EVALUATION REPORT

ADOPTING INNOVATIVE MENSTRUAL HYGIENE MANAGEMENT SOLUTIONS IN A RAPID HUMANITARIAN RESPONSE

Deep Dive Report

Perception and feedback from women in Gaza and Lebanon on the effectiveness and appropriateness of Reemi products

September 2025

GROUPE URD
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Founded in 1993, Groupe URD is an independent think tank that specialises in analysing practices and developing policies for the humanitarian sector. Our multi-disciplinary expertise, based on continual field visits to crisis and post-crisis contexts, provides us with insight into the functioning of the sector as a whole. We believe in sharing knowledge and collective learning, and we help aid actors to improve the quality of their programmes.

THE EVALUATION TEAM

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ACKNOWLEDGEMENTS

Firstly, the assessment team wishes to express its unwavering support for the civilian populations affected by the conflict in the region, particularly in Gaza, where humanitarian principles have been severely violated since the beginning of the conflict.

The team would like to acknowledge the high quality work and the unwavering commitment of Oxfam teams in Gaza and Lebanon, their partners Aisha and Juzoor in Gaza and Nabad in Lebanon. The team also wants to thank Rai Consult for their essential support to the data collection in Gaza.

Finally, the team would like to acknowledge the strong support and the effective coordination provided by Elrha and Oxfam.

CONTENTS

Acronyms

FCRM : Feedback and Complaints Response Mechanisms

FGD : Focus Group Discussions

IDF : Israel Defence Forces

MHM : Menstrual Hygiene Management

MEAL : Monitoring, Evaluation, Accountability and Learning

OCHA : Office for the Coordination of Humanitarian Affairs

PCBS : Palestinian Central Bureau of Statistics

PDM : Post Distribution Monitoring

WASH : Water, Sanitation and Hygiene

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ABOUT

This deep dive report examines user feedback from women and girls in Gaza and Lebanon on the effectiveness and appropriateness of a package of innovative menstrual hygiene management (MHM) products, produced by Reemi and distributed by Oxfam as part of their emergency response to the Israel-Gaza and Israel-Hezbollah wars in 2024-2025.

The project, funded by Elrha, supports both the adoption of innovations by humanitarian responders and addresses the need for accessible, quality MHM products in rapid onset emergencies. Due to the complex and challenging nature of the project, Elrha tendered for an external evaluation to assess the performance and feasibility of the innovation and the appropriateness of this approach as a pathway to scale.

This report accompanies a full evaluation of the intervention, exploring both the performance of the MHM product package and the supporting emergency response programme (to be published in late 2025). The research was conducted by Groupe URD, in close collaboration with Reemi and Oxfam, and Oxfam's partners in Gaza and Lebanon. A further report produced by Humanitarian Associates explores pathways to scale in rapid response.

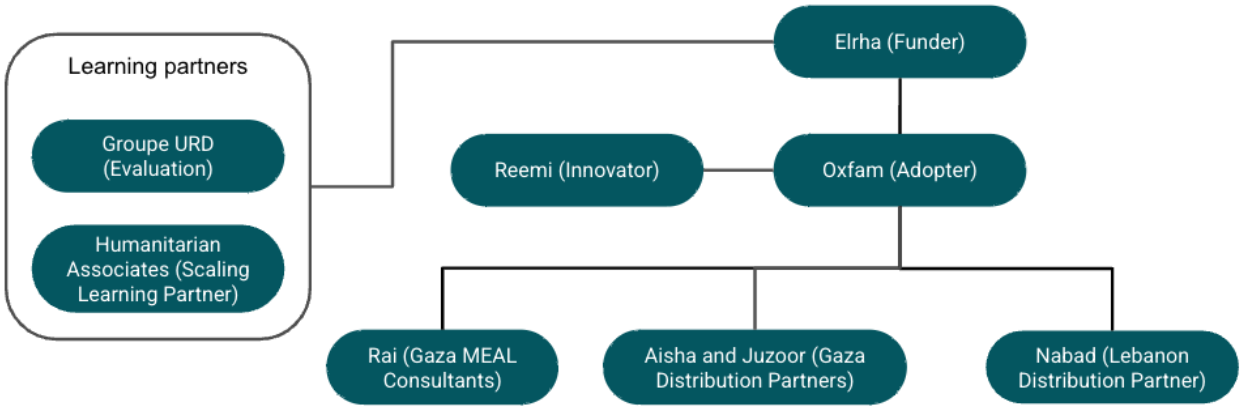


Image 1 Project stakeholders and corresponding roles

EXECUTIVE SUMMARY

This deep-dive report examines feedback from women in Gaza and Lebanon on the effectiveness and relevance of a range of innovative reusable menstrual hygiene management (MHM) products designed and manufactured by Reemi and distributed by Oxfam and its partners. The innovative product package included reusable antimicrobial period underwear, a discreet MHM wash bag, and a drying bag. The project, funded by Elrha, aimed to support the adoption of innovations by humanitarian actors and address the need for accessible, quality MHM products in rapidly unfolding emergencies.
The initial plan was to distribute 5,000 Reemi MHM kits in Gaza. However, thanks to fundraising efforts by Reemi the original quantity was expanded to include an additional 2,132 kits. Due to the complex context related to the ongoing conflict, the plan was modified to include the distribution of the additional kits in Lebanon, complementary to the 5,000 kits distributed in Gaza.

Methodology

The evaluation used a combination of quantitative surveys and focus group discussions (FGDs). In Gaza, this included baseline, post distribution monitoring (PDM) and endline surveys and FGDs. In Lebanon, this included a PDM survey and FGDs. The evaluation encountered significant, albeit different, challenges in both contexts. In Gaza, challenges mostly related to the high intensity and volatility of the context which has complicated access to and follow-up of beneficiaries. In Lebanon, challenges were also connected to the conflict, but mainly concerned access to targeted areas and authorisation to address topics deemed sensitive by the local authorities.

These limitations and uncertainties related to data collection led to methodological adaptations in each context. As a result, the overall methodology to evaluate the effectiveness and relevance of Reemi products from the perspective of women differs between Gaza and Lebanon and findings are presented separately for each context to account for differences and the complexity of comparison. Samples are also different for each data collection exercise due to the multiple challenges inherent to the context.

Key Findings from Gaza

The context in Gaza is marked by an acute humanitarian crisis, massive population displacement (90% displaced as of January 2025), and widespread destruction of infrastructure. Access to MHM products, safe drinking water, sanitation facilities and privacy is extremely limited, with 96% of women unable to purchase MHM products in April 2024.

1. Information sharing and understanding:

Awareness-raising sessions organised by Oxfam and its partners had a significant impact on women's knowledge and confidence in MHM. At the start of the project, 38.1% of respondents rated their understanding of MHM as ‘very high’ (top level). After the sessions, this figure reached 85% and the remaining 25% evaluated their level as ‘good’ (second level), demonstrating the value of the awareness-raising activities. 100% of participants in the awareness-raising sessions confirmed that they had improved their knowledge and confidence.

2. Product adoption rates:

◦ Menstrual underwear: The usage rate increased from 86% after one month (PDM) to 99.8% after 3 to 6 months (endline survey). This demonstrates very high and sustained adoption.

Practices evolved, with 72% using them for the entire cycle after one month, compared to 59% after 3-6 months.

◦ Washing bag: 77% used it after one month (PDM) and 100% after 3 to 6 months (final survey). The majority used it for its main purpose (washing underwear).

◦ Drying bag: 84% used it after one month (PDM) and 100% after 3-6 months (final survey).

◦ Hygiene kit: 94% used it after one month (PDM).

These high figures demonstrate the value of hygiene promotion and awareness activities, as well as the quality of Reemi products, even among those who were initially sceptical about reusable MHM products. At the baseline stage, 74.4% were open to using Reemi's reusable products given adequate training and provided that additional essential hygiene items were also supplied, but only 25.8% of women and girls preferred reusable menstrual products at the time. After 3-6 months of usage of reusable underwear, 93% of women confirmed that they would prefer continue using them.

3. Perceived outcomes for women:

◦ The majority of respondents reported positive changes. The most significant impact was economic relief (94.5% of positive impact), followed by an improvement in the ability to carry out daily activities (88.2%).

◦ Physical comfort increased (73.4% felt less discomfort) and irritation/infection decreased (73.2%).

◦ Stress before and during menstruation decreased (70.4%), and the feeling of being a burden to the family was reduced (80.2%).

4. Challenges encountered:

◦ The main challenges reported after 3-6 months were lack of access to clean water (93%), lack of soap (67%), lack of privacy (47%) and lack of drying space (40%).

◦ 48% of respondents were concerned about being seen washing and drying their underwear, highlighting the persistence of the problem of stigma and the need for privacy.

5. Comparison with disposable pads:

◦ Reemi underwear was rated superior to disposable pads in terms of comfort (97%), absorbency (93%) and price (87%). They also scored highly for sustainability (79%) and waste management (77%).

6. Expectations and recommendations:

◦ 98% of women said the products met their expectations after one month, and 97% after 3 to 6 months.

◦ 90% found the products 'much more useful and effective' than expected.

◦ 99% would recommend them to others after one month, and 98% after 3 to 6 months.

Key Findings from Lebanon

Lebanon is facing multiple crises, including a financial crisis and conflict, which have made MHM products unaffordable for many women (prices rose by 500% between 2019 and 2021). Many displaced people following the war have found themselves in overcrowded shelters with little privacy and limited access to WASH and Health infrastructure and services.

1. Information sharing and understanding:

◦ 100% of respondents received information about MHM and washing/drying techniques. 63% felt they had an excellent level of understanding (top level) and 33% felt they had a good level of understanding (second level).

2. Product adoption rate (PDM after 3 months):

◦ Menstrual underwear: 87% of women reported still using it. Among them, 30% used it throughout their entire menstrual cycle, while 67% used it at specific times. Usage was higher in the Beirut camps (42% for the entire cycle) than in South Lebanon (23%), probably due to more limited access to alternatives in the camps.

◦ Washing bag: 58% of respondents used it. This rate varies by location (75% in Beirut versus 50% in South Lebanon), suggesting that its usefulness is more apparent in contexts of precarious living conditions and limited access to water.

◦ Drying bag: 60% of respondents used it. As with the washing bag, usage is lower in areas where women have more privacy and drying alternatives.

◦ Hygiene kit: 93% of women used it.

◦ Comparative analysis of products: The hygiene kit (familiar products) had a very high usage rate. Menstrual underwear (core product) had a higher adoption rate than ancillary products (washing and drying bags), whose use often depends on access to other means.

3. Challenges encountered:

◦ 15% of women encountered challenges. Half mentioned problems with the size of the underwear, and the other half reported symptoms of itching, irritation or smells.

◦ Cultural and religious concerns about hand washing, the time required and the amount of water needed were raised.

4. Comparison with disposable pads:

◦ Reemi underwear were rated superior for comfort (91%) and price (74%). Absorbency was also an advantage for 58% of women. The product allowed women to participate more freely in physical activities.

5. Expectations and Recommendations:

◦ 88% of women said that the products met their expectations.

◦ 90% would continue to use the kits even if disposable products were available.

◦ 90% reported a reduction in household expenditure.

◦ 98% would recommend Reemi kits to other women and girls.

INTRODUCTION

In 2019 Elrha launched an "Innovation Challenge" calling for solutions to support safe, dignified and inclusive menstrual hygiene management (MHM) programming in emergencies. The call for proposals responded to research findings that women and girls in emergency settings frequently lack access to adequate menstrual hygiene management materials and private and safe facilities for changing and bathing, and for washing, drying, and disposing of used materials. This results in poor MHM practices with significant health and psychosocial implications.[1]

In response, Reemi, a New Zealand-based nonprofit focused on ending period poverty, proposed a three-part innovation designed to transform women and girls' ability to manage menstruation with dignity. First, reusable, antimicrobial period underwear to replace reusable pads. Second, an MHM washing bag to allow for discrete washing of reusable products without touching them. Third, a mesh MHM drying bag for drying up to two pairs of underwear on a line without being directly visible. Reemi's products are designed to address challenges with the volume and disposal of reusable pads, and stigma related to washing and drying reusable products in public.

Reemi were awarded funding to run three initial pilots in Bangladesh, in partnership with International Development Enterprises (iDE) and the International Center for Diarrhoeal Disease Research (icddr,b). A rigorous randomised control trial with 476 female garment workers, led by Ph.D candidates from the University of Munich, found 81% uptake rates of Reemi period underwear among women who received education sessions. Demand for Reemi underwear was so high that the participants in the trial demanded their employer supply period underwear to its entire 6,000-female workforce. This later expanded to support another 2,000 workers.

In 2023, Elrha launched two Innovation Challenges aimed at incentivising the adoption of 140 innovations supported through the Humanitarian Innovation Fund (HIF) since 2012. Despite increased investment in recent years, the pathways for integrating new and improved tools into humanitarian action are often unclear, and potentially life-saving projects regularly struggle to progress beyond the pilot phase. These Challenges aimed both to support the adoption and scaling of HIF-funded innovations, and to explore the effectiveness and appropriateness of such mechanisms in active humanitarian emergencies.

In response to the first Challenge, "Adopting Innovations in High Severity Settings", Reemi approached Oxfam to form a partnership and they were jointly awarded funding to distribute Reemi MHM products in the Central African Republic, Mali and Somaliland. When the second Challenge launched, focusing on "Adopting Innovations in a Rapid Onset Crisis", Reemi once again partnered with Oxfam to propose distribution of Reemi MHM products in Gaza as part of Oxfam's response to the Israel-Gaza war.

[1] Elrha WASH Innovation Challenge: Safe, dignified and inclusive menstrual hygiene management (MHM) programming in emergencies. London: Elrha. Available at: https://www.elrha.org/funding-opportunities/wash-innovation-challenge-menstrual-hygiene-management-programming-in-emergencies

In rapid onset emergencies, women and girls often lose access to menstrual hygiene products, private washing facilities, and safe disposal options; inadequate alternative solutions mean that managing periods becomes extremely difficult, leading to health risks and exclusion from daily activities. Reemi and Oxfam's "rapid onset" proposal aimed to respond to urgent needs in Gaza where these factors are compounded by cultural taboos and stigma around menstrual blood, the use of certain period products, and the washing, drying and disposal of those products.

Four teams were initially shortlisted for the "Rapid Onset Challenge," which was eventually narrowed down to two, with the project led by Reemi and Oxfam ultimately selected. The proposal aimed to distribute 5,000 Reemi MHM packages to women and girls in Gaza, providing low-cost, culturally appropriate products to support safe and dignified menstrual hygiene management. This plan was later adapted to include the distribution of 2,132 packages in Lebanon. In addition, the proposal outlined efforts to gather user feedback from an active humanitarian response and assess the impacts on health, dignity, and hygiene practices.

PROJECT TIMELINE & ACTIVITIES

OVERALL PROJECT TIMELINE

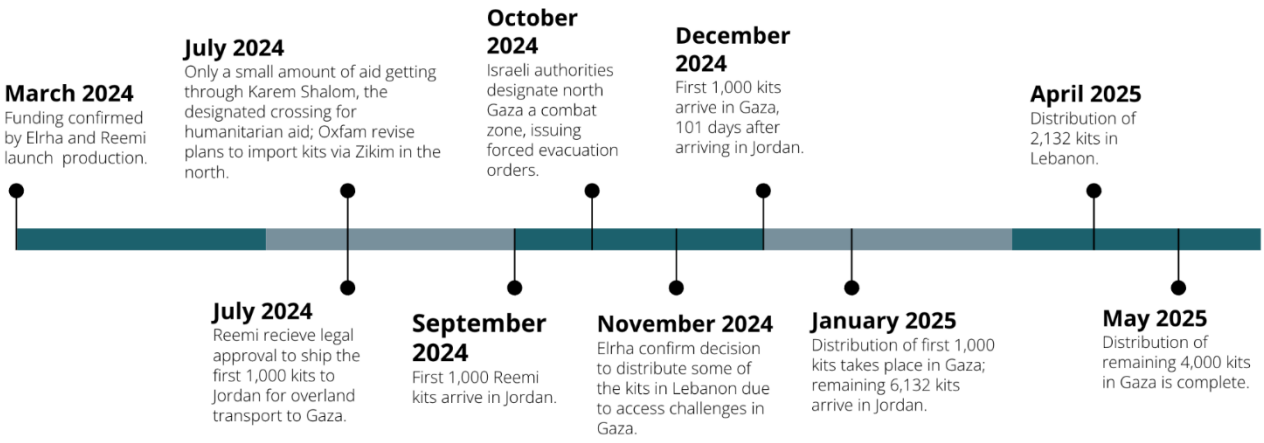


Image 2 The project timeline

In March 2024 Elrha confirmed funding for the project and Reemi launched production of the first 5,000 kits in China. Working closely with Aisha and Juzoor, Oxfam began to further develop their plans to distribute the 5,000 Reemi kits in Gaza, with Aisha to distribute 3,000 kits and Juzoor to distribute 2,000 kits. By June, production was complete and the kits were moved into warehousing facilities in Shanghai, awaiting shipping to Gaza.

In mid-July 2024 Reemi received legal approval to ship the first batch of 1,000 kits to Jordan, from where they would be transported overland to Gaza. At the time Kerem Shalom in the south was designated by the Israeli authorities as the primary crossing for humanitarian aid but very little aid

was getting through due to active fighting and a breakdown of public order.[2] A new plan was made to distribute the first 1,000 MHM kits from Zikim in the north. The remaining 4,000 would be received via Karen Shalom, pending an improved security situation.

The first 1,000 kits were picked up from storage in China in early August 2024, arriving in Amman on 17 September, but the volatile situation and ongoing restrictions at the border crossing continued to fuel uncertainty and delays. In October the Israeli authorities designated north Gaza a combat zone, issuing forced evacuation orders leading to mass displacements of civilian populations towards the south of the enclave. In November 2024 Elrha confirmed a decision to pivot and distribute some of the kits in Lebanon due to ongoing access challenges and uncertainties in Gaza and the need to meet budget and time commitments.

Meanwhile, Oxfam and Reemi agreed to ship the remaining 4,000 Elrha-funded kits to a warehouse in Amman, along with an additional 2,132 kits financed through crowdfunding. The shipment was split in two, with the first arriving in Amman on 30 December and the second shipment arriving on 8 January 2025. On 26 December 2024, the first 1,000 kits arrived in Gaza, 101 days after arriving in Amman, and were distributed between late December 2024 and early January 2025. The remaining kits were distributed in Gaza between January and May 2025. In total, 4,874 of 5,000 Reemi kits were distributed in Gaza as some kits were damaged during transport.

In Lebanon, the distribution of 2,132 kits in Lebanon took place in April 2025, with 1,500 kits distributed by Nabad to Lebanese women in South Lebanon, 300 kits to Palestinian women in refugee camps in Beirut, 260 kits to Syrian women in the Bekaa and 72 kits to Oxfam and Nabad female staff.

Table 1 Details of the content of the kits distributed in Gaza

Type of kits	Gaza
Reemi kits	4 pair of reusable underwear 1 washing bag 1 drying bag
Hygiene kits	3 Women Hygienic Sanitary Pads, Ultra Thin, Heavy flow. 24 folded units individually wrapped
	4 Laundry detergent in powder for handwashing (1 kg) Ph 9.5-11.0
	9 Hand soap bar 100g, with 3 years shelf life.
	4 Disposable Wipes include 80 pieces PH 5.5 with Olivera, alcoholic free, with 3 years shelf life.

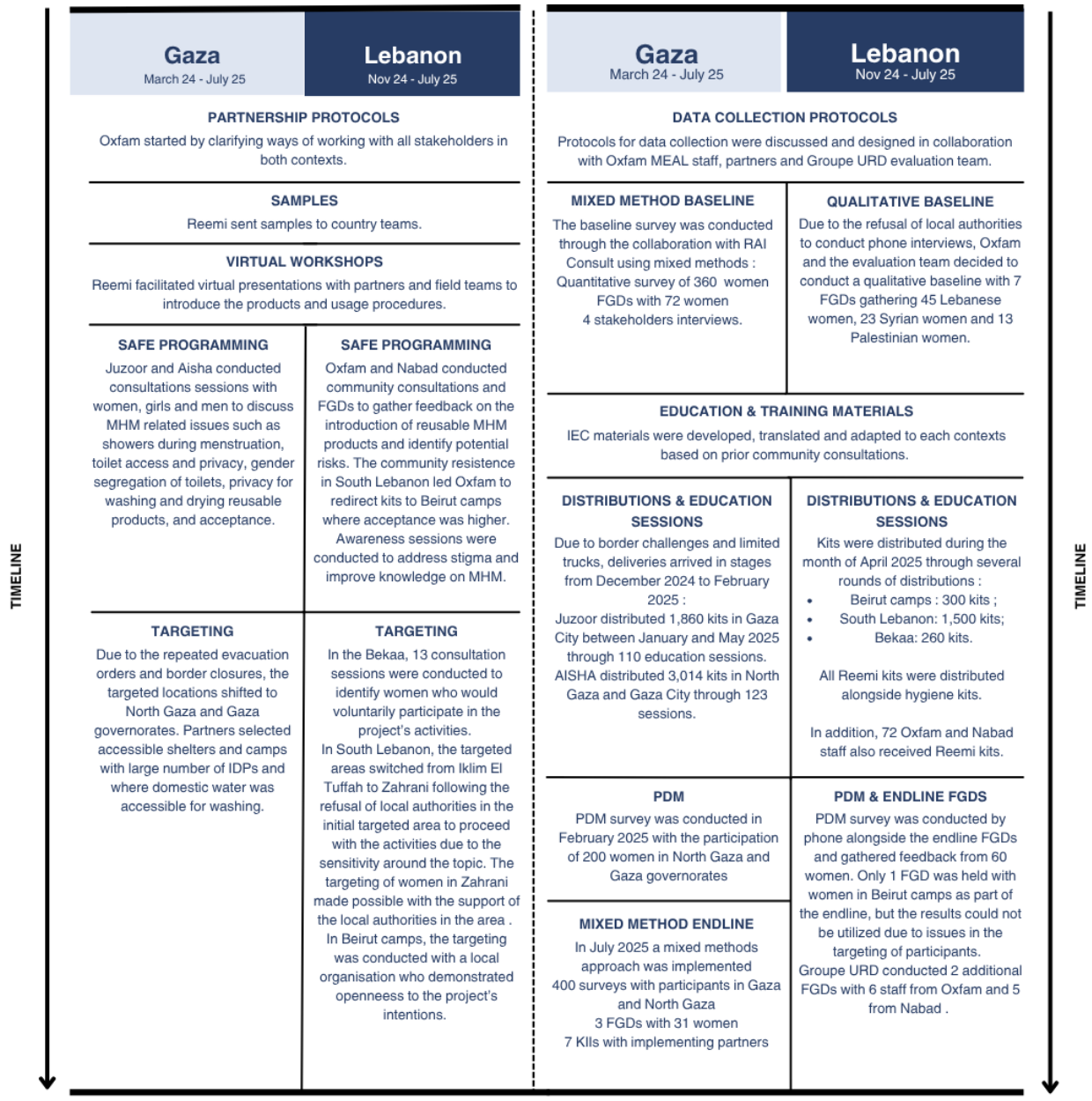
[2] UNRWA (2024) 'UNRWA Situation Report 121'. Available at: https://www.unrwa.org/resources/reports/unrwa-situation-report-121-situation-gaza-strip-and-west-bank-including-east-Jerusalem

	1 Anti-lice shampoo, including the small comb for lice removal. (850ml)
	1 Adult Shampoo, 750 ml, bottle with push pull cap Includes expiry date with 3 years shelf life."

PROJECT ACTIVITY TIMELINE

Given the delay in implementing the interventions in Gaza and Lebanon, the sequencing of activities differed slightly from one context to another. In Gaza, project implementation started in March 2024 and ended in July 2025 whereas, in Lebanon, implementation started in November 2024, after the decision was made to redirect some of the kits stored in Amman. The differences in the implementation of activities between the two contexts are linked to specific time constraints, as well as to contextual factors that impacted the conduct of activities. Indeed, even though the operational approaches were identical in both contexts, adjustments had to be made due to multiple difficulties, as explained in the table below.

Table 2 Comparative sequencing of the main project activities in the two contexts



METHODOLOGY OVERVIEW

GENERAL PRESENTATION OF THE EVALUATION METHODOLOGY

To evaluate the appropriateness of Reemi MHM products for women and girls in the conflict-affected contexts of Gaza and Lebanon, the evaluation team used a mixed-methods approach, combining survey data with qualitative insights from focus group discussions (FGDs).

The evaluation was intended to follow a longitudinal design across three phases, with a baseline survey in each context, followed by post-distribution monitoring (PDM) one month after the distribution, and an endline survey three months after the distribution. This would allow for pre- and post-intervention analysis of changes in knowledge, attitudes, and practices related to

menstrual hygiene management (MHM). It was further intended to be methodologically consistent in both Gaza and Lebanon to enable comparative analysis.

A decision was made at the beginning of the project for Groupe URD and Oxfam to combine data collection activities, serving both the evaluation and Oxfam's MEAL requirements and thus avoiding duplication. In line with this integrated approach, Oxfam shared project MEAL plans to align project indicators and methods as closely as possible with the evaluation. Data collection tools (protocols, questionnaires, etc.) were initially developed in English by Groupe URD and Oxfam, before being translated for use in Gaza and Lebanon. During the development of the tools, there were regular exchanges with project stakeholders, including Reemi, to ensure the tools would capture essential information needed for continuous learning.

In Gaza, Oxfam contracted Rai Consult, a Gaza-based consultancy firm, to conduct the baseline and endline in coordination with Groupe URD, and the Oxfam MEAL team conducted the post-distribution monitoring. In Lebanon, data collection activities were undertaken by the Oxfam MEAL team. An agreement to pool data where possible also led to the use of post-distribution monitoring data collected under a separately-funded Oxfam project in the analysis. The pooled data from Bekaa Valley covered distribution of the same products in the same areas, and with the same modalities.

Challenges and limitations

The evaluation team and partners faced a number of challenges that led to changes in the methodology in Gaza and Lebanon, with subsequent limitations for the analysis and findings. Detailed final methodologies for Gaza and Lebanon can be found on p.15 and p.38 respectively. The following challenges and limitations concern all partners, including the field staff who were involved in the data collection in Gaza and Lebanon:

Coordination and communication challenges: A key limitation was Groupe URD's lack of direct access to implementing partners in Gaza or to the end users of the products distributed by Oxfam, due to the challenging nature of the context in Gaza and Lebanon, as well as language barriers. Communication was further hampered by frequent disruptions to telecommunications and electricity, particularly in Gaza. The number of stakeholders (in Gaza, Lebanon and globally) necessitated strong coordination and transparent communication.

Movement restrictions and data collection challenges: The evaluation was limited by the high degree of uncertainty and risk attached to data collection activities, particularly in Gaza, and the corresponding demands on data collection teams and aid recipients. International staff were unable to access Gaza, and local staff had difficulty moving around due to the conflict. The deteriorating security situation made many shelters and schools unsafe for data collection activities. Poor connectivity and limited access to power in Gaza also made it difficult to use digital devices to collect data, requiring alternative solutions such as offline tools and solar chargers.

Mass displacement and inconsistency of samples: It was anticipated at the outset that access to women and girls in Gaza for primary data collection would be challenging due to the high-intensity conflict and constraints on movement. Mass evacuation orders led to widespread displacement and created challenges for tracking beneficiaries. Accordingly, it was necessary to adopt a pragmatic

approach with a number of changes in the targeting and sampling of users, which in turn affected the quality of data.

Sensitivity of subject matter and quality of data: MHM is a highly sensitive subject, particularly in conservative communities, requiring cultural sensitivity and the involvement of experienced female interviewers. While field staff were trained in sensitive data collection approaches, considering the principle of 'do no harm', the acute stress and trauma experienced by women in Gaza may also have impacted on the quality of data collected.

Political challenges and changes in approach: In Lebanon, baseline data collection in the southern governorates proved highly challenging due to the tense political situation. Initial efforts by field staff to conduct a quantitative baseline survey had to be abandoned due to the concerns of governing authorities over the sensitivity of the subject matter. After lengthy negotiations with the local authorities, the targeting was revised and the enumerators shifted their approach to focus on qualitative focus group discussions.

Timeline and budget constraints for data collection: In Lebanon, timeline and budget constraints at the end of the project led to a decision to combine the post-distribution monitoring (PDM) and endline survey.

