

Menstrual Health Management Strategy: Gaza Strip

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Why is menstrual health management (MHM) in humanitarian emergencies important?

The lack of supplies (or ability to purchase from remaining market supplies), lack of clean water, lack of functioning toilets and washrooms, lack of clothing and lack of a waste disposal system have made the management of menstrual health, in a dignified and safe way, impossible. It is essential that the humanitarian response takes a coordinated approach to meeting the needs of women and girls ensuring that adequate MHM supplies such as disposable pads and underwear are part of the prioritization and distribution plans as well as ensuring MHM is linked where possible to programmatic interventions such as those targeting adolescent girls, protection risk mitigation, and community leadership in the shelter sites. This strategy, developed by UNFPA and the GBV Sub-Cluster, aims to bring together those that have a role in MHM including WASH, CVA, Health, Shelter, Child Protection and GBV.

What do women and girls need?

To effectively manage their menstruation, girls and women require access to water, sanitation and hygiene (WASH) facilities, affordable and appropriate menstrual hygiene materials, information on good practices, and a supportive environment where they can manage menstruation without embarrassment or stigma.

A range of materials can be used to catch the blood, including a menstrual pad (disposable or reusable if water availability for washing and space to dry materials improves), or a piece of clean cloth in their underwear.

Menstrual periods are irregular and can catch girls and women by surprise. This causes anxiety about finding a bathroom and materials quickly!

Menstruation can be messy! Women and girls need a private space with water and soap to clean themselves and soiled materials.

Even when using good menstrual materials, women and girls may be worried about blood stains on their clothes. Having clean underwear and clothes (skirt, abaya, trousers) to change into is essential.

Women and girls need access to a private, clean space (toilet or washroom) to change materials throughout the day and night and to hygienically dispose of menstrual waste.

¹Adapted from the MHM in Emergencies Toolkit, IRC, Elhra's Research for Health in Humanitarian Crises & Columbia University <https://www.publichealth.columbia.edu/research/programs/gate/our-work/menstruation-emergencies#MENSTRUALDISPOSAL>

Risks of lack of menstrual hygiene for women and girls during conflict

Infections: Poor menstrual hygiene practices, such as using unsanitary materials or not changing menstrual products frequently, can lead to an increased risk of infections. Bacterial and fungal infections, such as urinary tract infections (UTIs) and vaginal infections, can result from prolonged exposure to menstrual blood and moisture. Studies have found that giving out sanitary pads to girls leads to a significant reduction in infections and bacterial vaginosis.²

Reproductive health issues: Inadequate menstrual hygiene management can contribute to reproductive health problems, including pelvic inflammatory disease (PID), which can lead to long-term health complications, including infertility.

Psychological and emotional impact: Stigma and shame associated with menstruation can have adverse psychological and emotional effects on women and girls. It can lead to feelings of embarrassment, lowered self-esteem, and can even limit mobility and access to services/assistance as well as result in social isolation which could add significantly to the stress the women and girls in Gaza are facing due to the conflict.



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Lack of privacy at the distribution point: Women and girls who will receive menstrual products in distribution queues and shelters that are not segregated by sex, likely lead to feelings of shame and embarrassment. This issue could be mitigated via the use of non-transparent bags and via women and girls only distribution.

Increased risk to GBV: Women, girls and other at-risk groups face an increased risk of sexual harassment and violence while travelling to and lining up for hours to use WASH facilities (including water points, water distribution sites and sanitation facilities) that are limited in number, located far from where they are seeking shelter or placed in overcrowded locations. Insufficient availability of water may result in increased levels of psychological pressure and extreme tension between and within families, increasing risk to intimate partner violence.

²Benshaul Tolonen et al. 2019; Phillips-Howard et al. 2016

Improper disposal of menstrual products: This poses a public health concern as it will cause several long lasting negative impacts on the environment and on the affected communities such as:

Contamination of Water Sources:

Menstrual pads that are discarded in water bodies or left on the ground will likely contaminate local water sources. This will result in the pollution of drinking water supplies, making them unsafe for consumption and increasing the risk of waterborne diseases.

Health Risks: Improper disposal will pose health risks throughout all of Gaza. Discarded used menstrual pads will attract disease-carrying vectors like flies and rodents, increasing the risk of the spread of diseases including infectious diseases.

Dignity and Privacy: Access to private and safe sanitation facilities has been significantly compromised in Gaza. The improper disposal of menstrual hygiene products has further infringed upon the dignity and privacy of women and girls, making it difficult for them to manage their menstruation with dignity.

