

Guidance Note

# Integrating Menstrual Hygiene Management (MHM) into Ebola Response

OCTOBER 2020



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### CITATION INFORMATION

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First edition, 2020

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*Our sincere gratitude to Stefan Peterson for the design and layout of the guidance note.*

# Preface

**The Guidance Note: Integrating Menstrual Hygiene Management (MHM) into Ebola Response aims to provide streamlined guidance and practical insights to support Ministries of Health, organizations and agencies seeking to integrate menstrual hygiene management (MHM) into their Ebola Virus Disease (EVD) response.** This guidance note was informed by a global desk review and key informant interviews with global experts involved in a range of EVD response efforts in Africa over the last decade. This note seeks to build on guidance provided in the [MHM in Emergencies Toolkit](#) and the [Compendium on Menstrual Disposal, Waste Management & Laundering](#) published in collaboration with the International Rescue Committee, and numerous organizations and agencies across the humanitarian response community.

## TARGET AUDIENCE

The guidance note was designed to support implementers involved in the planning and delivery of EVD outbreak response. This includes:

- 1) **frontline program staff;**
- 2) **program supervisors and country-level staff** responsible for designing, coordinating and monitoring field activities; and
- 3) **donors, agencies, and organizations** focused on providing technical support and resources, and developing standards and procedures.



## EIGHT KEY TAKEAWAYS

Integrating attention to menstruation and MHM within an EVD response is essential for patients and suspected cases, for girls and women living in affected communities, and for response staff. Key activities include:

1. **Train response staff** on how to meet the needs of menstruating women and girls during an EVD outbreak;
2. **Clarify and contextualize the case definition of Ebola**, including the difference between “explicable bleeding” (e.g. menstruation) vs. potentially “inexplicable bleeding” (e.g. prenatal bleeding); the latter of which may be a sign of EVD;
3. **Provide female-friendly Water, Sanitation and Hygiene (WASH) facilities** for patients and staff throughout the healthcare system;
4. **Ensure healthcare facilities (HCFs) have safe and private menstrual disposal** and waste management systems;
5. **Provide menstrual materials** for patients, community members in isolation, affected communities and response staff;
6. **Develop messaging and education** about how menstruation is not a symptom of EVD for communities and response workers;
7. Ensure that program activities and messaging **do not further stigmatize menstruation** and menstruating women and girls;
8. **Collaborate and engage across sectors**, particularly WASH, Protection, and Health.

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## ACRONYMS

<b>CHW</b>	Community Health Worker
<b>DRC</b>	Democratic Republic of Congo
<b>ETC</b>	Ebola Treatment Center
<b>EVD</b>	Ebola Virus Disease
<b>HCF</b>	Healthcare Facility
<b>IEC</b>	Information Education Communication
<b>MHM</b>	Menstrual Hygiene Management
<b>NFI</b>	Non food item
<b>SRH</b>	Sexual and Reproductive Health
<b>TBA</b>	Traditional Birth Attendant
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization

# Introduction

**Globally, there is increasing attention towards addressing menstrual hygiene management (MHM) within humanitarian and development response<sup>1,2</sup>.** Multiple reasons exist for integrating MHM into an EVD response. One, as “inexplicable bleeding”<sup>i</sup> is a symptom of EVD, confusion can arise around menstruation in the community and among those conducting triage, leading to unnecessary isolation of suspected cases, and stigmatization of women and girls. Two, as menstrual blood is a potentially infectious bodily fluid, the menstrual blood of confirmed and suspected patients’ needs appropriate and safe handling<sup>3</sup>. Both reasons have important implications for healthcare delivery systems, and for community-level EVD response. It is essential for EVD response (health, WASH, NFI distribution, community outreach) to consider menstruation and MHM. *It is important to note that although there are many types of vaginal bleeding (e.g. breakthrough, post-partum), this note will only focus on menstruation.*

## INFECTIOUSNESS OF MENSTRUAL BLOOD

The bodily fluids of patients with active cases of EVD are infectious and should be handled with caution; this includes menstrual blood<sup>3</sup>. At this time, there is no evidence of viral persistence in menstrual blood<sup>4,5</sup>. Care should be taken in articulating the potential infectiousness of menstrual blood given the increased stigmatization of survivors that might result.