Potential bias in responses: Despite the extensive experience of Oxfam, their partners and Rai Consult in conducting surveys and collecting data in the field, the preliminary training sessions for enumerators, and the mitigation measures put in place to ensure neutral questions, there remains the potential for bias in the responses. For example, women could have given positive answers out of courtesy or out of a desire to conform socially. Triangulation methods were therefore applied to confirm, refute or qualify quantitative results.

Limited information on the post-intervention situation in Lebanon: Due to time and budget constraints, Oxfam decided to limit the endline to one FGD that was organised in Chatila camp in Beirut. The initial target audience for this group discussion was women who had received and used the products and could therefore share their feedback on product performance. However, the use of random sampling rather than representative sampling meant that of the 13 participants invited to take part, only one woman had used the underwear. Therefore, the information obtained on product usage was very limited. Consequently, the evaluation team relied on group discussions organised with Nabad and Oxfam staff to provide insights and concrete testimonials related to the use of the product and women's perceptions.

Methodological differences and limitations for comparison: As a result of the different methodological approaches adopted in Gaza and Lebanon, as well as disparities between the target regions and countries, comparison of results between Gaza and Lebanon is complex and limited to some parameters to avoid misleading and potentially uncertain conclusions. Therefore, the deep dive report presents the findings separately for both contexts with conclusions adapted to each context, and some cross cutting analysis where relevant and feasible.

Ethics

Given that all activities for the evaluation were implemented remotely and with the support of local partners and stakeholders, key ethical principles were observed to the extent possible, in alignment with Oxfam's Responsible Program Data Policy.[3] As stated in the policy, Groupe URD and Oxfam recognise that people have rights with regards to the information related to them and that both organisations have a responsibility to uphold those rights:

- Right to be counted and heard: All individuals and groups within the study population were identified and represented according to their individual characteristics. Complaints and Feedback Response Mechanisms (CFRM) were active throughout the project timeline and presented to all participants. Quantitative surveys systematically included a section on people's knowledge and usage of these systems to ensure a continuous monitoring of their effectiveness and appropriateness.
- Right to dignity and respect: All data collected activities were first introduced to participants in order to obtain their consent and all sensitive information was handled with care to avoid any potential harm to those involved. Participants were free to participate and share whatever information they wished in response to the questions asked. The dignity of respondents was also respected by limiting the length of interviews and the depth of questions to what was absolutely necessary. Given the level of stress and physical and mental fatigue experienced by respondents, it was decided to limit the number of questions and ensure the quality of interviews and responses collected in order to mitigate respondents fatigue.
- Right to make an informed decision: All data collection activities, whether quantitative or qualitative, were based on established and agreed protocols which were presented to participants for their approval prior to commencement of activities.
- Right to privacy: All sensitive data was minimised when drafting the data collection protocols and tools, through a close collaboration between Oxfam MEAL staff, partners and Groupe URD evaluation team. In addition, qualitative information was kept anonymous to respect people's right to privacy.
- Right to not be put at risk: Groupe URD and Oxfam made sure that no participants were put in any security risk as a result of the project's activity. All community activities were conducted using culturally appropriate engagement methods, with separate sessions for women and men, respectful participation and private and safe spaces. A minimum participation age was set at 12 for activities introducing a new product to reduce ethical risk. All field staff engaging with women and girls were trained on safeguarding, expected behaviours and mandatory reporting.

[3] Oxfam (2015) Responsible Program Data Policy, 17 February 2015. Available at: https://oxfamilibrary.openrepository.com/bitstream/handle/10546/575950/ml-oxfam-responsible-program-data-policy-en-270815.pdf;jsessionid=5BE78213782E9FD2A6A67AD78A162EE0?sequence=1

FINDINGS FROM GAZA

OVERVIEW OF CONTEXT

The following section briefly outlines the main events that took place in the Gaza Strip between October 2023 and May 2025, during the course of this project. It is intended to contextualise the presentation of results and support the analysis. It is not intended to provide an exhaustive analysis of the conflict. Some events and information may not be included.

The Gaza conflict erupted on 7 October 2023 following Hamas' surprise attack on Israel, when approximately 1,200 people were killed and 250 taken hostage. In 2024, ACLED's Conflict Index ranked the conflict in Gaza as the most extreme and violent conflict in the world, and the most dangerous for civilians.[4] As of May 2025, the conflict had resulted in 52,928 Palestinian deaths and 119,846 injuries.[5] The humanitarian situation is critical, with basic needs unmet due to persistent obstruction of aid and widespread destruction of infrastructure and livelihoods.

In the first quarter of 2024, as the project began, the Gaza economy contracted by 86%.[6] Further, almost 100% of the population were living in poverty, a significant increase from 64% before the war.[7] By 1 March, the Ministry of Health in Gaza had reported 30,228 deaths, of which 70% were women and children.[8] A total of 2.2 million people were in need of humanitarian aid, including over 690,000 menstruating women and girls who were struggling to access MHM products, water, hygiene facilities, and privacy.[9]

A survey published in April 2024 highlighted inability to purchase MHM products (96% of women), lack of access to clean water (94%), limited toilet access (89%), product shortages (83%), and restricted mobility (73%) as the primary challenges.[10] In June 2024, UNFPA estimated that 10.3 million disposable menstrual pads were needed each month, yet over 75% of this need is unmet.[11] The lack of supplies, clean water, functional sanitation facilities, and waste disposal systems made dignified and safe MHM virtually impossible. As a result, women are forced to find unsafe alternative

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4 ACLED (2024) 'Palestine: 2024 Conflict Index infographic'. Available at: https://acleddata.com/2024/12/06/palestine-2024-conflict-index-infographic/

5 UNOCHA (2025) 'Humanitarian Situation Update #288'. Available at: https://www.unocha.org/publications/report/occupied-palestinian-territory/humanitarian-situation-update-288-gaza-strip

6 World Bank (2024) 'Impacts of the conflict in the Middle East on the Palestinian economy'. Available at: https://thedocs.worldbank.org/en/doc/c25061ab26d14d7acc0330d5a7b4d496-0280012024/original/PalestinianEconomicUpdate-Sept2024-FINAL.pdf

7 World Bank (2024) 'World Bank Issues New Update on the Palestinian Economy'. Available at: https://www.worldbank.org/en/news/press-release/2024/05/23/world-bank-issues-new-update-on-the-palestinian-economy

8 UNFPA (2024) 'UNFPA Palestine Situation Report 6'. Available at: https://palestine.unfpa.org/en/sitrep6

9 UNFPA (2024) 'UNFPA Palestine Situation Report 6'. Available at: https://palestine.unfpa.org/en/sitrep6

10 UNDP (2024) 'Impact of the 2023 Gaza War on Displaced Women in the Gaza Strip'. Available at: https://kvinnatillkvinna.org/wp-content/uploads/2024/04/Gaza-War-Insights-displaced-women-1.pdf

11 UNFPA (2024) 'Menstrual Health Management Response Plan: Gaza Strip - June 2024'. Available at: https://palestine.unfpa.org/en/publications/menstrual-health-management-response-plan-gaza-strip-june-2024

solutions to manage their periods which can lead to serious complications, including reproductive and urinary tract infections[12]. In addition, the extremely stressful situations that women experience in Gaza is causing menstrual cycle disorders. The symptoms reported in the literature and based on observations in various conflict areas include heavy or irregular periods, change in the menstrual duration, painful cramps, and premenstrual syndrome. In certain situations, acute stress can also lead to infrequent menstruation or to the absence of menstruation[13]. These disorders can also include more serious conditions such as endometriosis and polycystic ovary syndrome[14].

By January 2025, as the first distributions were taking place, 90% of Gaza's population had been internally displaced.[15] In May 2025, as the project was ending, 89% of WASH sector assets had been destroyed or damaged, 91% of households were experiencing water insecurity, and 65% of people in Gaza were receiving less than six litres per person per day for drinking and cooking, the minimum emergency standard.[16] At the same time, nearly 46% of women lacked access to basic toilets, and 83% report serious concerns about privacy, functionality, and sanitation in available facilities.[17]

Detailed methodology

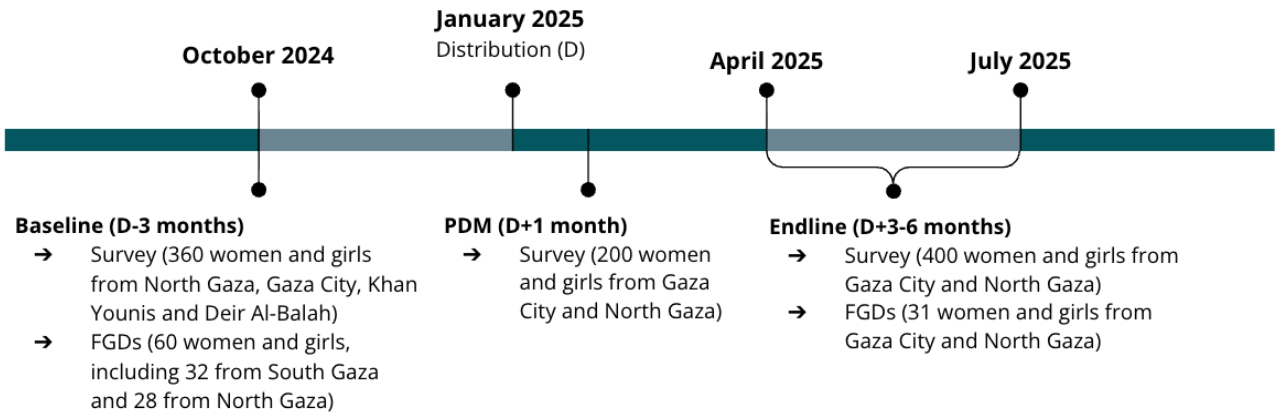


Image 3 Detailed methodology for Gaza

12 Taha, S. (2024) 'Periods in a tough period: global health failure to respond to menstruation during war'. BMJ Global Health, 9(11). Available at : https://gh.bmj.com/content/9/11/e016957

13 Review on stress-induced menstrual disorders, Muskan Rani, Parul Verma, Amar Pal Singh and Ajeet Pal Singh, International Journal of Pharmaceutical Research and Development 2025; 7(1): 286-290

14 Menstrual disorder in adolescents during war, Iryna M. Nikitina, Anna A. Synkina, Yulia B. Yakymchuk, Natalia P. Sukhostavets, Tetiana V. Kopytsia, Svitlana F. Herasymenko, Tetiana V. Babar, Wiadomości Lekarskie Medical Advances, VOLUME LXXVI, ISSUE 5 PART I, MAY 2023

15 UNRWA (2025) 'UNRWA Situation Report #177'. Available at: https://www.unrwa.org/resources/reports/unrwa-situation-report-177-situation-gaza-strip-and-west-bank-including-east-jerusalem

16 UNOCHA (2025) 'Reported Impact Snapshot, April 2025'. Available at: https://www.ochaopt.org/sites/default/files/Gaza_Reported_Impact_Snapshot_30_April_2025_0.pdf

17 UNFPA (2025) 'Silent Struggles: The Menstrual Hygiene Crisis in Gaza'. Available at: https://www.un.org/unispal/document/silent-struggles-the-menstrual-hygiene-crisis-in-gaza-may-2025-unfpa-advocacy-brief/

The data collection methodology in Gaza included a baseline survey and focus group discussions, a post-distribution monitoring survey, and an endline survey and focus group discussions. Oxfam contracted RAI, a Gaza-based consultancy, to conduct the baseline and endline in coordination with Groupe URD, and the Oxfam MEAL team conducted the post-distribution monitoring.

The baseline survey of women and girls was conducted remotely by Rai Consult using Kobo Toolbox. Based on a target of 5,000 women and girls to receive Reemi MHM kits, a sample size of 357, adjusted up to 360, was used for a confidence level of 95% that real values are within ±5% of the surveyed values. Stratified random sampling ensured a representative sample from Gaza's governorates and age groups. The survey was piloted with 10 women and girls to test for clarity, understanding and effectiveness. Feedback led to slight modifications, including additional response options and reorganising the question order for better comprehension.

The baseline survey was complemented by six baseline FGDs with women and girls, including three in North Gaza and three in South Gaza, which aimed to generate qualitative data on MHM knowledge, practices and concerns, as well as the community's readiness to accept the Reemi MHM products. One month after the distribution, the Oxfam MEAL team conducted a post-distribution monitoring survey. The enumerators surveyed 200 women and girls who had received Reemi products, including 86 in Gaza governorate and 114 in North Gaza. The smaller PDM sample size of 200 provides a confidence level of 85% that real values are within ±5% of the surveyed values.

The endline survey was again conducted remotely using Kobo Toolbox. The sample size of 357 was adjusted to be 400, with 160 respondents (40%) selected from Juzoor's target group and 240 respondents (60%) from Aisha's target group. This proportional allocation ensured the sample accurately reflected the population distribution across both sites. Rai Consult also ran three FGDs with a total of 31 women and girls, including one FGD hosted by Aisha with 10 participants, and two FGDs hosted by Juzoor with a total of 21 participants. As with the baseline, the discussions explored MHM knowledge, practices and concerns, as well as soliciting feedback on Reemi's MHM products and associated barriers and recommendations.

To ensure consistency, the two quantitative data collection exercises (PDM and endline) used similar questions to evaluate the usage and perception of women on Reemi products. However, the data was not consolidated for analysis for several reasons:

- Separate analysis of each exercise makes it possible to identify changes in women's practices and perceptions, as the various exercises took place at different times;
- The targeting is slightly different from one exercise to another, which could render certain population groups invisible and affect the overall consistency of the data;
- Certain questions were asked specifically for the PDM or endline survey, making it impossible to consolidate the two exercises;
- To avoid any risk of double counting, as some women may have participated in both the PDM and the endline survey.

Consequently, the results of the two exercises are presented in parallel, and a cross-analysis is provided for each topic. Qualitative data from the FGDs is used to provide insights, clarifications, nuances and illustrations of the results presented.

PARTICIPANT DATA

LOCATIONS

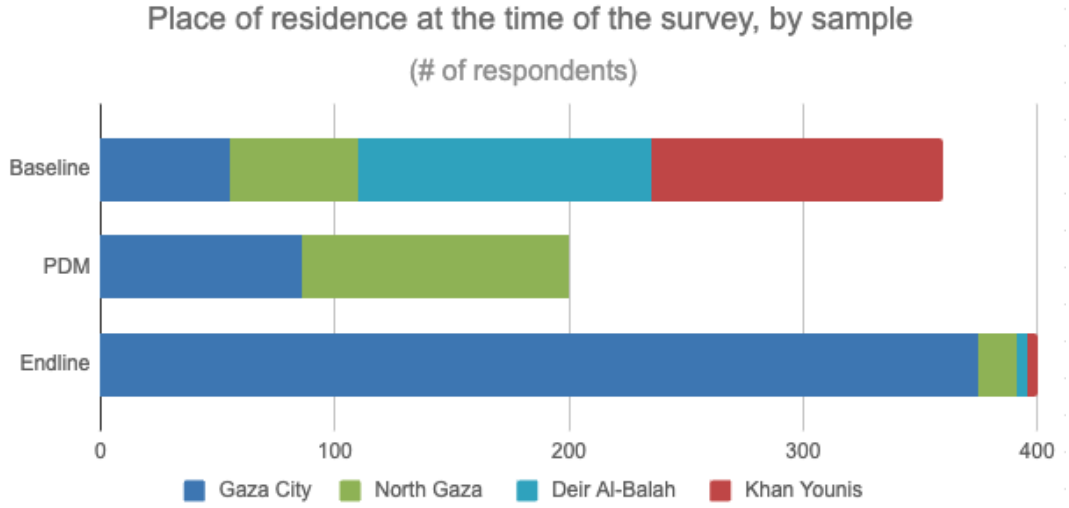


Chart 1 Place of residence of respondents at the time of the survey, by governorate (expressed in # of individuals)

The data reveals the severe impact of displacement on the living conditions of respondents. At the time of the baseline, 55% of respondents were displaced in another governorate while 45% were displaced in the same governorate. At that time, only one respondent confirmed that she was not displaced. In the endline sample, 87% of the endline sample was displaced with the majority (59%) displaced to another governorate, and 29% displaced within the same governorate. Only 13% of respondents reported not being displaced.

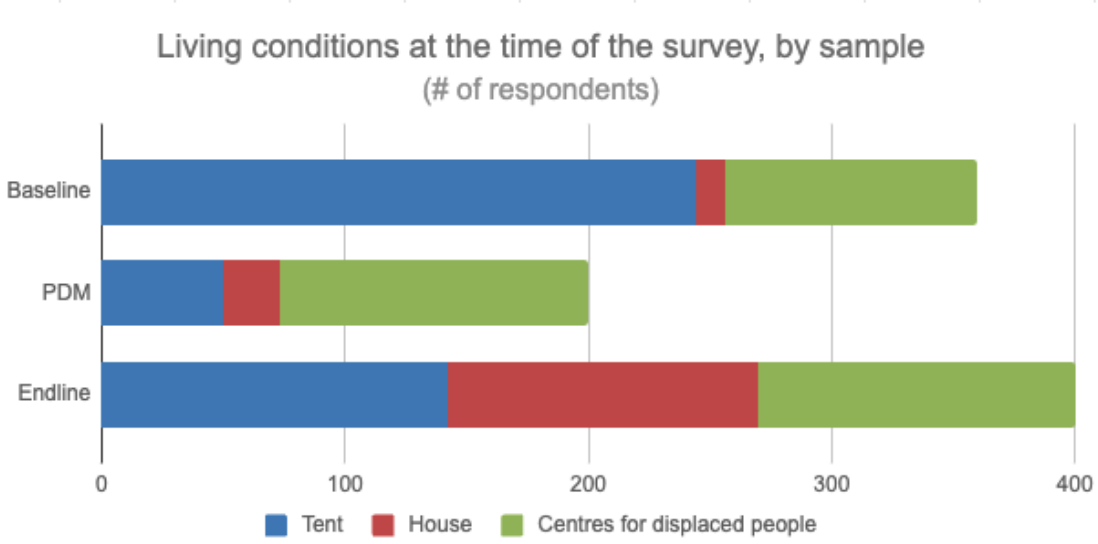


Chart 2 Living conditions of respondents in each sample (expressed in # of individuals)

These displacement patterns are directly reflected in current living conditions, as shown in the graph above. For the baseline, 97% of respondents were living in temporary or emergency shelters. The same applies for the PDM sample, with 88.5% of respondents living in shelters while only 11.5% were living in houses, which likely includes a portion of the non-displaced group and those who may have rented houses. In the endline sample, 32% were living in houses.

AGE GROUP

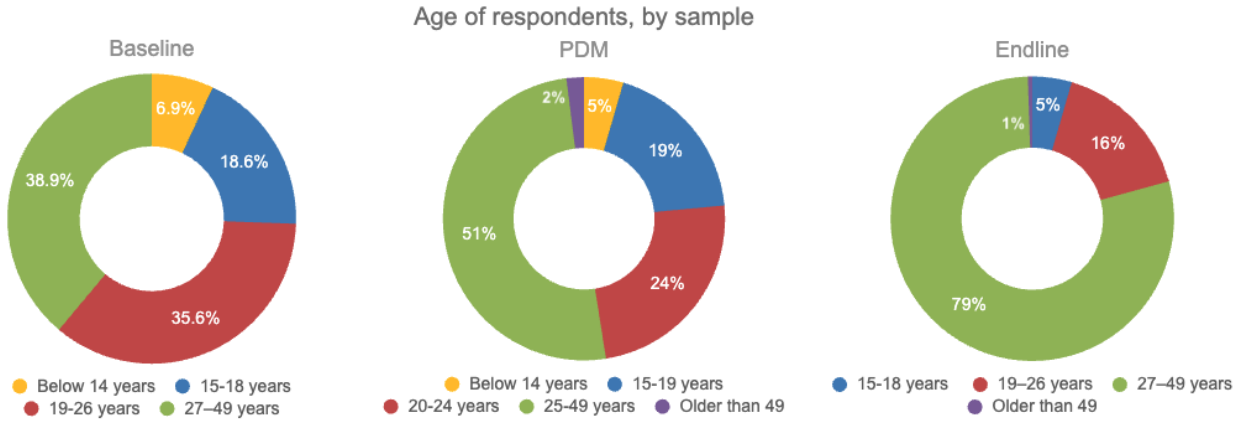


Chart 3 Age distribution of samples for each data collection exercise (expressed in % for each sample)

The baseline sample reflects a diverse age distribution across the Gaza Strip. The larger group is composed of women aged 27-49 years (39%) followed by the group aged 19-26 years (35%). Young girls (below 14 years) and adolescents (15-18 years) account respectively for 7% and 19% of the sample.

The majority of the population surveyed in the PDM belongs to the age group 25-49 years (51%, N=101), followed by the 20-24 years (24%, N=48) and the younger group of adolescent girls between 15-19 years (19%, N=38). A small proportion of women aged below 14 (5%, N=9) and above 49 (2%, N=4) was also part of the survey.

The majority of respondents of the endline (79%, N=316) fall into the 27–49-year age group. This indicates that the core sample is heavily concentrated in the prime adult age group (27–49), with much smaller representation among younger and older age groups compared to the PDM sample.

EDUCATION LEVEL

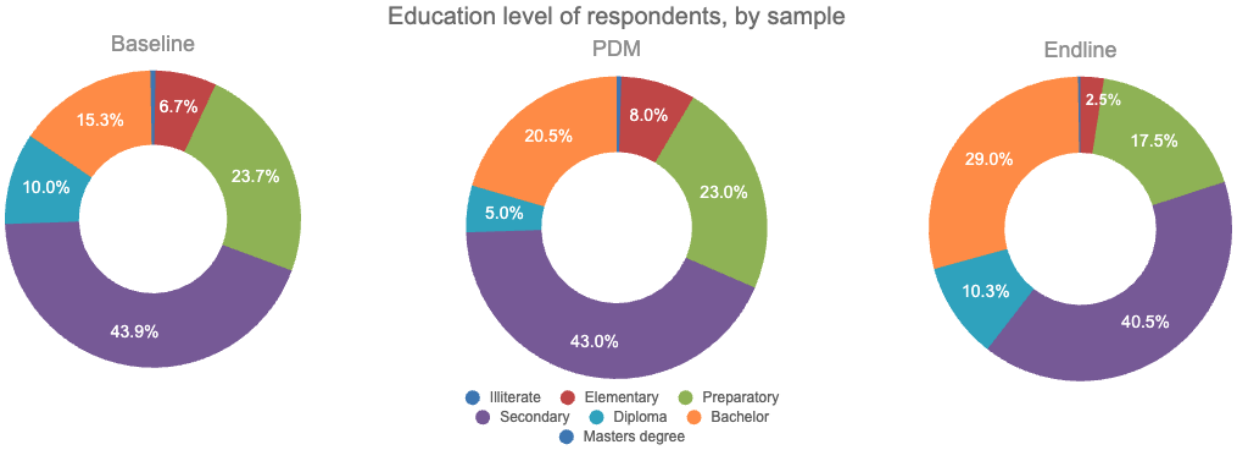


Chart 4 Living conditions of respondents in each sample (expressed in # of individuals)

The education levels of samples in the baseline and the PDM are quite homogeneous as shown in the graphs. The sample for the endline survey differs slightly from other samples with a higher proportion of women with higher education (diploma and bachelor degrees). The field study results align closely with PCBS general statistics, showing similar trends in high female education levels (25% of women reach diploma, bachelor and above[18]) and illiteracy rates (only 2% among the population of the Gaza Strip).[19]

Work status

A vast majority of respondents were not working in all three samples (93% for the baseline, 97% for the PDM and 94% for the endline). The dramatic economic situation is reflected in those figures which demonstrate both entrenched gender norms and the collapse of economic opportunities in Gaza amid conflict and displacement.

The endline data also confirms that only 18% of household heads are working, while 82% are not. At the time of the baseline, 71% of household heads were working. This reveals a widespread economic deterioration at the household level, where even the traditional primary earners are largely unemployed, likely due to war-related destruction of infrastructure, job markets, and mobility restrictions.

In line with these trends, household income levels are alarmingly low as confirmed by the endline results. About 75% of the surveyed households earn less than 500 ILS (111 GBP) per month, while only 14.3% fall within the 501–1000 ILS (112-222 GBP) range. At the upper end, a mere 1.7% of households report earning more than 2000 ILS (444 GBP) monthly. The distribution by monthly income of the respondents to the baseline survey was very close to the reported figures for the endline. These figures indicate that the vast majority of families are living well below the poverty line, facing significant challenges in meeting even their most basic needs.

Marital status

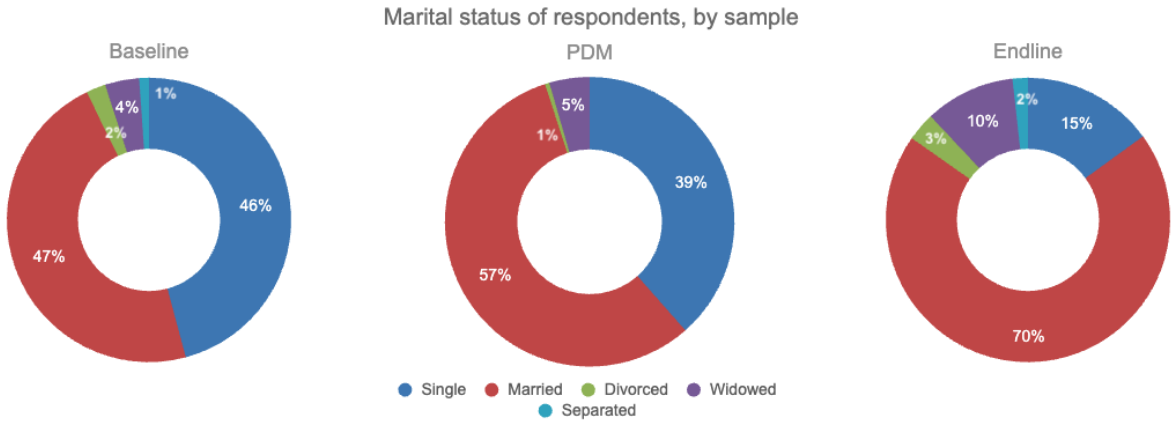


Chart 5 Marital status of respondents to the surveys (in % of each sample)

The distributions of all three samples are fairly similar with a higher proportion of single women in the baseline and the PDM samples which is explained by the fact that there are more adolescent women and young girls in those samples. Besides this specificity, the distribution of samples

18 PCBS (2025) 'On the occasion of the International Youth Day, 12/08/2025'. Palestinian Central Bureau of Statistics (PCBS). Available at: https://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=6038

19 PCBS (2024) 'On the Occasion of the International Literacy Day, 08/09/2024.' Palestinian Central Bureau of Statistics (PCBS). Available at: https://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=5821

highlights that most adult women are married, with a notable minority experiencing various forms of marital dissolution (widowhood, divorce, or separation).

Comparative analysis between baseline and endline samples

The endline sample was composed of direct beneficiaries, offering direct insights into the real-life impact of the project. In contrast, the baseline sample from June 2024 targeted a hypothetical cohort from the intervention's intended area of intervention, which changed over time.

The endline sample has a higher concentration of married women (70%) compared to a more balanced marital status distribution at baseline. Education levels remained consistent across both samples, reflecting high female education in Gaza. Unemployment and low income are significant in both samples, but the endline data demonstrates the impact of the war on household's economic situation with higher unemployment rates (71% of heads of households were unemployed in June 2024 against 82% in July 2025). Living conditions remained very precarious over the period with 35.5% of respondents living in tents and 32.5% in displacement centers, compared to 68% and 29% respectively in the baseline.

As outlined by the Gaza-based consultants who led the baseline and endline, "the endline assessment was conducted amid a deepening humanitarian crisis marked by severe living hardships, widespread hunger, and a growing scarcity of food and essential supplies in local markets. The lack of humanitarian assistance in a manner that preserves dignity, combined with the near-total loss of purchasing power among most families, underscores the extreme vulnerability of the population at the time of data collection."

This study targets a population under very acute stress, which offers a valuable perspective on how MHM needs are perceived and evolve in emergency situations.

Results

The following section presents the results of the analysis of data collected by Oxfam, its partners, and Groupe URD from women and girls after the distribution of products. Therefore, it synthetises the results from various data collection exercises and offers some cross-analyses between different sources that all reflect women's perceptions and feedback on the products.

