



HIF Evaluation Case Study:

IFRC Menstrual Hygiene Management in
Emergencies

prepared by

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Cover Photograph: Discussion group with South Sudanese women living in Mungula Settlement, Adjumani, Uganda (taken by the author, with participants' permission)

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Acronyms

EIC	Emergency Items Catalogue
ICRC	International Committee of the Red Cross / Red Crescent
IFRC	International Federation of Red Cross / Red Crescent Societies
MHM	Menstrual Hygiene Management
URCS	Uganda Red Cross Society
WASH	Water, sanitation and hygiene

1. Introduction

This case study is one of three undertaken as a component of the methodology for the evaluation of the Humanitarian Innovation Fund (HIF). As set out in the inception report for the evaluation, the case studies are field-based studies of specific projects using mixed methods and following a common approach. They are a primary method for assessing outcomes and effectiveness, for investigating failures and challenges, interrogating the Theory of Change, and for collecting qualitative data from implementers and communities affected, including unintended consequences. By providing an opportunity to focus on short to medium term project outcomes and impacts some months after project closure, the case studies provide a credible evidence-based 'story of change' about the innovation process in action and valuable insights to inform the overall HIF evaluation. The HIF evaluation is intended to provide an assessment of the performance and implementation of the fund as a whole, to inform future strategy and direction. The evaluation will be published on the HIF website¹ in the summer 2017.

2. The innovation

2.1. Background to the project

IFRC's HIF project, 'Improving Menstrual Hygiene Management in Emergencies' ran from October 2014 until March 2016 and was implemented by the Red Cross/Crescent in Somalia, Madagascar and Uganda. The HIF grant was for £125,137 which, supplemented by £24,500 from the British Red Cross, contributed 84% of the £149,586 project budget². Although menstrual hygiene management (MHM) is not a life and death issue in emergency settings, it has a profound impact upon women and adolescent girls – their dignity, hygiene, health, education, protection and security – and there are consequential risks from not addressing it. Lack of provision and facilities during the menstrual period (latrines, bathing areas, private drying areas) can lead to shame and embarrassment, possible gender-based violence, infection, loss of mobility and decreased school attendance³. Whilst these issues, and the cultural practices associated with menstruation, face millions of poor women across the developing world, needs are particularly acute in emergency settings where women have very few resources⁴.

The HIF grant was for the 'implementation' stage of the innovation cycle and funded an operational research project designed to generate much-needed evidence in the area of menstrual hygiene management (MHM) in emergency settings. The need for MHM was being increasingly recognized, but the HIF application noted that current hygiene kits were designed for distribution at household level and were not adjusted to household member needs, and that personal 'dignity kits' only contained disposable sanitary pads, not other, more sustainable options, or other needed items. The project built upon previous stages in the innovation cycle (recognition, invention and development) which are well documented in ALNAP's case study⁵, undertaken towards the end of the project.

Recognition had come about through both a 'bottom up and top down'⁶ process and been championed by Libertad Gonzalez in the IFRC's Water and Sanitation (WatSan) department in Geneva over many years, during which time the issue attracted increasing attention from humanitarian actors. **Invention** took place through engagement with UNICEF, who had undertaken a study on MHM in emergencies in 2012, and with local producers of quality washable menstrual hygiene pads in Uganda - Afripads, a 'for profit social

¹ <http://www.elrha.org/hif/home/>

² IFRC formal record of Cash Pledge; MHM project budget.

³ IFRC (2013) HIF EoI for MHM in Emergencies project

⁴ Interview with District Health Office, May 2017

⁵ Robinson, A. with Obrecht, A. (2016) 'Improving menstrual hygiene management in emergencies: IFRC's MHM kit' HIF/ALNAP Cast Study. London: ODI/ALNAP

⁶ Ibid.

enterprise⁷ Funding was secured in 2012 from the British, Netherlands and Norwegian Red Cross Societies to run an operational research project in Burundi which would, for the first time, test an MHM product (kit) and engage end users to develop it further.

Afripads (Uganda)

Afripads was established in 2010 in response to the problems faced by many millions of Ugandan women who were unable to adequately manage their menstrual period. Their washable pads have been developed, trialled and adapted continuously and have now been distributed by NGOs and Humanitarian organisations within twenty African countries and Yemen. With a retail product launched in 2015, Afripads estimate that 1.5m women and girls have used their product and the company is growing rapidly.

The Burundi field test enabled the **development** of the innovation, the project managed by IFRC's East Africa Regional WASH Unit (and then by a WASH officer in Geneva) and implemented by the Burundi Red Cross. Its initial focus was to understand existing MHM practices of women and girls in an emergency and their MHM preferences, and to provide training and information in the process. This resulted in the development of two

different types of MHM kit in response to feedback, one with disposable pads and one with washable pads, which were trialed by the pilot. This **implementation** phase saw 2,000 kits distributed and operational research conducted to test their use and acceptability.⁸

2.2. HIF Project

The HIF project can be described as a further iteration of the **development / implementation innovation process**. At just the right time, the HIF came to the attention of IFRC staff wanting to build on the Burundi pilot through a larger, multi-country piece of comparative operational research in different cultural and contextual settings. Whilst there was increasing attention being given to MHM within the humanitarian sector – such as WaterAid's 2012 MHM resource guide⁹ – before the Burundi pilot, no agency had developed and tested a relief item specifically for MHM with the engagement of end users, and the evidence base for MHM remained weak. It was these factors which made the proposed approach innovative¹⁰.

