 500 meters, and maximum queuing time should not exceed 30 minutes (Sphere Handbook, 2018).

OXFAM India

OXFAM India has installed overhead water tanks which supply water directly to the toilets, or hand pumps that provide water supply to toilets.

- Adequate number water points: To ease girls and women's access to water, sufficient water points need to be established, especially for of mid and long-term emergency contexts. The Sphere Handbook proposes a minimum standard for the number of people using water-based facility, and recommends that water point be accessible for about 8 hours a day (Sphere Handbook, 2018).

Table 5: Minimal water requirements to meet needs in emergency settings

Needs	Quantity (liters/person/day)	Adapt to context based on
Survival: water intake (drinking and food)	2.5-3	Climate and individual physiology
Hygiene practices	2-6	Social and cultural norms
Basic cooking	3-6	Food type and social and cultural norms
Total basic water	7.5-15	

Source: The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, 2018

Goonj DFW initiative: Working during non-disaster times to revive existing water bodies and build water bodies

Goonj encourages communities to revive existing or former water bodies and water sources (ponds, wells) by cleaning them, digging them deeper, using local wisdom, local tools.

5.4 Washing of reusable menstrual materials

The use of reusable menstrual materials requires assured access to soap or laundry detergent, along with private spaces for the discreet washing and drying of the materials.

Key considerations while providing provisions for washing and drying menstrual material:

- Private washing cubicles: Ideally, the washing cubicle should be built alongside or within the sanitation and bathing facility or complex in relief shelters. The cubicles should be of solid, non-transparent material and have locking measures to ensure privacy. In a vast majority of shelters in India, a separate washing space will be difficult to establish, and the bathing space will also serve for washing purposes. At the very minimum, cloth can be used to create temporary private areas for washing and bathing.
- Extra washing soap: The Sphere Handbook specifies that extra 200 g of laundry detergent be given for the purpose of washing reusable menstrual materials.
- Bucket: Bucket should be provided so that girls and women can soak and wash reusable menstrual materials.
- Information on washing reusable menstrual materials: Clear and simple information or demonstration on how to thoroughly wash reusable menstrual materials needs to be provided alongside the distribution of such materials.
- Waste water management: Waste water management systems for bathing and washing facilities is important to prevent water related diseases, and will support appropriate washing of menstrual materials without fear that the blood stained water will be seen by others in the relief settings.
- Private screened areas or designated areas in communal bathing facilities for drying washed menstrual material (where possible). A part of the screened area should have exposure to direct sunlight, where menstrual cloths can be dried.
- Ropes and pegs
- Demonstration on correct method of drying menstrual materials

OXFAM India

During the flood response in Katihar, Bihar in 2017-2018 and 2018-2019, OXFAM India constructed separate community toilets for both men and women. While the design of the toilets was being developed, Oxfam India realized that the design of the would not address women's need for additional space to sit and wash their menstrual clothes, and changed the design of female toilet structure to include more space in the bathing cubicles. They also took measures towards waste water management.

5.5 Menstrual waste management

Menstrual waste solutions in emergencies settings must be determined in line with the nature of menstrual materials distributed and used, the nature of the, the availability of sanitation facilities for girls and women, and socio-cultural beliefs about menstruation that affect disposal practices. For instance, some communities prohibit the burning of menstrual materials and will therefore not use incinerators or containers used to burn waste, or open burning sites for solid waste accumulated from relief shelters. In general, girls and women prefer discrete disposal.

Considerations for menstrual waste disposal and management solutions:

- Signage to guide appropriate disposal: Irrespective of the method of disposal provided in emergency settings, signage in toilet stalls and complexes must guide girls and women towards the disposal solution and provide simple, clear and visual instructions on the disposal method and safe practices to be followed.
- Marking and wrapping menstrual waste before disposal: Paper may be provided to girls and women to wrap used sanitary pads and cloth pads before discarding them. This will allow for discrete disposal by users, and safe collection of waste by waste collectors. Additional placing a red dot or cross on the covered waste material will help waste collectors safely identify this waste from other waste, and process accordingly.
- Dustbins for immediate disposal: Dustbins or containers for waste can be provided in every toilet stall, in the toilet complex, or in the shelter. Girls and women should be informed that dustbins or containers have been designated for menstrual waste. Dustbins should be selected so as to enable discrete disposal (with lids, wall mounted).
- Incinerators: Incinerators are a consideration for onsite management of menstrual waste. Incinerators may be manually operated or electric, of low capacity (e.g., incinerates 5-10 pads at a time), mid-capacity (e.g., burns 20-50 pads at a time) or large capacity, and require a designated person to operate them for safe and timely burning of waste.
The combustion process in incineration results in emissions, and as a result, incinerators must be installed and operated so as to cause least harm to users and waste management staff. Manually operated fuel-based incinerators should be located outside the toilet complex and away from living quarters. For electric incinerators, vent pipes leading from the combustion chamber must be long to ensure that emissions are not released into the room/toilet complex where the machine is located. The incinerator can be operated when users are not using the facility (for instance, at night), and be well maintained, with unburnt or partially burned materials and ash cleaned out regularly. Information on using incinerators should be shared with girls and women.
- Final management of waste: Menstrual waste may be treated along with other solid waste, hazardous waste or biomedical waste generated in relief settings, as per guidance and protocol in relief settings. Officials and organizations working on waste management during emergencies must propose recommendations for menstrual waste. In some emergency and relief settings, waste management according to set guidelines may be challenging. If waste is burned in the open or in pits, care must be taken to dig pits away from areas providing shelter, food, and medical care.

Table 6: Summary of Waste disposal and management solutions

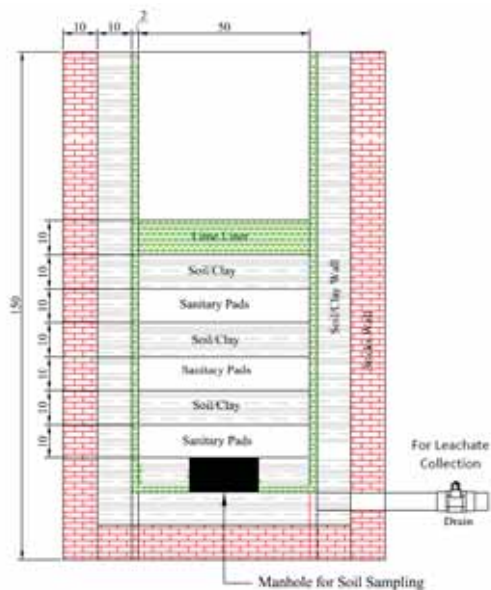
Type of waste disposal/ management	Examples of solutions	Considerations
Dustbin	Basic dustbins with lids	Can be wall mounted with a nail to prevent animals from accessing discarded materials Can be made of locally available materials (e.g., woven basket) Can be placed in individual toilet stalls or in the toilet complex
	Swing lid dustbins.	Can be placed in individual toilet stalls or in the toilet complex
	Peddle operated dustbins with lids.	Can be placed in individual toilet stalls or in the toilet complex
Disposal chutes	Piped disposal chutes attached to toilet complex or to individual toilet stalls. The chute pipe will lead to a waste container that can be made of different materials (concrete, plastic, mud, brick). stalls or in the toilet complex	
Burial and composting pits	A deep burial or composting pit dug for disposal. The discarded materials will be layered with mug and wet waste (vegetable waste)/lime. The pit will be sealed when filled, and the waste will be allowed to decompose.	Waste should not be wrapped in plastic and that will hinder decomposition.
Open and pit burning	While this is not an ideal or safe option, it may be the most convenient option in some areas or disasters. If menstrual waste is going to be burned in the open, the waste burning site should be located at a distance from living quarters	Digging a shallow pit for burning can help contain the process, and prevent fire from spreading.