Information sharing and understanding

At the time of the baseline survey, women were asked to self-evaluate their level of understanding of menstrual health and hygiene on a scale from 1 (very low) to 5 (very high). This question was asked before the awareness raising activities of the project were implemented. At that time, only 38.1% of respondents rated their understanding as "very high" and 37.8% as "high". 18.6% of the sample reported a moderate level of understanding, and 5.7% a low or very low level. These figures stress the need for further community awareness on the matter.

The PDM survey confirmed that nearly all respondents (99%) effectively received information on Menstrual Hygiene Management, washing and drying techniques and tips on how to use Reemi products. Only two people (1%) did not have the opportunity to participate in the awareness sessions organised before the distributions.

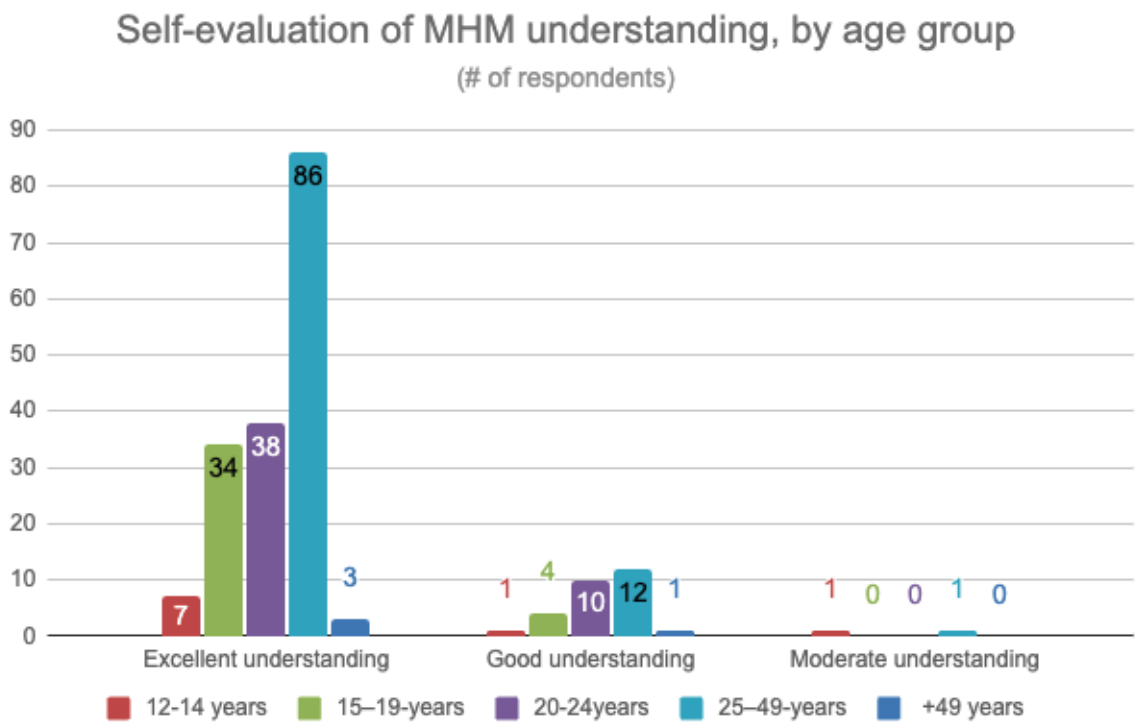


Chart 6 Results to the PDM self-evaluation on MHM understanding by age group (in number of respondents)

During the PDM survey, women were then asked about their level of knowledge regarding MHM based on a self-assessment on a similar scale from 1 to 5. This time, 85% of them reported having an excellent understanding of MHM related issues and 25% rated their understanding level as good. Only two women estimated their level as moderate (one person aged 12-14 and one person aged 25-49) and no one reported a low or very low level of understanding. In comparison with the baseline survey results, the results provide evidence for the value of the awareness raising activities carried out by Oxfam and its partners.

Some months later, the endline survey took place with some questions focusing on MHM understanding related to the awareness raising sessions. Given that the sample was different from previous data collection exercises, women were first asked about their participation in the MHM awareness raising session, which was confirmed for 86% of the sample. Among those who effectively participated in the sessions, 100% confirmed that the sessions improved their knowledge of menstrual hygiene, and all of respondents except one reported feeling more confident in managing their periods after the session.

These results demonstrate not only a high participation rate, but also a significant impact on strengthening the skills and autonomy of women and girls in relation to menstrual health. The results illustrate the importance of such interventions in displacement contexts where access to health education and hygiene products is often compromised to promote the dignity, health and well-being of women.

During the FGDs held as part of the endline survey, most groups demonstrated a good understanding of MHM. Younger girls aged 14 to 17 sometimes held misconceptions—notably the idea that they should avoid washing during their periods—which were corrected through awareness-raising sessions. Despite this, the majority of them emphasised the importance of

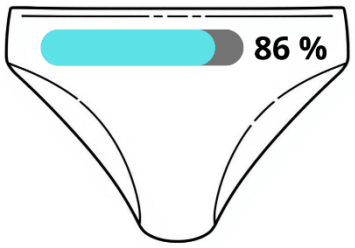
changing sanitary protection regularly and maintaining rigorous personal hygiene in order to prevent unpleasant odours and infections.

Participants aged 18 to 26 demonstrated a more thorough and consistent understanding of menstrual hygiene practices, including frequent pad changes and daily showers. They also mentioned adjustments related to water scarcity, such as reducing the frequency of showers while maintaining localised hygiene practices.

Finally, women aged 27 to 49 stood out for their high level of experience and responsibility, not only in managing their own menstrual hygiene, but also in supporting their daughters. They shared optimised cleaning routines, menstrual waste management practices in communal toilets, and an active commitment to promoting hygienic behaviour among those around them.

USAGE OF THE UNDERWEAR AFTER ONE MONTH (PDM)

- 86% of women reported that they still had the underwear and still used it (100% of women aged 12-14; 82% of women aged 15-19; 88% of women aged 25-49 and 75% of women aged above 49).
- 8.5% reported that they had not used the underwear yet. Among the reasons given are pregnancy, while others planned to use it but had not yet had the opportunity.
- 5% reported they used it once and stopped.
- 1 person reported that she gave the underwear to someone else.



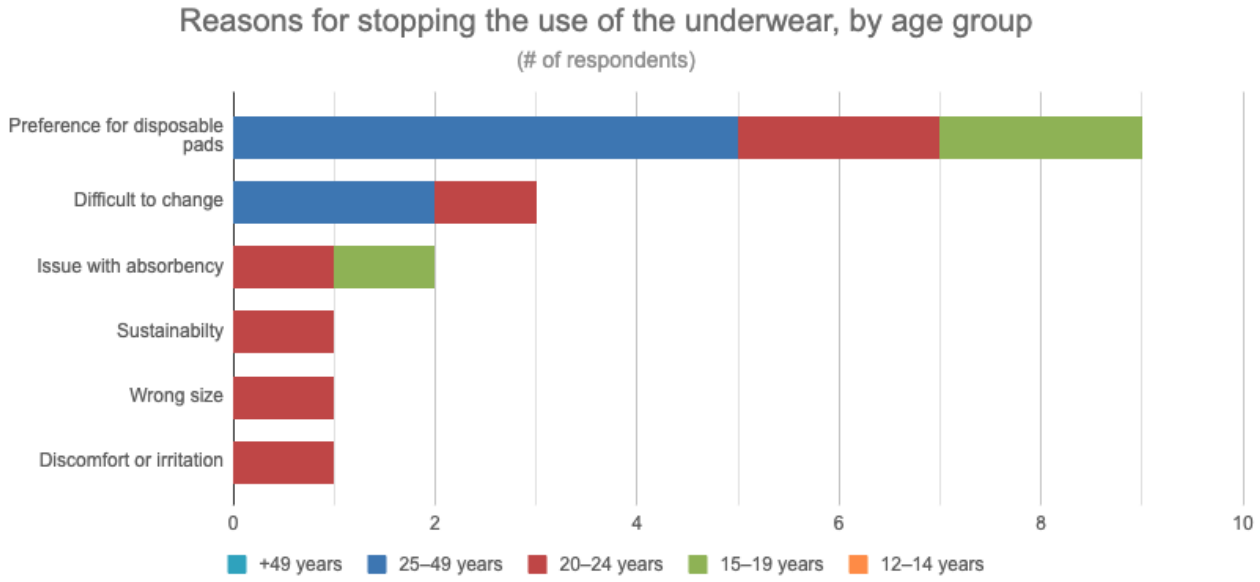
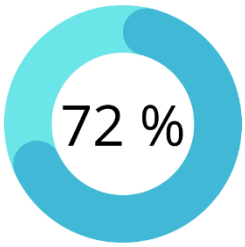


Chart 7 Results to the question about the reason why women decided to stop the use of the underwear by age (in number of respondents)

Of the 10 women (5%) who reported that they had used the underwear and stopped, the main reason given was a preference for disposable pads, which was mostly cited by women aged between 25 and 49. The issue of size was mentioned in some responses, but to a fairly limited extent, even among younger groups who could be expected to be more exposed to these size issues due to their ongoing growth.

Concerning the specific nature of product usage:



- 72% of women reported using the underwear for their full menstrual cycle.
- 15% reported using it intermittently (at the beginning / end of their menstrual cycle).
- 12% reported using it at any time.

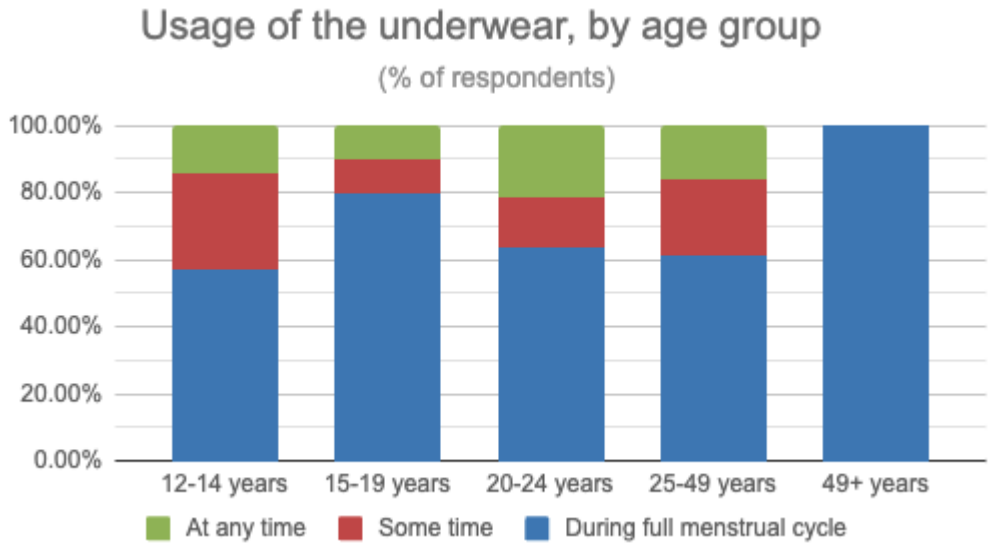
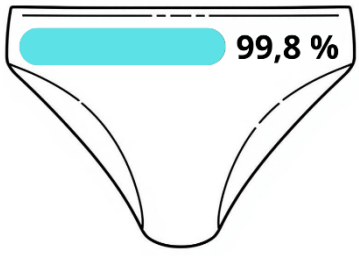


Chart 8 Usage of the underwear by age (in proportion of the total respondents for each group)

As shown in the graph above, the usage of the underwear does not vary much between age groups and the proportion of responses are quite aligned with the respective weight of each age group in the overall sample. Women older than 49 were only 4 in the sample, which makes it difficult to interpret the results for this category.

Usage of the underwear after three to six months (Endline)

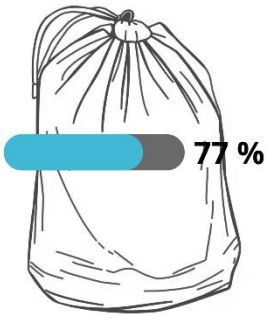


- 99.8% of women reported that they had used the underwear after 3-6 months (one woman did not use the underwear due to damage).
- 59% of women reported using the underwear during their full menstrual cycle.
- 26% of users reported using the underwear in combination with other materials such as cloths or disposable pads.
- 15% used the underwear only at specific times during their menstrual cycle.

While there are more women using the underwear after 3 to 6 months, usage patterns changed over time. After approximately one month (PDM), 72% of women reported using the underwear for their full menstrual cycle, but after 3-6 months (endline) only 59% of women were using the underwear for the full menstrual cycle suggesting that their practices evolved over several cycles of usage.

Also after 3-6 months, 37.1% of respondents reported wearing the underwear outside their menstruation period and 19% reported that they occasionally wore the underwear outside menstruation. These findings indicate that the underwear is sufficiently comfortable for a majority of users (56.1% of respondents overall) to incorporate into daily routines and use beyond menstruation given other discharges from the vagina and urethra. The remaining 43.9% of respondents reported that they did not use the underwear outside menstruation, indicating that an important proportion of users associate the product primarily with its core use. This may reflect factors such as individual comfort preferences, access to alternative underwear, or perceptions about the design or purpose of the product. But given the novelty of the product, this feedback can also be linked to the way the product was introduced to them and the messages shared.

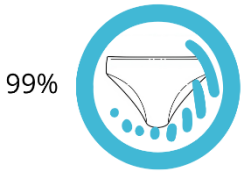
Usage of the washing bag after one month (PDM)



- 77% of respondents reported that they still have and use the washing bag (100% of women aged 12-14; 79% of women aged 15-19; 79% of women aged 20-24; 73% of women aged 25-49 and 75% of women older than 49).
- 19% reported that they had not used it yet.
- 4% reported that they had only used it once.
- 1 person reported that she gave it to someone else.

Similarly to the usage of the underwear, the usage of the washing bag does not vary much between age groups as shown in the disaggregated data presented above.

Concerning the specific nature of product usage:



- 99% of respondents who used the washing bag used it to wash the underwear.
- 17% used it to wash other things.
- 5% used it to carry things.
- 1 person mentioned that she used it to store clothes.

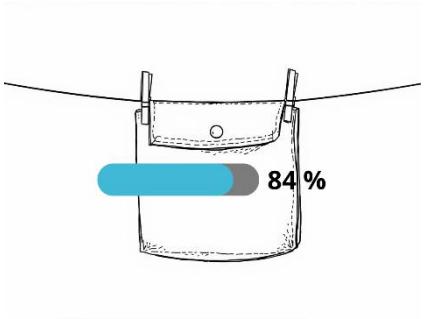
Usage of the washing bag after three to six months (Endline)

- 100% of women reported having used the washing bag in the endline survey.
- 77% reported that they use the washing bag exclusively to wash their Reemi underwear.
- 15% shared that they use the washing bag both to wash their underwear and for other purposes, such as washing other clothing or items.

- 8.5% reported that they use the washing bag only for purposes other than washing their underwear.

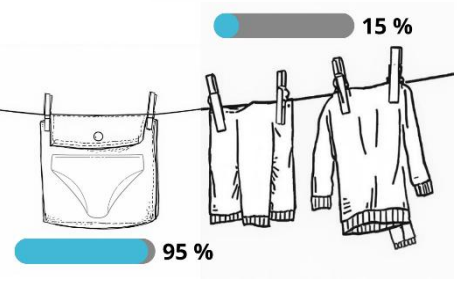
These results indicate very high uptake of the product by the target group. Most women used the washing bag for its intended purpose, suggesting that instruction was effective and that hygiene practices around reusable menstrual products are observed. The smaller proportion of users who did not use the washing bag to wash the underwear might suggest a misunderstanding of its purpose and function or preference for washing the underwear in other ways. Overall, the results demonstrate the versatility of the product, allowing for alternative uses that provide additional value in users' daily lives.

Usage of the drying bag after one month (PDM)



- 84% of respondents confirmed that they still have and use the drying bag (100% of women aged 12-14; 87% of women aged 15-19; 85% of women aged 20-24; 80% of women aged 25-49 and 75% of women older than 49).
- 15% of women reported that they had not used it yet.
- 3 women reported using it only once.
- 1 person reported that she had given it to someone else.

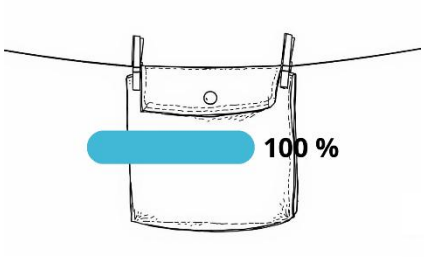
Concerning the specific nature of product usage:



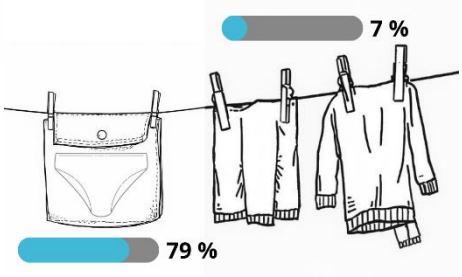
- 95% of women who have used the drying bag reported using it to dry the underwear.
- 15% reported using it to dry other clothes.
- 5% reported using it to carry things.

Usage of the drying bag after three to six months (Endline)

- 100% of respondents confirmed that they used the drying bag after 3 to 6 months.



- 79% reported using the bag exclusively to dry their Reemi underwear.
- 12% reported using the drying bag to dry their underwear and for other purposes.
- 7% reported using the drying bag only for purposes other than drying their underwear

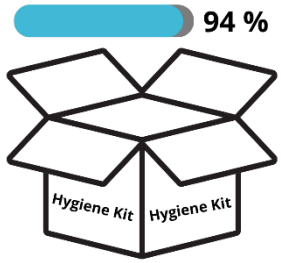


uptake of the product in line the washing bag, the results of the product, allowing for additional value.

Overall, the results show strong with its intended use. As with also demonstrate the versatility alternative uses that provide

Usage of the hygiene kit after one month (PDM)

- **94%** of women declared they still have and use the hygiene kit (100% of women aged 12-14; 92% of women aged 15-19; 94% of women aged 20-24; 94% of women aged 25-49 and 100% of women older than 49).
- 7 women had not used it.
- 4 women had used it once.
- 1 woman gave it to someone else.



The data shows that hygiene kits are extremely useful as a complement to Reemi kits, particularly considering the preference of some women to use the Reemi underwear in addition to other menstrual hygiene products as part of the adoption process. Distributions of hygiene kits and sanitary towels therefore act to support the adoption of Reemi underwear. The use of the hygiene kit was not measured in the endline survey because the products it contains are consumables and, for the most part, were likely to be used after three to six months.

Comparative analysis of the usage of products and with baseline data

All products have high usage levels both after one month and after a longer period, demonstrating that the products generally meet women's needs. The performance of Reemi products is even more significant when evaluated against the baseline data collected in September 2024. According to the baseline survey, only 25.8% of women and girls preferred reusable menstrual products at the time, although 74.4% were open to using Reemi's reusable products given adequate training and provided that additional essential hygiene items were also supplied.

The high levels of uptake imply the value of the hygiene promotion and awareness-raising activities carried out by Oxfam teams and their partners to explain the benefits of Reemi products to women. It also supports the quality of Reemi products which have been used by almost all women, even though a significant proportion were initially sceptical about the idea of reusable MHM products.

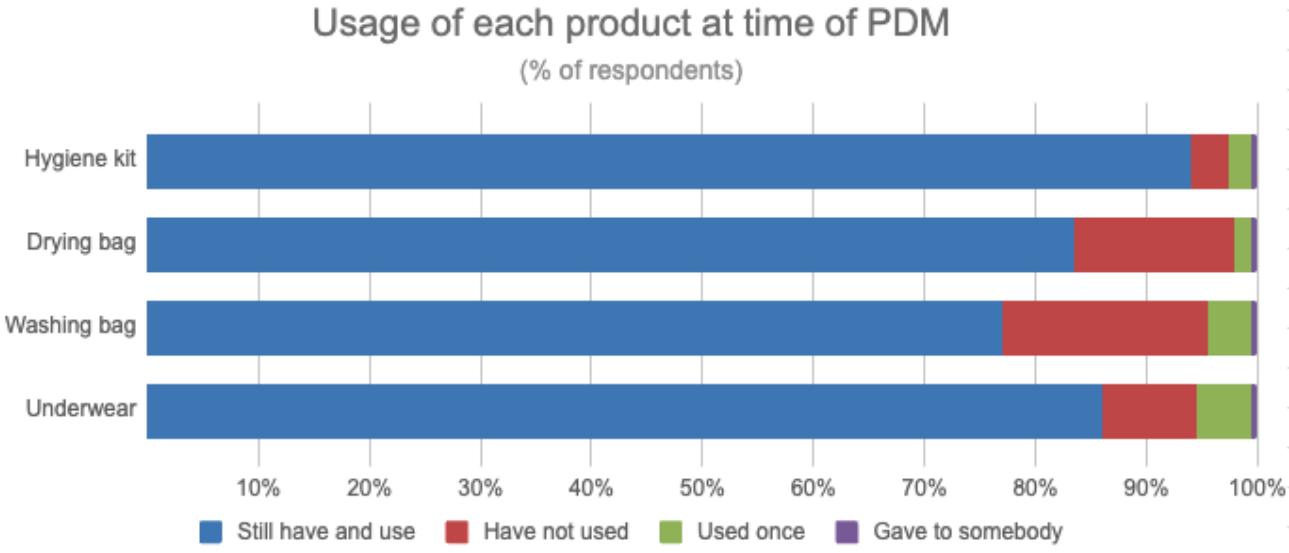


Chart 9 Comparison of the usage of each product distributed at the PDM (in % of the total respondents for each product)

Notably, at the time of the PDM, there is a small difference in usage levels between the traditional products provided in the hygiene kit and the new products from Reemi (see graph above). This may be explained by (a) the short time period between the distribution and the survey (one month), which may have meant that some women did not need or were unable to use certain products at the time of the survey; (b) the hygiene kit contained many essential products, not just for menstrual hygiene, that could be useful for the whole household, and (c) the novelty of Reemi products, which may have meant that some women preferred to use familiar products from the hygiene kit.

When analyzing in more detail the proportion of women who used the products by age group at the time of the PDM (see graph below), the level of adoption appears to be very similar across groups, indicating that there does not seem to be age-related differences in the willingness to use the various products. The last bar on the right shows the distribution of the different groups in the overall sampling. A comparison between the overall sample distribution and the proportion of women in each age group using each product shows close correlation, indicating that age does not appear to be a significant factor in determining use.

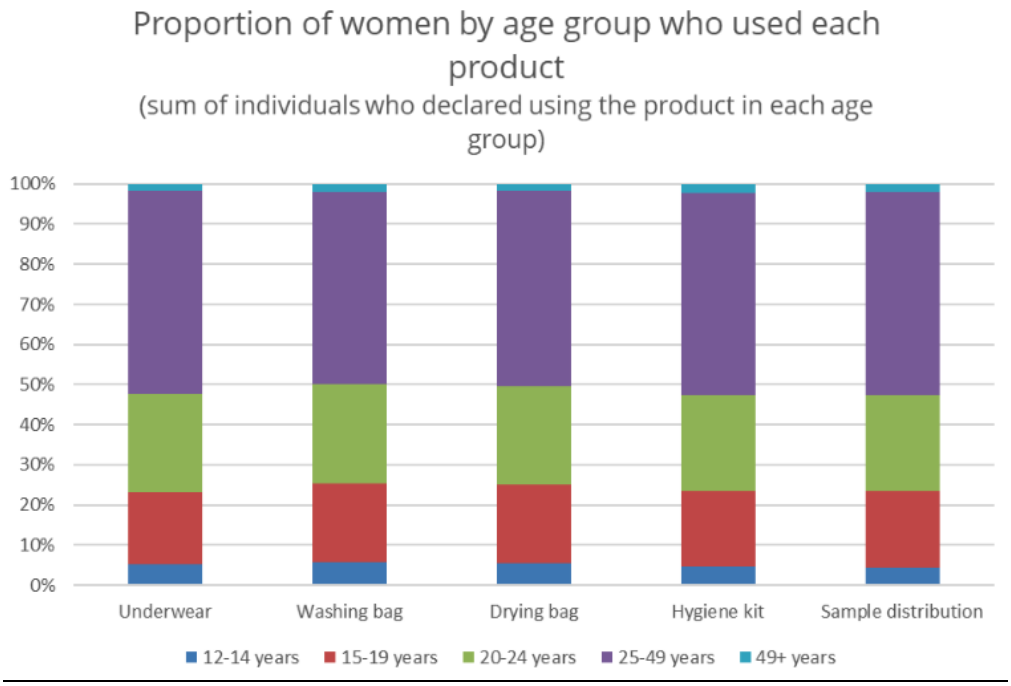


Chart 10 The usage of the different products by age groups compared with the age distribution of the overall sample of the PDM (in percentage for each product and for the overall sample)

Compared with the results from the endline survey (graph below), the usage rates remained high for all products over time, demonstrating that there has been no abandonment of the products after repeated use. On the contrary, adoption of Reemi products reached almost 100% for all 400 women surveyed in the endline. This positive results can be explained by various factors. Firstly, women may choose to use Reemi underwear due to the acute period poverty caused by the conflict and the sustained lack of alternative solutions. This assumption corresponds with the available literature, which reports a critical lack of access to menstrual hygiene products for the 690,000 women of reproductive age[20]. However, even if it is true that alternatives are sorely lacking, this

[20] Anera (2024) Addressing Period Poverty: Challenges and Solutions in Lebanon, Gaza and Beyond. Available at: https://www.anera.org/blog/addressing-period-poverty-in-lebanon-gaza-and-beyond/

criterion alone does not explain the high rates of adoption. Second, we have found that usage habits evolved as shown by the proportion of women who use Reemi underwear throughout their entire menstrual period, which decreased by 18% between the PDM (after one month) and endline (after 3-6 months) surveys. These changes in usage suggest a choice based on the preferences of women, rather than a complete lack of options.

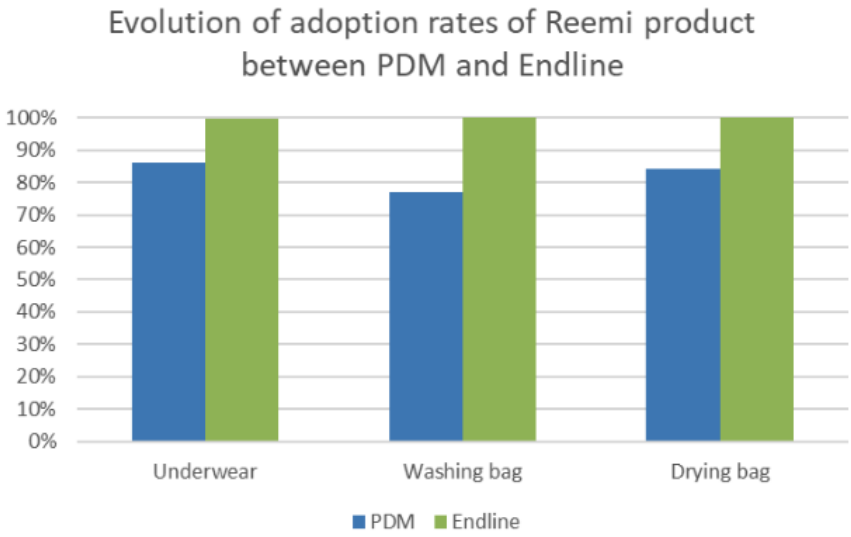


Chart 11 Comparison of adoption rates between PDM and Endline

Perceived outcomes for women after using the products (Endline)

Overall, the majority of respondents reported positive changes across all assessed domains, with particularly notable improvements observed in economic conditions and daily life. The most significant impact was related to economic relief, with 94.5% of respondents indicating that the products had a positive economic effect on their household given that it was provided for free and will supposedly last for several years. Similarly, 88.2% reported enhanced ability to carry out their activities, highlighting the contribution of the products to increased autonomy and confidence.

In terms of physical comfort, 73.4% of respondents experienced reduced discomfort during menstruation, and 73.2% noted fewer instances of irritation and infection. However, a smaller proportion of participants (17% and 19%, respectively) reported negative experiences in these areas, suggesting the need for continued attention to product fit, proper usage, and hygiene practices.