The initiative met HIF criteria and the application for a Development / Implementation Phase (DIP) grant, submitted in June 2013 was successful. The proposal set out several types of innovation from the HIF's '4Ps' framework¹¹ which it would develop: a **product** – the MHM kit; a **process** – market surveys to inform procurement and distribution mechanisms; and **position** – to 'improve and scale-up training, advocacy and sensitisation to establish MHM as a critical component of WASH interventions in emergency responses.'¹²

The project's theory of change was that an improved evidence base about MHM in emergency settings – principally the suitability of kits in different contexts; the development and testing of tools to assess and address need; and a survey of the market in each setting – would inform the inclusion of a suitable MHM item in the IFRC's Emergency Items Catalogue; lead to improved knowledge of National Society staff to incorporate MHM into WASH emergency response activities; and lead to change in the wider sector, through advocacy and dissemination. These formed the objectives of the pilot, which it was hoped at impact level would result in improved and appropriate MHM in emergency settings across the sector.

⁷ Afripads interview

⁸ IFRC (2013) 'Concept Note - MHM in Emergencies'

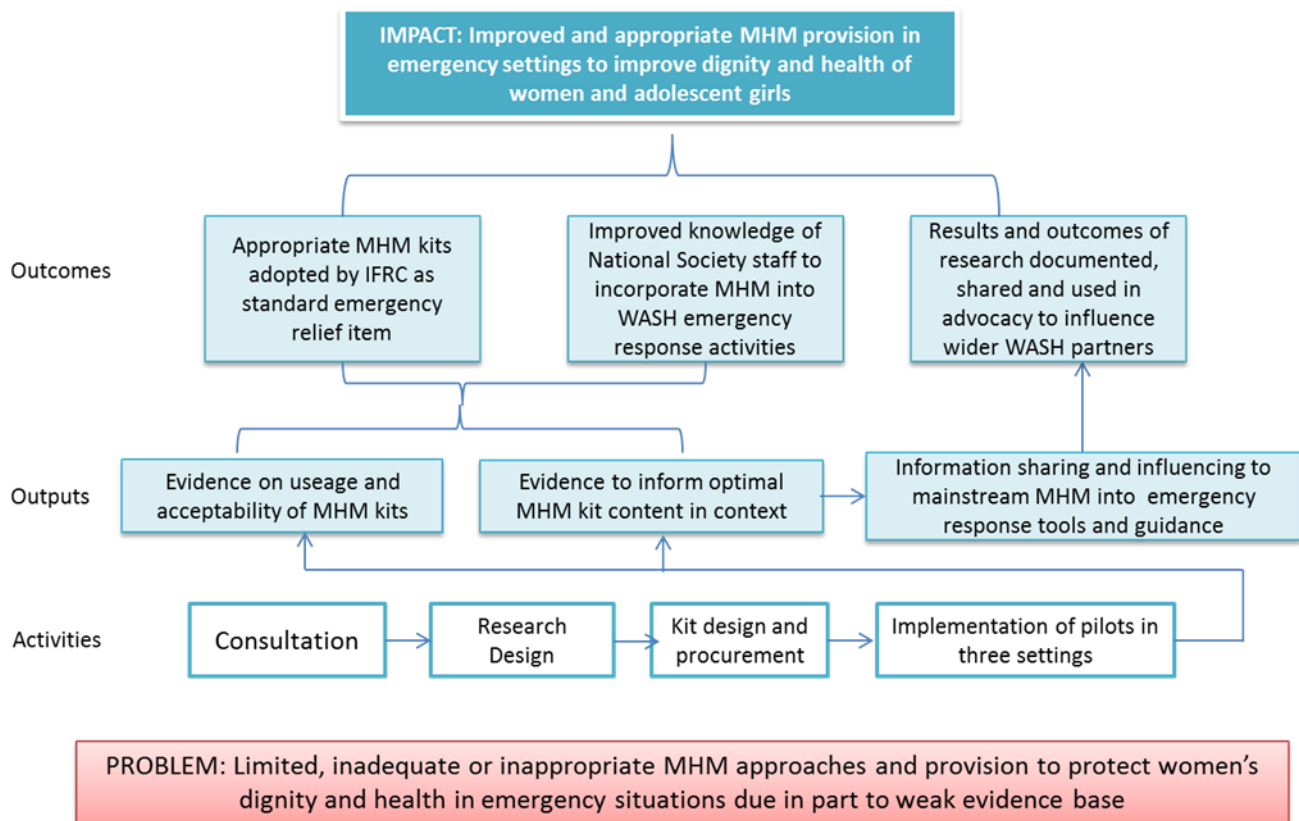
⁹ House, S., Mahon, T. and Cavill, S. (2012) 'Menstrual Hygiene Matters – a resource for improving menstrual hygiene around the world' WaterAid

¹⁰ Robinson, A. with Obrecht, A. (2016) 'Improving menstrual hygiene management in emergencies: IFRC's MHM kit' HIF/ALNAP Cast Study. London: ODI/ALNAP

¹¹ *ibid.*

¹² IFRC (2013) HIF EoI for MHM project

Outline Theory of Change for MHM Project



2.3. Implementation

The project began in June 2014 and tested different approaches to MHM in Uganda, Somalia and Madagascar, where the project was run by the relevant National Societies with IFRC oversight. A baseline exercise was conducted at the outset to establish a benchmark against which to measure impact, appropriateness and content of the MHM Kit for deployment in each setting. Three different kits were developed containing disposable, washable or a combination of sanitary pads in the case of Somalia. (A full kit list is at Annex C). The research was designed, the kits procured by IFRC and National Society staff trained to deliver information and sensitization sessions alongside kit distribution. Female enumerators and refugee volunteer interpreters were trained to collect data using a mobile platform (Magpi), which supplied information in real time to the team in Nairobi who were to analyse it and surveys and focus group discussions were conducted one month and three months after kit distribution¹³. In order to identify any age-related differences in needs and attitudes, three different groups of pilot beneficiaries were denoted for the purposes of the research:

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

¹³ IFRC (2016) *Menstrual Hygiene Management (MHM) in Emergencies: Consolidated Report*

Table: HIF MHM project sites and kit distribution

Country	Location	Setting	Kit Trialled	Number distributed
Uganda	Rhino Settlement, Arua	Rural – South Sudanese refugee women (mainly Nuer) including adolescents – emergency context	Kit A (disposable)	1,000
	Mungula Settlement, Adjumani	Rural – South Sudanese refugee women (mainly Dinka) including adolescents – emergency context	Kit B (washable)	950
Somalia	Alleybadey and Dilla	Religious context and cultural context influencing MHM	Kit C (disposable and washable)	2,000
Madagascar		Island communities prone to natural disasters (cyclone) and with specific cultural and religious beliefs impacting MHM	Kit A (disposable)	999
			Kit B (washable)	994

Drawn from information in IFRC Appeal report

The case study visit took place in Uganda, specifically in Mungula, one of 17 refugee settlements near Adjumani, which URCS supports. (Different NGOs run operations in different settlements under the oversight and co-ordination of UNHCR.) Kit B containing washable pads was distributed in April 2015 to newly arrived refugees from South Sudan¹⁴. This was quite a different setting from the Burundi pilot which had distributed kits to longer-term Congolese refugees. Focus Group Discussions held with South Sudanese women in Mungula settlement during the case study confirmed the situation facing refugee women in relation to MHM:

Contents of Kit B

- 1 pack of reusable sanitary pads – holder plus 5 absorbing liners (3 winged; 2 straight)
- plastic bucket, 6 litres with lid
- 4m length of plastic coated rope
- plastic pegs (8)
- 350g laundry soap
- 220g personal bathing soap
- underwear, 100% cotton – 1 medium; 1 large
- use, care and disposal instructions (Kit B)
- Polyethylene storage bag with drawstring

‘The situation was very hard.’ ‘We came running from South Sudan.’

‘We tried to get small amounts of money to buy pads if we could but if we couldn’t, we really suffered.’

Women in this context said that even before fleeing they used to manage their menstrual period by using pieces of folded cloth, or by simply staying inside for four days, during which time girls would miss school. Of course, as the women themselves said, ‘It is a monthly need.’

Washable pad design

The Afripads pack distributed in the pilot consisted of two holders which attach onto the pants, 5 absorbing liners (3 winged and 2 straight) to slot into the holder, and a small bag in which to store used or clean liners. The pack has been innovated, trialled and tested continuously and the current iteration is an ‘all-in-one’ pad, fastened with poppers. These are supplied in a pack of 3 for normal use plus 2 with greater absorbency for overnight use. These can be reversed, folded in on themselves and fastened once soiled until washing. Pad fabric is fleece-like, making it comfortable and easy to wash and dry, as demonstrated by the IFRC MHM project.

Prior to kit distribution, community meetings were held with both men and women at the outset - women attending focus group discussions for example had to have permission from the men in their family to do so. The sensitisation work had provided a good opportunity to teach not only about MHM but also the link to pregnancy and therefore family planning. This had to be done with sensitivity and indeed many women did not want to discuss

¹⁴ ‘Arrival packs’ contain basic items such as a jerry can, cooking pot and panga (machete) to enable house construction. They do not contain consumables.

this, given the strong cultural expectation that dowry is ‘repaid’ through child bearing, strongly discouraging family planning of any sort. Although a sample-based distribution had been envisaged, both between and within households, in the event there were sufficient numbers of kits available for them to be given to all women in the settlement who needed one. There had not been much resistance from men – indeed they were supportive of the initiative. They were keen to receive something as well so were given the personal soap, with an explanation that it was for the women in their household to use.¹⁵

Country reports were prepared and data gathered through the pilot was also analysed and synthesised across all three country pilot sites by IFRC, culminating in a consolidated report in March 2016¹⁷. This report presented the pilot findings and made recommendations for each setting in relation to four evaluation questions which had guided the research:

- Usage and acceptability
- MHM kit content
- Distribution considerations
- Mainstreaming MHM into global tools and knowledge.

The findings of the pilot were further summarised in the ALNAP case study.¹⁶

2.4. Outputs

Although not expressed in terms of outputs and outcomes, the immediate results of the HIF MHM project activities – evidence and research relating to the evaluation questions - could be described as its **outputs**. As the consolidated final report states, ‘the surveys in all three countries did demonstrate significant improvements from the baseline in relation to knowledge, health, dignity and hygiene’ and concluded that the operational research trials had successfully demonstrated that the kits were ‘comprehensive relief items that appropriately and effectively meet the menstrual hygiene needs of women and adolescent girls in emergency settings’¹⁷. It clearly showed that the project had generated new and high quality evidence in response to the evaluation questions outlined, not only in relation to the kits themselves but also to wider issues around MHM including WASH provision.

Setting aside the formal reporting, in the words of focus group participants during the case study visit,

‘We were suffering. The RC brought latrines, hygiene, services. It was an emergency. We left everything. Thank you, Red Cross. The kits helped.’