Type of waste disposal/ management	Examples of solutions	Considerations
Incinerators	<p><u>Low-cost and locally produced</u> Locally produced, low-cost options are created from a range of materials such as clay, metal drums or containers. They are manually operated. Combustion is done with locally available materials and fuels (e.g., paper, wood or kerosene to burn)</p>	<p>These incinerators are low-cost and can be locally made, and require minimal operation and maintenance. They can be used in remote or difficult to access locations where other options are not feasible.</p> <p>Locally made incinerators however lack standard design and emission controls (for toxin released when burning plastic). They burn at low temperatures and may result in incomplete burning of plastic components of sanitary pads.</p>
	<p><u>Electric incinerators</u> These machines are of varied capacities, and run of electricity. Many varieties exist, with low cost varieties often having limited emission control measures.</p>	<p>These incinerators require electricity supply, and regular operations and maintenance. Instruction on how to use are important for users and machine operators.</p> <p>Waste must be properly sorted to ensure that only sanitary pads are burned in the incinerator.</p>
	<p><u>Common incinerator facilities</u> These include large incineration facilities such as bio-medical incinerator and hazardous waste incinerator facilities that have large capacity to deal with waste and requisite emission controls in place to minimize hazardous emissions</p>	<p>Common incinerator facilities may not always be located close to the disaster site, and transportation of waste may be challenging.</p> <p>These facilities require waste to be properly sorted at source.</p>

Further details on disposal options can be found in [Menstrual Disposal, Waste Management & Laundering in Emergencies: A Compendium \(2020\)](#).

OXFAM India – Electric Incinerators

OXFAM used manual incinerators and switched to electric incinerators as the Logistics Team found that electric incinerators caused less pollution than manually operated incinerators. The electric incinerators were identified and installed in accordance with the State Pollution Control Board norms of the state.



Photograph 4: Prototype of deep burial pit, NEERI and WaterAid India



Photograph 5: Manual operated incinerators with vent pipe to be installed in toilets (Save the Children)

6. Action Component 3: MHHM information and education

In this section:

- Information needs on MHHM
- IEC, BCC materials
- Illustrations from the field

6.1 Rationale for action component 3

Girls and women may not have adequate knowledge on menstruation and menstrual hygiene to manage their menses safely, the consequences of which are felt acutely during crises. Further, in response to emergencies, girls and women may receive menstrual hygiene materials they are unfamiliar with.

Key considerations for MHHM information and education:

- Menstrual health and hygiene are not always a considered and expressed need by many during emergencies.
- Communities experiencing emergencies face several challenges, and have limited capacity to receive large amounts of information on varied topics. Any information given must be specific and relevant for their context.
- Social norms, taboos and restrictions related to menstruation are deep seated, and will be difficult to change during an emergency situation. Important to address social norms and taboos as a part of regular MHHM interventions, or as a part of recovery efforts.
- During emergencies, particularly related to conflict and displacement, affected populations may be fearful and suspicious of outsiders, and of information shared. Providing relevant information and supportive services needs to be done sensitively to enable uptake.
- Women and girls from affected areas may be given menstrual materials to use as a part of emergency response that they are unfamiliar with or unprepared to use (for instance, sanitary pads may be distributed among women who do not use or possesses underwear)
- Information on MHHM can be given at different phases of an emergency; the nature and purpose of information shared will differ across these phases.
- Important relevant information on MHHM for other stakeholders, including local leaders, health care workers, men and boys, can also be provided. Information for these stakeholder groups may focus more on ensuring gender responsive sanitation facilities, facilitating access to hygiene kits, ensuring safety of women and girls.

Information on menstrual health and hygiene

At the very minimal, girls and women of reproductive age should be provided information on the use, maintenance and disposal of the menstrual hygiene product distributed. If menstrual materials are included in distributed hygiene kits, information on each component of the hygiene kit must be given to facilitate appropriate use.

Table 7: Recommended content for information and behaviour change communication on MHMM during emergencies

Information and behaviour change communication on	Description	Relevance for emergency phaset
Menstruation and menstrual hygiene	<ul style="list-style-type: none"> • The female reproductive system • Menstruation and the menstrual cycle • Menstrual hygiene • Relevance of menstrual hygiene for health and wellbeing • Type of menstrual hygiene materials available • Type of menstrual hygiene materials available • Advantages and disadvantages of different categories of menstrual hygiene materials • Availability of menstrual hygien materials, access and affordability 	Recovery and rebuilding
How to use menstrual hygiene materials	<ul style="list-style-type: none"> • Description of how to use menstrual hygiene materials, including*: <ul style="list-style-type: none"> o Cloth (unstitched) o Self-made stitched cloth pads o Readymade stitched cloth pads o Disposable sanitary pads o Menstrual cups o Underwear • Duration of use of and frequency of changing menstrual materials • Sharing of reusable materials (risks of sharing reusable materials) • During emergency preparedness phase, communication with women and girls in communities can focus on how to manage menses during the emergency, equipping themselves with sufficient materials, what materials to take if communities are displaced. <p>*information should be provided on the menstrual material being distributed and being used by women and girls.</p>	<p>Emergency preparedness</p> <p>Emergency response</p> <p>Recovery and rebuilding</p>

Information and behaviour change communication on	Description	Relevance for emergency phase
How to maintain menstrual hygiene materials (wash, dry, store)	<ul style="list-style-type: none"> • Reusable materials: <ul style="list-style-type: none"> o How and where to wash with soap and water, especially when water is in limited supply o How and where to dry washed cloth pads thoroughly o How and where to store cleaned materials safely • Disposable materials <ul style="list-style-type: none"> o Guidance on not washing disposable sanitary pads after use 	<p>Emergency preparedness</p> <p>Emergency response</p> <p>Recovery and rebuilding</p>
How to discard menstrual hygiene materials	<ul style="list-style-type: none"> • How used materials should be discarded along with supporting materials (e.g., old paper, plastic/paper bags, dustbins) • Where used materials can be discarded (e.g., dustbin in toilet, dustbin in shelter, solid waste collection site) 	<p>Emergency preparedness</p> <p>Emergency response</p> <p>Recovery and rebuilding</p>
Addressing restrictive gender and social norms related to menstruation	<ul style="list-style-type: none"> • Identifying social norms related to food, social interactions, religious worship, and mobility and how they affect menstrual hygiene practices related to access to information, support and menstrual hygiene materials, hygienic use of materials, safe disposal of used materials. • Discussing which restrictive social norms can be changed, and how this can be done, providing examples of how adolescents have fostered favourable attitudes related to menstruation. • Engaging key community influencers (e.g., mothers, men and boys, community leaders, teachers). 	<p>Recovery and rebuilding</p>

The Table below highlights the nature of information and behaviour change communication that can be considered across different phases of an emergency.

Table 8: IEC and behaviour change materials

Information and behaviour change communication on	Prevention/mitigation	Emergency preparedness	Emergency response and relief	Recovery
Type of IEC/BCC materials	<ul style="list-style-type: none"> • Leaflet/pamphlet given the girls and women to prepare for the disaster with checklists on supplies needed. They can also be included in hygiene kits that may be distributed to women. • Booklets on MHM 		<ul style="list-style-type: none"> • Leaflet/pamphlet accompanying the distributed menstrual products • Leaflet/pamphlet accompanying non-food items and hygiene kits distributed • Posters displayed in the toilet facilities designated for women • Booklets on MHM 	<ul style="list-style-type: none"> • Booklets on MHM
	<ul style="list-style-type: none"> • Group interactions through existing women's/girls' groups, SHG groups. • Preparedness for managing menstruation incorporated into any routine interventions on MHM, adolescent health, reproductive and sexual health, life skills. 		<ul style="list-style-type: none"> • One-to-one interactions or through small group interactions, especially when introducing a product that the community is not familiar with (both reusable cloth pads and disposable pads, underwear). • Information can be given during medical consultations for sexual and reproductive health needs. 	<ul style="list-style-type: none"> • Structured group interactions through existing women's/girls' groups, SHG groups. • Information can be given during medical consultations for sexual and reproductive health needs.