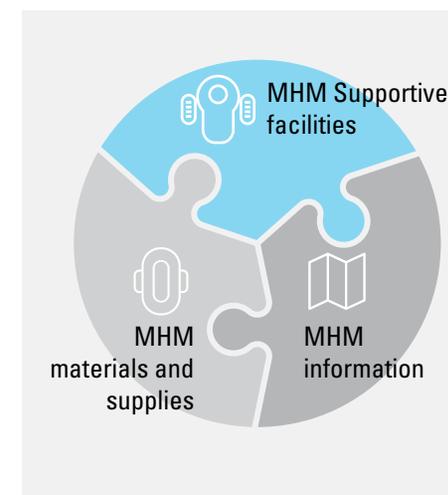
## BRIEF OVERVIEW OF MHM AND EVD

Addressing MHM requires attention to a few key and interdependent components<sup>6</sup>. An EVD response should include:

- **Materials and supplies:** Women and girls require appropriate menstrual materials (e.g. pads, cloth) to catch the flow of menstrual flood. They may also require additional supportive materials (e.g. underwear, soap, bucket) for storage, washing, and drying<sup>1,7,8</sup>.
- **Supportive facilities:** Women and girls require safe, private toilet and bathing facilities with clean water for changing, washing, and drying menstrual materials, as well as convenient, private disposal options for menstrual waste<sup>7,9</sup>.
- **Information:** Women, girls, men, boys, and response staff need MHM information to address harmful cultural and social norms related to menstruation<sup>10,11</sup> and to understand that menstruation is not an EVD symptom.

i. For the purposes of this Guidance Note, we are using the WHO case definition language of “inexplicable bleeding,” although we understand that “unexplained bleeding” is also frequently used. It is important to note that EVD-related bleeding can be explained, although may not be expected. As such, “unexpected bleeding” may be a preferred term.

**FIGURE 1:** Key Components of MHM Response



OVERALL EVD  
RESPONSE



OVERARCHING  
CONSIDERATIONS



INTEGRATING MHM  
INTO EVD HEALTH  
SYSTEM RESPONSE



INTEGRATING MHM  
INTO COMMUNITY-  
LEVEL EVD RESPONSE



RESPONSE  
STAFF



MONITORING  
AND EVALUATION

# Overall EVD Response

Integrating attention to menstruation and MHM within an EVD response is essential for female patients and suspected cases, for girls and women living in affected communities, and for female response staff. As demonstrated in Figure 2, this means:

- **Appropriate messaging** and education for communities and response workers about how menstruation is not a symptom of EVD;
- **Training for response staff** on how to meet the needs of menstruating women and girls during an EVD outbreak.
- **Female-friendly WASH facilities** for patients and staff throughout the health care system;
- **Attention to proper and safe handling** of menstrual waste;
- **Ensuring access to menstrual products** for patients, community members in isolation, affected communities and response staff.

**FIGURE 2:** Key menstruation- and MHM-related concerns and action points across EVD response

	COMMUNITY	DIAGNOSIS	EBOLA TREATMENT CENTERS	DISCHARGE
 <p><b>KEY CONCERNS</b></p>	<p>Confusion that menstrual bleeding is a symptom of EVD, may lead to the stigmatization of menstruating women and girls and/or decreased care seeking behavior if menstruating women and girls fear being accused of having EVD.</p> <p>Women and girls in isolation may not have the resources they need.</p>	<p>Insufficient communication of EVD case definition in relation to “inexplicable bleeding,” may cause confusion, leading to normal menstrual bleeding being considered a symptom of EVD.</p>	<p>Female patients and staff may not have access to the resources they need including:</p> <ul style="list-style-type: none"> <li>• Female-friendly WASH facilities;</li> <li>• Appropriate menstrual waste disposal;</li> <li>• Menstrual materials &amp; supplies</li> </ul>	<p>Women and girls may experience fears related to menstrual bleeding during recovery from EVD.</p>
 <p><b>KEY ACTION POINTS</b></p>	<p>Community-level messaging that not all that bleeds is EVD.</p> <p>Provide MHM-supportive WASH facilities and culturally appropriate menstrual materials for those in isolation.</p>	<p>Clarify case definition &amp; provide examples of explicable vs. inexplicable bleeding.</p> <p>Train HCWs at all levels from MoH to CHW levels on case definition &amp; menstruation.</p>	<p>Design WASH facilities to meet needs of menstruating women &amp; girls.</p> <p>Provide culturally appropriate menstrual materials to female patients; disposable (single-use) materials are recommended.</p>	<p>Provide women and girls with information about what to expect with their menstruation during recovery.</p> <p>Provide culturally appropriate menstrual materials in discharge kits.</p>





# Overarching Considerations

Given the varying menstrual practices in different cultural contexts, and the sensitivities around addressing menstruation amid ongoing taboos, an initial brief assessment and sensitization of all staff can support the integration of MHM into EVD response activities.