3. Project impact and outcomes:

3.1. MHM Project outcomes

Project outcomes are defined as ‘The likely or achieved short-term and medium-term effects of an intervention’s outputs.’¹⁸. The stated objectives of the project, leading from the outputs described above, can be taken to be the intended **outcomes**. At the end of the project, there had been progress towards these objectives. It seems that they were always more likely to be fully achieved beyond the project lifespan rather than by the end of the project, the focus of the project being on evidence generation to inform these all-important next steps. Progress at the end of the project is summarised below.

¹⁵ Interview with Michael Dembe, MHM Uganda project co-ordinator

¹⁶ Robinson and Obrecht (2016)

¹⁷ IFRC (March 2016) ‘Menstrual Hygiene Management in Emergencies: Consolidated Report

¹⁸ OECD DAC Glossary

Table: MHM Project achievements against objectives / outcomes at end of project

MHM project objective	Reported progress ¹⁹
MHM Kits A (disposable) and Kit B (reusable) are adopted by IFRC as standard emergency relief items	Some progress - detailed specifications developed, to be included in Red Cross / Red Crescent Emergency Items Catalogue. Inclusion should lead to widespread kit adoption.
Improved knowledge of National Society staff to incorporate menstrual hygiene management into WASH emergency response activities	Some progress - pilot generated evidence to inform development and dissemination of guidelines to support RC/RC National Societies on pre-positioning, appropriate uses / contexts and distribution mechanisms for MHM kits. This has been applied in several locations in East Africa, for example by the Rwanda RC in their Burundi Population Movement Appeal; by Somalia RC as part of their drought response; and by Uganda RC, planning to procure kits as part of the South Sudanese Population movement emergency response.
Results and outcome of MHM operational research are documented and shared with wider WASH partners.	Some progress – results and outcomes documented and shared with wide WASH partners. Products include ALNAP case study and consolidated final report, as well as global dissemination at the May 2016 World Humanitarian Summit – Innovation Marketplace and other international conferences

The ALNAP case study of the MHM project looked at specific **outcomes from the innovation process** – defined as an iterative process of identifying, adjusting and diffusing ideas for improving humanitarian action that leads to consolidated learning and evidence; an improved solution for humanitarian action; and wide adoption of an improved solution. The study, undertaken through interviews and literature reviews at the end of the project in 2015, also found varying degrees of success as set out below:

Table: ALNAP review of MHM project's innovation process

Success Criteria	Definition	Assessment
Increased learning and evidence	New knowledge generated or an enhanced evidence base around the problem the innovation is intended to address, or around the performance of the innovation itself	Highly successful – valuable body of evidence generated from field tests about MHM in emergencies, relating to kits and holistic response. Learning shared and some incorporation of MHM into programming in Uganda
Improved solution	Measurable, comparative improvement in effectiveness, quality or efficiency over current approaches to the problem addressed by the innovation	Moderately successful – provision of kits not novel in itself and comparative benefits of distributing individualized kits versus household kits not explored although some improvement over existing practices
Adoption	The innovation is taken to scale and used by others to improve humanitarian performance	Too soon to tell – a number of key diffusion activities still outstanding and resourcing weak

Information drawn from Robinson, A. with Obrecht, A. (2016) *Improving Menstrual Hygiene management in emergencies: IFRC's MHM Kit*. HIF/ALNAP Case Study. London: ODI/ALNAP

The case study visit provided an ideal opportunity to explore the further progress made since the end of the project against the intended outcomes, both in the local context of Uganda and at the international level.

3.2. Progress beyond the HIF MHM project: Uganda

3.2.1. Kit Distribution

Since the project distribution in April 2015, URCS Arua and Adjumani branches had not distributed any further MHM kits until April 2017, just a few weeks before the case study. This distribution was of a further 6,000 kits with washable pads, procured by the German Red Cross, and distributed to²⁰:

¹⁹ Information drawn from IFRC MHM in Emergencies: Consolidated Report (March 2016)

- women and girls in Bidibidi settlement near Arua as part of an emergency response for a new influx of refugees (3,000);
- Health Centres across the Adjumani area, serving the local population as well as the 17 settlements (c.1,000); and
- women and girls aged between 12 and 49 in Mungula Settlement (890).

The remaining kits were due to be distributed to health centres when stocks ran low. This was anticipated to be quite soon as Health Centre births average 40 per month although had increased considerably, believed by health centre staff to be due to the incentive of receiving kits: the MHM kits are distributed alongside ‘Mama kits’ which contain items principally for the baby and the mother immediately post-delivery and kits are only given to mothers who deliver in Health Centres, not to those delivering at home²¹. (The District Health Officer said that women were even walking from one area to the next in order to deliver at a Centre known to have kits in stock.)

The distribution in Mungula took place over two days and included MHM training. Many of the recipients would have received kits in the first distribution as the settlement, although only established six months before the project, had for some time been closed to new arrivals (apart from family reunifications)²².

Kits contents had been changed in line with recommendations from the MHM consolidated report and followup with beneficiaries in 2016²³. Changes included:

- larger bucket - the previous distribution had included a small bucket so that pads could be washed separately from other items but women said that it was too small to use for washing.
- towel included
- more (1kg) laundry soap – feedback was that the 350g previously distributed was not enough. As a consumable item, it seems likely that the increased amount will also prove insufficient.