Concerning emotional and social wellbeing, 70.4% of respondents reported reduced stress before and during menstruation, while 80.2% indicated a reduced burden on their families. Additionally, 71.2% found menstrual management tasks—such as changing, washing, and drying—easier. It is worth noting, however, that this category also had the highest proportion of neutral responses (25.1%), indicating variability in user experience that may be linked to factors such as water access, privacy, and household constraints.

Qualitative insights from focus group discussions (FGDs) further contextualized these findings, shedding light on individual and household-level experiences. Participants consistently highlighted the psychosocial benefits of receiving a sustainable menstrual solution, particularly in reducing feelings of embarrassment and enhancing self-confidence. Adolescent girls reported feeling more at ease managing menstruation in communal shelter settings and more comfortable discussing menstrual health with family members. Adult women noted that the drying bag's privacy and the reduced frequency of product changes contributed to a stronger sense of control and physical comfort during menstruation. These findings are of particular value given the acute stress situations experienced by women and adolescent girls and the demonstrated risks of menstrual cycle disorders which can logically reinforce feelings of embarrassment, discomfort and loss of confidence.

Participants also emphasized that the economic benefits extended beyond product savings. For example, the washing bag facilitated water conservation compared to traditional methods currently used to wash materials used to absorb menstrual blood in the absence of sanitary pads. Moreover, many noted that using the products decreased their reliance on external aid, which is also a factor that enhanced women's dignity.

Despite these positive outcomes, FGDs also surfaced ongoing contextual challenges, including water scarcity, limited privacy for drying, and the cost of cleaning supplies. These findings underscore the importance of integrated support systems to enhance the effectiveness and sustainability of menstrual health management (MHM) interventions.

Table 3 Perceived change across different issues after using Reemi menstrual hygiene products

Option	Positive (%)	No change (%)	Negative (%)
The level of stress before and during my period	70.4	18.5	11
The discomfort during my period	73.4	9.5	17
The irritations and infections	73.2	7.8	19
The economic impact on the household	94.5	5	0.5
The feeling of burden for the family	80.2	8.5	11.3
The management of menstruation (changing, washing, drying products)	71.2	25.1	3.8
The daily life activities (the capacity to do your traditional activities)	88.2	9.8	2

Challenges addressed by Reemi products as reported by users (Endline)

The endline survey was an opportunity to revisit the critical barriers identified during the baseline survey in order to assess the extent to which the products received had helped to overcome these challenges. The results are generally very positive and indicate that Reemi products and hygiene kits have significantly benefited the recipients and helped them to overcome difficulties identified at baseline stage.

Most significantly, 87.2% of women confirmed that the kits received helped them to cope with shortage of essential supplies such as soap and sanitary pads. At the baseline, 90% of respondents

mentioned shortage of supplies as a critical challenge. This finding indicates that the kits enabled households to manage essential products more easily. For 70.9% of respondents, the kits received were a means to deal with the lack of proper disposal facilities for menstrual waste.

Further, the kits provided a more discreet and easier-to-manage solution for women facing privacy constraints and inaccessible sanitary facilities, with a majority of respondents to the endline survey reporting improvements in relation to these difficulties. Although reusable products require the use of water, difficulties in accessing water do not appear to be significant for a large proportion of respondents, suggesting that it is possible to use the products with a small amount of water, without exacerbating shortages.

Table 4 Barriers to MHM addressed by the kits received

Option	Frequency	%
Shortage of necessary supplies (e.g., soap, sanitary pads).	348	87.2
No proper disposal facilities for menstrual waste	283	70.9
Lack of privacy in sanitation facilities	235	58.9
Lack of access to clean water	229	57.4
Difficulty accessing sanitation facilities (e.g., too far, not enough facilities)	156	39.1
Limited time allowed for using sanitation facilities	147	36.8
Fear of stigma or embarrassment when accessing sanitation facilities.	112	28.1
Safety concerns while accessing facilities (e.g., unsafe location, lack of security)	79	19.8

Challenges faced by women after one month (PDM)

After one month of use, only 8% of women reported experiencing challenges using Reemi products, while 92% reported not experiencing any issues. Of the women who reported challenges, most reported facing multiple challenges simultaneously. Among the main challenges reported, the most prominent issue was lack of access to clean water (93%), followed by lack of soap (67%), lack of privacy (47%), lack of drying space (40%), and slow drying time (20%). Many of those who experienced difficulties either did not use the product or only tried them once.

"It must be accompanied by sanitary products, sanitary pads, a complete pack of washing powder", Woman in Gaza

None of the women reported damage after washing despite it being offered as a response in the survey, which indicates the product's resistance, at least after a few washes. One displaced woman living with relatives said she felt embarrassed and lacked privacy to reuse the underwear. As a result, she currently prefers to use disposable sanitary pads, but when she returns home, she confirmed that she will use them permanently.

Challenges faced by women after three to six months (Endline)

As part of the endline survey, women were asked to share the challenges they were facing when using Reemi products. After 3-6 months, 30% of the respondents to the endline survey reported a

sustained lack of access to water and soap while 70% confirmed that they had sufficient resources. These results may lead to highly variable hygiene practices, which could pose a health risk for some women.

When facing water scarcity, 43% of women adapted their practices and washed the underwear with limited or stored water, suggesting needs or preferences to use the product even when the recommended conditions for use are not always met. Relatedly, 38% of respondents reported that they continued to use the underwear despite struggling to clean them, highlighting potential hygiene risks taken by women in the absence of water and soap. A smaller proportion (11%) reported that they stopped using the product in such conditions, switching to other disposable products. The rest of the sample (9%) indicated using the product less often as a way to save water or better manage the inconvenience of washing them under difficult conditions.

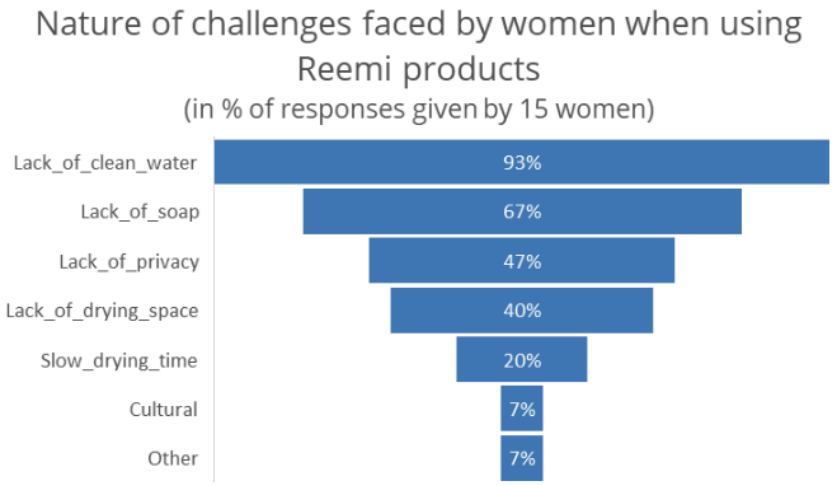


Chart 12 Challenges faced by women when using Reemi products (in % of responses given by 15 women)

Table 5 Detailed answers to the question "how do you manage Reemi underwear in conditions of water scarcity?"

Options	Frequency	%
I stop using Reemi products and switch to disposable products.	44	11
I reduce how often I use them.	34	8.5
I wash them with limited or stored water.	171	42.9
I continue using them but struggle to clean them.	150	37.6
Total	399	100

Concerning the ability to dry the product, 94% of respondents reported adequate solutions to dry the underwear, demonstrating the effectiveness of the drying bag in a context of poor sanitation infrastructure and limited privacy. The endline FGDs also confirmed women's overall satisfaction with the product. However, almost half of the respondents (48%) reported being worried to be seen while washing and drying the underwear, highlighting the issue of stigma and indicating that privacy remains critical for the uptake and proper use of the products.

COMPARATIVE EVALUATION WITH THE ALTERNATIVE PRODUCT (DISPOSABLE PADS)

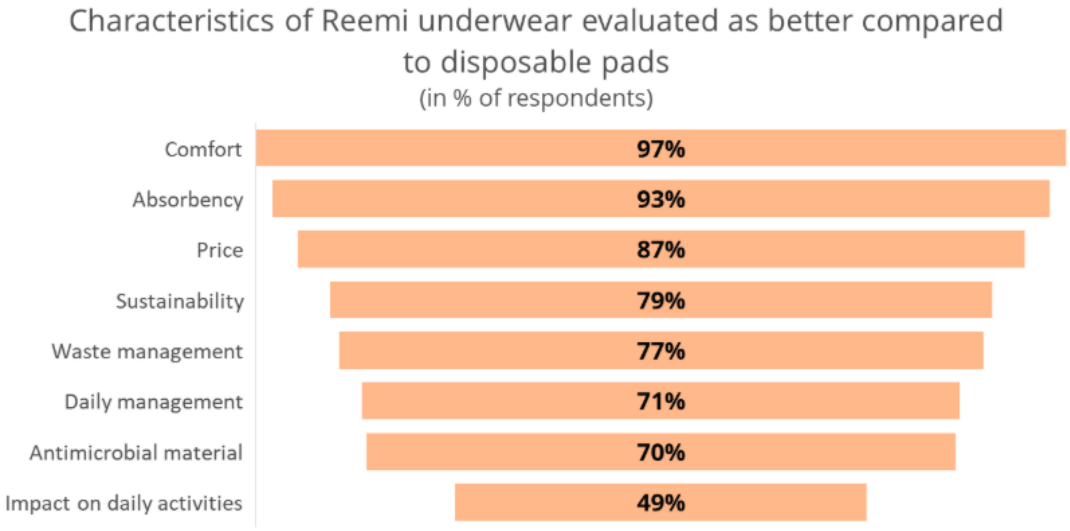


Chart 13 Evaluation of Reemi underwear compared to disposable pads in the PDM, by characteristics

As part of the PDM survey, women were asked to compare Reemi's underwear with disposable sanitary pads (graph above): 97% of women compared Reemi underwear favorably on comfort; 93% on absorption capacity; 87% on price; 79% on improved sustainability; 77% on waste management; 71% on daily management, corresponding with using, changing, cleaning and disposing of products; and 70% on quality of antimicrobial material. The only factor to compare favorably for disposable pads was impact of daily activities, for which the difference was marginal.

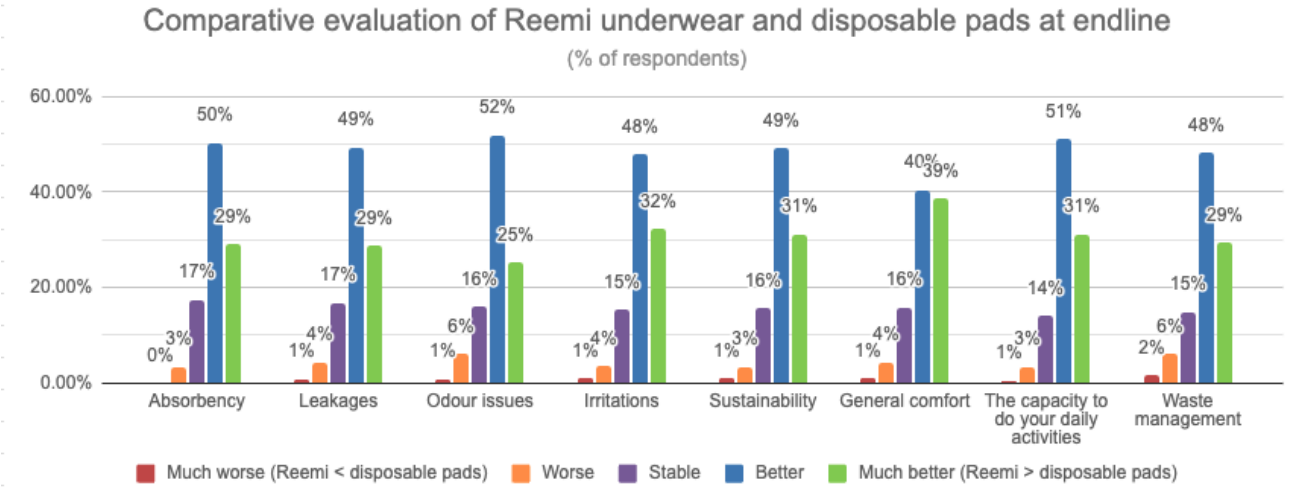


Chart 14 Comparative evaluation of Reemi underwear and disposable pads in the endline, by characteristics

A similar question was asked to the women during the endline survey. Overall, there is a very high support for the Reemi product compared to disposable pads, as most characteristics suggested are evaluated as better by the majority of respondents. On average, Reemi underwear' characteristics are evaluated as better or much better by 79% of respondents. 16% of women reported that the characteristics are overall similar, while only 4% reported they are worse and 1% much worse. The features that scored the lowest are the waste management (8% declared it is worse or much worse) and odour issues (7%). Comments on waste management must be nuanced, as the term 'waste' can have several interpretations. Waste, understood in this question as packaging and other products

to be disposed of, can also be understood as 'menstrual waste', or blood. In this case, some women could legitimately report that waste management is more difficult with reusable underwear than with disposable products.

Meeting women's expectations

One month after the distribution, 98% of women reported that the products distributed effectively met their expectations, which is an extremely positive result.

At the time of the endline survey, the level of satisfaction remained very high with 97% of women surveyed who were very satisfied (33.6%) or satisfied (63.2%) with Reemi products. Only a small minority expressed neutrality (2.3%) or dissatisfaction (1.1% combined). Women were later asked to what extent the performance of the products actually differs from their initial perception. To that question, 90% stated that the products were much more useful and effective than they initially expected, highlighting a strong positive shift in perception after actual use.

This demonstrates the importance and quality of all the preparatory work carried out prior to distribution by Oxfam teams and their partners in the field, in particular through the organisation of consultation and education sessions, which enabled the women targeted to fully understand the nature of the products, their use and the expected benefits for them.

3 women reported that the products did not meet their expectations. The reasons given for that are the following: the preference for disposable pads, the lack of comfort when wearing the underwear, cleaning difficulties and the lack of access to clean water.

"I am a working woman, and this type of product is not suitable for people who work, because I work from 8 a.m. to 4 p.m. and during that time I cannot easily change the underwear I have received, unlike disposable sanitary pads, which can be easily thrown away. I would therefore like to see a solution for working women. I think it is more suitable for housewives or teenagers.", Woman in Gaza

When asked about their willingness to continue using the products after one month, 88% declared that they would keep using them and 12% declared they would probably stop. The data from the endline survey will provide an opportunity to confirm or not this trend.

This result rose to 93% after a longer period of usage with only 3% who remained uncertain on the continuation of usage.

"The product is excellent, and I would love to find other products that can be reused more than once, such as the sanitary pad replacement product", Woman in Gaza

One of the desired effects of using Reemi reusable products is to enable households to reduce their expenditure on menstrual hygiene products by reusing them. Although the analysis period is relatively short (1 month between the distribution and the survey), women were asked about this

issue, and 95% reported that the kit distributed (including the complementary hygiene kit) had reduced their household expenditure.

"The product is excellent and I recommend everyone to get it because it helped reduce expenses. During the war, there were no sanitary pads and they were very expensive", Woman in Gaza

"My mother and I still use the product and we have dispensed with sanitary pads", Woman in Gaza

At the time of the PDM, 99% of women surveyed declared that they would recommend Reemi products to other women. This figure was still very high some months later with 98% of women who would recommend them at the endline. Only 8 respondents out of 400 declared they would not recommend them.

Suggestions for improvement

At the end of the PDM questionnaire, the women had the opportunity to share their suggestions for improving the products and the distribution process. Here is some useful feedback for those involved in the project:

- Increase in the number of underwears included in kits ⇒ cited by 9 women
- Offer a wider range of sizes that are better suited to people's needs ⇒ cited by 7 women
- Offer more absorbent products, including additional garments that can be worn over the underwear and absorb flow (e.g. leggings) ⇒ cited by 3 women
- Adapt the fabric of the underwear with more cotton to prevent perspiration ⇒ cited by 2 women
- Many respondents also request the regular and continuous distribution of these kits, including additional hygiene products such as sanitary towels, soap, shampoo and disinfectants.

FINDINGS FROM LEBANON

OVERVIEW OF CONTEXT

The following section briefly outlines the main events that took place in Lebanon between October 2023 and May 2025, during the course of this project. It is intended to contextualise the presentation of results and support the analysis. It is not intended to provide an exhaustive analysis of the conflict. Some events and information may not be included.

In Lebanon, several overlapping crises, including the 2019 financial crisis, repercussions of the Syrian war, compounded by long-standing deficiencies in WASH infrastructure, have severely compromised MHM practices. The war with Israel further deteriorated an already precarious situations for women in terms of MHM.

After the Hamas attack on 7 October 2023, Hezbollah immediately exchanged artillery and rocket fire with Israel on 8 October 2023.[21] This led to a sustained cross-border conflict, and by August 2024, hostilities had forced 113,054 people from their homes in South Lebanon and El Nabatieh, affecting an estimated 31,655 women of reproductive age and 9,045 adolescent girls.[22] Water and sanitation infrastructure was also heavily damaged, and overcrowded shelters in schools and unfinished buildings forced women to manage menstruation with little privacy.

In September 2024, Israel intensified its operations in southern Lebanon, including air strikes and targeted ground incursions against Hezbollah infrastructure near the border. Hezbollah's leader Hassan Nasrallah died in a raid at the end of September 2024 and his successor Hashem Safieddine was killed shortly afterwards. By November 2024, at least 1.3 million people were displaced, including 900,000 internally displaced persons (IDPs), many of whom relocated to shelters in North Lebanon, Bekaa Valley, Mount Lebanon, and Beirut.

A ceasefire was announced in November 2024 and by mid-December, more than 900,000 displaced people had attempted to return to the south. However, widespread destruction in southern Lebanon had left many families without functioning health centers or clean water systems. At least 99,000 housing units across the country were damaged, with southern districts accounting for much of the devastation.

In relation with MHM, the 2019 financial crisis made menstrual products unaffordable for many, with prices increasing by 500% between 2019 and 2021. Approximately 930,000 Lebanese women, Palestinian refugee women, and displaced Syrian women face barriers to MHM, primarily due to cost;[23] 66% of young girls cannot afford menstrual products.[24] Similarly to Gaza, women have been

21 Reuters (2024) 'Israel, Hezbollah exchange artillery, rocket fire'. Available at: https://www.reuters.com/world/middle-east/israel-strikes-lebanon-after-hezbollah-hits-shebaa-farms-2023-10-08/

22 UNFPA (2024) 'South Lebanon Situation Report #1 - August 2024'. Available at: https://www.unfpa.org/resources/south-lebanon-situation-report-1-august-2024

23 UNHCR (2024) Health Gender Analysis Brief. Available at: https://data.unhcr.org/fr/documents/details/108842

24 Anera (2024) Addressing Period Poverty: Challenges and Solutions in Lebanon, Gaza and Beyond. Available at: https://www.anera.org/blog/addressing-period-poverty-in-lebanon-gaza-and-beyond/

exposed to high level of stress because of the conflict, which impacted women's menstrual cycle and caused disorders.

Detailed methodology

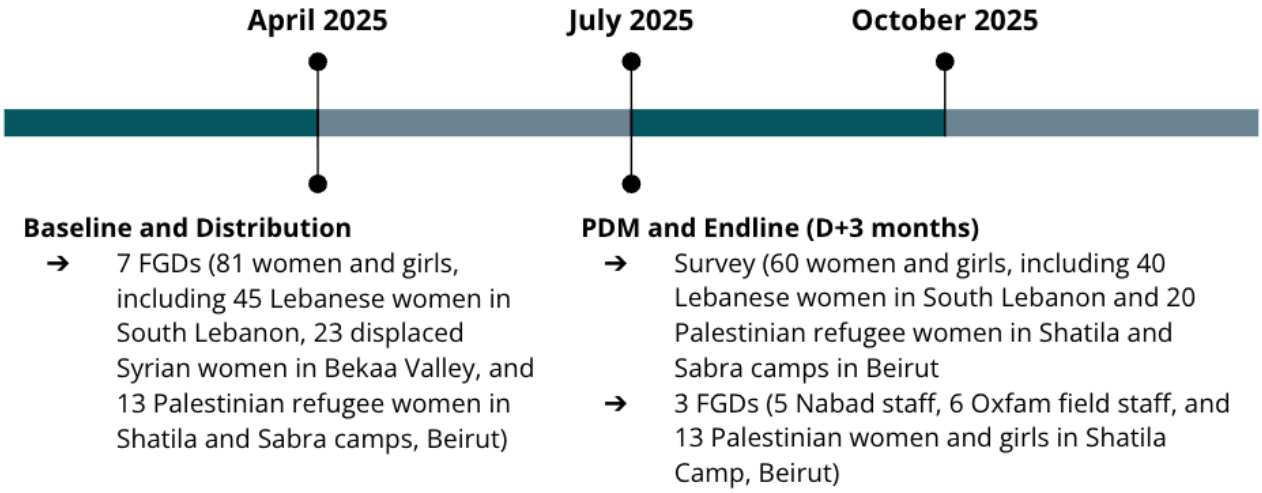


Image 4 Detailed methodology for Lebanon

In Lebanon, the Oxfam MEAL team conducted a qualitative baseline assessment, post-distribution monitoring after three months, and a final focus group discussion with users at the end of the project. For the baseline, the Oxfam MEAL team conducted seven FGDs, including four in South Lebanon with Lebanese women and girls, two in Bekaa Valley with Syrian women and girls, and one in Beirut with Palestinian women and girls. These discussions aimed to generate qualitative data on MHM knowledge, practices and concerns, as well as the community's readiness to accept the Reemi MHM products.

Due to time constraints caused by a number of political, logistical, and contractual challenges, the PDM survey was conducted during the same period as the endline FGD, just over three months after the kits were distributed. A total of 60 women and girls were surveyed, including 40 in the district of Saida in South Lebanon (in blue in the map) and 20 in the Palestinian camps of Shatila and Sabra in Beirut (in orange in the map). A PDM sample size of 60 corresponds with 3% of the total number of recipients of Reemi kits (N=2,132). The PDM data from South Lebanon and Beirut was supplemented by a PDM survey of 96 women and girls in the Bekaa Valley which was collected under the auspices of a separate project funded by Oxfam's WASH Innovation Fund (WIF) that shared the same purpose and modalities.

Finally, three focus group discussions were conducted. The first two FGDs were organised and facilitated remotely by Groupe URD, targeted field staff who received Reemi kits, including 5 Nabad staff members and 6 Oxfam staff members respectively. The final FGD was facilitated by Oxfam staff in Chatila camp in Beirut with 13 women and girls, aged 16-55. Sampling for this focus group was conducted randomly, and unfortunately, only one woman out of the 13 participants

confirmed that she had used Reemi products prior to the discussion. Therefore, the findings presented in this section mostly rely on the feedback from staff to provide qualitative insights and feedback from users.

PARTICIPANT DATA

LOCATIONS

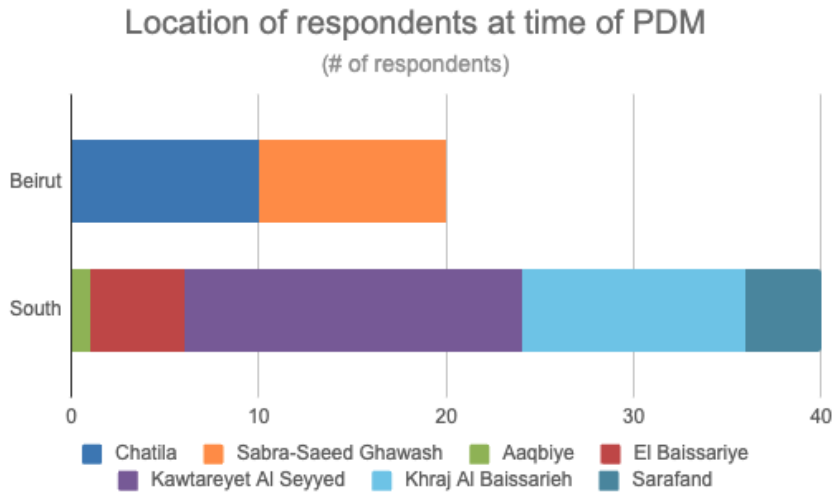


Chart 15 Location of respondents at time of PDM, in number of respondents

In Lebanon the target groups were Palestinian refugee women at two locations in Beirut governorate, and Lebanese women at five locations in the South governorate who have been affected more recently, since 2023, by the war. Unlike Gaza, where the socio-economic conditions and cultural background of the target populations are relatively homogeneous, the women targeted in Lebanon were from different communities with disparities in their living conditions.

In the Beirut governorate, many of the Palestinian refugee women in Chatila camp and Sabra-Saeed Ghawash camp had been displaced for several years Despite the term “camp” being used to refer to the targeted locations, all the women surveyed confirmed that they lived in houses. However, living conditions remain precarious. According to observations by Oxfam, the Chatila camp area has inadequate infrastructure and poor sanitary conditions. Women from Chatila reported having access to public toilets near their homes, which are sometimes gender-segregated. However, these facilities are generally considered to be uncomfortable and often lack basic amenities such as running water.

Age group

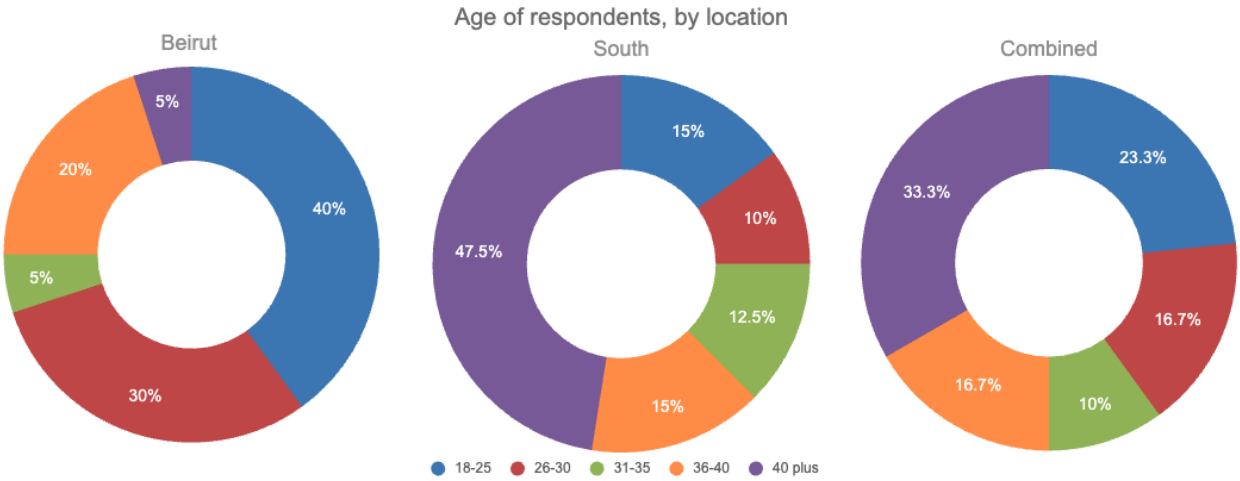


Chart 16 Distribution of respondents to the PDM by age groups and locations

The women who responded to the PDM questionnaire range in age from 18 to over 40. Within the sample, 23% were aged between 18-25; 43% were aged between 26-40 and 33% were older than 40 (see chart). As the survey was not based on a structured sampling representative of the target population, the samples for each age group differ from one location to another. The surveyors used a random sampling method, and therefore did not know who would be interviewed among those who received the kits. This choice was made largely to simplify the work of preparing and implementing the survey for the team and the surveyors, and taking into account the difficult context in the target areas, particularly in southern Lebanon.