Difficult in Managing Waste: In conflict-affected areas, waste management systems are often disrupted or nonexistent. Proper disposal and management of sanitary waste can be a challenge, further exacerbating the environmental and public health risks associated with it.

Global Standards

Sphere standards: Advise the following as minimum supplies for menstrual hygiene management and incontinence:

- A dedicated container with lid for soaking cloths and storing pads/cloths; and rope and pegs for drying.
- Either absorbent cotton material (4 square meters per year), 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)



Current MHM Challenges in Gaza

Challenges

1: Lack of safe and private spaces for MHM

Access to private, discreet and safe locations for MHM is severely limited. Appropriate spaces may be gender specific latrines, showers or MHM dedicated spaces for personal hygiene, washing clothes, drying. Currently user to latrine ratios are as high as 650:1.

2: Lack of MHM Supplies

Supplies of disposable menstrual pads are dwindling inside Gaza, and limited quantities have been able to be brought in via humanitarian aid. As a result women and girls are having to find alternatives, including using old cloth, or not replacing as frequently as needed, resulting in health risks.

3: Embarrassment and anxiety

Risks of bloodstains on clothing, smell and worry about menstrual leaks in addition to limited clean clothes and worry about how to dispose of used disposable MHM products are preventing women and girls from participating in essential daily activities. These challenges are accentuated by the overcrowding in the shelter sites.

4: Lack of water

Limited water supplies mean women and adolescent girls are not able to wash themselves, their underwear or clothing which contributes to health risks and anxiety.

5: Access for vulnerable groups and night time

Lack of private, discrete locations for MHM and washing for especially vulnerable groups, female headed households, disabled people and for all women at night due to the lack of lighting. The risk of GBV and need for night use make the location of MHM facilities critically important.

Recommended Response

1: Advocate for dedicated spaces

Ensure that Shelter, WASH and Community Leaders plan for adequate numbers or appropriate safe and dignified MHM spaces in site planning. Including gender separated facilities allow women/adolescents to attend to personal hygiene and clothes washing and drying.

2: Standardize & scale up procurement of menstrual health materials until supply chains are restored:

All women and girls of reproductive age (10-49) to receive a standardized menstrual health management supplies kit* including disposable pads, underwear, soap, wet wipes and hand sanitizer. Items to be part of prioritization list for distribution.

3: Scale up procurement and distribution of dignity kits until supply chains are restored

Ensure vulnerable women and girls including female headed households, women with disabilities, adolescent girls, post-partum and GBV survivors and those at risk of GBV are provided with Cash and Voucher Assistance to enable purchase of dignity kit materials. Where CVA is not possible a dignity kit that includes menstrual management materials and supplies should be supplied. Women volunteers and peer educators are mobilized to support distribution of kits.