There had been other changes to the kits due to procurement issues:

- Dettol bathing soap. Pilot kits, sourced by IFRC in Nairobi, had included non-perfumed which was felt to have been better but this wasn’t available in Uganda
- Afripads: 5 pads were still included but these were of equal absorbency, in two packs of two ‘So Sure’ pads (the Afripads retail product) plus a single pad which had been separated out from a two-pack: items are ordered in Kampala, delivered to Adjumani and packed there. Procurement had been done through the German Red Cross and it was not possible to ascertain the reason for the purchase of ‘So Sure’ branded pads rather than the Afripads 5-pad pack. (Afripads also said that they could have packaged the pads into packs of five which would have made for much more efficient packing.) Afripads had also changed their design from a holder with insertable lining pads to an ‘all-in-one’ pad.
- The kit came in a strong cotton bag with a zip (rather than a polyethylene drawstring bag). It was branded ‘Dignity Kit’ and carried the logos of the providers: German Red Cross, German Humanitarian Assistance and URCS.

It was reported that although men had previously wanted to receive something and so had been given the soap, this time they realised what was being distributed and did not come (apart from one bearded man

²⁰ Interviews with Stephen Mawa, URCS Adjumani Branch Operations Director; and with xxxx

²¹ Interview with Health Centre staff. Mama kits, distributed by ACORD, include a T-shirt for the mother (promoting delivery in the Health Centre), sandals, roll of cotton wool, pants, soap, stockings, baby shawl and a baby vest but no sanitary pads.

²² Interviews with Stephen Mawa, RC Adjumani Branch Operations Director and Health Centre staff

²³ Ibid.

who put on a skirt to try to get one!). Interviewees felt that men were happy that the women had been given the MHM kits.



The recently distributed Red Cross Dignity Kit (photo by the author)

3.2.2. Feedback

The feedback obtained from focus group discussions during the case study, informal though it was, gave an **indication** of how well the pads in the original distribution had lasted, how well the new kit contents met needs and specifically, reactions to the new Afripads all-in-one pad.

Use of original pads: About two thirds of women in the first focus group and a smaller number in the second had still been using the original pads up until the April 2017 distribution. However many said that unsurprisingly the pads, only expected to last a year, had worn thin, lost absorbency and torn.

Pad preferences: The pads were comfortable and the Red Cross Dignity Kit felt better than the one distributed in late 2016 by another NGO which just contained disposable pads and pants. When disposable pads were available, women chose to use them, then returned to the washable ones.

Pad use: Women in both groups said that they did not share their pads with family members or friends (although might give the pads to them). They found washing and drying them manageable, although the women in group 2 had a problem with the water supply in their settlement and drying could be difficult if there was no sun. Women in both groups explained that there would be no infection / itching if the pads were washed properly. (The District Health Office said that from a hygiene and disposal perspective, their preference was for washable pads.)

Kit contents: In both groups, early reaction to the new all-in-one Afripad (bearing in mind that they had been distributed only a few weeks previously) was that it was a bit light and not as good as the pads and holders in the original distribution. The new kit was otherwise better although more soap was needed; four pairs of larger pants would be preferable to two small pairs; and more pads would be better.

Attitudes to MHM: women said that their attitudes had changed and that they felt safe and no longer ashamed [during their periods]: *'now we can be normal.'* They said that they had knowledge [about MHM] and women in the second group said that men's attitudes had changed, that they understood more [about women's health], were supportive of good hygiene and welcomed the change for women. A good husband would buy pads for his wife if he was able to. The Refugee Welfare Council Chair, Elijah, was the interpreter for the first focus group and was clearly very supportive of the MHM initiative, having been in the settlement during the original distribution. URCS staff said that *'any fear*

or embarrassment at discussing MHM with men has gone' and noted that during the recent distribution, recipients were *'fighting to demonstrate how to use the pads [to women - attaching the pads to pants] in front of men!'*

It was clear that the kits were highly appreciated and had made a difference to women's lives. As the Adjumani RC Branch Officer URCS said, *'Women highly appreciate the kits. They do not want to go back to using rags.'*

3.2.3. Progress against project intended outcomes

The objectives of the MHM project were discussed with key informants²⁴ in relation to the Ugandan experience, to determine progress beyond the end of the project.

Obj 1: MHM Kit A (disposable) and Kit B (reusables) are adopted by IFRC as standard emergency relief items

URCS interviewees said that the need for MHM kits to maintain women's dignity in emergency responses in Uganda - not just in recovery work - was established and recognised due to the project. Kits had been included in a June 2016 emergency response and the large-scale URCS distribution of Kit B had taken place recently, two years after the end of the project. (There was a distribution of disposable pads funded by the Canadian Red Cross in 2016.) MHM was now included as a new sixth indicator in all WASH emergency funding and programme proposals and evidence from the research project was used to support these²⁵.

There was a slight concern that demand had been created and since 'left hanging' to some extent, given the dependence upon supportive donors and the wide range of needs currently in East Africa. A funding proposal was being developed to train girls to make washable pads and liquid soap, which it was felt could be more sustainable as well as a potential source of income, in the longer term²⁶.

Obj 2: Improved knowledge of National Society staff to incorporate MHM into WASH emergency response activities

There is no doubt that the project increased capacity by progressing understanding and direction. For example, soap had not previously been considered for inclusion and pads had been distributed without other items, or training. The URCS Director for Health and Social Services said that he had not come across MHM as a key component in WASH programming prior to taking up post in September 2016. (More widely, several interviewees commented on how much more socially acceptable it had become in Uganda to talk about MHM, just over the last few years. One interviewee²⁷ observed that MHM was now seen as a good practice issue rather than taboo and related to sexuality.) In Uganda there had been pre-distribution briefing for National Society staff (and volunteers) covering basic knowledge and information to make the kits effective, although it was recognised that this hadn't gone more in depth into wider aspects of MHM²⁸. The IFRC WASH unit in Nairobi has also provided support to URCS in carrying out MHM assessments and advice on procurement and distribution, building on knowledge gained through the pilot.