Education level

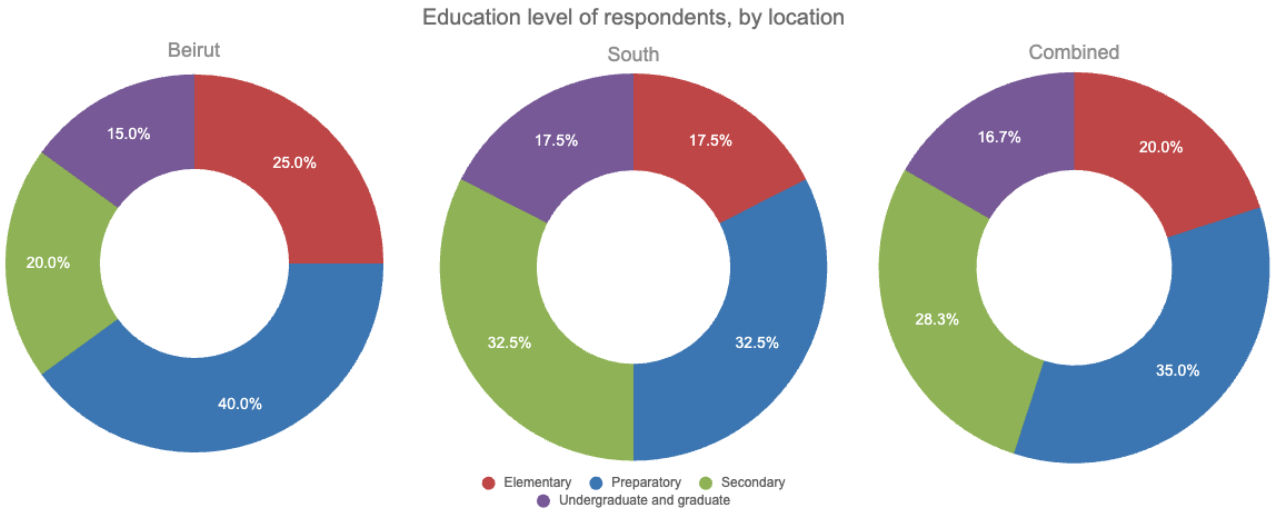


Chart 17 Education levels of respondents to the PDM by locations

In total, 20% of women targeted had reached elementary level of education, 35% had reached preparatory level, 28% had reached secondary level and 17% had reached undergraduate or graduate studies. Disaggregating the data by location shows that the proportion of women who have reached at least secondary level of education is higher in southern Lebanon (50%) than in Beirut (35%) (see graphic).

Work status

In total, 55% of the women targeted were not working at the time of the survey; the figures were 60% in southern Lebanon and 45% in Beirut respectively.

Marital status

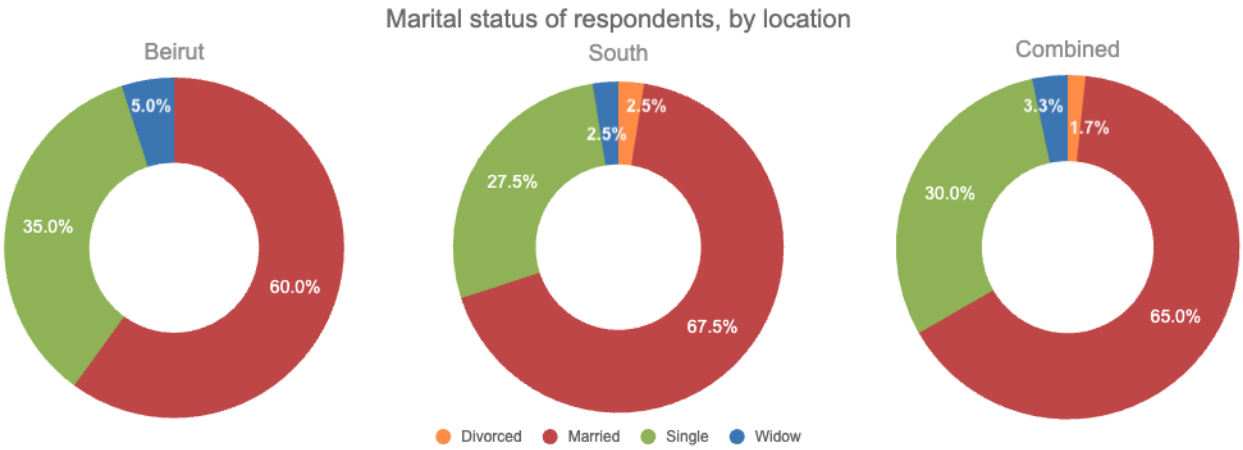


Chart 18 Marital status of respondents by location

In total, 65% of women targeted were married at the time of the survey, 30% were single, 3% were widows, and one woman was divorced.

Results

The following section presents the results of the analysis of data collected by Oxfam, its partners, and Groupe URD from women and girls after the distribution of products. Therefore, it synthetizes the results from various data collection exercises and offers some cross-analyses between different sources that all reflect women's perceptions and feedback on the products.

Information sharing and understanding

Upon reception of kits, 100% of respondents confirmed that they received information about menstrual hygiene management and washing and drying techniques, either through attending awareness raising sessions or by reading documentation. As a result, all felt that they knew how to properly use the products received and when to use them. When asked about their level of understanding of MHM issues, 63% estimated that they had an excellent level and 33% a good level. Only two women rated their level as moderate.

Disaggregating the data by age shows fairly consistent results across all age groups (see graphic), while disaggregating the data by geographical area shows that Palestinian refugee women in the Beirut camps are more confident in their knowledge, with 75% rating their MHM understanding as excellent, compared to only 38% in southern Lebanon.

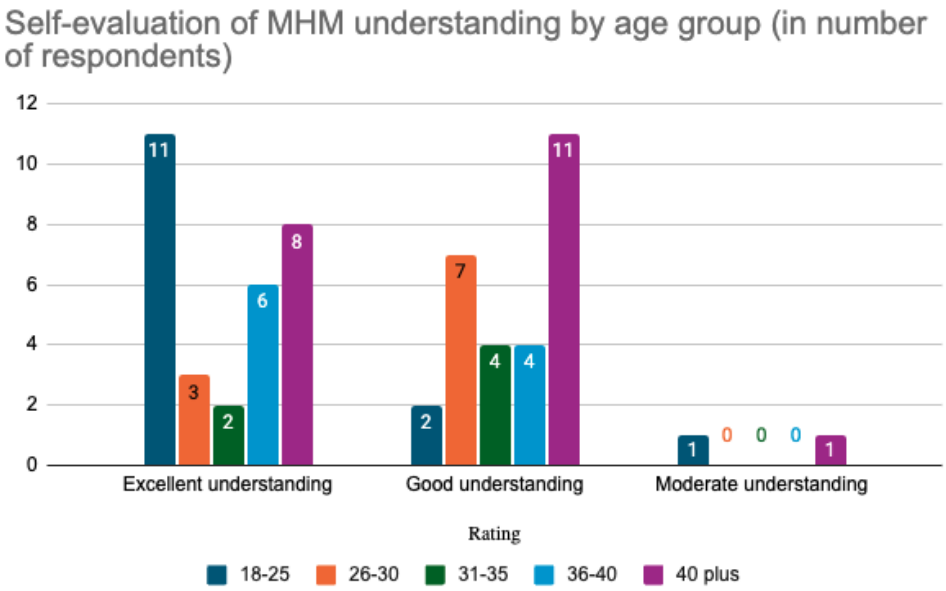
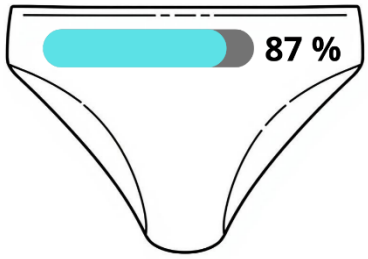


Chart 19 Results to the self-evaluation of MHM understanding in the PDM by age

USAGE OF THE UNDERWEAR



- 87% of women reported that they still had the underwear and still used it (86% of women aged 18-25; 90% of women aged 26-30; 83% of women aged 31-35 and 90% of women aged 36-40 and 85% of women aged above 40).
- Adoption rates are fairly similar between locations with 90% for Beirut and 85% in South Lebanon.
- 7% (N=4) reported they had not used the underwear yet (two women reported an issue with the size).
- 2 women reported they had used the underwear once and stopped due to ill-fitting size which caused discomfort
- 2 women reported that they had given the underwear to someone else.

Concerning the specific nature of product usage:

- 30% of women reported having used the underwear throughout their menstruation cycle, with considerable variation by location (42% of Palestinian refugees living in Beirut and 23% of Lebanese displaced women in southern Lebanon).
- By employment status, 39% of working women reported using the underwear throughout their cycle, compared to 23% of women who are not working, which may imply suitability to situations in which women are not at home and active during the day.
- 66.5% of women used the underwear at specific moments of their menstrual cycle, including 28% who reported using the underwear at the end of their cycle and 16.5% at the beginning. 22% mentioned that they prefer to use the underwear at specific moments, without providing further information.

- 3.5% of women reported using the underwear at any time outside of menstrual periods, as regular underwear.

The main reason women gave for preferring to use the underwear at specific moments of their menstrual cycle was that they did not feel confident using the product on its own during the days when their flow was heavier, generally corresponding with the beginning of the cycle.

"I still don't feel comfortable wearing it during a heavy flow. So I'd only use it at the end of my period", Oxfam staff

"The first day you can't put it without pads", Nabad staff

During the FGDs with Oxfam and Nabad staff, some women also stated that the product was particularly comfortable and practical for nighttime use, and compared to disposable pads. Consequently, usage may also vary depending on the time of day. Women also mentioned using the product preventively to help manage irregular cycles (especially young or pre-menopause women) or in situations with limited access to facilities (field, transport ...) This correlates with findings from academic and scientific literature which demonstrated that war has significant impacts on women menstrual cycle. Among the symptoms observed are irregular cycle and modification of the blood flow. In such situations of menstrual disorders, women tend to value reusable underwear as it offers a more reliable solution.

"Sometimes I do wear it, not being sure about my cycle [...] even if my periods didn't come that day, that's OK. I felt completely fine.", Oxfam staff

The findings show that the use of menstrual underwear, whether throughout the entire cycle or only at specific moments, is influenced by several factors including trust in the product, individual menstrual flow, and both financial and physical access to alternative solutions.

Among those who use the product throughout the entire menstrual cycle, 87% perceive its absorbency as a significant advantage compared to disposable pads. In contrast, only 48% of those who use it selectively share this view. This indicates that limited trust in the product related to perceptions or experiences of absorbency is a key barrier to full adoption.

Women often need to go through a gradual process of testing and adaptation to evaluate the product's reliability and comfort in a safe environment before integrating it into their daily routines. During a focus group discussion with staff, one woman explained: *"At the beginning we did not have the courage to put it without anything. Then, we tried. The first two days with the pads and then slowly we get out of it."* This testimony emphasises the need to provide disposable pads as complementary solutions to be used by women during the first usage of the product and as a significant leverage towards a full adoption.
Another woman shared her experience of gradual adoption: *"I was worried about using it so first time I used it at home, not outside or not in the office. I was afraid to use it at night when I sleep. So when I saw how useful it is and that it's safe and kept me clean all throughout the day, so I started taking next steps. I started using it outside the house."*

Final adoption of the product also depends on each woman's natural menstrual flow. As highlighted by a staff member from Nabad, the level of flow influences how and when the product is tested: *"the very first two days [when you] start the experiment [...] when it's a bit less, you know blood. If you feel comfortable with it [...] the very first two days, but it depends from one person to another*".

The data collected in South Lebanon and Beirut camps shows that the use of period underwear can be correlated with living conditions and access to alternatives. Data indicates that usage is overall higher in Gaza where access to water and sanitation infrastructure is very difficult, than in Lebanon where conditions are very different and better in general, despite disparities between communities and locations. Indeed, women in the Beirut camps use them more throughout their menstrual cycle (42%) than women in urban and peri-urban areas in southern Lebanon (23%). The most logical explanation for this trend is the lack of access to other menstrual hygiene products, which is more acute in Beirut camps, leading women to use the reusable underwear in the absence of safe and affordable alternatives.

In Lebanon, menstrual hygiene products are generally available in most locations. However, prices of products have risen steeply in recent years, becoming unaffordable for many. This was confirmed by women from Chatila during the FGD, as a participant pointed out that in households with multiple women, the high cost of sanitary products makes managing menstruation a financial burden. Moreover, one of the participants shared that stress from war had a significant impact on her menstrual cycle, causing irregularities such as delayed or early periods. She also mentioned that she experiences heavy bleeding, and because of the financial limitations, she couldn't afford the number of pads she needed. The situation is slightly different in South Lebanon, where women have more financial means to cover this type of expenses. Therefore, women can decide to use alternative products complementary to the underwear.

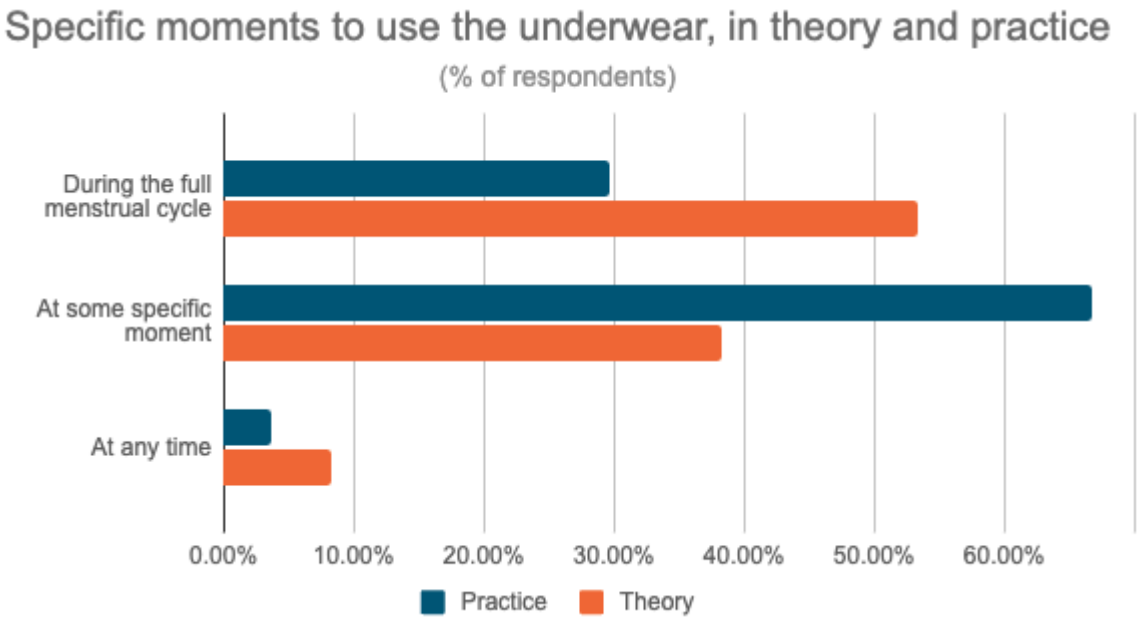


Chart 20 Comparison in responses given to the question about the specific moments to use the underwear in theory and practice

As part of the survey, women were asked both when they considered that the underwear could be worn, and their personal preference and practice. The results show a notable gap, as women's practices in reality deviate from their general consideration of when and how the underwear can be used. The results (see graphic) indicate that a lower proportion of women actually use the

underwear throughout their cycle in comparison to the proportion of women who recognise that the underwear can, in theory, be used throughout the menstrual cycle. This discrepancy is more pronounced among women in southern Lebanon, where 52.5% considered using the underwear throughout their cycle, but only 23% actually confirmed doing so.

Moreover, the initial understanding and perception of the product plays a crucial role in how it will be used over time. Among those who believe the underwear is suitable for the full cycle, 56% use the underwear consistently, while 44% prefer to use it at specific times. In contrast, women who think the underwear is only appropriate for specific moments use it exclusively in that context (100%). This suggests that the way the product is presented and explained can be a key factor in its adoption. Insights from the FGD with Nabad show that the presentation significantly influences women's ability to trust the product. As one participant noted: "The person who introduced the product to us told us not to use it during the first two days because the first two days, you know, it's more intense."

The level of knowledge and proficiency of staff on MHM is also a significant factor in the adoption of a new product. As highlighted in the supporting literature, NGOs sometimes focus solely on the distribution of products with more time needed to adapt associated learning materials and instructions. As this was a new product and due to time constraints, the team in Lebanon did not have time to fully adapt the associated content or feel confident presenting and explaining the use of the menstrual underwear. As a result:

- Staff may have felt uncomfortable discussing menstruation.
- There was limited consultation with affected populations to understand their actual menstrual hygiene needs before the distribution began.
- Teams lacked comprehensive training on menstrual hygiene management (MHM) and on how to deliver appropriate, culturally sensitive support

Usage of the washing bag

- 58% of respondents reported that they still have and use the washing bag (64% of women aged 18-25; 70% of women aged 26-30; 50% of women aged 31-35; 60% of women aged 36-40 and 50% of women aged above 40).
- 32% reported that they had not used the washing bag yet.
- 5% reported that they had used the washing bag once and stopped.
- 5% reported that they had given the washing bag to someone else.

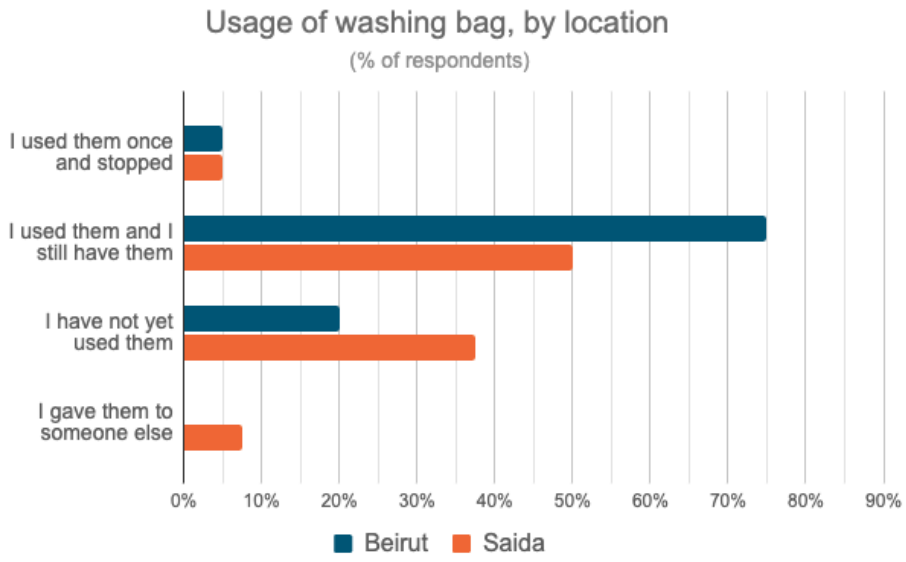


Chart 21 Usage of the washing bag by location, in percentage of respondents

Similarly to the use of the underwear, the results show a discrepancy between communities. In South Lebanon, 50% of women had used the washing bag whereas in Beirut 75% had used it. Notably, all the women who gave the bag to someone else also lived in South Lebanon. This indicates that the washing bag is more useful for Palestinian refugees in Beirut with limited access to water and sanitation infrastructure, overcrowding, and more precarious living conditions. By comparison, Lebanese women in Saida district have more sustainable access to water and other means of washing their underwear (i.e. washing machines). This is further supported by evidence from the FGD with women from Chatila camp, during which a participant confirmed sharing a bathroom with several families living in the same household.

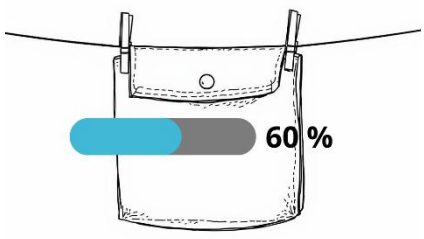
When comparing these results to the survey data from Gaza, the use of washing bags is much less widespread among women in Lebanon. This tends to confirm the assumption that the bag might be considered as more useful in contexts of limited access to water, limited access to sanitation infrastructure and high levels of population density and displacement.

Concerning the specific nature of product usage:

- 100% of respondents who used the washing bag used it to wash the underwear.
- 1 woman reported that she had used it to wash other things.
- None used it to carry things or store clothes.

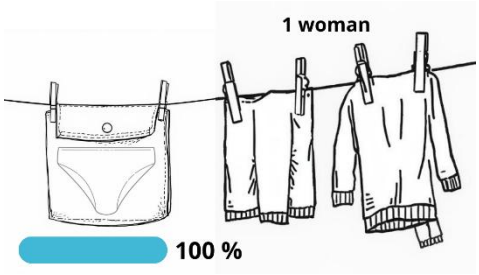
Usage of the drying bag

- 60% of recipients of kits confirmed that they still have and use the drying bag (64% of women aged 18-25; 70% of women aged 26-30; 67% of women aged 31-35; 60% of women aged 36-40 and 50% of women aged above 40).
- 30% of women reported that they had not used the drying bag yet.
- 5% of women reported that they had used the drying bag once.
- 5% of women had given the drying bag to someone else.

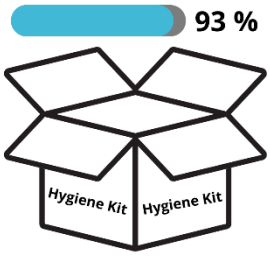


Concerning the specific nature of product usage:

- 100% of women who had used the drying bag reported using it to dry the underwear.
- 1 woman reported that she had also used the drying bag to dry other clothes.
- None used it to carry things.



The differences between target groups in usage of the washing bag are reflected in use of drying bags: 52.5% of women reported that they still have and use the bags in Saida, compared to 75% in the Beirut camps.



Oxfam and Nabad staff who participated in the FGDs expressed very high satisfaction with the product, as shown in this quote: "When I go to the field I'm using heavily the washing bag and drying bag because you don't have a washing machine in the field. [...] I found the washing bag and the drying bag extremely useful."

Usage of the hygiene kit

- 93% of women reported that they still have and use the hygiene kit (93% of women aged 18-25; 90% of women aged 26-30; 100% of women aged 31-35; 100% of women aged 36-40 and 90% of women aged above 40).
- 1 woman had not used the hygiene kit.
- 1 woman had used the hygiene kit once.
- 2 women gave it to someone else.

Comparative analysis of the usage of products

Although the adoption rates for most products were high, there are some significant discrepancies between products that are particularly observable in the results of the study in Lebanon and that were not observed in Gaza. In order to make sense of this comparative analysis, the four products must first be divided into three distinct categories, each of which achieved consistent results. :

- *The familiar products (hygiene kit)*: The very high usage rate of the hygiene kit can be explained by the fact that the hygiene kit contains many essential items that are useful for everyday life, not limited to menstrual hygiene management, and for the whole household and not only women and girls. Moreover, it is highly likely that recipients were already familiar with the items in the hygiene kits due to their standard composition.
- *The essential core product (the underwear)*: In the context of Lebanon, where menstrual hygiene products are very expensive and became scarce during the war, the reusable underwear was welcomed as an essential alternative by most women. Given that this product is the core of the innovation, it is fairly logical that the adoption rate is higher than for other Reemi products, whose use depends on the use of the main product.
- *The ancillary products (washing and drying bag)*: The usefulness of the ancillary products depends on environmental factors, and is directly dependent on use of the underwear (i.e. the use of the drying bag suggests that women used the underwear and that they washed the underwear, using the washing bag or another alternative). It is notable that only one

person used the drying bag to dry the underwear and did not use the washing bag, showing the interdependence between Reemi products.

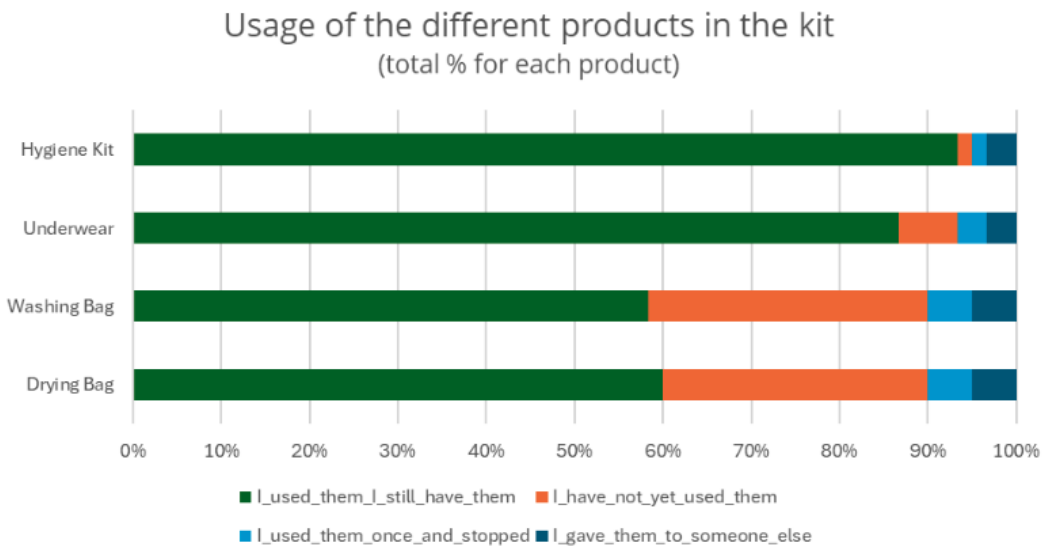


Chart 22 Comparison of the usage of the different products distributed

This trend is confirmed in all locations where Reemi products have been distributed in Lebanon, as shown in the graph below which includes data from the WIF project that covered Tripoli and Bekaa. In all locations, the adoption rate of the underwear is higher or equivalent to the adoption rates of the washing bag and the drying bag. However, it is evident that the discrepancy between the adoption rates of underwear and other products is more pronounced in certain contexts than in others. This phenomenon is illustrated by the blue line in the graph which combines the *ancillary products* into an average. The explanation for this trend can be attributed to a number of assumptions :

- *Community mobilisation* activities were not carried out in the same way in each context: different partners were involved and with different levels of commitment given the tight deadlines for the Elrha project (South Lebanon, Beirut) compared to the WIF project (Tripoli, Bekaa). That could possibly explain the relatively limited difference between the adoption rates of the core product and the ancillary products in Tripoli (5%) and Bekaa (2%) compared to other locations where the differences are much more significant.
- *Differences in the physical environments and access to basic services and alternative products* which may explain why women did or didn't use certain products. For example, Lebanese women in urban areas (Tripoli, South Lebanon), who live in houses and have better access to good quality water and sanitation facilities, tend to have a lower usage of ancillary products compared to Syrian and Palestinian women living in settlements who have more limited access to sanitation facilities and water. Hence, the gap between the adoption rate of the main product and that of ancillary products is considerably higher in South Lebanon (difference of 31%) than in Beirut camps (difference of 15%) or in Bekaa (difference of 2%). This is confirmed by the data from the PDM conducted in Tripoli where 11% of women did not use the drying bag. The reasons given were that they had private spaces to dry their underwear and therefore did not need the drying bag.

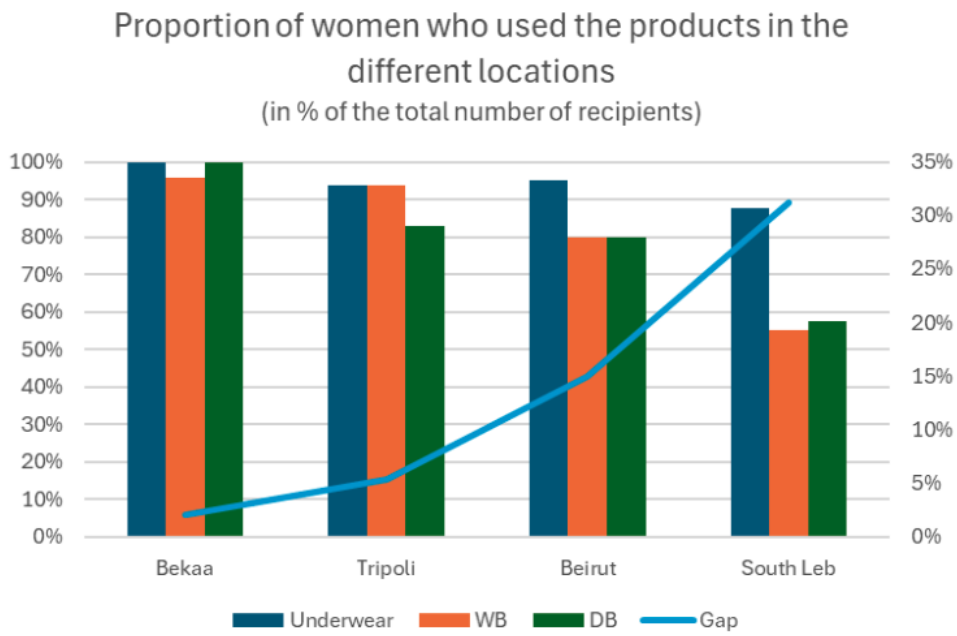


Chart 23 Comparison of the usage of products by women by locations, and comparison between the usage of the core product (underwear) and the ancillary products (washing and drying bags)

Challenges

The proportion of women who faced challenges when using Reemi products is 15% (N=9) in the sample of women surveyed in South Lebanon and Beirut. Half of those who faced challenges mentioned issues with the size of the underwear, and the other half reported symptoms of itching, irritation or smells with the material. None of the women cited difficulties related to the physical environment and access to basic services (lack of clean water, lack of soap, lack of privacy, lack of drying space), cultural factors (cultural or family concerns), or product characteristics (slow drying time, damage after washing) suggesting that they were not relevant to the women surveyed.