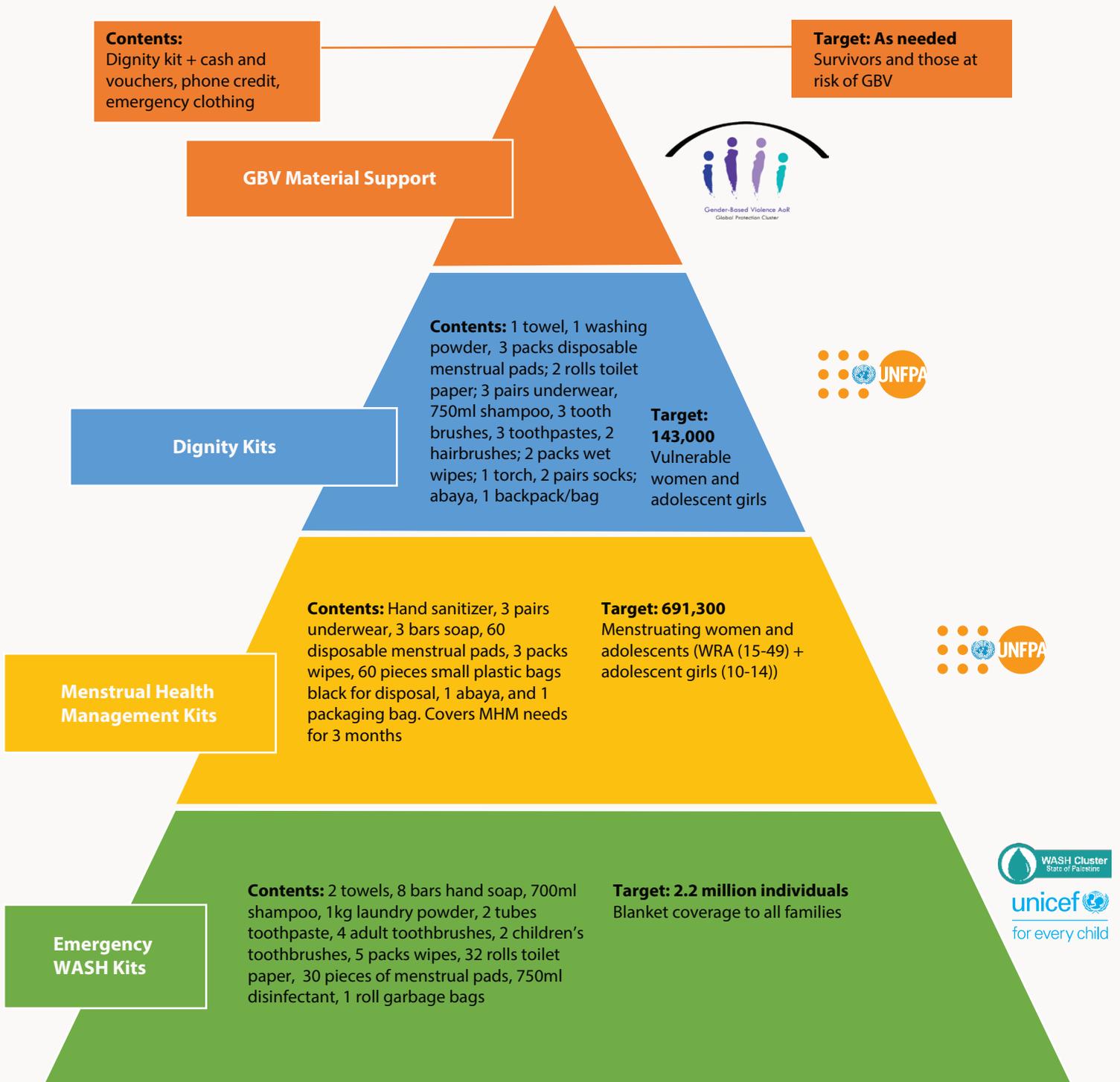
4: Provide alternative menstrual management supplies:

MHM kits and dignity kits to include wet-wipes and hand sanitizer until water becomes more accessible. This will allow for women and girls to manage menstrual leaks and manage hygiene needs.

5: Ensure targeting of MHM kits to reach vulnerable

Work with all clusters to ensure adequate and appropriate targeting of vulnerable groups including female headed households, people with a disability, adolescent girls and pregnant and post-partum women through complimentary interventions.

Inclusion of Menstrual Health Management Materials and Supplies in Humanitarian Kits



Coordination of MHM Supplies

Standardization of kits: To date several partners have been able to mobilize the procurement from within Gaza and distribution of essential items, including MHM supplies, although it is assumed that this supply will soon be exhausted. As best possible partners are encouraged to adhere to the items and quantities listed so as to have standardized kits. Partners are also encouraged to share quantities and distribution plans with the WASH and GBV sub-cluster.

Cash and Voucher Assistance: While menstrual health supplies remain available in shops CVA should be prioritized over in-kind distribution. Procurement and distribution of MHM supplies are a stop gap measure only. Once supply chains are restored distribution of items should be reduced so as to allow for CVA to be used by the affected population to procure MHM supplies as needed. Value based Voucher modality would be preferred to ensure prioritization of purchase towards MHM supplies vis a vis competing priorities. MHM CVA would complement Multi Purpose Cash Assistance (MPCA) when provided.

Prioritization: Advocacy is needed to ensure that MHM materials and supplies are included in the prioritization lists of goods being transported into Gaza. This may mean securing agreement from the Health Cluster or WASH Cluster to include where possible an increase in MHM items in their kits.

As access changes, all clusters and Areas of Responsibility, including Protection – GBV, Child Protection, Mental Health and Psychosocial Support, Prevention of Sexual Exploitation and Abuse;

Shelter and NFI Cluster and Education in Emergencies Cluster are to include, where relevant advocacy, information on MHM as well as support distribution via linking of relevant activities.

Duplication of some items: Supplies that are essential for menstrual health management are included in several kits, it is anticipated and accepted that this may result in duplication of some commodities, particularly disposable menstrual pads, hand sanitizer, wipes and soap.

