

# GUIDANCE NOTE

## MENSTRUAL HYGIENE MANAGEMENT KIT AND CASH AND VOUCHER ASSISTANCE PROGRAMMING

Menstrual Hygiene Management (MHM) kits<sup>1</sup> are the package of items that meets the specific needs of women and girls of reproductive age. MHM kits primarily consist of hygiene and sanitary items. While the generic hygiene kits (soap, sanitary materials, toothbrushes and toothpaste) help people improve their cleanliness, the MHM kits serve a broader purpose, and therefore, contain a wider range of items (sanitary pads, undergarments, headscarves, abayas, shawls, whistles, torches and small containers for washing personal items) in addition to the generic hygiene items.

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### RATIONALE FOR MHM KITS FOR GIRLS AND WOMEN IN CRISIS

Today, more than 75 percent of the people affected by humanitarian crises are women and children, and adolescents aged 10-19 years constitute a significant proportion of the population in many conflict and in post-conflict settings<sup>2</sup>. Women and girls in crisis face additional challenges of MHM. MHM kits help women and girls maintain their health, safety particularly during the humanitarian crises. MHM kits help to meet women's immediate hygiene needs as well as freeing them to participate in their daily lives<sup>3</sup>.

The MHM kits also help as follows<sup>4</sup>:

- Contributing to the protection of women and girls by including items such as flashlights and whistles so that women and girls do not have to walk in the dark
- Providing information about hygiene and reproductive health, GBV related issues and services. Contributing to the psychosocial and physical wellbeing of women and girls

Plan International is currently prioritizing supporting gender specific needs particularly of adolescent girls and young women in crisis situations. MHM kits in an emergency response is now one of its key intervention. This guidance note is focused on the aspects linked to the MHM kits. All other requirements about a kit distribution also apply here (i.e, accessibility of the site, safety and security, PSEA -Protection against Sexual Exploitation and Abuse).

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<sup>1</sup> Also referred as 'dignity kits' by some peer agencies

<sup>2</sup> <https://www.unfpa.org/publications/humanitarian-action-2017-overview>

<sup>3</sup> <http://www.endvawnow.org/en/articles/1632-key-considerations-for-hygiene-or-dignity-kits.html>

<sup>4</sup> Dignity Kit Guidance Note, 20165. Global Protection Cluster, SGBV Sub Cluster, Turkey (Syria)

### 1. Content of MHM kits

The content of the MHM kits are primarily defined through an assessment that takes into account the needs, prevailing common practices and the context. In many cases, a standard kit has already been recommend by SGBV (Sexual and Gender Based Violence) Sub Cluster. When there is no standard, the following five items are most commonly included:

- Sanitary pads
- Undergarment
- Hand soap
- Toothbrushes
- Toothpaste

The following are the **indicative items** that may compose of a MHM kit in Plan International programming. These are subject to vary depending on the needs, contexts, culture and recommendation of SGBV Sub Cluster.

Reusable sanitary napkin	Maxi	headscarves	Vaseline milk
Body soap	Towel	Sari/dhoti	Nail cutter
Laundry soap	Petticoat	Slipper	Flashlight with batteries
Undergarments	Shawl	Abayas	Bucket with mug
Toothbrush and toothpaste	Sweater	Whistle	Bag to keep the items



**Photo: MHM kits distributed by Plan International Bangladesh**

*In Bangladesh, items in an MHM kit included 1. A maxi (long dress) 2. Cloth napkins strips 3. A bucket 4. Laundry soap 5. Innerwear 6. A torch 7. Slippers 8. Orna (a type of shawl) 9. Thami (a type of sarong)*

### 2. MHM kits and Cash and Voucher Assistance (CVA)

Cash and Voucher Assistance (CVA) is an approach that could be used across all the sectors in order to realize their intended outcome. Because of its relative advantages such as flexibility, dignified means, cost efficiency, and less logistic hassles over other modalities (such as in-kind), scope of CVA is growing in any humanitarian response.

MHM kits have been traditionally distributed *in-kind*. However, there is a growing use of CVA in contemporary humanitarian response including the MHM kits. Yayasan Plan International Indonesia (YPII) distributed the MHM kits through voucher fair (Bazar) in its earthquake responses in 2018. Plan International CAR (Central African Republic) is implementing distribution of MHM kits through commodity vouchers. On the other hand, UNFPA and WFP had distributed MHM kits to displaced women and girls through mobile money in Pool district of Congo in 2015/16.

Whenever following prevailing factors such as functioning of markets, beneficiaries have good access to the markets, traders have a willingness to participate in the program, acceptance of CVA by the host government, availability of financial service providers (bank or remittance-company, mobile banking) and security & protection risks are minimal; it is highly recommended the Country Offices (CO) adopts cash and/or voucher as a preferred modality to cover MHM needs. However, should the above factors not favourable, in-kind distribution can be considered as the next best option to pursue. In the meantime the COs should continue monitoring the situation and coordinate with SGBV cluster or cash working group and should revert to CVA approach should the above pre-conditions are appropriate. The COs should also remain in close coordination with the Global Hub CVA team for its technical support.

Multipurpose / Unconditional or dedicated cash grants for MHM kits should be considered when the program intends to support MHM needs together with other essential food/non-food items (multisector-outcome). Voucher could also be a choice depending upon the context and assessment outcomes. Value voucher could be a good alternative to unconditional cash when 'cash environment' in the particular context is not favourable. On the other hand, when a program demands a specific outcome (e.g. hygiene or SGBV awareness or need for a detail monitoring data), MHM kits distribution could be linked with conditional cash or conditional commodity vouchers. A cash or a voucher could be distributed through a number of

## VOUCHER FAIR FOR MHM KITS



In response to a series of earthquakes that struck Lombok Island between August-September 2018, **Yayasan Plan International Indonesia (Plan International Indonesia)** responded to meet the specific needs of adolescent girls and young women through distribution of **MHM kits using Voucher Fair (Bazaar) approach**. The distribution took place at Bentek Village covering 1,899 most vulnerable households.