Oxfam and Nabad staff participating in the FGDs also had an opportunity to express their views on the challenges they faced when using the products and they shared some observations about usage of the products during field work. Participants in the FGD suggested that the product raises a number of challenges, but that they were able to find strategies to adapt to these challenges and they were not significant enough to hinder use and adoption. Among the challenges cited were:

Washing and cultural consideration: Manual washing was perceived as time-consuming and unpleasant. Concerns were also raised about hygiene when using washing machines. Religious beliefs and water scarcity added further complexity, especially in households observing Islamic principles of cleanliness (tahara).

"I didn't yet accept the idea of putting it directly in the washing machine", Oxfam staff

"We had the same discussion me and my mom [...] it uses a lot of water because she needs to wash them first and then she needs to put them in the washing machine alone, not with other clothes because they are dirty from a Islamic point of view, the word is tahara (purity), so we prefer to use the disposable one [...]

especially in time where we have like a lot of scarcity of water and we were paying a lot of water bills to purchase water for household use", Oxfam staff

Shape and fit issues: The underwear was described as tight, and visible under clothing, particularly problematic for younger women or those wearing fitted garments as cited by one staff from Oxfam: *"the shape is so outdated, very huge and big. It's not like so common commonly used by young ladies".* In contrast, another staff from Nadab pointed out *"The shape of the underwear* [that] *is a bit showing or tight."*

Information on product composition: In connection with studies on the health risks to women associated with the use of certain menstrual hygiene products, which highlighted the existence of dangerous products, women mentioned their desire to know more about the composition of Reemi underwear in order to be reassured about the potential risks involved after use.

COMPARATIVE EVALUATION WITH THE ALTERNATIVE PRODUCT (DISPOSABLE PADS)

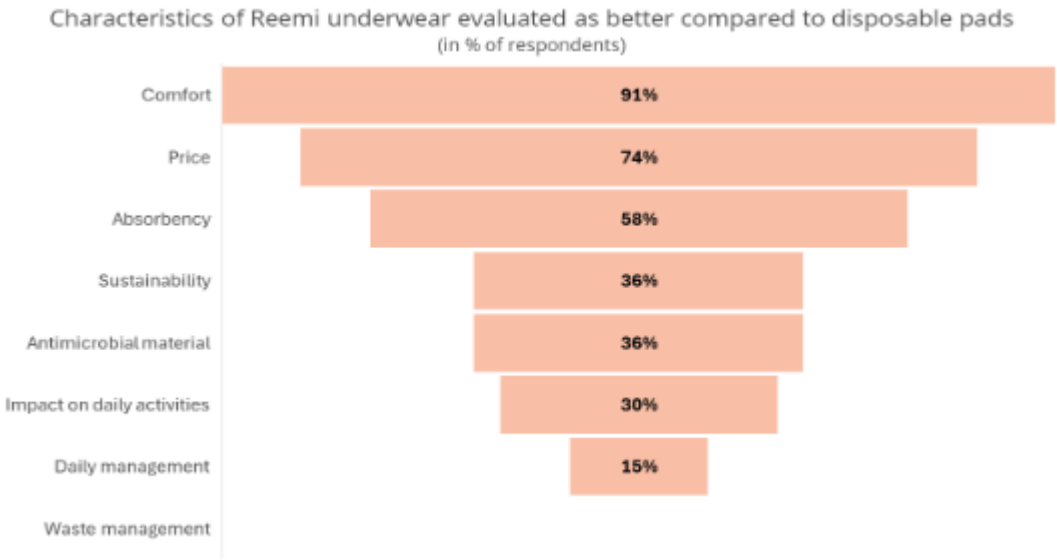


Chart 24 Evaluation of Reemi underwear compared to disposable pads in the PDM, by characteristics

As part of the PDM survey, women were asked to compare Reemi's underwear with disposable sanitary pads as the most common alternative (graph above). Percentages expressed for each characteristic in the graph correspond to the proportion of women who declared that they consider this characteristic as better for Reemi product compared to disposable pads. As a result, percentages above 50% are considered to be favourable support for Reemi products, as half of respondents considered this feature to be better. Percentages below 50% can be interpreted as similar or inferior performance of Reemi products.

As shown in the graph, 91% of women compared Reemi underwear favorably on comfort; 74% on price and 58% on absorbency.

The high favourability for Reemi underwear in terms of comfort was further reflected in the FGD with Oxfam and Nabad staff, where women noted that the shape and cut of the Reemi underwear helped to relieve menstrual pain. One participant expressed her satisfaction with the abdominal

support provided by the shape of the underwear and the fact that it is designed to be worn high on the waist. The high favourability for Reemi underwear in terms of absorbency can also be related to comfort, as high absorbency contributes to feelings of comfort and security. As another member of staff noted: *"It's really high absorbing. So it's comfortable to be using".*

"I like that about the quality, the texture, the fabric is so soft and good", Oxfam staff

"It's really high absorbing. So it's comfortable to be using", Nabad staff

However, some features received less support, demonstrating that each feature has relative importance from the women's perspective. On some specific aspects, women seem to have a relative preference for the alternative products: 36% compared Reemi underwear favorably on improved sustainability (which also means that 64% think that the performance of Reemi products on that aspect is either equivalent or inferior to disposable pads); 36% on antimicrobial material and 30% on impact on daily activities. Female staff in the FGDs confirmed that the product enabled them to engage more freely in physical activities and public outings, including sports and leisure. Staff highlighted the practicality of the product during long field missions, especially in contexts with limited access to sanitation facilities. One participant shared her experience of using the underwear while working in the field: *"It makes me feel more comfortable especially on my field visits. So as you know, like having hours sitting in the car and in the field and not having an area for like bathrooms, latrines".* Another participant also shared her views on the usage of Reemi period underwear while working: *"As humanitarian worker, I wish I had that 25 years ago, which I didn't, and I thought that's that would have definitely changed my life in many ways, not having to dry my underwear in my bedroom where it's not necessarily the best."*

Finally, 15% of women surveyed through the PDM declared that the daily management (which corresponds to the daily actions required to use, change, clean and dispose of the products) is better with Reemi products than with regular pads. This last characteristic is visibly the most challenging for women as the usage of Reemi underwear requires additional actions such as washing and drying, compared to the disposable pads.

One specific aspect was highlighted during the FGDs with staff members concerning discretion and the fact that the product offers a discreet solution, especially in shared or public spaces. One participant from Nabad stated, *"If you wanted to enter the bathroom when you are out or in someone's home, you will be confused to use pads in their house. It's very effective if you will not use anything, only enter and get out without changing anything. It's very good." "[You don't need to] hold something with your hand in order to enter the bathroom*."

Notably, no respondents evaluated Reemi underwear as better than disposable pads in relation to waste management, despite it being a significant selling point. This could have multiple explanations that would need further investigation:

- The way in which the question was presented, explained and/or translated may have led to misinterpretations by respondents. Indeed, "waste management" could be understood as "packaging disposal" but could also be interpreted as "menstrual waste management" which

refers to getting rid of the blood. In that sense, disposing of sanitary pads could be considered easier than washing underwear.
- Respondents in Lebanon did not consider the management of waste associated with disposable solutions to be particularly difficult and therefore, do not perceive the added value of reusable products.
- Women do not perceive this feature as a key strength of the product in the specific context of Lebanon, compared to other features.

This set of preferences was confirmed by the FGD in Chatila camp, during which women reflected that their primary criterion for choosing menstrual hygiene products was the quality of materials and absorbency, and that they would be willing to pay more for a quality product that met their expectations. By comparing these results with those from Gaza, it is possible to highlight a few key characteristics that seem to be unanimously appreciated by women in both contexts: *comfort*, *price* and *absorbency*, which received positive ratings from more than 75% of all women surveyed on average.

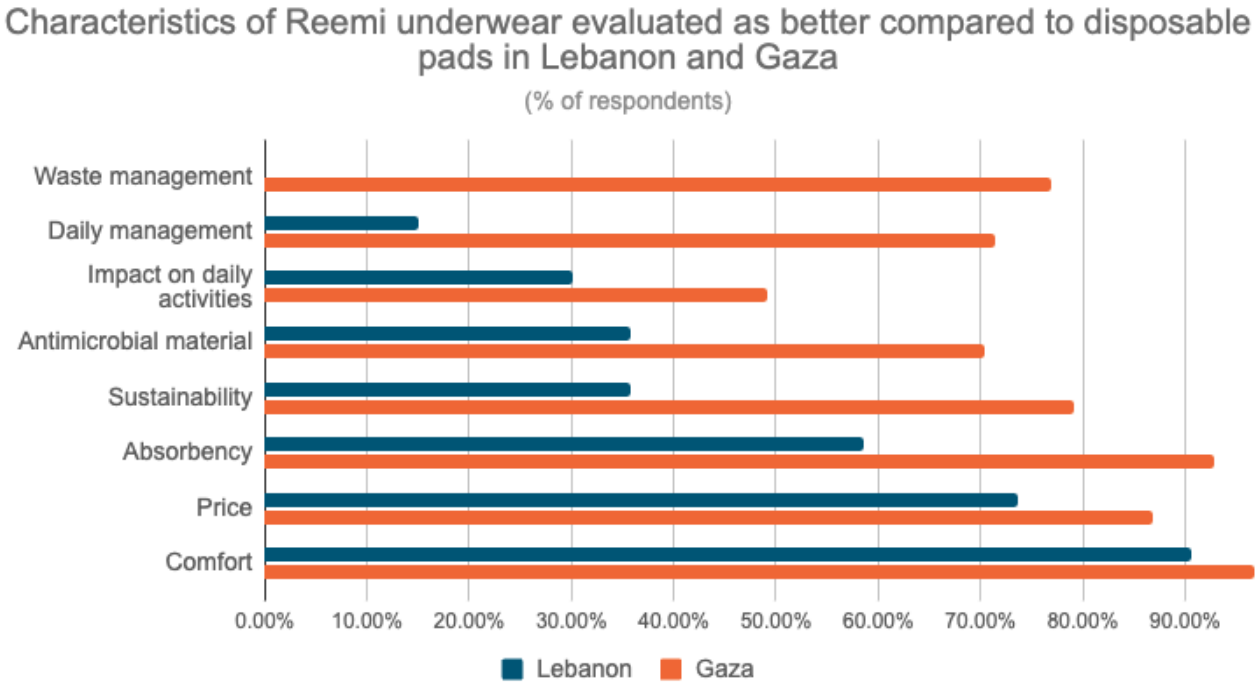


Chart 25 Comparison in the evaluations of Reemi underwear with disposable pads in the PDM, by characteristics and by locations (Gaza and Lebanon)

Meeting women's expectations

88% of women reported that the products distributed effectively met their expectations, which is a very positive result. As for the previous results, this figure varies between locations as it reaches 100% for women in Beirut camps and 83% for women in Saida district in South Lebanon. The reasons given by the 7 women who did not feel that the products met their expectations are as follows: 3 preferred disposable pads, 2 reported that they did not feel comfortable when using the underwear and 2 did not provide further explanations.

When asked if they would keep on using the Reemi kits even with the availability of disposable products, 90% answered yes (100% in Beirut and 85% in South Lebanon).

For 90% of women who received the kits in Lebanon, they confirmed that the products served to reduce the household expenses (95% in Beirut and 87.5% in South Lebanon).

Finally, 98% of women in Lebanon would recommend using Reemi kits to other women and girls. Only 1 woman would not as she did not feel comfortable using it.

Suggestions for improvement

At the end of the questionnaire, the women had the opportunity to share their suggestions for improving the products and the distribution process. The only suggestions and comments that were shared concerned the issue of size which was mentioned by 3 women during the survey. Women specifically asked to "provide different sizes to suit all women and girls".

CROSS-ANALYSIS CONCLUSIONS

High adoption rates and satisfaction among all target groups: Overall, the intervention largely achieved its objectives by providing a sustainable and dignified solution for menstrual hygiene management. In both Gaza and Lebanon, Reemi products, including period underwear, washing bags, and drying bags demonstrated remarkably high adoption and satisfaction rates among women and girls. Usage rates increased over time and remained high after several months suggesting a process of adaptation and confidence building, as was confirmed by women during FGDs in Lebanon. Women in both contexts highlighted economic benefits and comfort as consistent strengths.

Complementary products and activities support the adoption of Reemi products: While many features of Reemi products were appreciated, conventional products remain highly popular and the results of the study show that they play an important role in the adoption process, with women often preferring to use conventional products alongside Reemi products. Awareness sessions were also crucial for supporting the gradual process of product adoption and the empowerment of women and girls through improved knowledge and confidence in MHM.

Different patterns of usage linked to context specificities: When making comparisons between Gaza and Lebanon, we can see differences in use of the products, particularly in the proportion of women who use the underwear outside their menstrual cycle. While nearly 56.1% of women in Gaza confirmed that they use the underwear outside their period in the endline, this proportion is only 3.5% in Lebanon. This difference suggests that the reasons behind adoption may vary. In the case of Gaza, the lack of alternative products and economic constraints is most certainly a factor that explains the large adoption (although not the only one, as explained previously).

Adoption by field practitioners influences adoption by end users: When field practitioners are introducing and distributing the products, lack of awareness and familiarity can significantly influence end-user perceptions and patterns of usage. In Lebanon, results in Tripoli and Bekaa were better overall than in South Lebanon and Beirut suggesting that staff training and familiarity is key to addressing taboos and misconceptions – a factor that is sometimes overlooked. This is particularly relevant considering that Reemi products were new to most staff involved in the

distributions. Consequently, the gradual adoption process by staff members should be factored into distribution plans where possible.

The nature of challenges varies greatly between contexts: Anticipated barriers to adoption, such as lack of access to clean water, soap and privacy, as well as cultural stigma around washing and drying reusable products remained a challenge that influenced product usage patterns. However, the nature of challenges and barriers to adoption varied between the two contexts. In Gaza, the main challenges encountered by women were related to the acute emergency environment: lack of access to clean water (cited by 93% of women in the endline), lack of soap (67%), lack of privacy (47%) and lack of drying space (40%). In Lebanon, only 15% of women reported challenges and those were mainly related to product characteristics: the size of underwear or symptoms of irritation, itching or odours. Unlike in Gaza, none of the women interviewed in Lebanon cited difficulties related to the physical environment (lack of water, lack of privacy) as a relevant challenge. Women adapted their practices by washing with limited or stored water, despite the potential hygiene risks.

Contextual parameters have an influence on the respective adoption rates of the 'core product' and 'ancillary products': Finally, although the adoption rate was high for the 'core product' (the underwear) across all contexts, the findings show different adoption rates of the 'ancillary products'. This was primarily related to the nature of the physical environment and the conditions of access to sanitation facilities. In Gaza the adoption rates were overall very high after one month and after 3 to 6 months; in Lebanon, the study observed lower adoption of the washing and drying bags in areas where women had better privacy and access to services, and therefore less need.

RECOMMENDATIONS

Based on the analysis and findings detailed in this report, the following recommendations are proposed:

1. Maintain and prioritise hygiene promotion and awareness-raising sessions: The awareness-raising sessions were crucial for supporting adoption of the underwear and improving knowledge and confidence. Effective and informed communication is key, both to address potential concerns about the material and health risks, and because the way in which the product is presented influences the ways in which women understand and use the underwear.

2. Integrate the provision of complementary WASH supplies: Lack of clean water and lack of soap supplies were consistently identified as challenges. In the absence of water and soap, women reported struggling to clean the products or adapting their practices with potential hygiene risks. Users in Gaza explicitly requested regular distribution of additional hygiene products, such as soap and laundry powder.

3. Monitor sizing and fit: While most women were satisfied with the sizing and fit, comfort was cited as a reason for not using or stopping the use of the underwear by a small number of women. When asked for suggestions for improvement, women in both Gaza and Lebanon requested a wider range of sizes.

4. Continue distributing traditional products alongside reusable products: The distribution of hygiene kits and disposable pads acts to support the adoption of reusable underwear as

women often prefer to use the Reemi underwear in addition to other products, especially during the first usage and during heaviest bleeding. It is recommended that further research is conducted to help determine the appropriate balance between the provision of reusable and disposable products.

5. Further explore the process of adoption by women: The results of this study tend to show that women go through a gradual adoption process, gaining familiarity and building confidence with the product over time in order to use it to its full potential. These adoption mechanisms should be analysed in greater depth by studying a small group of women, in particular to inform the awareness-raising activities and the quantity of disposable products to be distributed to support this process. This in-depth analysis could also examine the role played by peer learning, which appears to be an important and underestimated factor in the adoption process.

6. Consider different types of kits based on access to sanitation facilities: Usage of the washing and drying bags was significantly lower in South Lebanon, where only 50% of women used the washing bag, in comparison to the Beirut camps and the distribution in Gaza. This suggests that the 'ancillary products' are less relevant in contexts where women have better access to private spaces and sanitation facilities for washing and drying. This could be an interesting avenue to explore, offering kits with variable contents depending on the context, allowing part of the budget to be redirected towards the production of additional underwear.

7. Explore the possibility of including key messages and information with the kits: Building on the multiple experiences of Reemi and Oxfam in various contexts, it is recommended to explore the development of contextually-adaptable standardised awareness messages that are easily accessible to field teams and kit recipients, in addition to awareness raising activities. This information could be included in the kits or in the product itself through a QR code on the tag.

ANNEXES

Annex 1 – Baseline tools - Gaza

Baseline KII Form

Baseline Assessment within "Adopting Innovative Menstrual Hygiene Management in A Rapid Onset Crisis" Project	
Key Informant Interview Template	
Moderator	
Date & Day	
Time	

Introduce yourself (Name, Organization, Job Title)	
1. In your experience, has the topic of girls' and women's menstrual hygiene management (MHM) been included in your humanitarian response? Probe: ○ If yes, please describe what your organization and other organizations have done. If no, why do you think it has not been included? ○ What challenges or barriers has your organization faced in addressing MHM needs in this context?	
2. From what you know of the local culture, how do girls and women manage menstruation?and challenges they faced? Probe: ○ What types of materials do they use (e.g cloth, disposal pads)? Is there variation in the types of materials used? ○ Where do girls and women go to change their menstrual materials? What about at night? ○ Where and how do they dispose of or launder their used menstrual materials? ○ Explain the taboos and beliefs around menstruation, and how do these affect women's and girls' ability to manage menstruation? ○ Have you observed any changes in the MHM practices during the current situation?	
3. How has your organization or other humanitarian organizations in this community responded to	

adolescent girls' and women's menstrual needs during emergencies? Probe: o What have these responses included (e.g., provision of pads, cloth, underwear, IEC materials, adequate latrines, water, menstrual disposal and waste management systems)? o Please describe the range of activities and which sectors were involved. o Who has been targeted by these activities? (e.g., blanket coverage, vulnerable groups, adolescent girls) , what are the selection criteria?	
4. Currently, can you describe how girls and women are provided with (or obtain) menstrual materials and supportive supplies such as underwear, soap, a bucket, etc.? Probe: o Which organization(s) is responsible for distributions? o What are the selection criteria? o How often have MHM-related materials and supplies been provided to girls and women here? o Were girls and women consulted about their preferences for menstrual materials or supplies? How did you know what to provide? o Have the menstrual materials and supplies being provided changed over time? If yes, how and why were these changes made?	
5. What guidelines or tools did your organization use when planning the MHM response? What influenced your plan or design?	
6. Are there any safety concerns for women or girls related to the distribution process? Are there any safety concerns for women or girls in the places they manage their menstruation? Probe: o How risk is being monitored? Which mitigation measure have been implemented? Are complain mechanism in place? Is there a referral pathway for GVB cases?	
7. In the planned intervention, Oxfam will introduce Reemi's innovative menstrual hygiene management (MHM) products **wich are reusable materials. In your opinion** Probe:	

○ What are the community's initial thoughts or expectations about Reemi's innovative menstrual hygiene products based on their design and features? ○ How do you think the community might respond to using new types of menstrual products like those from Reemi, compared to their current practices? ○ What concerns or considerations might arise for the community when introducing new menstrual hygiene products, and how could these be addressed to ensure successful adoption?	
8. Is there anything else that you want to share with us about this issue before ending the interview leave?	

Baseline FGD Form

Baseline Assessment within "Adopting Innovative Menstrual Hygiene Management in A Rapid Onset Crisis" Project

Focus Group Discussion Template

Moderator	
Note taker	
Date & Day	
Time	

Introduction:

Hello everyone! Thank you for coming to be with us here today. My name is [Moderator's Name] and I am working with RAI Consult, Gaza on behalf of Oxfam- Gaza. We are recently conducting Baseline Assessment within "Enhancing MHM in Emergency Settings in Gaza Strip" project. The project aims to comprehensively understand the current Menstrual Hygiene Management (MHM) situation and the needs of women and girls in Gaza to ensure effective project planning and implementation.

We would appreciate your participation in this discussion, which will take about 1 and 1/2 hours to complete. Your information will remain strictly confidential and will never be linked to you. Outside of this FGD group, neither your participation nor your responses will be shared with anyone except the study team. This discussion should also be kept confidential from anyone outside of this group. As a result, we will combine your responses with those provided by the other participants and use them cumulatively instead of individually. We will never reveal your name or what you answered.

Your participation in this study is voluntary. If you agree to participate, you can decide not to answer any questions. We also hope to audio record this discussion for preparing transcription. Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time during the discussion. You may also contact [Ms. Faten Al-Nabahin- RAI Consult] if you have any questions or concerns (Mobile:0592121859).

Description of participants (Age group, location, and living conditions)	
1. In your culture or community, who do girls talk to about changes in their body as they grow up? o How do girls in your community first learn about menstruation? o Who are a girl's usual sources of information about what menstruation is and how to manage it?	
2. Generally, how has the current situation affected MHM practices? o How did women and girls commonly manage their menstruation prior to the current situation? o What kind of materials did they use? (For example, do they use cloths, toilet paper, towels, pads, or other things?). Where do they get them?	
3. In emergencies, girls and women manage their menstruation in different ways. Can you please describe how girls and women manage their menstruation currently? o What kind of materials do they use? (For example, do they use cloths, toilet paper, towels, pads, or other things?) o Where do girls and women receive or purchase these materials? o How do they feel about the quality and comfort of these materials? o How well managed and equitable are the distributions of materials? o Are there barriers to purchasing these materials and other supplies needed to manage menstruation? o Are there types of materials that girls and women would like to have but currently lack? Please explain.	
4. Where do girls and women go to manage their menstruation? For example, do they manage their menstrual blood in the house, in the latrine or toilet, in a washroom, or someplace else? o Do girls and women use different facilities during the daytime and nighttime hours? o If using public facilities, are there separate male/female toilets? o Are these spaces comfortable for managing menstruation? Why or why not?	

○ How far do girls/women need to walk to manage their menstruation? ○ Are women and girls exposed to any risks/dangers in accessing and using facilities and managing their menstruation?	
5. To which level women have access to the MHM products that distributed by organizations? ○ Do you receive your MHM products through a distribution process? ○ Are women and girls in your community able to access these distributions? ○ Are there any safety concerns related to the distribution process for women or girls?	
6. What information are women and girls given during the distribution process? ○ During the distribution, what information did you receive about menstruation? ○ Was any guidance provided on how to use the menstrual materials distributed? ○ Has menstruation information ever been provided during hygiene promotion sessions? ○ Were there any opportunities to ask questions and receive answers during these sessions? ○ Was the information provided clear and sufficient? ○ Have your perceptions of menstruation changed through these sessions? If so, how?	
7. How do girls and women living here usually dispose of used menstrual materials? This may be different for cloths or pads, so we would like to hear about all of your experiences. ○ Are there dustbins for menstrual waste in the bathroom/latrine? ○ Are there any other options for disposing of menstrual waste here? ○ What kind of education or instructions (if any) was provided to girls and women on how they should dispose of menstrual waste?	
8. Some girls and women use reusable menstrual materials such as pieces of cloth, reusable pads, underwear, or towels. Can you describe for us the process of how different girls and women clean these cloths? ○ Where do girls and women go to wash their reusable menstrual materials?	

○ Where and how do girls and women dry their materials? ○ Are there any other places that girls and women may go to wash and dry reusable materials? ○ Are girls and women comfortable washing and drying their menstrual materials in these locations? ○ Are there any difficulties involved with washing and drying of menstrual materials and underwear? ○ Are there any safety concerns or perceived risks associated with washing and drying reusable materials?	
9. **What hygiene practices do you follow during menstruation (e.g., frequency of changing materials, washing)?**	
10. **What are the difficulties that women face in terms of health, treatments and medications?**	
11. **Would you be open to trying new menstrual products that are different from what you currently use?** Why or why not?	
12. **What features would make you more likely to use a new menstrual product?** (For example, comfort, cost, availability, ease of use)	
13. **Have you heard about Reemi's innovative menstrual products?** If yes, what have you heard?	
14. **If Reemi provided reusable menstrual products, would you be willing to try them?** Why or why not? ○ What concerns might you have about using reusable menstrual products? ○ What information or support would you need to feel comfortable using reusable products?	
15. **What do you think about social acceptance of reusable menstrual materials such as Reemi? Do you think women and girls will use this new product in the long term?** ○ Are families accepting reusable menstrual materials such as Reemi? ○ Are the community accepting reusable menstrual materials such as Reemi? ○ Are families/the community accepting the practices linked to these materials (washing, drying, etc)?	
16. **What are the most important factors for you when choosing a menstrual product?** (For example, hygiene, cost, comfort, availability, cultural acceptance)	
17. **Is there anything else that you want to share with us about this issue before we leave?**	

Baseline Survey Form

Baseline Assessment within "Adopting Innovative Menstrual Hygiene Management in A Rapid Onset Crisis" Project

Focus Group Discussion Template

Questionnaire No.	☐☐☐☐
Enumerator's Name	

Introduction and Consent

Hello / Hi,

My name is [INCLUDE NAME] and I am working with **RAI Consult, Gaza on behalf of Oxfam- Gaza.** We are recently conducting Baseline Assessment within "Adopting Innovative Menstrual Hygiene Management In A Rapid Onset Crisis" project. The project aims to comprehensively understand the current Menstrual Hygiene Management (MHM) situation and the needs of women and girls in Gaza to ensure effective project planning and implementation.
You are randomly selected to participate in the survey.

We would very much appreciate your participation in this survey. This information will be used to help Oxfam to design and implementation of the project.

The survey should take about 15-20 minutes to complete.

In any case, all information provided will be kept strictly confidential and will not be shared with anyone other than members of our project team. Your responses will be treated anonymously and not tied back to you in anyway.

Participation in the survey is voluntary. If you are asked any question you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

We hope that you will participate in this survey, as your input is very important to us.

Do you have any questions about the survey at this time?

Instruction:

The confidentiality statement has been read to me. I understand it and give my verbal permission to proceed with the interview.

Yes	☐	
No	☐	*STOP INTERVIEW AND SAY THANK YOU*

May I begin the interview now?