Addressing social norms and taboos is important, particularly during protracted emergencies. Goonj organizes chuppi todo baithaks with girls, women, persons with gender diverse identities, and boys and men in affected communities. Along with discussions on products, access to WASH facilities and disposal solutions, gender norms and social norms related to menstruation are identified, discussed and proactively discussed.



Photograph 6: Goonj's Chuppi Todo baithak



Photograph 7: Goonj's Chuppi Todo baithak

Considerations while selecting and providing IEC and BCC materials

Agencies must consider the following points when identifying relevant IEC and BCC materials for communities affected by disasters or crises:

- Relevant existing materials that are easily accessible during the emergency should be used to ensure that information and support is provided in a timely manner.
- Create new content to address specific and relevant MHHM issues for emergencies. For example
 - how to use the waste disposal systems established in relief shelters.
- Simple, clear messages in the local language, with adequate visual representation for those who are illiterate.
- Context appropriate visuals and text in line with the local culture.
- Appropriate for girls and women with disabilities.
- Placed in locations that are accessible to women (e.g., women's toilet, women's shelter).
- Where appropriate and feasible, audio messages, and audio visual messages can be used.
- Use of digital media (WhatsApp, YouTube) and helplines for remote access to information (keeping in mind girls' and women's access to phones and digital media).

Illustrations from the field

Including MHM awareness material in hygiene kit: PLAN India's MHM booklet as a part of the emergency hygiene kit: PLAN India includes a booklet on MHM in their hygiene kit, in addition to sanitary pads, soap, and underwear.



Photograph 8: PLAN India's hygiene kit with IEC

Extending the use of regular MHHM IEC to emergency contexts: Sachhi Saheli has a comprehensive MHHM booklet that they use during their regular sessions with girls and women. The booklet provides information on menstruation, the menstrual cycle, tracking the menstrual cycle, menstrual hygiene, and identification of menstrual problems. This user friendly booklet was distributed to girls and women who were not a part of their regular intervention during the Delhi unrest in January – February 2020, and during the COVID-19 lockdown. These women and girls had not been exposed to MHHM awareness sessions, and found the booklet easy to understand.



Photograph 9: Sachhi Saheli's IEC booklet. Available at:

<https://sachhisaheli.org/wp-content/uploads/2020/12/Final-ENGLISH-BOOKsachhisaheli-english-1.pdf>
(Sachhi Saheli)

Digital posters on specific MHHM topics: WaterAid India, with technical support from Jatan Sansthan, developed digital posters on how to make a cloth pad for the Government of Madhya Pradesh during the COVID-19 lockdown. These digital posters were distributed across the State through their vast anganwadi network.



Photograph 10: Digital poster on cloth pads (WaterAid India)

Helplines: Sukhibhava launched the Hello Saheli helpline in 2020 to provide information and support on MHHM. This free helpline service provides interactive voice response menstrual, sexual and reproductive health education and free tele-gynecological services.

MHHM apps: Myna Mahila Foundation launched their Myna Health App in 2020, providing girls and women will access to necessary information and support related to MHHM, including a period tracker, videos, and even information on COVID-19.

Aaina launched their Red Talk App in September 2020 to provide digital access to information on MHHM, with a focus on girls and women with disabilities.

Most of these apps are accessible through simple phone and smart phones.

7. Action Component 4: Integration and collaboration with health and protection services

In this section:

- Incorporating MHHM within health and protection services in emergencies

7.1 Rationale for action component 4

Support for and action on menstrual health and hygiene should not stand alone, and can be incorporated into other essential health services that girls and women may receive during this time. Health services are often established during various types of emergencies, and may include sexual and reproductive health services. Information on MHHM can be included in these services, as they may provide a safe space for women and girls to seek information and health care.

Crises often enhance vulnerability to gender-based violence, and protection services are critical to protect girls and women from experiencing such any additional and preventable risks.

Key considerations

- Health care providers must be sensitized towards menstrual health and hygiene needs and concerns.
- Use of unsafe menstrual management materials or lack of hygiene during menstruation during emergencies can result in genital irritation or reproductive tract infections, that need to be addressed to prevent long term health issues.
- Toilets, bathing areas, points of distribution of food and non-food items, shelters and health facilities must be safe for girls and women to access, as these may serve as places for them to maintain menstrual hygiene or to access menstrual hygiene products and information
- Addressing MHH in emergencies contexts may serve as an important entry point for identifying any risk or experience of gender based violence, and may provide a pathway for promoting prevention of gender based violence, and appropriate response interventions.

Incorporating attention to MHHM within health services, sexual and reproductive health services

- Health services established in response to disasters or crises can include attention to menstrual hygiene. At the very minimum, such services can distribute menstrual hygiene materials, demonstrate correct use of materials, and provide necessary information. If health services are established for a long duration (i.e., beyond the immediate response phase), health care providers may have to attend to menstrual health and hygiene concerns as well.
- Frontline workers providing contraceptives, maternal care (ante natal and post-natal care) can provide basic information on hygienic management of menses and post-partum bleeding, and identify those with menstrual problems or disorders who need medical attention.

Incorporating attention to MHMM within protection services

- Protection services must identify and create safe spaces for girls and women.
- Separate toilet facilities for girls and women must be safe and private, easily accessible, and with sufficient lighting.
- Relief materials and services for girls and women must be easily accessible in safe spaces.
- Support services for survivors of physical or gender-based violence (e.g., healthcare, police assistance, mental health and psychosocial support).

8. Action Component 5: Integration into disaster preparedness activities, and subsequent emergency response phases

8.1 Rationale for action component 5

Disaster preparedness refers to measures taken to prepare for and reduce the effects of disasters, including predicting, preventing disasters (where possible), mitigating the impact of adverse events on vulnerable populations. Disaster preparedness further enables communities to respond to and effectively cope with the aftereffects of the emergency, and recover as quickly as possible. Disaster preparedness is particularly relevant for communities that routinely face natural disasters and conflict (e.g., cyclone prone areas of Odisha, West Bengal). Several tools are available that enable communities and local, and State administration to identify imminent danger or early warning systems, prepare for it, and mitigate the negative consequences to some extent. Odisha State Disaster Management Authority is proactive in disaster preparedness, and provides a number of resources on Disaster Rapid Action Force, shelter building, disaster resilient housing, and risk management system, to reduce the loss of lives and homes resulting from periodic natural calamities. Addressing MHMM within disaster preparedness allows for communities to better meet these needs and promote the health and wellbeing of women and girls.

Incorporating attention to MHMM within disaster preparedness

Action on MHMM in terms of education, access to menstrual materials and supportive services, can be incorporated into disaster preparedness in simple ways, benefiting adolescent girls and women who may be displaced from their homes for a few weeks or months. Routine MHM interventions delivered in schools and in communities can impart basic information on menstrual health and hygiene, and equip girls and women with the knowledge and capacities to manage their menses safely during a crisis. For instance, girls can be given information on making their own emergency hygiene kit with sufficient menstrual materials, underclothes, soap, and washing soap. Schools can prepare themselves to be depots for menstrual materials that girls and women can access when disaster strikes.

In Odisha, the Government and several NGOs carry out Vulnerability and Capacity Assessments before disasters using participatory tools to engage communities to predict, plan for, mitigate, and effectively respond to emergencies that are likely to affect them. Attention to MHMM can be incorporated into this process, with adolescents and women engaged in community discussions, planning and mitigation efforts. During these discussions, planning must include provision of basic information to all girls and women, access to safe menstrual materials for all, availability of and access to safe sanitation and water facilities during the disaster to meet the additional hygiene needs of girls and women, and disposal options for menstrual waste as a part of overall waste management.

In addition to the preparedness phase, MHMM needs should be considered during other phases as well. The table below summarizes the essential MHMM activities to be undertaken across phases, drawing on needs assessments and resources available.