The MHM kits consisted undergarments, children and babies' clothing and traditional and religious clothing. A total of 8 local vendors were contracted to distribute the items. Each beneficiary received a set of vouchers valued IDR 175,000 (10.87 EUR), which was provided in two different denominations (25,000 and 50,000). Beneficiary needed to redeem their vouchers with items (or package) that had been set by the vendors that suit their needs. The redemption had to be undertaken within 5 days, but an extra day was allocated in between to allow vendors to restock their supplies. Beneficiaries actively participated in vouchers fair/bazaar. The subsequent Post Distribution Monitoring (PDM) showed 77 percent of the beneficiaries rated the MHM kits being very relevant to meet their needs while 72 percent beneficiaries were happy with the transfer value of vouchers.

channels (delivery mechanisms) such as mobile transfer, bank transfers, smart cards or direct distribution.

The transfer value of cash or vouchers for the MHM kits is guided by the outcome of the needs, the corresponding market-price of those items. This should be harmonised through close coordination with SGBV cluster and /or Cash Working Group by the COs.

### 3. Key considerations on MHM kits

Content of the MHM kits must be based on the needs and preferences of women and girls in the community. Context-specific items such as headscarves, abayas in Muslim settings must be included to meet the cultural norms of each location (Abbey et. al., 2011)<sup>5</sup>. Other parameters are environment, quantity, quality, frequency of distribution and price.

An indispensable step of MHM kits programming is to understand the needs and attitude of women and adolescent girls affected by crises together with prevailing common practices. If such information is not available, an assessment is recommended.

Receiving MHM kits can be embarrassing for the girls and young women as menstruation is often considered as a "private" issue. When providing the MHM kits, it must be ensured that the kits are well covered and the girls and young women happy to receive it, and thereby use it subsequently.

Coordination with the SGBV Sub Cluster would be essential in order to harmonize the items, operations and avoid duplication.

It is a best practice to distribute MHM kits at regular intervals throughout an emergency. Always consider including newly displaced people on the beneficiaries list.

When reusable sanitary cloth is preferred and distributed as a part of MHM kits, include dark coloured cloths. Cloths are advantageous of being a longer-term solution, avoids the issue of where and how to dispose of pads, and avoid potential environmental consequences.

Providing reusable sanitary cloth assume that women and adolescent girls have access to safe water and a place to hang them to dry. This should be considered when assessing the items. It is important to remember to include washing powder or laundry soap in the kits.

<sup>5</sup> Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post-Crisis Settings (Abbey, L., Bailey, B., Karasawa, Y.,

Louis, D., McNab, S., Patel, D., Lopez, C., Rani, R., Saba, C., & Vaval, L., 2011)

The MHM kits distribution should be organized in a discreet place, preferably by women staff to women/girls beneficiaries. Avoid locations with long-way away from their home as these may increase GBV risks.

Messaging on the MHM kits should be provided differently and appropriately to the beneficiaries, care givers, boys and men and traditional leaders. Messaging should include- what is menstruation, how it is managed and what are the harmful cultural practices (making a link with SRHR- Sexual and Reproductive Health and Rights ). It is necessary to communicate directly with girls and women beneficiaries ensuring that they understand how to use the MHM kits with personal hygiene; it is also necessary to take time to respond to the questions which might come from them; and provide practical information on wearing, washing and disposing those items upon use.

It is essential to prepare activity tools (distribution list, pre and post activity survey etc.) to ensure gathering of sex, age and disability disaggregated data.

It is necessary to ensure that the people distributing the MHM kits are aware on appropriate Code of Conduct, PSEA, and are knowledgeable and competent in handling confidentiality and disclosure. They should also know the GBV/PSEA referral pathways and services available so that they can provide information, and assist GBV survivors if necessary.

MHM kits can be used in the context of GBV programming to identify the GBV risks and to advance GBV prevention and response programs. MHM should not be seen as a stand-alone but to be integrated across the programmes.

It is also essential to keep in mind the principle of 'do no harm'. MHM kits entail distributing items to a small number of people. Potential risks should be assessed and all necessary measures taken to eliminate them.

Following the distribution of MHM kits, a Post Distribution Monitoring should be undertaken within two weeks of distribution as to understand the relevance and effectiveness of the support, and to document the lessons to be integrated in future programming.

#### **4. Plan International Cash and Voucher Assistance (CVA)**

Plan International started Cash and Voucher Assistance (CVA) in 2011. As of May 2019, it has worked in 25 countries across Asia, Africa and America, providing services to about 2 million crisis affected people-with a cumulative program portfolio of about 75 million US dollars. It has worked in different crisis settings-rapid onset, slow onset, conflict and protracted crisis; with each theme; through all forms of modality such as cash grants, cash for work or vouchers including voucher fair.

For more information, please contact:

**Aftab Alam**, Global Lead on Cash and Voucher Assistance ([Aftab.Alam@plan-international.org](mailto:Aftab.Alam@plan-international.org)) or

**Maimouna Lehman**, Global Hub Gender in Emergencies Specialist ([Maimouna.lehman@plan-international.org](mailto:Maimouna.lehman@plan-international.org))