Yes	☐	
No	☐	*STOP INTERVIEW AND SAY THANK YOU*

RESPONDENT AGREES TO BE INTERVIEWED ☐

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ☐ END

A. Respondent Information

#	Item	Answer
A01	**Respondent's name (optional)**	
A02	**Age**	
A03	**Mobile No.**	
A04	**Education level**	€ Illiterate € Elementary € Preparatory € Secondary € Diploma € Bachelor € Masters € PhD
A05	**Marital status**	€ Single € Married € Divorced € Widowed € Separated
A06	**Work status of respondent**	€ Working € Not working/housewife
A07	**Work status of head of household**	€ Working € No- working
A08	**HH's average monthly income (ILS)**	
A09	**Where do you live now?**	€ House € Tent € Centres for displaced people
A10	**Displacement condition**	€ Not displaced € Displaced in the same governorate € Displaced in another governorate
A10.1	**Current Governorate**	€ Rafah € Khan Younis

		€ Deir Al-Balah € Gaza € North Gaza
A10.2	**If you are displaced in another governorate, what is your original governorate?**	€ Rafah € Khan Younis € Deir Al-Balah € Gaza € North Gaza

B. Knowledge & Awareness About MHM

#	Item	Answer
B01	**Have you received any formal education or training about menstrual hygiene management?**	€ Yes € No
B02	**Where do you get most of your information about menstrual hygiene?**	€ School € Family € Healthcare providers € Internet € Other
B03	**How would you rate your understanding of menstrual health and hygiene (1 the least score and 5 the higher score)?**	

C. Menstrual Hygiene Practices

#	Item	Answer
C01	**What type of menstrual hygiene products do you use currently?**	€ Cloth Pads € Sanitary Pads € Reusable Pads € Diapers € Other (please specify)……
C02	**Are these products easily available to you?**	€ Yes € No
C03	**Are these products affordable for you?**	€ Yes € No
C04	**Are these products comfortable and effective?**	€ Yes

		€ No
C05	**Do you have enough menstrual products to change them as often as you need?**	€ Yes € No
C06	**Are you worried about menstrual hygiene management currently?**	€ Yes € No
C07	**Before war, do you prefer any specific type of menstrual hygiene product? If so, why**	
C08	**How many times do you change the menstrual hygiene products per day?**	
C09	**Some women use wet paper for skin cleaning. Based on your experience, what effects, if any, have you noticed when using wet paper on your skin?**	€ Cutaneous dissection € Skin irritation € Granules in the skin € Other
C10	**Do you feel comfortable storing your leftover menstrual products until your next period?**	€ Yes € No

D. Facilities and Infrastructure

#	Item	Answer
D01	**Do you have access to clean water for personal hygiene during menstruation?**	€ Yes € No
D02	**What type of facilities do you have access to?**	€ Private facility € Public in a camp € Public in a school /shelter
D03	**Do you have access to a suitable space for managing your menstruation?**	€ Yes € No
D04	**Are you worried that someone might harm you while you are accessing sanitation facilities?**	€ Yes € No
D05	**Are you worried that someone will see you carrying or changing your menstrual products?**	€ Yes € No
D06	**Are you able to safely and comfortably dispose of used menstrual hygiene products?**	€ Yes € No
D07	**Are you worried that someone will see your used menstrual products in the place where you disposed of them?**	€ Yes € No

D08	**How do you dispose of used menstrual hygiene products? (Select all that apply)**	€ Household trash bins/ inside the room € Public disposal bins € Burn used products € Burying € Flush in Toilet € Reuse of cloth or reusable products € Other (Please specify)
D09	**If you use reusable products, do you have enough water and soap to wash them?**	€ Yes € No
D10	**If you use reusable products, are you able to dry them when needed?**	€ Yes € No
D11	**If you use reusable products, are you worried someone will see while you are washing and drying them?**	€ Yes € No
D12	**What are the main challenges you face regarding sanitation facilities during menstruation? (Select all that apply)**	€ Lack of privacy in sanitation facilities € Unclean or unhygienic facilities € Lack of access to clean water € No proper disposal facilities for menstrual waste € Difficulty accessing sanitation facilities (e.g., too far, not enough facilities) € Safety concerns while accessing facilities (e.g., unsafe location, lack of security) € Limited time allowed for using sanitation facilities € Cost of accessing or maintaining hygiene in sanitation facilities. € Shortage of necessary supplies (e.g., soap, sanitary pads). € Fear of stigma or embarrassment when accessing sanitation facilities. € Other (Please specify):

E. Readiness and acceptance of Reemi's innovative MHM products

Reemi, a social enterprise dedicated to menstrual health, offers innovative menstrual hygiene management (MHM) products designed to be both effective and sustainable. Here are some of Reemi's innovative products:

- **Reemi Pads:** Reemi's reusable cloth pads are designed to be comfortable, absorbent, and easy to wash.
- **Reemi Period Underwear**: Reemi offers period underwear that can be worn alone or as a backup to other menstrual products. This underwear is made with multiple layers of absorbent fabric to prevent leaks.
- **Washing & Drying Bags**: These bags are intended for the hygienic washing and drying of reusable menstrual products, ensuring practicality and discretion.

#	Item	Answer
E01	**How open are you to trying new MHM products?**	€ Very open € Open € Neutral € Reluctant € Very reluctant
E02	**What would encourage you to try a new MHM product? (Select all that apply)**	€ Better comfort € Improved sustainability € Lower cost € Positive reviews € Other (please specify)
E03	**Please rank the importance of the following characteristics when selecting an MHM product (1 = Very Low Importance, 5 = Very High Importance).**	€ Absorbency € Antimicrobial material € Price € Comfort € Sustainability € Other (please specify) _____
E04	**How do you feel about using reusable MHM products versus disposable ones?**	€ Strongly prefer reusable € Prefer reusable € Neutral € Prefer disposable € Strongly prefer disposable

Baseline Protocols

Interview Protocol

Objective: The objective of the interview is to understand the current interventions related to MHM, the selection criteria, and the respondents' perceptions and experiences regarding community culture. Additionally, the interview aims to explore the considerations that should be taken into account when introducing innovative reusable MHM materials.

Prior to Interview:

Scheduling the Interview

Once we will have the contact details of the agreed list of interviews, the coordinator from the consultant side will call them to introduce himself/herself, briefly describe the purpose of the study, and schedule a date and time to conduct the interview. Additionally, the coordinator will Inform the participant that he/she will email the informed consent to review and sign it or send a clear statement that the interviewee has read the consent form and agree to participate in the interview.

Equipment

Type of interview	Instructions
Zoom interview	- Test the computer microphone and speakers - Ensure background noise is minimal - know all the functions of the meeting recorder

1) The Interview

2.1 Beginning the Interview

Section A of the interview guide:

- Introduce the consultant and consultancy team
- Ensure that participant has a good picture about the study,
- Discuss audio recording of the interview: the interviewer asks the participant for permission to audio record the interview for transcription purposes. Affirm with the participant that the recording and transcript will be stored for the duration of the project on encrypted password-protected computers in a secure location with authorized access only. Also, Inform the participant that, while the interview will be audio recorded, the interviewer may also take occasional notes. These notes will be added to an interview summary that will be stored on an encrypted computer. Once the notes will be typed and saved on the encrypted computer, the paper notes will be shredded
- Time it will take to complete the interview: inform the participant that interview will take 60-90 minutes to complete.

Section B: Asking the Questions

The interviewer should pay attention to asking all the questions. In some cases, the interviewer may need to clarify or bring the conversation back on track. The interviewer must always respect the participant's time.

Closing: At the end of interview, the interviewer will thank the participant for sharing their opinions and perspectives, and give the participant the opportunity to ask questions and if he/she wants to add any additional points. Also, the interviewer will ask the interviewed person to share the relevant documents.

FGD Protocol

Preparation:

When planning and preparing for focus groups, the following will be considered:

- Select suitable and comfortable place
- Set up the room so that groups of 8 to 10 people plus a moderator and recorder/note taker can interact comfortably.
- Prepare the required stationery and hospitality

Introduction: The moderator introduces herself/himself and the note taker. Also mentioning the study scope, meeting objective, consultancy company, and Oxfam.

Consent for participation: The moderator will read the consent form with clear confirmation on the confidentiality of information, mentioning that the meeting will be recorded and some photos will be taken for documentation purpose.

Rules: After taking the approval of attendances to be part in FGDs the moderator will clarify the following rules:

- There are no right or wrong answers.
- Any participant does not have to agree with everyone else in this room if that is not how they really feel.
- Everyone shall feel comfortable saying good things as well as critical things. The team just want to understand the viewpoints.
- Turning cell phones off if possible.

Start FGD: Each FGD will start with some ice-breaker questions and/or an exercise during which facilitators and participants can get to know each other. This is mainly intended to make participants feel more at ease with the group and the exercise before discussing more serious topics. During this initial phase, we the team will also pass around the attendance sheet that include a range of basic characteristics of the participants such as name, age, and living conditions.

Closing: at the end of FGDs, the moderator will thank the participants for sharing their opinions and perspectives, and give the participants the opportunity to ask questions and if they want to add any additional points.

Baseline Consent Form

Interview Informed Consent Form

Hello, my name is _____, and I work with RAI Consult.
We are conducting Baseline Assessment within "Adopting Innovative Menstrual Hygiene Management in A Rapid Onset Crisis" Project
Your participation in this interview will greatly contribute to the success of this assessment. The interview with you will take about [60-90 *minutes*] to complete. The interview will be audio-recorded for accurate data collection, but all information provided will be treated with strict confidentiality and used only for the purpose of this project.

Please note the following details regarding the interview:

- Purpose: The interview aims to understand the current interventions related to MHM, the selection criteria. Also, to know their perceptions and experience regarding community culture and the considerations should be taken when introducing innovative MHM reusable materials.
- Confidentiality: All information shared during the interview will be kept strictly confidential and only used for the purpose of this study. Any identifying information will be anonymized in the final report or any other publications.
- Voluntary Participation: Participation in this interview is completely voluntary, and you have the right to withdraw at any time without any negative consequences or prejudice.
- Data Handling: The audio recording of the interview will be securely stored and accessible only to the study team. Transcripts or any derived data will be stored in a password-protected file to maintain confidentiality.
- Data Use: The information gathered from the interview will be used solely for study purposes.
- Ethical Considerations: This study adheres to ethical guidelines and principles, ensuring respect for human rights, privacy, and confidentiality.

By agreeing to participate in this interview, you acknowledge that:
You have read and understood the information provided above.
You have had the opportunity to ask any questions regarding the interview process or the project.
You voluntarily agree to participate in the interview and consent to the audio recording and use of the gathered information as outlined above.
Please sign and date this consent form below to indicate your agreement to participate. A copy of this form will be provided to you for your records.

Participant's Name: _____
Participant's Position: _____
Signature: _____
Date: _____

Thank you for your cooperation and support. Should you have any questions or require further clarification, please do not hesitate to contact [Ms. Faten Al Nabahin, Project Coordinator/supervisor, RAI Consult]. I appreciate your valuable contribution to this study.

Sincerely,

FGD Informed Consent Form

My name is [INCLUDE NAME] and I am working with **RAI Consult, Gaza on behalf of Oxfam- Gaza.** We are recently conducting Baseline Assessment within "Adopting Innovative Menstrual Hygiene Management in A Rapid Onset Crisis" Project.

We would appreciate your participation in this discussion, which will take about an hour to complete. Your information will remain strictly confidential and will never be linked to you. Outside of this FGD group, neither your participation nor your responses will be shared with anyone except the study team. This discussion should also be kept confidential from anyone outside of this group. As a result, we will combine your responses with those provided by the other participants and use them cumulatively instead of individually. We will never reveal your name or what you answered. All information will be stored safely under the care of the team leader.

Participating in this study will not benefit you directly, but your responses may help Oxfam to explore lessons learnt, project impact, and set recommendation for similar future interventions.

Your participation in this study is voluntary. If you agree to participate, you can decide not to answer any question. We also hope to audio record this discussion for preparing transcription. Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time during the discussion. You may also contact *[Ms. Faten Al Nabahin, Project Coordinator/supervisor, RAI Consult*] if you have any questions or concerns.

Annex 2 : Baseline FGD Form - Lebanon

الملحق 2: نموذج النقاش الجماعي

Note : When you are preparing to implement the FGDs, please ask the participants prior on their preferences for (one-to-one conversation) or open FGD

عند دعوة المشاركين للحضور جلسات المناقشة يفضل سؤالهم عن تفضيلاتهم من حيث حضور جلسة جماعية أو محادثة فردية

OXFAM

Baseline Assessment within "Adopting Innovative Menstrual Hygiene Management in A Rapid Onset Crisis" Project

تقييم أولي في إطار مشروع "تطبيق إدارة مبتكرة للنظافة الصحية للدورة الشهرية في حالات الأزمات السريعة

Focus Group Discussion Template :

نموذج جلسة النقاش الجماعي

Moderator المنسق	
Note taker: **كاتب الملاحظات**	
Date & Day: التاريخ واليوم	
Time: **الوقت**	

Introduction:

Hello everyone! Thank you for coming to be with us here today. My name is [Moderator's Name] and I am working with XXX, Lebanon on behalf of Oxfam- Lebanon. We are recently conducting Baseline Assessment within "Enhancing MHM in Emergency Settings in Lebanon" project. The project aims to comprehensively understand the current Menstrual Hygiene Management (MHM) situation and the needs of women and girls in Lebanon to ensure effective project planning and implementation.

مرحبًا بالجميع! نشكركم على حضوركم معنا اليوم. اسمي [اسم المنسق] وأعمل مع [اسم المؤسسة] في لبنان نيابةً عن منظمة أوكسفام - لبنان. نقوم حاليًا بإجراء تقييم أساسي ضمن مشروع "تعزيز إدارة فترة الحيض في حالات الطوارئ في لبنان". يهدف هذا المشروع إلى فهم شامل واحتياجات النساء والفتيات في لبنان لضمان التخطيط والتنفيذ الفعّال للمشروع (MHM) لوضع إدارة فترة الحيض

We would appreciate your participation in this discussion, which will take about 1 and 1/2 hours to complete. Your information will remain strictly confidential and will never be linked to you. Outside

of this FGD group, neither your participation nor your responses will be shared with anyone except the study team. This discussion should also be kept confidential from anyone

outside of this group. As a result, we will combine your responses with those provided by the other participants and use them cumulatively instead of individually. We will never reveal your name or what you answered.

نقدّر مشاركتكم في هذا النقاش، والذي سيستغرق حوالي ساعة ونصف. ستظل معلوماتكم سرية تمامًا ولن يتم ربطها بأسمائكم. خارج هذه المجموعة، لن يتم مشاركة مشاركتكم أو إجاباتكم مع أي شخص باستثناء فريق الدراسة. يجب أيضًا أن يظل هذا النقاش سريًا عن أي شخص خارج هذه المجموعة. سيتم جمع إجاباتكم مع إجابات المشاركين الآخرين واستخدامها بشكل جماعي، ولن يتم الكشف عن أسمائكم أو إجاباتكم الفردية

Your participation in this study is voluntary. If you agree to participate, you can decide not to answer any questions. We also hope to audio record this discussion for preparing transcription. Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time during the discussion. You may also contact [contact person] if you have any questions or concerns (Mobile number).

مشاركتكم في هذه الدراسة تطوعية. إذا وافقتم على المشاركة، يمكنكم اختيار عدم الإجابة على أي سؤال. نأمل أيضًا أن نسجل هذا النقاش صوتيًا لتحضير نص مكتوب لاحقًا. قبل أن توافقوا على المشاركة، سنجيب على أي أسئلة لديكم. وإذا انضممتم إلى الدراسة، يمكنكم طرح (الأسئلة في أي وقت خلال النقاش. يمكنكم أيضًا التواصل مع [اسم الشخص المسؤول] إذا كانت لديكم أي استفسارات أو مخاوف (رقم الهاتف

1. **"What is the participants' age range ([Age Range]), location ([Location]), and a brief description of the variety of living conditions represented?"** ما هي الفئة العمرية للمشاركين ([الفئة العمرية])، " الموقع ([الموقع])، ووصف موجز لتنوع ظروف "المعيشة الممثلة؟	
2. Where do adolescents seek information regarding physical development? /Puberty ما هي مصادر المعلومات التي يلجأ إليها المراهقون بشأن التغيرات الجسدية أثناء البلوغ؟ مع من يتحدث المراهقون عن التغيرات الجسدية خلال فترة "البلوغ؟ • "How do individuals in your community first learn about menstruation?" • "What are the common ways people in your community initially learn about menstruation? كيف يتعرف الأفراد/الاشخاص في مجتمعكم على الدورة الشهرية لأول مرة وما هي الطرق الشائعة التي يتعلم بها الأفراد في مجتمعكم عن هذا الموضوع؟	
3. "How has the current situation generally impacted menstrual hygiene management (MHM) practices?	

كيف أثر الوضع الحالي بشكل عام على ممارسات إدارة النظافة الصحية خلال فترة الحيض • "How did people who menstruate commonly manage their menstruation prior to the current situation ?" • "What were the common methods for menstruation management prior to the current situation ? كيف كان الأفراد الذين يحيضون يديرون فترة الحيض عادةً قبل "الوضع الحالي؟" ما هي الممارسات الشائعة لإدارة فترة الحيض قبل الوضع الحالي؟	
4. In emergencies, girls and women manage their menstruation in different ways. o "Please describe how individuals currently manage their menstruation." o "What types of materials are currently used for menstruation management? (e.g., pads, other materials)" o "Where are these materials currently obtained or purchased?" o "How do individuals feel about the quality and comfort of these materials?" o "How accessible are menstruation management materials for individuals in your community?" o "Are there barriers to accessing menstruation management materials in your community? • Are there barriers to purchasing these materials and other supplies needed to manage menstruation? • "Are there types of menstruation management materials that individuals would prefer but currently lack? Please explain o يرجى وصف الطرق الحالية التي يستخدمها الأفراد لإدارة فترة الحيض o ما هي أنواع المواد التي تستخدم حاليًا لإدارة فترة الحيض؟ (مثل الفوط الصحية، مواد أخرى) o من أين يتم الحصول على هذه المواد أو شراؤها حاليًا؟ o كيف يشعر الأفراد تجاه جودة وراحة هذه المواد؟	

	○ ما مدى سهولة حصول الأفراد في مجتمعكم على مواد إدارة فترة الحيض ○ هل توجد عوائق أمام حصول الأفراد في مجتمعكم على مواد إدارة فترة الحيض؟ ○ هل توجد عوائق أمام شراء هذه المواد والمستلزمات الأخرى اللازمة لإدارة فترة الحيض ○ هل توجد أنواع من مواد إدارة فترة الحيض يفضل الأفراد الحصول عليها ولكنهم يفتقرون إليها حاليًا؟ يرجى التوضيح
	5. Where do girls and women go to manage their menstruation? ○ For example, where do individuals typically manage their menstrual bleeding? Is it in a latrine or toilet, a washroom, or another location ○ Are there variations in facility usage for menstruation management between daytime and nighttime?" ○ If using public facilities, are there separate male/female toilets? ○ Are these spaces comfortable for managing menstruation? Why or why not? ○ How far do girls/women need to walk to manage their menstruation? ○ Are there any safety concerns related to accessing facilities and managing menstruation?" ○ ما هي الأماكن التي يلجأ إليها الاشخاص عادةً لإدارة فترة الحيض هل تشمل هذه الأماكن المراحيض أو الحمامات، غرف الغسيل، أم أماكن أخرى؟ ○ توجد اختلافات في استخدام المرافق لإدارة فترة الحيض بين ساعات النهار والليل؟ ○ إذا تم استخدام المرافق العامة، هل توجد مراحيض منفصلة للذكور والإناث؟ ○ هل هذه المساحات مريحة لإدارة فترة الحيض؟ لماذا أو لماذا لا؟ ○ ما هي المسافة التي يحتاجها الأفراد للمشي لإدارة فترة الحيض؟ ○ هل توجد أي مخاوف تتعلق بالسلامة عند الوصول إلى المرافق وإدارة فترة الحيض؟

6. **What are the common methods for disposing of used menstruation management materials? (Open question)** ما هي الطرق الشائعة للتخلص من مواد إدارة الدورة الشهرية المستعملة؟	
7. **"How comfortable would individuals feel washing and drying reusable menstruation management products?" (Open question)** Are there any safety concerns or perceived risks associated with washing and drying reusable materials? o ما مدى شعور الأفراد بالراحة تجاه غسل وتجفيف منتجات فترة الحيض القابلة لإعادة الاستخدام، برأيك؟ ((سؤال مفتوح o هل توجد أي مخاوف تتعلق بالسلامة أو مخاطر متصورة مرتبطة بغسل وتجفيف مواد فترة الحيض القابلة لإعادة الاستخدام، برأيك؟	
8. **What hygiene practices do individuals follow during menstruation (e.g., frequency of changing materials, washing)? Open question** ما هي الممارسات الصحية التي يتبعها الأفراد أثناء فترة الحيض " (مثل عدد مرات تغيير المواد، والتنظيف)؟	
9. What are the difficulties that individuals face in terms of health, treatments, and medications? ما هي الصعوبات التي يواجهها الأفراد فيما يتعلق بالصحة، والعلاجات، والأدوية	
10. **Would you be open to trying new menstrual products that are different from what you currently use?** Why or why not? هل ترغبن في تجربة منتجات جديدة لإدارة فترة الحيض تختلف عن المستخدمة حاليًا؟ اذا الجواب كلا لماذا؟	
11. **What features could make a new menstrual product? Be more likely to be used** (For example, comfort, cost, availability, ease of use) ما هي الميزات التي يمكن أن تجعل منتجًا جديدًا لإدارة فترة الحيض أكثر احتمالًا للاستخدام؟ (مثل الراحة، التكلفة، التوفر، "(سهولة الاستخدام	

12. Are you familiar with Reemi's innovative menstrual products? If yes, what have you heard? Then, take a moment to introduce the products. It is better if you can show it to the participants and let them touch the products before moving on to the following questions. هل لديكن معرفة بمنتجات ريمي المبتكرة الخاصة لفترة الحيض في هذه المرحلة يُفضل تقديم المنتجات للمشاركين والسماح لهن بلمسها قبل الانتقال إلى الأسئلة التالية.	
13. If Reemi provided reusable menstrual products, would you be willing to try them? Why or why not? • What concerns might you have about using reusable menstrual products? • What information or support would you need to feel comfortable using reusable products? إذا قامت ريمي بتوفير منتجات قابلة لإعادة الاستخدام هل ستكونين/ستكنن على استعداد لتجربتها؟ ولماذا أو لماذا لا؟ ما هي المخاوف التي قد تراودكِ/تراودكن بشأن استخدام المنتجات القابلة لإعادة الاستخدام؟ ما المعلومات أو الدعم الذي قد تحتاجينه/ تحتاجينهن للشعور بالراحة عند استخدام هذه المنتجات؟	
14. What are your thoughts on the social acceptance of reusable menstrual materials, such as Reemi products? Do you believe individuals will use these products long-term? o Are families within your community open to the use of reusable menstruation management materials, like Reemi products. o Are families within the community accepting the practices linked to these materials (washing, drying, etc)? ما هي أفكاركن/رأيكن حول القبول الاجتماعي لمواد إدارة فترة الحيض القابلة لإعادة الاستخدام، مثل منتجات ريمي؟ هل تعتقدن أن الأفراد سيستخدمن هذه المنتجات على المدى الطويل برأيكن هل العائلات داخل مجتمعكم منفتحة على استخدام مواد إدارة فترة الحيض القابلة لإعادة الاستخدام، مثل منتجات ريمي وهل تتقبل الممارسات المرتبطة بهذه المواد (الغسل، التجفيف، إلخ	
15. What are the most important factors for you when choosing a menstrual product? (For example, hygiene, cost,	

comfort, availability, cultural acceptance) **ما هي العوامل الأكثر أهمية بالنسبة لِكن عند اختيار منتج للدورة الشهرية؟ (مثل النظافة، التكلفة، الراحة، التوفر، القبول الثقافي)**	
16. Within your community, are there specific groups who experience increased difficulties with menstruation management?" هل توجد أي مجموعات معينة في مجتمعكن تواجه تحديات إضافية في إدارة الدورة الشهرية؟	
17. Social Norms: How do social norms in your community influence how individuals manage their menstruation? Are there any traditional beliefs or practices related to menstruation that are still followed in your community. How do different generations within your community view menstruation and its management. كيف تؤثر الأعراف الاجتماعية في مجتمعكن على كيفية إدارة الأفراد لدورتهم الشهرية هل توجد أي معتقدات أو ممارسات تقليدية تتعلق بالدورة الشهرية لا تزال متبعة في مجتمعكن كيف تنظر الأجيال المختلفة داخل مجتمعكن إلى الدورة الشهرية وإدارتها؟	
18. Is there anything else that you want to share with us about this issue before we leave? **هل هناك أي شيء آخر ترغبين/ترغبن في مشاركته معنا حول هذا الموضوع قبل أن ننهي؟**	

General Information FGD Planning Considerations:

Grouping:

- **Age:** Adolescents (10-19), young adults (20-35), older adults (35+).
- **Nationality/Status:** Lebanese nationals, Syrian refugees, Palestinian refugees, etc.
- **Settings:** Individuals living in households, informal tent settlements (ITSs), collective shelters (CSs).
- **Disability:** Separate FGDs for individuals with disabilities, if feasible, to ensure comfort and accessibility.

Facilitation:

- Ensure facilitators are trained in culturally sensitive communication.
- Consider having facilitators from the same background as the participants.
- Consider having same gender facilitators.

Logistics:

- Choose accessible and comfortable locations for FGDs.
- Provide appropriate accommodations for participants with disabilities.
- Offer incentives or reimbursements for participation, if possible.

Data Analysis:

- Analyze FGD data separately for each segment to identify unique patterns and insights.
- Pay close attention to how cultural norms intersect with age, nationality, and setting.