Table 9: Emergency phases and essential MHHM activities

Emergency phases and timelines	Essential MHHM activities
<p>Emergency preparedness</p> <p>Timeline: Before disaster strikes affected communities. Those facing routine disasters will have established plans, while others may plan based on early warning systems.</p>	<p>Understand and identify:</p> <ul style="list-style-type: none"> • Preferred sanitary protection materials by women and girls • Existing menstrual hygiene booklets and IEC materials • Locally available sources of menstrual hygiene materials • Availability of functional and accessible water, sanitation and disposal facilities that women/girls can use during emergency • Training needs of frontline workers and partners in relation to MHHM during emergencies, and provide guidance on good practices that can be implemented as a part of emergency preparedness. Frontline responders can work with communities to develop emergency preparedness plans for MHHM, and implement them in a timely manner.
<p>Emergency response</p> <p>Timeline: ranges from first 24 hours to first month of disaster.</p>	<ul style="list-style-type: none"> • Ensure that the initial emergency water and sanitation facility designs and locations are appropriate for the safety and comfort of women and girls. • Ensure that non-food item kits for women and girls include basic menstrual hygiene materials and information. • Consult with women and girls to assess the appropriateness of the initial responses. • Provide safe spaces for girls and women, and make sanitation facilities safe and private.
<p>Recovery and rebuilding</p> <p>Timeline: post emergency response to the longer term).</p>	<ul style="list-style-type: none"> • The response team to undertake more detailed focus group discussions with women/girls in relation to their MHHM needs. • Refine the identification and selection of menstrual materials for women and girls based on feedback. • Review the design and location of toilets, bathing and washing areas, and waste disposal solutions with women and girls. • Consider the information needs of adolescent girls and the mechanisms available to support them (using booklets, through the school curriculum, adolescent girl groups). • Consider supporting girls and women to produce their own menstrual hygiene products (e.g., training on making homemade cloth pads).

Source: Adapted from House et al, 2012, as cited in Humanitarian Learning Center, 2018)

9. Supportive components

This section outlines supportive components that are often a part of the larger emergency response, underscoring that menstrual health and hygiene interventions are to be seen within this realm of emergency preparedness, response and recovery efforts.

9.1 Supportive component 1: Needs assessment

Emergency response is often accompanied by rapid needs assessments or situational assessments that provide immediate insights into the impact of the disaster or crisis, and needs of the affected populations. Such needs assessments can include a sub-set of questions on MHHM that can then inform action on the four components described above. In disaster prone area, needs assessment should be conducted as a part of emergency preparedness activities, to enable communities and stakeholders to better respond to MHHM needs during and after the disaster.

Areas of inquiry under needs assessment to guide MHHM response

Target population

- How many girls/women affected and requiring MH materials and supplies?
- Who are the marginalized or vulnerable groups that must be reached?
- What social norms, taboos may affect distribution and use of MH products during emergencies in this community, and how to overcome during the emergency?

Preference for menstrual hygiene materials

- What is the preferred/commonly used menstrual hygiene materials in the community?
- What supportive supplies are required to facilitate the use of menstrual hygiene materials (e.g., underwear)
- Which menstrual materials are most appropriate to distribute given the nature of the emergency?

Procurement and distribution of menstrual hygiene materials and supplies

- Are local vendors available or do menstrual materials and supplies have to be procured from outside? Is there any stock in schools, anganwadis, health care facilities as a part of Government schemes that can be distributed?
- Which menstrual materials can be distributed easily?
- How best to distribute menstrual hygiene materials (which channels to use for effective distribution to all those in need)?

Sanitation, water, washing, and disposal facilities

1. Do separate toilets exist for girls and women? Are temporary/mobile toilets and sanitation facilities required?
2. Can washing and bathing facilities/areas be designated within sanitation complexes or shelters?
3. Where can girls and women change their menstrual materials in privacy and safety?
4. How much water is available per person per day?
5. How do girls and women prefer to dispose of their menstrual materials?
What solid waste solutions exist and can be extended to include menstrual waste?

Knowledge gaps

- What IEC resources on menstrual hygiene, product use and maintenance (washing, drying, disposing), are easily available in the local language and can be shared with the community?
- Can frontline workers or existing community volunteers provide essential information on MHHM?
- Do health, sexual and reproductive health (SRH) services exist and who is providing them?
- Can MHH related information be provided through health and SRH services?
- Are there basic provisions in place to ensure safety of girls and women, particularly when accessing sanitation facilities, in relief shelters, and when accessing food and non-food items that are distributed?

Needs assessment methods and participants/respondents

Quantitative methods such as rapid assessments, situation assessments, checklists for affected sites and communities, can be used to understand needs as a part of immediate relief measures or during the disaster preparedness phase. Qualitative key informant interviews with organizations leading response efforts, frontline responders, and community members, and discussions with selected community groups (e.g., adolescents, young women, mothers) may also be conducted using a structured guide to get insights into MHHM related needs.

Needs assessments may be carried out by different agencies involved in emergency response. Where possible, stakeholders should coordinate to conduct such inquiries, incorporating MHHM needs. Sharing of needs assessment insights across Government and non-Government stakeholders will be important to coordinate and align response efforts.

Post disaster needs assessment (PDNA) may also be conducted after the immediate emergency, to plan for recovery. PDNA is an internationally accepted methodology for determining the physical damages, economic losses, and costs of meeting recovery needs after a natural disaster through a government-led process. While PDNAs conducted in India have not incorporated attention to menstrual health, future assessments can consider this component to improve access to essential personal hygiene items for girls and women.

Pagati Jubak Sangha conducts Hazard Risk Vulnerability Capacity and resources assessment in cyclone and flood prone areas of Odisha

Hazard Risk Vulnerability Capacity, Resources assessment is conducted in cyclone and flood prone areas before the natural disaster, and is meant to help communities and local administration plan for the impending emergency. This is a participatory approach. Every stakeholder who is involved in frontline response is engaged in this process across sectors to understand the issues and what is needed for the village disaster management plan. MHHM is a part of this assessment.

Indian and global resources for vulnerability and capacity assessments are in Annexure 2: Resources.

Kerala Post Disaster Needs Assessment, Floods and Landslides 2018

After the devastating floods in Kerala in June – August 2018, The Government of Kerala, in partnership with the United Nations, conducted a PDNA to estimate the impact of the floods and the investments required to enable the State, affected districts to recovery. The Kerala PDNA can be found [here](#).

9.2 Supportive component 2: Monitoring and evaluation

Monitoring and evaluation (M&E) for MHHM related services and support should be incorporated into the overall ongoing M&E activities during and post emergencies. M&E on MHHM services provides critical feedback on whether the support provided is appropriate, adequate, and responsive to the needs of girls and women. Important areas of inquiry and related indicators for MHHM are presented in Table 7.

M&E methods and participants/respondents

M&E for MHHM in emergencies can be undertaken using a mix of quantitative and qualitative methods, and should ideally be incorporated into ongoing efforts. Quantitative methods include the use of survey tools, that can be modified to include aspects of MHHM, particularly when these tools are administered to women in disaster settings:

- Checklists (used for sanitation facilities, shelters)
- Surveys (individual, household)
- Post distribution monitoring (PDM) surveys – PDM surveys for menstrual hygiene materials and/or hygiene kits are important as they assess whether beneficiaries have been able to access and use the materials provided and their satisfaction with these materials/hygiene kits. Given that MHHM relief efforts often focus on sanitary pad distribution, such surveys can shed light on the acceptability of the menstrual materials provided.
- Pre and post intervention assessments (focused on knowledge, and at times, menstrual hygiene practices). For example, Goonj routinely conducts pre and post intervention surveys using a knowledge, attitudes and practices format, that has enabled them to strengthen their response to meet community needs during emergencies.

Qualitative methods for M&E involve in-depth discussions with affected girls and women to understand whether response and relief efforts meet their needs, the difficulties faced in accessing and using the services and products provided, the appropriateness of the services and products, and recommendations for how services and products may better meet their needs. These insights may be gathered through:

- Focus group discussions
- In-depth interviews
- Pocket or voting charts
- Participatory and social mapping tools
- Key informant interviews

Important considerations when conducting M&E activities:

- Assessments must be conducted only after seeking informed consent, and parental consent (if speaking with girls under age 18 years).
- Surveys, interviews, discussions with girls and women must be conducted in a space considered safe.
- Anonymity and confidentiality to be assured to all those who participate and provide insights.
- Group discussions may be better conducted with similar age or life stage groups (e.g., adolescent girls, post-partum mothers).
- Discussions with girls and women should be conducted by female staff, where possible, who are trained to be sensitive to MHHM and SRH needs and challenges.