## BRIEF ASSESSMENT OF MENSTRUAL PRACTICES

Consultation is critical for the acceptability and utilization of WASH facilities and MHM resources by women and girls.

- **Review existing learning** about women and girls' MHM preferences and practices in the local context;
- If conducting a needs assessment, **include a few MHM-related questions**;
- If not, **local health workers or community outreach staff** may be able to provide sufficient insight.

For more guidance on MHM consultations, please see [Chapter 3 of the MHM in Emergencies Toolkit](#).

## STAFF TRAINING

Response staff may be uncomfortable discussing menstruation and MHM, which can impede design and implementation of activities.

- **Integrate information on addressing MHM-related needs into existing trainings.** E.g. Train WASH staff on developing MHM-supportive facilities and hygiene kits; Train Protection staff on providing dignity kits.
- **Integrate information about menstruation, infectivity of menstrual blood, and menstrual bleeding in relation to the EVD case definition** into existing trainings for healthcare staff at all levels.

For more guidance on Staff Training on MHM, please see [Chapter 2 of the MHM in Emergencies Toolkit](#).

**In most cultures, there exists taboos, secrecy and embarrassment around menstruation. This may restrict women and girls' activity when menstruating, and influence how they manage their menstruation.**

### Key MHM Questions:

- What type of menstrual materials do women and girls typically use? Does this vary by age or location (rural vs. urban)?
- What are the preferred methods of maintenance or disposal of used menstrual materials?
- What are common beliefs or taboos related to menstruation?

### Key Topics to Cover

- Key facts about menstruation
- How girls and women manage their menstruation in this context
- Considerations for integrating MHM into EVD response
- Sectoral roles in supporting MHM in EVD response



### KEY ACTIONS

### KEY ACTIONS



OVERALL EVD  
RESPONSE



OVERARCHING  
CONSIDERATIONS



INTEGRATING MHM  
INTO EVD HEALTH  
SYSTEM RESPONSE



INTEGRATING MHM  
INTO COMMUNITY-  
LEVEL EVD RESPONSE



RESPONSE  
STAFF



MONITORING  
AND EVALUATION



# Integrating MHM into EVD Health System Response



## DIAGNOSIS & SUSPECTED CASES

The standard case definition of EVD includes “any inexplicable bleeding” as one of the potential symptoms of EVD<sup>12</sup>. This may lead some healthcare workers to misdiagnose a girl or woman’s normal menstruation as a symptom of EVD, causing them to be unnecessarily designated as suspected EVD cases. This may be traumatic for the suspected patient and decrease women and girls’ willingness to seek care. It could also result in additional transmission if they come into contact with an EVD patient while awaiting EVD test results.

- **Improved communication of the case definition:** International and national bodies (e.g. World Health Organization [WHO], Ministry of Health) should convey clear messaging on the case definition, including the difference between “explicable bleeding” (e.g. menstruation) and potentially “inexplicable bleeding” (e.g. prenatal bleeding); the latter of which may be a sign of EVD<sup>12,13</sup>.
- **Sensitize healthcare staff:** Healthcare workers who are responsible for identifying those to be tested for EVD should be sensitized about menstruation as normal bleeding. Pregnancy tests can help to differentiate between menstrual bleeding and miscarriage, as the latter is a potential symptom of EVD.

Throughout the health system where potential and confirmed EVD cases may be identified before transfer to an ETC (including at temporary short-term isolation facilities and transit centers), female-friendly WASH facilities (including menstrual waste disposal) are essential for patients and staff. Menstruating women and girls may also need culturally appropriate menstrual materials as they await testing and/or transfer.

## EBOLA TREATMENT CENTERS (ETC) AND TRANSIT CENTERS

Once a patient is admitted into an ETC or transit center, as a suspected or confirmed case, they may be dependent on the ETC’s resources to meet their needs. EVD response should address the needs of menstruating patients, in both the suspect case and confirmed case wards, and those of staff working at the ETC.

### Note on EVD Hemorrhage:

An EVD patient typically does not show signs of bleeding or hemorrhage until late in the presentation of the disease (with the exception of pregnant women). When hemorrhage does occur, it is generally from multiple body orifices, instead of only the vagina. Problematic vaginal bleeding in isolation is not a sign of EVD as there are many explanations for heavy or unscheduled bleeding in an otherwise healthy woman<sup>12,13</sup>.