Obj 3: Results and outcome of MHM operational research are documented and shared with wider WASH partners

Informants²⁹ agreed that although there had been some good dissemination at a local level – for example through the partner co-ordination meetings in Adjumani involving the Office of the Prime Minister, UNHCR,

²⁴ Michael Dembe, MHM project manager (no longer a URCS employee)

²⁵ Interview with Stephen Mawa, URCS

²⁶ Interview with Dr Thomas Malinga, URCS

²⁷ Interview with Stephen Mawa, URCS

²⁸ Interview with Stephen Mawa, URCS

²⁹ Interviews with URCS and District Health Office

Ministry of Health and implementing NGOs - there had not been much progress on this in the Ugandan context at a national level, where change could really be effected. The intention had been to hold a dissemination workshop with national level partners but this had not taken place due to lack of funding. It was felt that if key national players such as the Minister of Health got behind MHM, it could become standard practice for all emergency partners across Uganda based on solid research, as opposed to something which various NGOs did to varying effect. (Mention was made of large UNHCR stocks of biodegradable 'Makpads' which had proved ineffective and uncomfortable.) The challenges remaining in Uganda in relation to MHM identified by the Adjumani RC Operations Director all related to this issue of wider dissemination: standardisation of kits; level of acceptance by agencies when water and food takes priority; and acceptance of importance at donor level, who it was felt similarly needed convincing that they should be core items. Advocacy at national and international levels was needed to take these issues forward.

Although not necessarily related to MHM project dissemination, UNHCR and Oxfam were supplying Afripads as core relief items³⁰. It was felt that other NGOs had adapted the content of their kits to more closely match the URCS/IFRC's model and that beneficiaries themselves had been sharing learning, generating demand.³¹

3.3. Progress beyond the HIF MHM project: IFRC

The IFRC perspective on progress beyond Uganda was provided by George Mugambi IFRC WASH officer, based in Nairobi, who had overseen much of the MHM in Emergencies project. There was no doubt that the MHM project has had some impact within IFRC. Awareness was felt to be higher, for example around the need and the recognition that one solution does not fit all situations, and there were examples of MHM being incorporate into programming outside the pilot areas. One example was an emergency response appeal in late 2015/early 2016 for Tanzania, coping with refugees fleeing from Burundi, where pilot learning was applied, particularly the tools and needs assessments to inform distribution considerations. Washable kits had been given to refugee school girls in Rwanda in 2016, some MHM kits had been distributed in Somalia through a recent appeal and there were plans to distribute 3,000 – 4,000 further kits in Bidibidi settlement, Uganda in 2017.

Project objectives were assessed in relation to progress beyond the HIF MHM project outside Uganda:

Obj 1: Kits adopted by IFRC as standard emergency relief items: It was felt that there was good understanding of MHM at National Society level across East Africa and, as above, some examples of kits becoming mainstreamed within emergency responses, although there was still a real need for established guidelines. 190 National Societies and the ICRC rely on the Emergency Items Catalogue (EIC), so the inclusion of MHM kits on this is a key means of dissemination and adoption. Inclusion in the EIC had not yet happened although was definitely planned, along with guidance on needs assessment once developed. Realistically, progress was dependent upon securing resources for the latter.

Obj 2: improved knowledge of NS staff to incorporate MHM into WASH emergency response activities. There was still much to do on this although the intention was to significantly develop the MHM module for WASH Regional Disaster Response Team Training later in 2017. This would also cover revised protocols.

Obj 3: Results and outcome of MHM operational research are documented and shared with wider WASH partners. There had been some wider dissemination – for example through attendance at the 2016 World Humanitarian Summit – and good interest from National Societies outside Africa, and Afripads said that

³⁰ Interview at Afripads

³¹ Interview with Stephen Mawa, URCS

they had used and shared the project findings widely. Further progress by IFRC is highly dependent upon further funding. IFRC have recently submitted an EoI to the HIF for a dissemination grant which, if successful, would fund the development of guidelines for NS to implement MHM; production of a video / animation (by the Norwegian RC) to be used for advocacy, educational and training sessions. All would further progress the three objectives.

3.4. Unintended consequences

As well as procurement and distribution challenges in Uganda, informants identified some unintended consequences of the MHM project, positive, negative and neutral.

Inclusion of men: Men's response to the original distribution had not been anticipated and reinforced the need to include men in the planning stage.

Raised and unmet expectations: as noted in the ALNAP case study (page 21) and acknowledged by URCS staff, the limited resources due to the pilot nature of the project could have been better communicated, particularly where disposable pads had been included in the kits.

Beneficiary needs: It had been discovered that the menopause occurs relatively late for South Sudanese women – older women than expected were involved in the pilot.

Wider health benefits: Some women using pants and pads for the first time had experienced itching. This had been found to arise from the symptoms of candidiasis (thrush) being exacerbated by heat and lack of air circulation due to pad use and led the Health Centre to test, counsel and successfully treat affected women and promulgate health education messages.

Increase in women's confidence: Whilst perhaps only anecdotally linked to MHM kits, it had been noticed that *'Women are freer. They will now speak at inter-agency meetings.'*³²

3.5. Impact in relation to HIF Evaluation Matrix

The evidence gathered can be applied to the HIF evaluation questions as follows.