Table 10 suggests a list of M&E indicators, from which organizations can select. At the very minimal, indicators related to access to menstrual materials and responsive WASH facilities should be included in M&E activities.

Table 10: M&E indicators on MHHM in emergencies

Intervention area (for M&E inquiry)	Indicator
Access to adequate and appropriate menstrual materials (e.g., cloth pads, disposable pads) and supportive supplies (e.g., hygiene/dignity kits, underwear).	<ul style="list-style-type: none"> • Proportion of girls and women of reproductive age that receive MHM materials and supportive supplies. • Proportion of girls and women of reproductive age who received MHM materials and supplies who report that these were: <ul style="list-style-type: none"> o Acceptable o Of sufficient quantity
Access to MHHM information/education.	<ul style="list-style-type: none"> • Proportion of girls and women of reproductive age receiving education on how to use MHM materials and supplies distributed.
Access to adequate and responsive MHHM infrastructure.	<ul style="list-style-type: none"> • Proportion of girls and women of reproductive age reporting access to: <ul style="list-style-type: none"> o Separate toilets for girls and women/gender segregated sanitation facilities o Adequate, safe and usable toilet facilities o Adequate, safe and usable washing and bathing facilities o Adequate quantities of water for personal hygiene o Adequate, safe and usable disposal facilities for menstrual waste • Proportion of girls and women of reproductive age comfortable using sanitation facilities during the day and night • Proportion of sanitation and bathing facilities which incorporate the female-friendly minimum requirements: <ul style="list-style-type: none"> o Access to water o Access to soap o Adequate privacy o Acceptable and appropriate menstrual waste disposal facility o Safety and privacy (lighting at entrance and in toilet stalls, latches on doors)
Access to adequate and responsive health services.	<ul style="list-style-type: none"> • Proportion of girls and women of reproductive age who are aware of health services offered as a part of emergency services. • Proportion of girls and women of reproductive age who availed of health services. • Proportion of girls and women of reproductive age who reported that health services were adequate and responsive to their needs.

Intervention area (for M&E inquiry)	Indicator
Awareness of sexual and reproductive health.	<ul style="list-style-type: none"> • Proportion of girls and women who are aware of the link between MHHM and sexual and reproductive health. • Proportion of adult women receiving education on other aspects of menstruation (e.g., menopause) and post-partum bleeding.
Integration into emergency preparedness activities.	<ul style="list-style-type: none"> • Proportion of girls and women who were prepared to address their MHHM needs during disasters as a part of preparedness activities. • MHHM incorporated into emergency preparedness activities related to provision of menstrual materials, responsive WASH and disposal facilities, awareness (qualitative) • Emergency response time (qualitative)

9.3 Supportive component 3: Stakeholder engagement and coordination, and capacity strengthening and training of frontline responders

Coordination across stakeholders for effective and comprehensive MHHM response

The National Disaster Management Act outlines the roles and responsibilities of Government agencies from the national to the district level, and emphasizes the need for collaborative and coordinated action. In addition to Government action, several NGOs respond to emergencies, with some intervening in their direct intervention areas, some such as Goonj, responding to every disaster irrespective of location, and others operating at a much larger scale, and in coordination with district and state governments.

Coordination across stakeholders engaged in emergency response enables mainstreaming of MHHM into emergency response, increases reach to all girls and women in need of MHHM services and support, prevents duplication of efforts, promotes a comprehensive approach to MHHM within the constrained and challenging settings, and can result in optimal use of available funds. Stakeholders from the WASH sector may be most familiar with MHHM needs and interventions, and lead on these efforts. Their collaboration with those providing health services, protection services is essential for effective response.

Table 11: Stakeholders to be involved in coordination for integrating MHHM into disaster response

Stakeholders		Roles and responsibilities
Frontline workers	<ul style="list-style-type: none"> • ASHA workers • Anganwadi workers • Swachhagrahis • Sanitation workers • SHG 	<ul style="list-style-type: none"> • Impart MHHM relation information, and distribution of menstrual materials to girls and women. • Provide initial information on the requirements of girls and women as a part of needs assessment. • Engage in disaster preparedness activities, leading discussions with adolescents and women on MHHM and SRH. • Ensure sanitation facilities in disaster prone or affected areas are functional and clean.
Community groups	<ul style="list-style-type: none"> • Community based organizations • Local leaders • Women's group • Adolescent girl groups/Youth groups • Farmers groups • Local volunteers 	<ul style="list-style-type: none"> • Provide initial information on the requirements of girls and women as a part of needs assessment. • Engage in disaster preparedness activities and plan for supporting MHHM needs during the emergency. • Existing groups of women and girls to provide support for MHHM during and post disaster.
Non-governmental entities	<ul style="list-style-type: none"> • International Non-Governmental organizations • Non-Governmental Organizations • Inter-Agency Groups 	<ul style="list-style-type: none"> • Support emergency preparedness plans (at various levels, and in coordination with Government). • Facilitate sector coordination to address all aspects of MHHM, identify and reach those groups that are most marginalized, hard to reach. • Identify need for financial and in-kind support and mobilize necessary resources in a coordinated manner for the emergency relief, post disaster and rebuild phases.
Health care providers	<ul style="list-style-type: none"> • Doctors • Nurses • Para medical staff 	<ul style="list-style-type: none"> • Provide support to girls and women for menstrual needs and problems, alongside basic information. • Emphasize hygiene during consultations.
Government departments	<ul style="list-style-type: none"> • Gram Panchayat • District Administration • Municipal corporation • District Disaster Management Authority • State Disaster Management Authority • National Disaster Management Authority • Ministry of Home Affairs 	<ul style="list-style-type: none"> • In disaster prone areas, Government agencies can engage in emergency preparedness activities. The State Governments of Odisha and Kerala provide good guidance on emergency preparedness involving all levels of Government.
Donor community	<ul style="list-style-type: none"> • Individual donors • Institutional donors • Corporate donors • Philanthropic trusts 	<ul style="list-style-type: none"> • Provide financial and in-kind resources in line with the needs of affected communities • Resources to be provided for the emergency phase, as well as post disaster and rebuild phases to support affected communities return to normal. • Resources to be directed at emergency preparedness, in collaboration with State Governments.

Capacity building of stakeholders

The National Disaster Management Act emphasizes capacity building of all the stakeholders to facilitate better management of disasters (National Disaster Management Act, 2005). Frontline responders must be trained or oriented to respond to the health needs of women and girls in a sensitive manner, particularly in light of the culture of silence around women's sexual and reproductive health, including menstrual health and hygiene needs. In some relief settings, frontline responders may be male, and unaware of or indifferent to the needs and concerns of women. While some reproductive health needs may be more apparent such as ante-natal and maternal care, menstrual needs may be overlooked. Brief sessions on the needs of girls and women must be incorporated in capacity building initiatives of all categories of program staff.

Trainings must be conducted with a view to increase knowledge about MHHM among all those engaged in emergency response, increase comfort with the topic and be skilled to provide information and support in a professional manner, and to be sensitive to the socio-cultural and emergency context in which relief efforts are being conducted. During trainings, a session on MHHM must be conducted covering the topics in table 11.

¹¹ Inter-Agency Group is a consortium of agencies ensuring minimum humanitarian standards in disaster risk reduction and management with unified action and improved coordination in the state. Inter Agency Group work in close coordination with district and state governments and civil society bodies. Sphere India promotes development of inter-agency coordination platforms at different levels. Currently there are 13 states where the Inter-Agency coordination platforms exist. All of these IAGs are in different stages of their development.