OVERALL EVD RESPONSE



OVERARCHING CONSIDERATIONS



INTEGRATING MHM INTO EVD HEALTH SYSTEM RESPONSE



INTEGRATING MHM INTO COMMUNITY-LEVEL EVD RESPONSE



RESPONSE STAFF



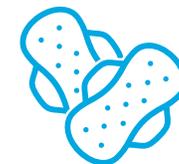
MONITORING AND EVALUATION



## Integrating MHM into EVD Health System Response (continued)

### MENSTRUAL MATERIALS AND SUPPLIES

As patients are often not able to bring anything into the ETC, it is important to provide menstrual materials and supplies.



#### KEY ACTIONS

- **Patients:** Provide those who are able to manage their own menstruation with menstrual materials and underwear. *Disposable (single-use) materials are recommended* to reduce the need to wash, dry and reuse potentially infectious used materials.
- **Staff:** Female health and hygiene workers may be at the ETC or nearby clinics for extended periods of time. Assess their needs and preferences, and stock menstrual materials on site.

Please see the [Community Response Section](#) for more information on selecting and distributing menstrual materials.

### FEMALE-FRIENDLY WASH FACILITIES

Several design measures can make toilets more supportive of girls and women's MHM needs<sup>9</sup>. Female-friendly WASH facilities are needed throughout the health system to meet the needs of menstruating patients and staff. While the type of facilities (communal or individual/private) may vary, essential components of a '[Female-friendly Toilet](#)' to consider when designing ETC WASH facilities for suspected and confirmed cases include:



#### KEY ACTIONS

- Shared or communal toilets should be **gender-segregated**
- **Clean water** inside or nearby the stall enables women and girls to discreetly wash menstrual blood off hands and clothing
- **Adequate lighting** (where safe and appropriate)
- Ensure **privacy and security** (non-transparent walls, door, roof with no gaps or spaces, locks if appropriate)
- **Shelf or hook**
- **Waste disposal** option
- **Grab bars** to assist pregnant, elderly or disabled persons

Regular maintenance and cleaning of female-friendly WASH facilities is essential. This is particularly critical during an EVD outbreak. Facilities may also be needed for laundering (washing and drying) of reusable pads and/or underwear, although disposable pad provision is recommended.

For more design examples of female-friendly WASH facilities, please see [Chapter 4 of the Menstrual Disposal, Waste Management & Laundering in Emergencies: A Compendium](#).



OVERALL EVD  
RESPONSE



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INTEGRATING MHM  
INTO EVD HEALTH  
SYSTEM RESPONSE



INTEGRATING MHM  
INTO COMMUNITY-  
LEVEL EVD RESPONSE



RESPONSE  
STAFF



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## Integrating MHM into EVD Health System Response (continued)

### MENSTRUAL WASTE DISPOSAL

A key aspect of a female-friendly WASH facility is adequate disposal systems for menstrual materials<sup>9</sup>. Given taboos around used menstrual materials in many societies, attention to local cultural beliefs is essential to assure uptake and use of disposal systems<sup>7,14,15</sup>. Assuring patients follow recommended disposal procedures is essential.

- **Include a method of safe menstrual material waste disposal with clear signage** (visual depictions if low literacy levels) in all patient and staff WASH facilities. Disposal options should be located inside the stall for privacy and ease of use, and should be selected based on the toilet design and waste management system. Options include:
  - Chutes to an external medical waste container (see Figure 3);
  - Waste bins with lids, ideally with foot pedals to reduce touching of containers;
  - Dropped into latrine<sup>ii</sup>.
- **Staff provide guidance on disposal procedures** during triage and when menstrual materials are distributed to women and girls.
- **ETC cleaning staff follow EVD Standard Operating Procedures (SOPs)** for emptying disposal bins in stalls and waste bins or buckets. Frequent removal of waste can enhance user confidence in using the menstrual disposal option provided<sup>7</sup>.

For examples, please see [Ch. 5 of Menstrual Disposal, Waste Management & Laundering in Emergencies: A Compendium](#).

### MENSTRUAL WASTE MANAGEMENT

Waste management procedures are important for the handling of potentially infectious menstrual waste. The design of the waste management system, including whether it promotes privacy and aligns with the cultural values of users, may influence the patients' comfort disposing their used menstrual materials<sup>7,14</sup>.

