



HUMANITARIAN INNOVATION FUND Early Stage Innovation Final Report

Organisation Name	International Federation of Red Cross and Red Crescent Societies (IFRC)
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Project Title	Improving action for Menstrual Hygiene Management in Emergencies globally: Consolidating and strengthening Red Cross/Crescent activities and tools
Partner(s)	Norwegian Red Cross, Icelandic Red Cross
Problem Addressed / Theme	Menstrual Hygiene Management
Location	Global
Start Date	April 2018
End Date	December 2018

Total Funding	HIF: £49,958 Partners: £51,467 Total funding: £101,425
Total Spent	HIF : £ 49,971 Partners: £ 34,347

Innovation Stage	Diffusion
Type of Innovation	Dissemination of best practices and lessons (from original innovation) and advocacy for inclusion of MHM in emergency contexts at a strategic, decision-making level.
Project Impact Summary	Dissemination and advocacy has led to increased awareness among practitioners on the importance of and need to address MHM in emergency programming (including lessons from the original innovation of MHM kits as a relief item). RCRC National Societies have access to practical tools and resources to be able to implement comprehensive, effective and accountable MHM programming in emergencies.



ACTIVITIES CARRIED OUT

1. Key activities carried out as part of the diffusion project are outlined below. The project workplan is included as Annex 1.

a) Online MHM Community of Practice launched

An MHM [Community of Practice](#) has been initiated for improved coordination, exchange, and to support standardisation of tools. As of today, the MHM Community is active and has 310 members subscribed – both internal Red Cross Red Crescent practitioners and external partners.

b) Global MHM workshop held

IFRC and the Lebanese Red Cross hosted a global MHM workshop in Beirut from 22nd to 24th October 2018. There were 35 participants from 22 National Societies and IFRC, as well as 8 external partners (Colombia University, WASH United, The Case For Her, AfriPads, Oxfam, PSI, CBM and UNHCR).

It was the first time that WASH, Health and PGI (Protection, Gender and Inclusion) had all come together to share experiences and lessons in MHM, both in humanitarian and longer-term programming. The workshop summary report (including key session content and evaluation results) can be found in Annex 2.

c) Case study published with key results and lessons from MHM innovation operational research from East Africa

Between 2012 and 2016, IFRC conducted operational research in Burundi, Uganda, Somaliland and Madagascar which aimed to better understand the MHM challenges women and girls face in humanitarian contexts, and generate evidence on MHM kits.

Results showed improvements in dignity, health and knowledge after the distribution of MHM kits and promotion of menstrual hygiene. Findings highlighted the importance of appropriate facilities, including safe and private spaces for maintaining hygiene and washing, changing and drying pads.

A [case study](#) (Annex 3) was published which outlines the operational research process, key results from each country and recommendations for MHM programs.

d) Two MHM videos were launched

Two videos for advocacy and training were launched, which outline the challenges that women and girls face, including lack of information, cultural taboos or restrictions, embarrassment, anxiety and a lack of private, safe facilities to manage their menstruation. Actions that are needed to effectively respond to these challenges and menstrual hygiene needs are also included. Find the videos here:

- Video 1: https://www.youtube.com/watch?v=kd_gR_S-rGw
- Video 2: <https://www.youtube.com/watch?v=mJBhGcB8NEA>

e) **Guideline entitled “Addressing Menstrual Hygiene Management (MHM) needs” and 13 practical tools launched**

The guide aims to provide comprehensive and effective MHM action, adapted for the Red Cross Red Crescent context and can be used by programme staff and operations managers from all areas: WASH, PGI, shelter and NFIs, Health including sexual and reproductive health (SRH), PSS and education, etc.

The [Guide](#) includes several examples from the field and [13 practical tools](#) (in word format) to adapt and use: focus group guides, post-distribution monitoring survey, checklists for female-friendly WASH facilities, cash and MHM info and tool, example outputs & indicators for EPoA, an example feedback log – and information, education and communication (IEC) materials for disposable pads, reusable pads and tampons (see Annexes 4a, 4b, and 4c).