Additional WASH Kits: The WASH cluster, led by UNICEF is responsible for the procurement and distribution of the emergency WASH kits. Pending funding, all families are expected to receive at least one emergency WASH kit. In addition, the WASH cluster will also distribute additional kits as follows:

-Family shelter hygiene kits: (items linked to MHM): toilet soap, wipes, disposable pads (40 pieces in total), laundry powder, plus: jerry can for water, disinfection solution, bath towels, shampoo (adults and baby), skin washing sponge, toothbrushes and toothpaste (adults and children), hairbrush, disposable razor, nail clippers, shaving cream, disposable diapers, dishwashing liquid, sponge for cleaning dishes, floor cloths, waste bags

-Family hygiene house hold kits: above items + cleaning supplies

Shelter Cluster Partners: Work with the shelter sector to ensure there is adequate privacy for menstrual hygiene in the household or communal shelter. This may include using privacy screens or separate areas for changing.

Standardization of Kits

EMERGENCY WASH KIT	
ITEM PER KIT	AMOUNT
Towel 90cm x 50cm	2 pieces
Hand soap	8 bars
Shampoo	700ml
Laundry powder	1 kilogram
Toothpaste	2 tubes
Toothbrush (adult)	4 pieces
Toothbrush (children)	2 pieces
Wet wipes	5 packs
Toilet paper	32 rolls
Menstrual pads	2 packs of 20
Disinfectant (Dettol)	750ml
Garbage bags	1 roll
MENSTRUAL HEALTH MANAGEMENT KIT	
ITEM PER KIT	AMOUNT
Hand sanitizer	2 small bottles
Underwear (cotton, dark color, full brief)	3 pairs
Hand soap	3 bars
Menstrual pads (with wings, unscented)	3 packs of 20
Wet Wipes	5 packs
Small black plastic bags for disposal	60 pieces
Abaya, dark colour, various sizes to be available	1 piece
Packaging bag	1 piece
DIGNITY KIT	
ITEM PER KIT	AMOUNT
Towel 90cm x 50cm	1 piece
Laundry powder / liquid	1 box
Menstrual pads (with wings, unscented, long)	3 packs of 20
Toilet paper	2 rolls
Underwear (cotton, dark color, full brief)	3 pairs
Shampoo	700ml
Toothbrush for an adult	3 pieces
Toothpaste	3 tubes
Hairbrush	2 pieces
Wet Wipes	2 boxes / packages
Torch (solar charge)	1 torch
Abaya	1 piece
Packing bag	1 piece
Socks, medium ladies size, dark colour	2 pairs
<i>Additional items to be considered: sponge / loofah; body cream; bras; deodorant.</i>	

Targeting Plans

GBV Survivors: GBV partners will be responsible for providing MHM and DKs to survivors and those at risk of GBV. Other sectors are not to actively seek out GBV survivors. GBV partners should have a supply of MHM and DKs to enable confidential and timely distribution.

Adolescent girls: The GBV and Child Protection AoRs and their partners including UNFPA, UNICEF and WASH partners are encouraged to link distribution of MHM kits and supplies to interventions targeting adolescent girls. This could include women and girl safe spaces (WGSS), including unaccompanied adolescent girls in alternative care, as well as adolescent girls targeted through MHPSS activities and eventually education programs.

Women and girls with disabilities, Female Headed Households, Older Women, Pregnant Women: All partners of WASH, Protection and Shelter Clusters are encouraged to identify women and girls with special needs, including those that are unable to join queues at distribution points to ensure that they receive MHM kits and if needed DKs.

Useful Resources



Menstrual Disposal Waste Management & Laundering in Emergencies

<https://reliefweb.int/report/world/menstrual-disposal-waste-management-laundering-emergencies-compendium-enar>



A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response – Mini Guide

<https://reliefweb.int/report/world/toolkit-integrating-menstrual-hygiene-management-mhm-humanitarian-response>

Recommended Distribution Strategies

Inclusion of IEC Materials: Partners responsible for distribution should work with different parts of the affected population to develop messages and distribution strategies so that they are age, gender and culturally appropriate. Distribution of kits should include where possible messages around where to seek help for protection related issues including GBV and Sexual Exploitation and Abuse.

Ensure Risk Mitigation Measures: GBV partners and women and girls community leaders should where possible be included in developing distribution plans and developing strategies to ensure the most vulnerable affected population groups, including female headed households, pregnant women and women and girls with disabilities are not excluded from distribution.