- All menstrual waste generated by suspected or confirmed EVD patients and staff should be **treated as highly infectious medical waste and disposed** of in accordance with EVD SOPs.

**FIGURE 3:** An example of a chute disposal system



ii. This method is not appropriate in all settings. It is only appropriate if there are direct-drop pit latrines that are not connected to a septic system, and will be appropriately decommissioned.





## Integrating MHM into EVD Health System Response (continued)



### STAFF TRAINING

Staff working in the suspected and confirmed cases wards play a key role in supporting the MHM needs of patients. Activities within the suspected cases ward may include providing menstrual materials and guidance about disposing of used menstrual materials. Within the confirmed cases ward, staff may also be caring for patients who are unable to manage their menstruation independently. [See “Brief Sensitization of staff” under “Overarching Considerations.”](#)



### RECOVERY & DISCHARGE PROCESS

When a patient has recovered and is being discharged, there are a few important MHM considerations to support their integration back into their regular lives.

### DISCHARGE INFORMATION

EVD survivors may have fears or confusion related to menstruation during recovery. They may be alarmed when their menstruation returns for the first time, fearing that it could be a symptom of Ebola, or be concerned if their menstrual cycle is irregular or particularly heavy in the initial months of their recovery<sup>16,17</sup>.

#### KEY ACTIONS

- Provide female patients of reproductive age with **guidance on menstruation during recovery**, including that their periods will return but may be irregular due to the stress and weight loss of illness, and that menstrual blood is not a sign of EVD.
- **Provide IEC materials to reinforce these messages<sup>iii</sup>**, integrating into other discharge guidance for survivors.

### DISCHARGE KITS

When someone is diagnosed with EVD, many of their personal effects (e.g. menstrual materials, underwear) are incinerated to prevent the potential spread of EVD. Thus, when they return home, they may require basic household items.

#### KEY ACTIONS

- Use [brief assessment information](#) to include **culturally appropriate menstrual materials and supplies** (e.g. underwear) in discharge kits.
- **Survivor follow up programs** should consider including menstrual materials and related IEC.

iii. Future research may clarify whether and for how long the EVD virus lingers in menstrual blood after a patient has recovered, with implications for this messaging.



OVERALL EVD  
RESPONSE



OVERARCHING  
CONSIDERATIONS



INTEGRATING MHM  
INTO EVD HEALTH  
SYSTEM RESPONSE



INTEGRATING MHM  
INTO COMMUNITY-  
LEVEL EVD RESPONSE



RESPONSE  
STAFF



MONITORING  
AND EVALUATION



# Integrating MHM into Community-level EVD Response

At the community level, there are multiple MHM-related activities to consider including in an EVD response. These include messaging around menstruation to prevent confusion about bleeding, and providing adequate MHM support to households in isolation.

## COMMUNITY ENGAGEMENT

**Menstruation ≠ Ebola:** Due to the fear that often arises during an EVD outbreak, communities may confuse regular menstruation with Ebola. This can create panic among girls and women<sup>iv</sup>, and lead to menstruating women and girls being isolated or marginalized by family and communities<sup>18</sup>. When survivors return home, community members may fear that a survivor's menstruation is a sign that they are not truly cured.

- **Develop culturally appropriate community messaging** that menstrual bleeding is not a symptom of Ebola. The format and dissemination channel should be adapted to the context.
- **Sensitize community outreach workers** (e.g. hygiene promoters, traditional birth attendants [TBAs]) to ensure understanding that not all bleeding is a symptom of Ebola, and that hemorrhage is an infrequent symptom overall.
- **Train CHWs on what types of bleeding may be a symptom of EVD.** For example, while normal menstrual bleeding is not a symptom, bleeding during pregnancy could be cause for concern and warrants additional follow up.

## AFFECTED HOUSEHOLDS OR COMMUNITIES

If women and girls are isolated in their household due to potential exposure to EVD, they need access to female-friendly WASH facilities and MHM materials and supplies.

**MHM distributions:** During an EVD response, community distributions for individuals or areas under isolation should include hygiene kits with menstrual materials and supplies. Distributions should consider the level of access to clean water and privacy as they impact women and girls' ability to use certain materials.

- **Provide menstrual materials that are culturally appropriate and consider the life cycle of usage** (washing/drying, disposal, waste management). The [brief needs assessment](#) can help to determine local preferences and constraints.

iv. This is likely to be particularly alarming for girls just reaching menarche who are experiencing the onset of menstruation.