Table 12: Topics to be covered during capacity building of training sessions

Topics	Training or orientation focus	Applicable for
MHHM needs and required interventions during emergencies	<ul style="list-style-type: none"> • Overview of MHHM needs of girls and women in emergencies, and why they need to be addressed. • Types of interventions required to address MHHM needs. • Whom all to coordinate with. • Whom all to train to deliver interventions. 	<ul style="list-style-type: none"> • Government agencies involved in disaster management from National level to local levels. • NGOs working on response efforts from different sectors. • Donor community.
Information on MHHM	<ul style="list-style-type: none"> • Basics of menstruation, menstrual hygiene, and MHHM needs during emergencies. • Addressing social norms, taboos related to menstruation that may affect response. 	<ul style="list-style-type: none"> • Frontline responders providing direct support to affected communities. • Community representatives.
Menstrual materials and supplies	<ul style="list-style-type: none"> • Types of menstrual materials available, and hygienic use. • Demonstrations of how to use menstrual materials. • Sensitive distribution of MHHM materials. 	<ul style="list-style-type: none"> • Frontline responders providing direct support to affected communities. • Agencies in charge of procurement of goods in disasters. • Community representatives.
WASH and waste disposal	<ul style="list-style-type: none"> • How to provide information to affected populations on location and use of water, sanitation, washing and bathing, and disposal facilities. • Instructions on maintaining cleanliness of WASH and disposal facilities. • Demonstrations on washing and drying of reusable menstrual materials. • Demonstrations on waste disposal of both reusables and disposables. 	<ul style="list-style-type: none"> • Frontline responders providing direct support to affected communities. • Agencies involved in establishing shelters and WASH facilities. • Community representatives.
SRH and protection	<ul style="list-style-type: none"> • Support and information to be provided to address SRH needs. • Support to girls and women facing gender-based violence. 	<ul style="list-style-type: none"> • Frontline responders providing direct support to affected communities. • Health care providers. • Agencies involved in establishing shelters and WASH facilities. • Community representatives.
Other	<ul style="list-style-type: none"> • Identification of vulnerable and/or marginalized groups • Conducting needs assessment to ascertain the need for, preference for menstrual materials, and eliciting feedback on use of materials. • Other stakeholders providing supportive services and coordination mechanisms for MHHM. 	<ul style="list-style-type: none"> • Frontline responders providing direct support to affected communities • Local government • Community representatives

Training on MHM needs to be conducted during emergency preparedness, and emergency relief or response. Trainings may be held during the recovery and rehabilitation phase for long term support on the issue.

9.4 Supportive component 4: Resource mobilization

Both financial and in kind resources are required and mobilized to support communities during disasters. Budgets and fund allocations for emergency response and relief efforts or for recovery and rebuilding, can apportion funds towards materials, supplies and facilities that meet MHM needs. For instance, if mobile toilets are being installed, the budget should accommodate for sufficient number of separate toilets for men and women. Funds may directly support purchase and distribution of menstrual materials, hygiene or dignity kits. In kind assistance by individual donors include clothes and sanitary pads, while corporates and larger development organizations may support with necessary infrastructure (e.g., toilets, water, medicines, provisions for shelter). Fund raising and mobilizations of in kind resources must consider the duration of the emergency, whether certain supplies may be required regularly, and the number of girls and women who are in need. Menstrual hygiene supplies, akin to food rations, will be required regularly, and not just during immediate relief efforts, and must be factored into budgets and fund raising efforts for continued support to communities till normalcy is restored. For disaster prone areas, resource mobilization as a part of emergency preparedness activities must include MHM needs.

Key budgetary considerations to meet MHHM needs

1. Direct support and in kind assistance for:
 1. Sanitary pads
 2. Cloth and reusable menstrual materials
 3. Underwear
 4. Hygiene/ dignity kits (all contents and the bag)
 5. Clothes
2. Indirect support:
 1. Toilets facilities
 2. Bathing and washing supplies (soap, buckets, mugs, clothes lines)
 3. Medicines (can include pain relief medication that can be used for menstrual cramps)
 4. Facilities that assure protection and privacy for girls and women
3. Support for relief/aid workers and volunteers for training, needs assessment, monitoring and evaluation

Funds and in-kind assistance may be raised from the following sources:

1. Pradhan Mantri Relief Fund
2. National Disaster Response Fund
3. National Disaster Mitigation Fund
4. State Disaster Response Fund
5. Institutional donors
6. Corporate donors
7. Philanthropic foundations
8. Individual donations
9. Crowd sourcing through social media
10. Fundraising platforms such as Ketto and Milaap

References

Abbott, L., Bailey, B., Karasawa, Y., Louis, D., McNab, S., Patel, D., Lopez, C., Rani, R., Saba, C., & Vaval, L. (n.d.). Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post-Crisis Settings. School of International and Public Affairs, Columbia University.

Anjum, Z., Pouramin, P., Glickman, T., & Nagabhatla, N. (2019). A Synthesis Report Analyzing Menstrual Hygiene Management Within a Humanitarian Crisis. 12, 61–72.

Baird S, Bunker S, Sabarwal S, Seager J (2020). Investing in girls' education in the time of COVID-19. Accessible at: <https://blogs.worldbank.org/opendata/investing-girls-education-time-covid-19>

Fletcher , M. A. (2005). Katrina Pushes Issues of Race and Poverty at Bush. The Washington Post.

Lekurwale, J. D. (2015). Disaster as Internal Security Threat in India: A Comparative Study of Natural and Man-made disasters in India.

Nair , S. S., Gupta, A. K., & Röder, K. (2013). Databases and Statistics for Disaster Risk Management. National Institute of Disaster Management and Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ).

Nellis, Tina. 'Menstrual Hygiene Management in Humanitarian Emergencies'. Brighton, United Kingdom: Institute of Development Studies, International Rescue Committee and Crown Agents, 2018.

Panicker, L. (2019). What Women Want in Post-Disaster Situations. The Hindustan Times.

Schmitt, M. L., Wood, O. R., Clatworthy, D., Rashid, S. F., & Sommer, M. (2020). Innovative Strategies For Providing Menstruation Supportive Water, Sanitation And Hygiene (Wash) Facilities: Learning From Refugee Camps In Cox's Bazar, Bangladesh.

Sommer , M., Schmitt, M., & Clatworthy, D. (2017). A Toolkit for Integrating Menstrual Hygiene Management (MHM) Into Humanitarian Response—The Full Guide. Columbia University, Mailman School of Public Health and International Rescue Committee.

Sommer, M., Schmitt, M. L., Clatworthy, D., Bramucci, G., Wheeler, E., & Ratnayake, R. (2016). What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review. *Waterlines*, 35(3), 245–264. <https://doi.org/10.3362/1756-3488.2016.024>

Sphere Association (Ed.). (2018). The sphere handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (Fourth edition). Sphere Association.

Stern, P. C., Ebi, K. L., Leichenko, R., Olson, R. S., Steinbruner, J. D., & Lempert, R. (2013). Managing risk with climate vulnerability science. *Nature Climate Change*, 3(7), 607–609. <https://doi.org/10.1038/nclimate1929>

Tellier, M, Siri, Kiaby, Andreas, Nissen, L. P., Ohlsen, T., Doedens, W., Davies, K., Petersen, D. B., Chritchfield, M. P., & Roche, N. (2017). Basic Concepts and Current Challenges of Public Health in Humanitarian Action (pp. 229–317). In *International Humanitarian Action*.

Tellier, Marianne , Farley, A., Jahangir, A., Nakalema, S., Nalunga, D., & Tellier, S. (2020). *Practice Note: Menstrual Health Management in Humanitarian Settings*. Palgrave Macmillan.

Thakur, P., & Chauhan, N. (2018). Delhi most vulnerable UT in India's n India's first disaster risk index, Maharashtra leads state the states.

The National Disaster Management Act. (2005). (IND)

VanLeeuwen, C., & Torondel, B. (2017). *Improving Menstrual Hygiene Management in Emergency Contexts: Literature Review of Current Perspectives*.