- (i) **HIF grant resulted in increased humanitarian innovation.** The grant enabled a fairly novel approach within humanitarian settings to be trialled and, through the generation of evidence, laid the ground for it to be mainstreamed. A more innovative response could include and test silicone cups rather than pads in the MHM kits, such as Ruby Cups³³. A pilot study is being conducted currently in Uganda by the London School of Hygiene and Tropical Medicine using Afripads and Ruby Cups³⁴ which would be well worth tracking.
- (ii) **HIF grant resulted in measurable impact or evidence of improved or more cost-effective humanitarian action.** This was true through this case study – MHM kit distribution both through the project and subsequently was an appropriate and improved dimension of emergency response which met a clear need. As one interviewee said, *'Without the project, RC wouldn't have developed the standard kit or come to put MHM as a core element of an emergency response'*. There was no cost-saving since the kits had not been distributed previously but the research ensures that kit contents are appropriate (i.e. not wasteful of resources) and included a market survey and costings for procurement purposes.

³² Interview with Stephen Mawa, URCS

³³ See www.rubycup.com

³⁴ Interviews with Sam Musoke and Afripads staff

- (iii) **HIF grant contributed to positive change and/or better outcomes for beneficiaries** This had been evidenced in the project report and was confirmed through the case study.

To summarise, the HIF project enabled development of the standard MHM kit and increased understanding of wider MHM needs, and was starting to put MHM as a core element of an emergency response. The research had tested and shown the importance of a much more comprehensive response to MHM than had previously been taken. **Overall, it had therefore been both very significant and timely and, in the words of one interviewee, served to ‘put it [MHM] on a pedestal’.**

4. Contributing factors

ALNAP’s analysis has found the following factors to be present and understood by innovating teams and external stakeholders when innovation processes are successful³⁵. They are analysed in relation to the MHM project below.

Table: ALNAP innovation process success factors and the MHM project

Contributing Success Factor	Evidence within MHM project
Collaborating with others	The Afripads partnership was critical to success – an effective and affordable product was available and the both parties had a shared interest in data gathering and understanding beneficiary needs. Collaboration within the Red Cross ‘family’ also seemed to be effective, with National Societies implementing pilots and the IFRC overseeing the work.
Generating and integrating evidence	This was the purpose of the MHM project and has continued to be an important driver of the MHM work
Engaging with end users and gate-keepers	The project started with a baseline study and consultation to understand need and this approach informed the one- and three-month surveys. Needs assessment tools and guidance will be key features of the approach going forward.
Organising an innovation process	The MHM project was well-planned and the research plan rigorous. Technical assistance had been secured to design the research and the tools.
Resourcing an innovation	It was recognized that the project would need money, people and skills and this was planned for, and indeed the motivation of the original HIF application. The challenge is in taking it forward
Managing Risk	The project was well managed applying IFRC procedures. Challenges were encountered but overcome or managed.
Creating a culture for innovation	There was a high degree of openness amongst players who could see the need for improved MHM. IFRC has started to create a culture which values operational research as a vital underpinning component of humanitarian action, and the MHM project had helped this shift. A post of Innovation Team Leader has been created recently in Geneva and the Somali Office has recruited someone recently to form the core of a new Innovation Team ³⁶ .

Other contributing factors identified through the case study are:

Timeliness of the grant: The HIF grant enabled IFRC to build on the success of the Burundi pilot and maintain the momentum which had built up around MHM. It helped IFRC to realise the importance of good data and evidence to develop an innovation, as well as providing evidence that was really needed. External stakeholders felt that it had positioned IFRC as a leader on the issue.

³⁵ Robinson, A. with Obrecht, A. (2016) ‘Improving menstrual hygiene management in emergencies: IFRC’s MHM kit’ HIF/ALNAP Case Study. London: ODI/ALNAP

³⁶ Interview with George Mugambi, IFRC

Size of the grant: This enabled a large scale, three-country project to be undertaken. Interviewees were clear that a smaller grant, or reliance simply on other donors, would have reduced the effectiveness of the pilot and the breadth and quality of evidence collected through it. One interviewee also noted that a smaller project would also have resulted in less confidence and awareness amongst National Societies. It is notable that progress since the end of the project has been somewhat limited by lack of resources (both personnel and funding) and that further funding is being sought to take things further.

Level of interest across humanitarian actors: The general level of interest and recognition of MHM as a need in emergencies amongst other actors implies that there is a receptive environment for the findings of the project and further advocacy about MHM. Other actors are also potential further sources of data and information. There is a sense that MHM kit distribution and training is no longer seen as an unusual thing to be doing, as evidenced by examples of other MHM Kit distributions and data gathering.

Support from whole community: There seems to be a general recognition of the adverse impact on girls and women of a lack of MHM: it is of concern to the whole community, not just a 'women's issue'. Although women had implemented the pilot, demonstrated the kits and been trained as enumerators, in the case study focus groups, women were content to have men present, including community leaders – indeed asked them to stay – and to have them involved in the discussions.

Additional, wider benefits from the HIF grant were also identified, which in turn contributed to the impact of the HIF grant. The first was the **capacity building** spin-offs of holding a grant. The HIF grant was one of the first innovation grants received by IFRC and through it, especially with implementation taking place in three countries, both IFRC and NS staff involved developed **project management skills**. It also built capacity in **research skills** (in part through the technical assistance bought in) and has given IFRC the confidence to look for further opportunities for operational research. The HIF project also reinforced the **need for research**, and investment in this, to underpin humanitarian, emergency response operations.

5. HIF support

The case study provided a good opportunity to understand better the interactions between an applicant / grant holder and the Fund Manager.