2. No changes or amendments were made to the planned activities and objectives.

ACHIEVEMENTS

3. *Has the project demonstrated the success of the innovation or idea?*

Significantly successful

4. *Please describe how the project achieved the planned objectives, and describe all of the results achieved through the activities indicated in Question 1.*

As a diffusion project, quite a lot has been achieved (as outlined in section 1), with the focus being on consolidating lessons from the original innovation (MHM kits as a relief item in emergencies), developing resources and practical tools that Red Cross Red Crescent National Societies can use to improve MHM programming, as well as dissemination and advocacy. Feedback from the Global MHM workshop was positive, and included:

- 75% of participants responded that the workshop has been ‘very useful’ for their work
- 83% of participants responded ‘very likely’ that they will transfer what they have learnt to their work

However, there is still a need to continue scaling and working further on promoting (and measuring) wider adaptation by National Societies (of MHM kits, of the Guide and practical Tools including IEC materials, etc.).

APPROACH

5. *Describe how the approach, project design or methodology you used was OR was not appropriate to carry out the planned activities or to achieve the objectives.*

This diffusion project continued to build off the initial innovation project. The approach used was to develop all resources (videos, Guide and Tools, IEC materials etc.) using a participatory approach with actual users to collect useful feedback and input. For



example, during the development phase, 12 people provided detailed feedback on the Guide and Tools including from IFRC Asia Pacific, Africa and Geneva, as well as National Societies in Asia, Pacific, Middle East and Europe.

We believe that this approach led to more appropriate, relevant and useful resources, which included what the ‘users’ wanted and need when responding to MHM needs in emergencies (for example, FGD guides for assessment and post-distribution monitoring, and checklists for female-friendly facilities).

The global MHM workshop evaluation asked participants to identify key actions for continuing momentum after the workshop. Responses include:

- Explain to 3 other staff from your NS what MHM is and share with them the resources from the workshop (50% of participants)
- Train and build capacity of staff and volunteers in MHM (45% of participants)
- Make use of long-term Health/WASH programmes to strengthen MHM activities (as well as to be better prepared for emergencies) (36% of participants)
- Contextualise/translate MHM tools and materials (27% of participants)
- Revise M&E tools to include MHM, gender and disability (27% of participants)

MAJOR OBSTACLES

6. Please list the three most significant obstacles faced during the project and describe how they affected the planned activities and results.

Obstacle	Impact of Obstacle
1. Short timeframe of the project (9 months).	Translations (Spanish, Arabic, French) of key resources were not able to be finalised; therefore dissemination mainly reached English speaking practitioners
2. One global dissemination workshop is not enough for number (191) and diversity of National Societies.	Demand was higher than the spaces available for the Workshop; high demand and need for contextualisation of workshop and materials to regional and/or country contexts.
3. Harmonising and coordinating how WASH, PGI & Health teams work together in a complementary way for effective MHM.	More complex dissemination (multi-sectoral) and more time needed to get buy-in from PGI and Health.

7. Please indicate what steps were taken to address these obstacles and whether the solutions were effective.

Solution	Effective?
1. Strong relationship with partners (e.g. Norwegian and Icelandic Red Cross) to continue support for global MHM activities in 2019 and beyond.	Yes; translation of key resources underway in 2019.
2. Participants at the global workshop were split	Yes; piloting and adaptation



into regional groups for planning and summary sessions; also see point 1 above.

underway/planned in 2019.

3. PGI and Health practitioners were included/invited to the workshop, PGI Geneva staff directly involved in co-developing and reviewing MHM resources and tools.

Yes/somewhat; however continued effort and engagement is needed to reach PGI/Health widely.