UNICEF, WaterAid and WSUP (2018). *Female-friendly public and community toilets: a guide for planners and decision makers*. WaterAid: London, UK. Available at washmatters.wateraid.org/female-friendly-toilets

Global Partnership to End Child Marriage (April 2020). *COVID-19 and child, early and forced marriage: an agenda for action*. Available at: <https://www.girlsnotbrides.org/learning-resources/resource-centre/covid-19-and-child-early-and-forced-marriage-an-agenda-for-action/#resource-downloads>

Annexures

Annexure 1: Key Informant Interviews and Participants of the consultations organized to inform the development of the framework

Key Informant Interviews (KIIs)

Organization	Name of the person from the organization
Aaina	Sneha Mishra
Goonj	Meenakshi Gupta
Online campaign - #DignityInFloods	Mayuri Bhattacharjee
Plan International – India Chapter	Nabaneeta Rudra
Sachi Saheli	Dr. Surabhi Rikita Narula
Save the Children	Meghna Goyal Radha Chappeli Ranjana Kumari
Sphere India	Dr. Henna Hejazi
UNICEF	Dr. Pratibha Singh
IDOBRO	Karon Shaiva
Healing Fields	Gayathri Prashanth
Red is the New Green	Deane De Menezes
WaterAid India	VR Raman
Oxfam India	Moitrayee Mondal Neha Rani Varma Pradip Kumar Bera

Day 1 of consultation: Voices of the field presenters
(14 December 2020)

Emergency context	Presenters and organizations
Floods and cyclones	Mayuri Bhattacharjee Ranjana Kumari, Save the Children Debobrata Dash, Pragati Jubak Sangha Nabaneeta Rudra, Plan India
Conflict and Displacement	Dr. Surabhi, Sachhi Saheli Sheezan Rasool Swati Ghelot and Sneha Dey Roy, Goonj
Reaching marginalized and vulnerable population	Juhi Jain Karon Shaiva, IDOBRO Sneha Misha, Aaina
Innovation	Gayathri Prashanth, Healing Hands Myna Mahila Foundation team Karthik Thangavel, Real Relief Soumya Dabriwal, Project Baala Deane DeMenzes, Red is the New Green Dilip Pattubala, Sukhibava Arpita Panda and Susheel Kumar, Goonj

Day 2: Presentation and deliberation on MHMM in emergencies framework (15 December 2020)

Organization	Name
Aaina	Sneha Mishra
Goonj	Meenakshi Gupta & Sneha Dey Roy
Online campaign - #DignityInFloods	Mayuri Bhattacharjee
Save the Children	Ranjana Kumari
Sphere India	Hephzibah Lakhapal
	Tanushree Verma
IDOBRO	Karon Shaiva
Healing Fields	Gayathri Prashanth
Oxfam India	Amita Pitre
Centre for Research and Advocacy	Juhi Jain
	Akhila Sivadas
Real Relief	Karthik Thangavel
Agha Khan Foundation	Satviki Varma
UNICEF (National Consultant – MHM)	Jennifer Selvaraj
Dasra	Drishiti Basi
Red is the New Green	Deane De Menezes
Agaz International	Sheezan Rasool
Project Baala	Soumya Dabrial
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Karthik Thangavel	Real Relief
Karon Shaiva	IDOBRO
Sneha Mishra	Aaina
Mayuri Bhattacharjee	#DignityinFloods
Shobhana Boyle and Kalpana Yadav	UNFPA
Raman VR	WaterAid India

Annexure 2: Resources

Organization	Topic	Link
Resources from the National Disaster Management Authority		
National Disaster Management Authority	National Disaster Management Act, 2005	https://cdn.s3waas.gov.in/s365658fde58ab3c2b6e5132a39fae7cb9/uploads/2018/04/2018041720.pdf
	NDMA guidelines on floods	http://www.sphereindia.org.in/Download/NDMA%20flood%20guidelines.pdf
Village and district Disaster Management Plans		
State – Odisha	Village Disaster Management Plan	https://cdn.s3waas.gov.in/s3069d3bb002acd8d7dd095917f9efe4cb/uploads/2019/03/2019030688.pdf
East Khasi Hills, Shillong	District Disaster Management Plan	https://cdn.s3waas.gov.in/s31efa39bcaec6f3900149160693694536/uploads/2019/10/2019102560.pdf
Resources from Sphere		
Sphere	Humanitarian Charter and Minimum Standards in Humanitarian Response	https://spherestandards.org/handbook-2018/
Sphere India	Capacity building	https://sphereindiablog.files.wordpress.com/2016/03/sphere-training-of-trainers-report-2015-usi-delhi.pdf
	Training on Needs Assessment	http://www.sphereindia.org.in/Download/NAE%20Course%20book.pdf

Organization	Topic	Link
India resources		
Sachi Saheli	IEC	https://sachhisaheli.org/wp-content/uploads/2020/12/Final-ENGLISH-BOOKsachhisaheli-english-1.pdf
Jatan Sansthan	IEC	https://jatansansthan.org/iec/
Real Relief	SafePad	https://www.engineeringforchange.org/solutions/product/real-relief-safepad/
Sujal Swachhsangraha	Waste Management	http://sujal-swachhsangraha.gov.in/sites/default/files/MHM_resource%20Book%20%281%29_1.pdf
PadCare Labs	Sustainable Sanitary product management	https://www3.wipo.int/wipogreen/en/news/2020/news_0015.html
WSSCC	Menstrual Hygiene Management in Bihar	https://www.wsscc.org/sites/default/files/migrated/2019/11/Bihar-MHM-guidelines-2019.pdf
Elhra	WASH	https://www.elhra.org/wp-content/uploads/2019/01/HIF-WASH-innovation-catalogue-WEB_9.5MB.pdf
	WASH	https://www.emerald.com/insight/content/doi/10.1108/DPM-02-2019-0051/full/html?skipTracking=true
OXFAM India	Water	https://www.oxfamindia.org/blog/oxfam-india-builds-water-solution-disaster-prone-areas
	Volunteer Management System	https://www.oxfamindia.org/sites/default/files/DRR_AnimeshAprilbooklet_Web.pdf
	IEC, Cash Transfer	https://www.oxfamindia.org/blog/covid-19-pandemic-oxfam-india-responding
	Commodity Voucher System – South India floods	
Pune – washroom on wheels	Sanitation	https://www.thehindu.com/news/national/ti-toilet-project-washrooms-on-wheels/article30911110.ece

Organization	Topic	Link
India resources		
Agha Khan Foundation	Capacity building for disaster risk management	https://www.akdn.org/press-release/akah-and-unwfp-provide-training-build-capacity-government-officials-and-community
	Disaster Preparedness training	https://www.akdn.org/project/disaster-preparedness-training
Global resources on MHM		
Columbia University and International Rescue Committee	A toolkit for integrating MHM into emergency response	https://reliefweb.int/report/world/toolkit-integrating-menstrual-hygiene-management-mhm-humanitarian-response
	Menstrual Disposal, Waste Management & Laundering in Emergencies: A Compendium	https://reliefweb.int/report/world/menstrual-disposal-waste-management-laundering-emergencies-compedium-enar
Be Girl Plan International UNFPA Ministry of Education and Human Development, Mozambique	Menstrual management amid dual disasters: Cyclone Idai plus COVID-19 in Sofala, Mozambique.	https://drive.google.com/file/d/197kA1US8EiEYJ8iFM62orfebguHWXWKq/view
UNICEF	Guidance on Menstrual hygiene	https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf
	Guide to menstrual hygiene materials	https://www.unicef.org/wash/files/UNICEF-Guide-menstrual-hygiene-materials-2019.pdf
	COVID-19 and menstruation	https://www.unicef.org/media/68371/file/Mitigating-the-impacts-of-COVID-19-on-menstrual-health-and-hygiene-Brief.pdf
	WASH	https://www.unicef.org/wash/schools/files/MHM_Booklet_Final_HR(3).pdf
	Menstruation during emergencies	https://www.unicef.org/wash/schools/files/MHM_in_Emergencies-vConf.pdf
Plan International	MHMH response around the world	https://www.planusa.org/docs/menstrual-hygiene-management-2018.pdf
Resource from UNFPA		
UNFPA	Guidance note on Dignity kits	dignity_kits_guidance_note_en.pdf (humanitarianresponse.info)