Application: The officer who had developed and submitted the original grant had left IFRC but recent experience of preparing and submitting an expression of interest for a dissemination grant had been positive, with encouraging and helpful personal interactions with the HIF grant officer. These had included information about likely timescales, although more information on how the selection would be made in addition to information on timing would be valuable

Implementation: There had been no issues around grant disbursement during project implementation. Relationships were fine although contact had been fairly minimal and more feedback plus support on monitoring and evaluation would have been useful. The ALNAP case study had provided useful learning about the innovation process.

Closure: The big issue facing IFRC, and no doubt many other HIF projects, is how to take the innovation to the next stage – through dissemination, advocacy and scaling. It was suggested that Elrha could help with advocacy through their networks, and maintain an on-going relationship of support and engagement after the end of funding to ensure that positive innovations do not run out of steam. The scaling and other HIF grants are also clearly important here, in potentially providing additional funding.

6. Implications for HIF

1. This case study confirms the **catalytic role of the HIF**: an appropriate funding had been made available at just the right time and enabled a small scale initiative to gain momentum and have a much wider impact. It enables innovations to be progressed to a higher standard (in terms of reach, depth) than would otherwise be the case. The application process could be reviewed to ensure that this contextual / timing aspect is explicitly assessed and considered.
2. **Partnerships** are crucial to longer term dissemination, scale and sustainability and need to be facilitated and encouraged through HIF marketing, support and the application process.
3. Explicit recognition of the **benefits of capacity building alongside funding** could influence how Elrha manages the HIF and deploys resources.
4. As is recognised by the HIF's funding windows, a single HIF grant is only ever going to be a 'link in the chain', taking an innovation to the next level. This reinforces the need for **follow-on funding** for good projects, and the potential for **wider HIF support** to have greater significance by continuing beyond end of project through communications, advocacy, technical support and advice.

Annex 1 Methodology

The Case Study took a mixed methods approach in order to collect and triangulate a range of evidence and build up an informed picture of both the project and what had happened subsequently. Key project documents were reviewed, as set out in the footnotes of the report; interviews were held with key informants who had been involved in the project and / or its follow-up or who had an interest in it; and two focus group discussions were held with women in Mungula Settlement, near Adjumani. The women were aged about 20 years and upwards. Younger girls were attending school on the day of the visit and their views could not therefore be obtained. The visit was hosted by URCS and co-ordinated by IFRC.

Key informants

Stakeholder Category	Definition	Individuals interviewed
Innovation managers	Innovation managers are the persons responsible for developing the innovation. They may manage any or all stages of the innovation process. They have an interest in successfully developing, implementing and sustaining the innovation.	<ul style="list-style-type: none"> • George Mugambi, IFRC WASH officer • Michael Dembe, URCS project officer for MHM project • Adrian Dongus, Afripads Regional Business Development Manager • Willeke Westra, Afripads Sales and Marketing Executive • Sam Musoke, Ruby Cups distributor
Humanitarian actors	Humanitarian actors are the people who use, or are expected to use the innovation. They may be strategic managers, programme managers, or field staff. They have an interest in innovation that strengthens humanitarian action or their own functions.	<ul style="list-style-type: none"> • Stephen Mawa, Adjumani Branch Operations Director • Dr Thomas Malinga, URCS Director of Health and Social Services • [check notes], District Health Office • [check notes] Health Centre staff and [check notes] nurse/midwife
People affected	People affected are people affected by a disaster or emergency whose needs humanitarian action is primarily required to address. They may reflect the views of a specific population, a community, or a specific group. They may have a positive interest in innovations that help them directly or that produce humanitarian outcomes.	<ul style="list-style-type: none"> • Women refugees from South Sudan aged between about 20 and 40: <ul style="list-style-type: none"> ○ FGD 1 – Mulunga Settlement plot B ○ FGD 2 – Mulunga Settlement plot D • Elijah, Refugee Welfare Council Chair

Annex 2 Types and content of IFRC Menstrual Hygiene Management Kits

Reproduced from MHM in Emergencies Kit List supplied by IFRC

Type of MHM Kit	Items
Kit A (Disposable)	2 Packs of Disposable sanitary pads, normal (8 pads per pack)
	Plastic bucket, 6 Litres, with lid
	Bio-degradable plastic bags, 8 - 10 Litre size, non-transparent, black
	220 grams personal bathing soap
	Underwear, 100% cotton, not white, Medium size
	Underwear, 100% cotton, not white, Large size
	Use, care and disposal instructions (Kit A - disposable)
	Polyethylene storage bag, with drawstring
Kit B (Washable)	1 pack of reusable sanitary pads (e.g. AFRIPads) which included 5 absorbing liners (3 winged pads + 2 straight pads)
	Plastic bucket, 6 Litres, with lid
	4-meter length plastic coated rope
	Plastic pegs, pack of 8
	350 grams laundry soap
	220 grams personal bathing soap
	Underwear, 100% cotton, not white, Medium size
	Underwear, 100% cotton, not white, Large size
	Use, care and disposal instructions (Kit B - reusable)
	Polyethylene storage bag, with drawstring
Kit C (Disposable & Washable)	Plastic bucket, 7 Litre capacity, with lid, solid color
	Disposable sanitary pads, regular absorbency, pack of 10
	Small plastic bags (bio-degradable), 1 - 2 L capacity, thin with handles, non-transparent, black
	1 Pack of reusable/washable sanitary pads (e.g. AFRIPads)
	Plastic coated rope, 4-meter length
	Plastic pegs, pack of 8
	350 grams laundry soap, bar
	220 grams personal bathing soap, bar
	Underwear, 100% cotton, not white, Medium size, with elastic waistband
	Underwear, 100% cotton, not white, Large size, with elastic waistband
	Use, care and disposal instructions (Both Type A Disposable and Type B Reusable/Washable)