OPTIONAL: PARTNERSHIPS AND COLLABORATION

8. How and why did the partnership change during the course of the project?

HIF funds worked as a catalyst for other partners to join the global MHM plan of action, led by IFRC. Norwegian and Icelandic Red Cross Societies contributed to match the budget, allowing the project to finalize other core activities. The dissemination workshop strengthened the partnership with other National Societies, University of Columbia and WASH United, amongst others.

9. Are there plans to continue your partnership, either while continuing this innovation or on other projects?

- Yes, with this innovation

Please describe further: IFRC continues the partnership with Norwegian and Icelandic National Societies to implement key activities planned for 2019 to scale up and promote wider adoption (see section below). IFRC is expecting to continue and strengthen partnerships with WASH United, University of Columbia, Relief, AfriPads, etc. as well as internal Red Cross Red Crescent partners.

DISSEMINATION

10. Please describe any steps taken to disseminate the outcomes of the project.

See section 1 above for activities done to disseminate outcomes and learning from the MHM Kit operational research. An unplanned, positive product which supports dissemination to globally is a Practice Paper which has been accepted for publication in the peer-reviewed journal [Waterlines](#) (planned for publication mid-2019).

NEXT STEPS

11. Will the project, idea or innovation be replicated, carried forward or scaled up?

- Yes

Please describe further: Although the HIF project is coming to an end, IFRC is committed to keeping the momentum going for MHM and are planning to continue scaling up and wider adoption with support of a number of partners in 2019 and beyond:

- The pilot version of IFRCs MHM Guidelines and Tools will be trialled by National Societies in emergency operations, and in regional and global trainings, and adapted based on feedback and these ‘real-life’ experiences. The Guide and Tools (including IEC materials for reusable pads, disposable pads and tampons) will also be translated to Spanish, French and Arabic.
- Development and launch of an MHM online course (learning module) for capacity building of Red Cross Red Crescent volunteers and staff (as well as external practitioners). The MHM online course will enable wider capacity building, improved knowledge and confidence of WASH, PGI, Health, disaster management and other practitioners to implement effective MHM programs.
- Operational research to pilot the use of cash mechanisms (vouchers or grants) for menstrual hygiene is in the pipeline for 2019, to begin to collect evidence and best practices in this area. Using Cash for MHM may give women and girls more choice, can support local markets and ensure that women and girls have timely, efficient and appropriate support.
- Pilot operational research for incontinence products is also planned for 2019, as including collection of disaggregated data to being able to capture gender and disability and subsequently incorporate this effectively in programming. Incontinence is a cross-cutting issue with growing attention, however very little information, experiences or evidence is documented in humanitarian contexts.
- Continue to roll-out and standardise MHM training for WASH emergency response, PGI and Health trainings (e.g. Emergency Response Unit, Regional Disaster Response Team trainings etc.). This will include setting-up a feasible monitoring system for results and impact of training (e.g. improvement in knowledge, use of training in work/role, number of operations/MHM kits, beneficiary satisfaction etc.).
- The global MHM Community of Practice continues to be an active platform for sharing resources and experiences between many internal and external partners, and to connect with other MHM practitioners. Everyone is welcome to [join!](#)

12. *If the project or innovation could be carried forward, replicated or scaled up, please list the three most important issues or actions that will need to be considered.*

Suggestion/issue	1	2	3
1. The piloting and adaptation of IFRCs MHM Guidelines and Tools (including translation of IECs and advocacy videos).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Strengthen coordination and harmonisation between WASH (global lead on MHM within the IFRC), and PGI and Health teams, to ensure comprehensive and coherent MHM programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pilot operational research using cash (vouchers or grants) for menstrual hygiene, and operational research on inclusion (disability and older age; including collecting user-feedback on incontinence products in ongoing humanitarian contexts).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The IFRC team looks forward to continuing to work together to improve the dignity and health of women and girls in humanitarian contexts – **let’s keep the momentum for MHM going!**



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