Annexure 3: Snapshot of menstrual materials used in India during emergencies

Landscape of menstrual hygiene products in India

Disposable sanitary pads

The disposable sanitary pad market is estimated to be valued at more than INR 2800 crores, despite the market having shrunk by about 10-12% during 2020 due to COVID-19 pandemic. The Government procurement market is estimated to add another INR 250 crore worth of product procurement. While 85-89% consumer market share is held by the large multi-national companies or MNCs (such as Johnson and Johnson, Procter & Gamble, and Unicharm), there are more than 50 mid-tier manufacturers, as well as many more branded and unbranded resellers who account for the remaining 10-15%. There are over 50 brands of disposable sanitary pads operating at scale and many unbranded products that are being manufactured and sold by small enterprises or sold for rebranding and repacking. Price has been standardized or regularized for the market by the large MNCs. Quality assurance of disposable sanitary pads is of concern. The erstwhile BIS standard for disposable sanitary pads and the revised IS 5405:2019 provide clear quality control requirements for these products. However, only 64% of manufacturers in this study stated that they were aware of the standards and their components and only 36% complied with the revised BIS standards published in 2019. A review of manufacturers on India Mart found that a majority do not provide any information on quality standards for their products.

Reusable sanitary pads and period panties

Reusable products include fabric-based pads, and menstrual underwear. Innovations exist in types of fabrics used to make pads, placement of layers, chemical and mechanical anti-microbial treatment (by at least three manufacturers in India) and some design innovations like labia pads. Period underwear is also an enhancement of the same product which uses the same materials but is designed as a standalone wearable product with either a belted option or in the form of a traditional underwear.

The reusable sanitary pads market is characterized by approximately 15-18 small to mid-sized players with monthly production in the range of 4000-35,00,000 per month. Most of these players either manufacture their own products or through contract manufacturers for wearable textile products. Eighty eight percent of organizations interviewed manufactured their own product through women's groups or more organized production units. The remaining entities procure their product from a contract manufacturer who also produces for a national underwear brand and have better quality control procedures than others. This allows them to cut production costs in a business characterized by high consumer acquisition costs. Production lead time is typically high (around 3-4 weeks).

Close to 40% of organizations interviewed have a decentralized production model with limited production capacity. In this model, procurement of raw material, first round of quality checks and cutting is done at a central location. Women employees take this material to their homes and stitch the pad. Finally packing and dispatching of finished product takes place at the central facility. Sixty three percent respondents have a centralized production model with higher production capacities

The BIS has provided guidance on materials and sizes for both reusable sanitary pads and period underwear through the IS 17514:2021 and UNGM procurement specifications also provide guidance. However, compliance with these standards is low.

Menstrual cups

The modern menstrual cup has existed in its current form and shape since the 1930s in the developed world and earlier versions have existed since the 1860s. While the menstrual cup is new to India, the structure and form of the product has not changed considerably. It is a bell-shaped receptacle intended for insertion in the vagina for collecting menstrual blood.

The menstrual cup market in India is characterized by products manufactured locally and imported from contract manufacturers who are equipped to manufacture a molded silicone product, with over 25 brands of menstrual cups retailed in India. Two of seven respondents included in the study have their own menstrual cup brands that are manufactured through contract partners in India, and the rest are imported from China, Australia, US and Europe. While products imported from Europe, Australia and the United States are typically made in ISO 13485 compliant facilities, the same is not necessarily true for those manufactured in India. Little data is available on products imported from China and information is typically sensitive to suppliers and buyers. Some respondents are also re-sellers for international brands in India. Manufacturing processes and raw material grades also vary. Production capacity is in the range of a few lakh units per month with lead times as low as one week. Production capacity for startups may be lower if they do not have exclusive contracts with their suppliers.

The BIS does not have any standards for menstrual cups, and will not be developed until clinical data on the safety of menstrual cups is available from the local context. The US FDA classifies menstrual cups as a class 2 medical device while the European Union classifies them as a personal hygiene device with minimal regulations. Due to variance in classifications and lack of clarity of quality control procedures, different manufacturers meet different specifications.

Product considerations

Product Category	Disposable pads		Reusable pads	
	Regular disposable pads	Regular disposable pads	Readymade reusable sanitary pads (stitched)	Homemade cloth pads (stitched/unstitched)
Description	Disposable sanitary pads	Disposable sanitary pads made from natural fibers and bio-plastics that can be composted (decompose into organic matter).	Sanitary pads made of fabric (cotton, micro-fiber, antimicrobial treated) that can be washed, dried, stored and reused during the next menstrual cycle.	Sanitary pads made from old clothing.
Manufacturer	Proctor & Gamble (Whisper) Johnson & Johnson (Stayfree, Carefree) Niine Whole sale manufactures (non-branded) Small scale and self-help group production (branded and non-branded)	Aakar Innovations (Anandi pad) Saathi Pads	Real Relief (SafePad) Goonj (MyPads) Jatan Sansthan (Uger pad) Soch pad Falalin cloth available in local markets (unbranded)	
Duration of use	Pad must be changed every 3-6 hours	Pad must be changed every 3-6 hours	Pad must be changed every 3-6 hours	Pad must be changed every 3-6 hours
Life-cycle of the product (Reusable)	One-time use	One-time use	Reusable cloth pad may be used for 12-18 months	Unstitched cloth may last 4-12 months (depending on quality of cloth)
Cost	Several cost variants available. Sanitary pads made available at subsidized rates or given for free through Government schemes	Cost variants available. Some compostable products more expensive than others	Several cost variants exist. Cost partially dependent on the nature of fabric used (e.g., organic cotton) and whether that fabric has been treated in some way (e.g., anti-microbial fabric)	Variation among the products.

Product Category	Disposable pads		Reusable pads	
	Regular disposable pads	Regular disposable pads	Readymade reusable sanitary pads (stitched)	Homemade cloth pads (stitched/unstitched)
Market availability of local manufacturers for procurement	High Product varieties available in local (kirana) shops, medical shops, SHGs, schools, anganwadis and health centers	Often has to be procured/purchased directly from manufacturer	Limited Often has to be procured/purchased directly from manufacturer	High – made from cloth that exists at home
Supportive supplies	<ul style="list-style-type: none"> • Soap for handwashing • Underwear Lidded waste disposal bins inside the female sanitary facility 		<ul style="list-style-type: none"> • Underwear • Soap for handwashing • Laundry detergent • Bucket for washing • Pegs and ropes • Non-transparent storage bags 	
Supportive environment	<ul style="list-style-type: none"> • Sanitation facility for changing • Water for washing, bathing and handwashing • Demonstration on the using the pads 		<ul style="list-style-type: none"> • Sufficient water for washing the sanitary pad, clothes and body • Washing and drying space • Solid waste disposal mechanism after 12 months • Demonstration on washing, drying and disposal 	
Benefits	<ul style="list-style-type: none"> • Easier to procure 	<ul style="list-style-type: none"> • Environment friendly (decomposes within 6-12 months) 	<ul style="list-style-type: none"> • Environmentally sustainable option 	
Constraints	<ul style="list-style-type: none"> • Environmental implication of disposable pads • Necessitates disposal facilities • Can be costly • Free distribution may be halted during emergencies, abruptly cutting off access • One time use only • Requires frequent re-distribution 	<ul style="list-style-type: none"> • Necessitates disposal facilities • Difficult to procure • Costly • One time use only • Requires frequent re-distribution 	<ul style="list-style-type: none"> • Requires water availability for washing of pads, soap/detergent to wash thoroughly, and a private space to wash and dry materials • Socio-cultural norms surrounding washing and drying practices 	