Annex 3 – PDM Form – Gaza

1.	Introduction and Consent	
Good morning/afternoon my name is _____, I am working with Oxfam to facilitate the Post Distribution Monitoring (PDM) for "Enhancing Menstrual Hygiene Management in Emergency Settings in Gaza Strip" project. The project aims to comprehensively understand the current Menstrual Hygiene Management (MHM) situation and the needs of women and girls in Gaza to ensure effective project planning and implementation. We have some questions about your household profile and experience related to the MHM reusable products and also to obtain information about this distribution. This will help us to determine whether we are implementing our program correctly to achieve its objectives and adapt our intervention. The questions should take about (20-30) minutes. The information provided will be treated as confidential and will not be accessible with other entities apart from Oxfam. All your personal information, collected through this questionnaire, will be kept anonymous and will be handled with high protection measures, ensuring your privacy and anonymity. We will keep your data for the duration of the project needs. If you wish to withdraw your consent, you may reach us at (Phone number). You may skip any question(s) you don't want to answer. Do you have any question(s) before we start the interview? (Please explain if clarification is needed). Please be aware that you will not be compensated for participating, and no special support will come to you/your household because of your responses to the questions. Any information you provide will be used for measuring the impact of MHM reusable products purposes only.		
1.1	Do you consent to proceed with the interview? If no, stop the interview and thank the person	O Yes O No

2.	Household Profile	
2.1	Respondent's name (optional)	
2.2	Age group	○ 12-14 ○ 15–19 years ○ 20–24 years ○ 25–49 years ○ + 49 years
2.3	Mobile No.	
2.4	Education level	○ Illiterate ○ Elementary ○ Preparatory ○ Secondary ○ Diploma ○ Bachelor ○ Masters ○ PhD
2.5	Marital status	○ Single ○ Married ○ Divorced ○ Widowed ○ Separated
2.6	Work status of respondent	○ Working

		○ Not working/housewife
2.7	Work status of head of household	○ Working ○ No -working
2.8	Where do you live now?	○ House ○ Tent ○ Centers for displaced people
2.9	Displacement condition	○ Not displaced ○ Displaced in the same governorate ○ Displaced in another governorate ○ Returnee
2.10	Current Governorate	○ Rafah ○ Khan Younis ○ Deir Al-Balah ○ Gaza ○ North Gaza
2.11	If you are displaced in another governorate, what is your original governorate?	○ Rafah ○ Khan Younis ○ Deir Al-Balah ○ Gaza ○ North Gaza

3.	**BENEFICIARIES' GENERAL KNOWLEDGE OF THE PROJECT AND ACCESS TO ASSISTANCE**	
3.1	Do you know the origin of the assistance you received? (the package and its usages)	○ Yes ○ No
3.2	If yes, how	○ Attended an awareness/educational session ○ Received an explanation from aid workers at the distribution point ○ Read information provided with the package (flyer, brochure, instructions, etc.) ○ Learned from other beneficiaries ○ Other
4.	**Distribution of kits and information sharing**	
4.1	Did you receive the entire assistance package, including the Complementary Hygiene Kit (HK), which consists of: • 4 underwear • 1 wash bag • 1 dry bag • Complementary HK items	○ Yes, I received everything ○ No, I did not receive the full package (if no, explain why then close the survey) ○ I received some but not all items
4.1.1	If **yes or some** What was the condition of the kits received?	○ Good condition ○ Acceptable condition ○ Poor condition ○ Don't know
4.1.2	If some of the items, what was missing (allow multiple choices)	○ 4 underwear ○ 1 wash bag ○ 1 dry bag ○ Complementary HK items

4. 1.3	If the answer no, why? *this will appear only of the answer no and then the survey will be ended	
4.2	Have you received information on how to use the kits?	○ Yes ○ No, if no explain why
4.3	Do you know when underwear should be used?	○ Yes ○ No, if no explain why
4.3.1	If yes, please specify	○ during menstruation ○ at any time ○ other
4.4	Have you received information on washing and drying techniques for underwear?	○ Yes ○ No, if no explain why
4.5	Have you received any information about menstrual hygiene management ?	○ Yes ○ No
4.5.1	If yes, how would you rate your understanding of menstrual health and hygiene (1 the least score and 5 the higher score)?	○ 1 Very low understanding ○ 2 Limited understanding ○ 3 Moderate understanding ○ 4 Good understanding ○ 5 Excellent understanding
5.	**Usage of products**	
5.1.1	What did you do with each item from the kit : **underwear** ?	○ I lost them ○ I sold them ○ I gave them to someone else ○ I used them once and stopped ○ I used them / I still have them
5.1.2	If you used the underwear, when did you use it (multiple choice)?	○ During the full menstrual cycle ○ At some specific moment of the menstrual cycle ○ At any time as a regular underwear
5.1.3	If you stopped using them, what was the reason (multiple choice)?	○ Issue with absorbency / leakages ○ Discomfort (wrong size, materials, irritations…) ○ Lack of sustainability ○ Difficult to change / manage on a daily basis ○ Preference for disposable pads
5.1.4	If you used the underwear, which characteristics do you find better than disposable pads ?	○ Absorbency ○ Antimicrobial material ○ Price ○ Comfort ○ Sustainability ○ Daily management ○ Waste management ○ Impact on daily activities
5.2.1	What did you do with each item from the kit : **washing bag** ?	○ I lost them ○ I sold them ○ I gave them to someone else ○ I used them / I still have them
5.2.2	If you used the washing bag, when did you use it (multiple choice)?	○ To wash my underwear ○ To wash other things ○ To carry things

		○ Other
5.3.1	What did you do with each item from the kit : **drying bag** ?	○ I lost them ○ I sold them ○ I gave them to someone else ○ I used them / I still have them
5.3.2	If you used the drying bag, when did you use it (multiple choice)?	○ To dry my underwear ○ To dry other things ○ To carry things ○ Other
5.4.1	What did you do with each item from the kit : **hygiene kit** ?	○ I lost them ○ I sold them ○ I gave them to someone else ○ I used them / I still have them
5.5	Have you faced any challenges when using the Reemi products including washing and drying the underwear ?	○ Yes ○ No
5.5.1	If yes, what kind of challenges	○ Lack of clean water ○ Lack of soap ○ Slow drying time ○ Lack of privacy ○ Damage after washing ○ Cultural or family concerns ○ Lack of dry space ○ Other, specify in the next question (open answers – limits in number of character to facilitate data processing)
5.5.2	If other, specify	○
5.6.1	If you used Reemi kits (underwear / washing bag / drying bag), do you think these kits meet your general expectations, especially during the period of war	○ Yes, ○ No, it could be improved
5.6.2	If no, why	○ I wasn't aware of how to use it ○ I faced difficulties cleaning or maintaining it ○ I prefer disposable products. ○ I didn't feel comfortable using it ○ Cultural or personal reasons. ○ The kit didn't meet my needs (e.g., size, material, absorbency) ○ I had issues / concerns about hygiene. ○ Other, please specify
5.6.3	If other, please specify	○
5.7	Will you keep using the kit, even in the availability of disposable products	○ Yes ○ No
5.8	Did the received kit serve in reducing your household expenses	○ Yes ○ No, if no why?
5.9	Would you recommend using Reemi kits to other women in Gaza ?	○ Yes ○ No
5.10	Do you have any questions about Reemi products?	
5.11	Do you have any other comments about the Reemi products you've received	

6	**Safety and accessibility**	
6.1	Did you receive advanced information on the date and location of the assistance/support?	○ Yes, date and location ○ Yes, location only ○ yes, date only ○ No
6.1.1	If yes, how many days in advance	○ same day ○ 1 day in advance ○ 2 days in advance ○ 3 days in advance ○ more than 3 days in advance
6.2	How satisfied were you with the way the kits were distributed to you ?	○ 1 Not satisfied at all ○ 2 ○ 3 Average satisfaction ○ 4 ○ 5 Very satisfied
6.2.1	Not satisfied at all, why	○
6.3	Was the process of receiving the kit easy with no obstacles as for women and girls	○ Yes ○ No, please explain the difficulties ☐ Harassment or Violence ☐ Overcrowding & Lack of Order ☐ Long Waiting Times ☐ Lack of Privacy ☐ Exclusion or Discrimination for certain groups (e.g. young girls, widows) ☐ Heavy Packages ☐ Lack of Female Staff ☐ Other, specify
6.4	Did you feel safe accessing the distribution sites?	○ Yes ○ No ○ Prefer not to answer
6.4.1	If no, select the reason:	○ Distributors were hostile/unfriendly ○ The store was far/isolated ○ Fighting among beneficiaries ○ Difficulty with mobility and transportation ○ Other concerns, specify: _____ ○ Prefer not to answer
6.5	Are there any specific improvements or changes you would like to see in future same assistance	
7	**Feedback and Complaint Mechanism**	
7.1	Do you know if there is a complaints mechanism through which you can contact the project teams to inform them or talk about your findings on the project's activities?	○ Yes ○ No
7.1.1	If yes, What complaints mechanisms has the project put in place?	○ Complaints box ○ Complaints committee ○ Face to face with Oxfam staff on site ○ Telephone line (green line)

		○ WhatsApp ○ Other to be specified
72	Are you satisfied with the feedback mechanisms in place?	○
7.3	In the event of difficulties or feedback, what is your preferred mechanism for reporting them to Oxfam?	○ Complaints box ○ Complaints committee ○ Face to face with Oxfam staff on site ○ Telephone line (green line) ○ WhatsApp ○ Other to be specified
7.4	What recommendations do you have for improving the complaints and feedback mechanisms in place	

Any additional notes:……

Thank you

Annex 4 – PDM Form – Lebanon

Introduction

Good morning/afternoon my name is _, I am working with Oxfam to facilitate the Post Distribution Monitoring (PDM) for WASH Innovative funding project, The project aims to comprehensively understand the current Menstrual Hygiene Management (MHM) situation and the needs of women and girls in North Bekaa Informal Settlement and Tripoli to ensure effective project planning and implementation.

We have some questions about your household profile and experience related to the Reemi reusable products and also to obtain information about this distribution. This will help us to determine whether we are implementing our program correctly to achieve its objectives and adapt our intervention. The questions should take about (20-30) minutes. The information provided will be treated as confidential and will not be accessible with other entities apart from Oxfam. All your personal information, collected through this questionnaire, will be kept anonymous and will be handled with high protection measures, ensuring your privacy and anonymity. We will keep your data for the duration of the project needs. If you wish to withdraw your consent, you may reach us at (Phone number).

You may skip any question(s) you don't want to answer. Do you have any question(s) before we start the interview? (Please explain if clarification is needed). Any information you provide will be used for measuring the impact of MHM reusable products purposes only.

Question	**Answers**
Do you consent to proceed with the interview?	yes / no
Date of assessment	
Surveyor Name	
Interviewee Code	
Interviewee Name	
Interviewee Phone	
Age group	18-25 / 26-30 / 31-35 / 36-40 / 40+
Select the Governorate	Beqaa / North
Select the District	
Select the Cadastral	
Please specify the location	
Marital/Social Status	Married / Single / Divorced / Widow / Separated
Work status of head of household	Working / Not working

Education level	Illiterate / Elementary / Preparatory / Secondary / Undergraduate or Graduate studies
Where do you live now? (observation)	House / Tent / Centers for displaced people / Collective Shelter
Did you receive the entire assistance package?	Yes, I received everything / No, I did not receive any items / I received some but not all items
What was the condition of the kits received?	Very low / Limited / Moderate / Good / Excellent
Do you know how to properly use the assistance you received?	yes / no
If yes, how?	Attended an awareness session / Received an explanation / Read information / Learned from others / Other
Have you received information on how to use the kits?	yes / no
Do you know when underwear should be used?	During full cycle / Specific moment / Beginning / End / Any time
Have you received information on washing and drying techniques?	yes / no
Have you received information about menstrual hygiene management?	yes / no
How would you rate your understanding of menstrual health and hygiene?	Very low / Limited / Moderate / Good / Excellent
Did you end up using the underwear yourself?	I used them / I still have them / I lost them / I sold them / I gave them away / I used once and stopped / Not yet used
If you used the underwear, when did you use it?	Full cycle / Specific moment / Beginning / End / Any time
If you stopped using them, what was the reason?	Absorbency / Discomfort / Difficult to manage / Prefer disposables / Other
If you used the underwear, which characteristics do you find better than disposable pads?	Absorbency / Antimicrobial / Price / Availability / Comfort / Sustainability / Daily management / Waste management / Impact on daily activities
What did you do with the washing bag?	Used on underwear / Used on other things / Used to carry things / Other

What did you do with the drying bag?	Used on underwear / Used on other things / Used to carry things / Other
What did you do with the hygiene kit?	Used / Lost / Sold / Gave away / Not used
Have you faced any challenges using Reemi products?	yes / no
If yes, what kind of challenges?	Lack of clean water / Soap / Drying time / Privacy / Damage / Cultural concerns / Drying space / Other
Do you think the kits meet your expectations?	yes / no
Will you keep using the kit, even if disposables are available?	yes / no
Did the kit reduce household expenses?	yes / no
Would you recommend Reemi kits to others?	yes / no
Did you receive information on date and location of assistance?	Yes (date & location) / Yes (location only) / Yes (date only) / No
How many days in advance?	Same day / 1 day / 2 days / 3 days / More than 3 days
How satisfied were you with the way kits were distributed?	Very low / Limited / Moderate / Good / Excellent
Was the process easy with no obstacles?	yes / no
If no, what were the difficulties?	Harassment / Overcrowding / Waiting / Privacy / Exclusion / Heavy packages / Lack of female staff / Other
Did you feel safe accessing the distribution sites?	yes / no
Do you know if there is a complaints mechanism?	yes / no
If yes, what mechanisms exist?	Complaints box / Committee / Face to face / Hotline / WhatsApp
Are you satisfied with the feedback mechanisms?	yes / no
Preferred mechanism for reporting difficulties?	Complaints box / Committee / Face to face / Hotline / WhatsApp
Recommendations for improving feedback mechanisms	
Additional notes	

Annex 5 – Endline tools - Gaza

Endline KII Form

Endline Assessment within "Enhancing Menstrual Hygiene Management in Emergency Settings in Gaza Strip" Project	
Key Informant Interview Template	
Moderator	
Date & Day	
Time	
Interviewee name and title	

Section A: MHM Practices and Kit Usage	
How have MHM practices changed during the project period? Have you noticed any improvements or challenges in these practices?	
Section B: Community Engagement and Participation	
How were different groups in the population (e.g., women, men, youth, community leaders) engaged in the project's activities such as consultation sessions, awareness sessions, and distributions?	
How would you describe the level of interest and engagement shown by these groups throughout the project?	
Section C: Challenges and Barriers	
What challenges did the project team face when engaging different target groups?	
What have been the main barriers in distributing or raising awareness about the Reemi kits?	
How difficult was it to implement this project compared to other traditional projects which include MHM related activities?	
Section D: Cultural and Knowledge Shifts	

Have you observed any change in knowledge or awareness about menstruation among women, girls, men, or community leaders?	
What cultural attitudes or taboos surrounding menstruation affected the project's implementation or acceptance?	
How did the project contributed to more open dialogue or reduce stigma about menstruation?	
How did the project encourage men and boys to engage with cultural or traditional beliefs related to menstruation, and what changes (if any) did you observe in their attitudes or behaviors?	
Section E: User Satisfaction	
What feedback have end users shared regarding the quality, comfort, and usability of the Reemi kits?	
How satisfied were users with the training or orientation provided on kit usage?	
Do you receive and feedback and recommendation from BNFs about any improvement on the product?	
Section F: Broader Impact and Sustainability	
Have the kits had any indirect effects (e.g., self-esteem, participation in community life)?	
What mechanisms are in place to ensure sustained MHM support post-project?	

Endline FGD Form

Endline Assessment within "Enhancing Menstrual Hygiene Management in Emergency Settings in Gaza Strip" Project

Focus Group Discussion Template

Moderator	
Note taker	
Date & Day	
Time	

Introduction:

Hello everyone! Thank you for coming to be with us here today. My name is [Moderator's Name] and I am working with RAI Consult, Gaza on behalf of Oxfam- Gaza. We are recently conducting Endline Assessment within "Enhancing MHM in Emergency Settings in Gaza Strip" project. The survey aims to assess the effectiveness and perceived impact of the Reemi kits among final users.

We would appreciate your participation in this discussion, which will take about 1 and 1/2 hours to complete. Your information will remain strictly confidential and will never be linked to you. Outside of this FGD group, neither your participation nor your responses will be shared with anyone except the study team. This discussion should also be kept confidential from anyone outside of this group. As a result, we will combine your responses with those provided by the other participants and use them cumulatively instead of individually. We will never reveal your name or what you answered.

Your participation in this study is voluntary. If you agree to participate, you can decide not to answer any questions. We also hope to audio record this discussion for preparing transcription. Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time during the discussion. You may also contact [Ms. Faten Al-Nabahin- RAI Consult] if you have any questions or concerns (Mobile:0592121859).

Description of participants (location, age group, residence, etc.)	
Section A: Knowledge and Practices	
What do you know about menstrual hygiene and how it should be managed?	
To what extent were the education and awareness sessions sufficient and beneficial to you?	
Can you describe how you used to manage your menstruation before receiving the Reemi kit and how did it change?	
Section B: Experience with Reemi Kits	
How easy or difficult was it to understand how to use the Reemi kit?	

What parts of the kit did you find most useful? Least useful? Please explain why	
Did the kit meet your needs during your menstrual cycle? Why or why not?	
In your experience, what are the advantages and disadvantages of using Reemi products compared to traditional disposable menstrual products?	
What have been the positive / negative impacts of using Reemi kits for you and your family?	
Section C: Social and Cultural Perceptions	
How comfortable do you feel discussing menstruation with others now, compared to before?	
Did you observe changes in the way your family or community views menstruation compared to before? How different is it?	
Have you noticed any positive changes in how male family or community members support you during menstruation after the sessions?	
Do you feel that the stigma or discomfort around discussing menstruation with men has reduced in your community?	
Section D: Barriers and Recommendations	
In general, were there any challenges in using the kit (e.g., water access, privacy)?	
During your last period, did you face any challenges using the Reemi products due to external factors like water scarcity, fuel shortages, or any other issues (e.g., lack of privacy or washing space)?	
What recommendations do you have to improve the product or the support provided with it?	

Endline Survey Form

Endline Assessment within "Enhancing Menstrual Hygiene Management in Emergency Settings in Gaza Strip" Project

Focus Group Discussion Template

Questionnaire No.	☐☐☐☐
Enumerator's Name	

Introduction and Consent

Hello / Hi,

My name is [INCLUDE NAME] and I am working with **RAI Consult, Gaza on behalf of Oxfam- Gaza.** We are recently conducting Endline Assessment within "Enhancing Menstrual Hygiene Management in Emergency Settings in Gaza Strip" project. The survey aims to assess the effectiveness and perceived impact of the Reemi kits among final users.

We would very much appreciate your participation in this survey. This information will be used to help Oxfam to measure the endline indicators of the project.
The survey should take about 15-20 minutes to complete.

In any case, all information provided will be kept strictly confidential and will not be shared with anyone other than members of our project team. Your responses will be treated anonymously and not tied back to you in anyway.

Participation in the survey is voluntary. If you are asked any question you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

We hope that you will participate in this survey, as your input is very important to us.

Do you have any questions about the survey at this time?

Instruction:

The confidentiality statement has been read to me. I understand it and give my verbal permission to proceed with the interview.

Yes	☐	
No	☐	*STOP INTERVIEW AND SAY THANK YOU*

May I begin the interview now?

Yes	☐	
No	☐	*STOP INTERVIEW AND SAY THANK YOU*

RESPONDENT AGREES TO BE INTERVIEWED ☐

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ☐ END

A. Respondent Information

#	Item	Answer
A01	**Respondent's name (optional)**	
A02	**Age Group**	€ 15-18 years € 19–26 years € 27–49 years
A03	**Mobile No.**	
A04	**Education level**	€ Illiterate € Elementary € Preparatory € Secondary € Diploma € Bachelor € Masters € PhD
A05	**Marital status**	€ Single € Married € Divorced € Widowed
A06	**Work status of respondent**	€ Working € Not working/housewife
A07	**Work status of head of household**	€ Working € No- working
A08	**HH's average monthly income (ILS)**	
A09	**Where do you live now?**	€ House € Tent € Centres for displaced people
A10	**Displacement condition**	€ Not displaced € Displaced in the same governorate € Displaced in another governorate
A10.1	**Current Governorate**	€ Rafah € Khan Younis

		€ Deir Al-Balah € Gaza € North Gaza
A10.2	**If you are displaced in another governorate, what is your original governorate?**	€ Rafah € Khan Younis € Deir Al-Balah € Gaza € North Gaza

B. Knowledge & Awareness About MHM

#	Item	Answer
B01	**Have you participated in the awareness/education sessions about menstrual hygiene management?**	€ Yes € No
B02	**Did the session increase your knowledge about menstrual hygiene?**	€ Yes € No
B03	**Do you feel more confident managing your menstruation after the session?**	€ Yes € No

C. Practical Use and Privacy Concerns Around Reemi Product Maintenance

#	Item	Answer
C01	**Have you used any of the Reemi products provided ?**	€ Yes No
C02	**If the answer is yes, please mention the cause?**	€ I sold them € I lost them € They are damaged € I did not want to use them Other reasons (explain)
C03	**If you use Reemi products, do you have enough water and soap to wash them?**	€ Yes € No
C04	**If you use Reemi products, are you able to dry them when needed?**	€ Yes € No
C05	**If you use Reemi products, are you worried someone will see while you are washing and drying them?**	€ Yes € No

C06	**During times of water shortage, how do you deal with Reemi products?**	€ I stop using Reemi products and switch to disposable products. € I reduce how often I use them. € I wash them with limited or stored water. € I continue using them but struggle to clean them. € Other (please specify): _____

D. Comparative Effectiveness of Reemi Underwear and Disposable Pad

Feature	Much worse (Reemi < disposable pads)	Worse	Stable	Better	Much better (Reemi > disposable pads)
Absorbency					
Leakages					
Odour issues					
Irritations					
Sustainability					
General comfort					
The capacity to do your daily activities					
Waste management					

E. Feedback on Reemi's innovative MHM products

#	Item	Answer
E01	**Which Reemi product(s) have you used? (Select all that apply)**	€ Reemi Pad € Period Underwear € Washing Bag € Drying bag € None
E02	**Overall, Are you satisfied with the Reemi products?**	€ Very satisfied € Satisfied € Neutral € Dissatisfied € Very dissatisfied

E03	**More specifically, how satisfied are you with the underwear?**	€ Very satisfied € Satisfied € Neutral € Dissatisfied € Very dissatisfied
E04	**What better corresponds to your personal usage of the underwear?**	€ I mostly rely on the underwear during the menstruation periods € I use it in combination with other materials (cloths, disposable pads) during the menstruation period € I use it at specific time of the menstruation period (beginning, end of the period)
E05	**Do you use the underwear outside of your menstruation period?**	€ Yes, quite often € Rarely € Never
E06	**More specifically, how satisfied are you with the washing bag?**	€ Very satisfied € Satisfied € Neutral € Dissatisfied € Very dissatisfied
E07	**What better corresponds to your personal usage of the washing bag?**	€ I use it only to wash my underwear € I use it for other purposes only € I use it to wash my underwear and also for other purposes
E08	**More specifically, how satisfied are you with the drying bag?**	€ Very satisfied € Satisfied € Neutral € Dissatisfied € Very dissatisfied
E09	**What better corresponds to your personal usage of the drying bag?**	€ I use it to dry my underwear only € I use it to for other purposes only € I use it to dry the underwear and also for other purposes
E10	**How would you describe your overall perceptions of the products compared to the time it was introduced to you for the first time?**	€ It is much more useful and effective than I expected € It is as useful and effective than I expected

		€ It is less useful and effective than I expected
E11	**Would you prefer to continue using Reemi products?**	€ Yes € No € Not sure
E13	**After some usage of the products, how would you rate the different changes for you and your household?** **For each assumption, please specify whether the change brought by the use of the products is positive / neutral (no change) / negative for you (+ / = / -)**	€ The level of stress before and during my period € The discomfort during my period € The irritations and infections € The economic impact on the household € The feeling of burden for the family € The management of menstruation (changing, washing, drying products) € The daily life activities (the capacity to do your traditional activities) € Other (open)
E14	**Which of the following challenges do Reemi products help to overcome? *(Select all that apply)***	€ Lack of privacy in sanitation facilities € Unclean or unhygienic facilities € Lack of access to clean water € No proper disposal facilities for menstrual waste € Difficulty accessing sanitation facilities (e.g., too far, not enough facilities) € Safety concerns while accessing facilities (e.g., unsafe location, lack of security) € Limited time allowed for using sanitation facilities € Shortage of necessary supplies (e.g., soap, sanitary pads). € Fear of stigma or embarrassment when accessing sanitation facilities.
E15	**Did you experience any issues using the Reemi products?**	€ Yes € No
E16	**If the answer yes, What kind of issues did you experience while using the Reemi products?**	€ Leakage or insufficient absorbency € Difficulty washing or drying the product € Discomfort while wearing € Bad odor after use € Product not fitting properly

		€ Staining on clothes € Social discomfort or stigma € Need high quantity of water for washing € Lack of private space for washing/drying € Other (Please specify): _____
E17	**Are you likely to recommend Reemi products to others?**	€ Yes € No
E18	**If no, why not ?**	€ ……..

Endline Protocols

Interview Protocol

Objective: The objective of the interview is to understand the current interventions related to MHM, the targeted locations, and the targeted women and girls perceptions and experiences regarding the introduced Reemi innovative products. Additionally, the interview aims to explore the considerations that should be considered in any similar interventions in the future.

Prior to Interview:

1.1. Scheduling the Interview

Once we will have the contact details of the agreed list of interviews, the coordinator from the consultant side will call them to introduce himself/herself, briefly describe the purpose of the study, and schedule a date and time to conduct the interview. Additionally, the coordinator will Inform the participant that he/she will email the informed consent to review and sign it or send a clear statement that the interviewee has read the consent form and agree to participate in the interview.

1.2. Equipment

Type of interview	Instructions
Zoom interview	- Test the computer microphone and speakers - Ensure background noise is minimal - know all the functions of the meeting recorder

1) The Interview

2.1 Beginning the Interview

Section A of the interview guide:

- Introduce the consultant and consultancy team
- Ensure that participant has a good picture about the study,
- Discuss audio recording of the interview: the interviewer asks the participant for permission to audio record the interview for transcription purposes. Affirm with the participant that the recording and transcript will be stored for the duration of the project on encrypted password-protected computers in a secure location with authorized access only. Also, Inform the participant that, while the interview will be audio recorded, the interviewer may also take occasional notes. These notes will be added to an interview summary that will be stored on an encrypted computer. Once the notes will be typed and saved on the encrypted computer, the paper notes will be shredded
- Time it will take to complete the interview: inform the participant that interview will take 60-90 minutes to complete.

Section B: Asking the Questions

The interviewer should pay attention to asking all the questions. In some cases, the interviewer may need to clarify or bring the conversation back on track. The interviewer must always respect the participant's time.

Closing: At the end of interview, the interviewer will thank the participant for sharing their opinions and perspectives, and give the participant the opportunity to ask questions and if he/she wants to add any additional points. Also, the interviewer will ask the interviewed person to share the relevant documents.

FGD Protocol

Preparation:

When planning and preparing for focus groups, the following will be considered:

- Select suitable and comfortable place
- Set up the room so that groups of 8 to 10 people plus a moderator and recorder/note taker can interact comfortably.
- Prepare the required stationery and hospitality

Introduction: The moderator introduces herself/himself and the note taker. Also mentioning the study scope, meeting objective, consultancy company, and Oxfam.

Consent for participation: The moderator will read the consent form with clear confirmation on the confidentiality of information, mentioning that the meeting will be recorded and some photos will be taken for documentation purpose.

Rules: After taking the approval of attendances to be part in FGDs the moderator will clarify the following rules:

- There are no right or wrong answers.
- Any participant does not have to agree with everyone else in this room if that is not how they really feel.
- Everyone shall feel comfortable saying good things as well as critical things. The team just want to understand the viewpoints.
- Turning cell phones off if possible.

Start FGD: Each FGD will start with some ice-breaker questions and/or an exercise during which facilitators and participants can get to know each other. This is mainly intended to make participants feel more at ease with the group and the exercise before discussing more serious topics. During this initial phase, we the team will also pass around the attendance sheet that include a range of basic characteristics of the participants such as name, age, and living conditions.

Closing: at the end of FGDs, the moderator will thank the participants for sharing their opinions and perspectives, and give the participants the opportunity to ask questions and if they want to add any additional points.

Endline Consent Form

Interview Informed Consent Form

Hello, my name is _____, and I work with RAI Consult.
We are conducting Endline Assessment within "Enhancing Menstrual Hygiene Management in Emergency Settings in Gaza Strip" Project
Your participation in this interview will greatly contribute to the success of this assessment. The interview with you will take about [60-90 *minutes*] to complete. The interview will be audio-recorded for accurate data collection, but all information provided will be treated with strict confidentiality and used only for the purpose of this project.

Please note the following details regarding the interview:

- Purpose: The interview aims to understand the current interventions related to MHM, the selection criteria. Also, to know their perceptions and experience regarding community culture and the considerations should be taken when introducing innovative MHM reusable materials.
- Confidentiality: All information shared during the interview will be kept strictly confidential and only used for the purpose of this study. Any identifying information will be anonymized in the final report or any other publications.
- Voluntary Participation: Participation in this interview is completely voluntary, and you have the right to withdraw at any time without any negative consequences or prejudice.
- Data Handling: The audio recording of the interview will be securely stored and accessible only to the study team. Transcripts or any derived data will be stored in a password-protected file to maintain confidentiality.
- Data Use: The information gathered from the interview will be used solely for study purposes.
- Ethical Considerations: This study adheres to ethical guidelines and principles, ensuring respect for human rights, privacy, and confidentiality.

By agreeing to participate in this interview, you acknowledge that:
You have read and understood the information provided above.
You have had the opportunity to ask any questions regarding the interview process or the project.
You voluntarily agree to participate in the interview and consent to the audio recording and use of the gathered information as outlined above.
Please sign and date this consent form below to indicate your agreement to participate. A copy of this form will be provided to you for your records.

Participant's Name: _____
Participant's Position: _____
Signature: _____
Date: _____

Thank you for your cooperation and support. Should you have any questions or require further clarification, please do not hesitate to contact [Ms. Faten Al Nabahin, Project Coordinator/supervisor, RAI Consult]. I appreciate your valuable contribution to this study.

Sincerely,

FGD Informed Consent Form

My name is [INCLUDE NAME] and I am working with **RAI Consult, Gaza on behalf of Oxfam- Gaza.** We are recently conducting Endline Assessment within "Enhancing Menstrual Hygiene Management in Emergency Settings in Gaza Strip" Project.

We would appreciate your participation in this discussion, which will take about an hour to complete. Your information will remain strictly confidential and will never be linked to you. Outside of this FGD group, neither your participation nor your responses will be shared with anyone except the study team. This discussion should also be kept confidential from anyone outside of this group. As a result, we will combine your responses with those provided by the other participants and use them cumulatively instead of individually. We will never reveal your name or what you answered. All information will be stored safely under the care of the team leader.

Participating in this study will not benefit you directly, but your responses may help Oxfam to explore lessons learnt, project impact, and set recommendation for similar future interventions.

Your participation in this study is voluntary. If you agree to participate, you can decide not to answer any question. We also hope to audio record this discussion for preparing transcription. Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time during the discussion. You may also contact *[Ms. Faten Al Nabahin, Project Coordinator/supervisor, RAI Consult*] if you have any questions or concerns.

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