### Example from past EVD outbreaks:

In the DRC, there were reported cases of husbands sending their healthy but menstruating wives away because they were afraid of EVD contamination<sup>10</sup>.

### Example from past EVD outbreaks:

In the DRC, hygiene kits distributed to households included traditional cloth to be used as a menstrual material. Yet in many cases the staff member distributing the kits did not explain the intended use of this cloth, instead telling households that it was a gift. A post-distribution assessment discovered that while older women did use the cloth for MHM, many younger women preferred pads and repurposed the cloth for other needs.

#### KEY ACTIONS

#### KEY ACTIONS



OVERALL EVD RESPONSE



OVERARCHING CONSIDERATIONS



INTEGRATING MHM INTO EVD HEALTH SYSTEM RESPONSE



INTEGRATING MHM INTO COMMUNITY-LEVEL EVD RESPONSE



RESPONSE STAFF



MONITORING AND EVALUATION



## Integrating MHM into Community-level EVD Response (continued)

### KEY ACTIONS

- **Provide IEC materials with menstrual material distributions** to explain proper use and maintenance (if not materials traditionally used by the population).
- **Train distribution staff** on the purpose, use, and maintenance of the menstrual materials.

For more information about selecting and distributing menstrual materials, please see [Ch. 4 of the MHM in Emergencies Toolkit](#).

### WASH FACILITIES

While in isolation, women and girls require access to safe, private WASH facilities to change menstrual materials. Female-friendly toilet components can ensure that these more readily meet the MHM needs of women and girls.

#### Example from past EVD outbreaks:

### One organization's initiative to address the WASH needs of quarantined households



**LOCATION:** Sierra Leone

#### BASIC INFORMATION:

Quarantined households received basic support to ensure their ability to manage their menstruation and sanitation related needs in a safe manner. If households did not already have a latrine, a temporary latrine was constructed for them to use. Women and girls were provided disposable menstrual pads, along with guidance to dispose of used pads directly into the pit latrine. Pads and other non-food items (NFIs) were distributed to households at the start of the quarantine, with sufficient menstrual materials for the 21-day quarantine. If the quarantine period was extended, more pads were provided upon request. Items were distributed by a female hygiene worker, who also provided brief guidance on their usage and disposal.

Once a household was no longer in quarantine, the latrine was decommissioned, and households were advised not to dig in the latrine area for at least one year.

#### BENEFITS:

- Household latrines ensure that women and girls have a safe, private place to change their menstrual materials while in quarantine.
- Dropping the pads into the latrines provided a simple, low-contact method of menstrual disposal, and because the latrines were only intended to be used for a short period, there were no concerns about filling up the pit more quickly.

#### CHALLENGES:

- As many households had never used disposable pads before, education was required to explain their usage and disposal.



OVERALL EVD  
RESPONSE



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INTEGRATING MHM  
INTO EVD HEALTH  
SYSTEM RESPONSE



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LEVEL EVD RESPONSE



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# Response Staff

During an EVD outbreak, the MHM-related needs of international and local response staff should also be considered. Any efforts should include both international and domestic staff at all levels, including field-based staff and outreach teams, which may have the most limited access to WASH facilities and menstrual materials.

## MENSTRUAL MATERIALS

When staff are deployed to the field or stationed in remote locations, they may not have easy access to menstrual materials or markets from which to purchase them. The following may help to ensure that staff have consistent access to menstrual products, which should be considered essential items, similar to toilet paper and soap.

- **Include menstrual materials on any packing checklists** or guidelines provided to international staff pre-departure.
- **Assess preferences** (pads, tampons) and stock free menstrual materials at guesthouses, offices, and WASH facilities.

## WASH FACILITIES

Female staff members require WASH facilities that address their menstruation-related needs at guesthouses and work sites. These facilities should be female-friendly ([see the ETC section](#)), include convenient menstrual waste disposal options in the stall, and be well maintained to ensure cleanliness.

**Reminder:** Menstrual materials should be provided in a manner that prevents embarrassment or discomfort. For example, there could be a central stock where women can collect materials themselves (e.g. in the WASH facilities), or a female staff member could be responsible for distribution.



### Story from past EVD outbreaks:

During one Ebola outbreak in DRC, we were stationed deep in the rainforest. Our deployment was supposed to be for three weeks, so, as a woman, you prepare for that time. But, then the outbreak continued and we didn't know when it would end. We started to run out of pads, and didn't have everything that we needed to maintain our menstrual health. One day, I saw that my colleague who I was sharing a tent with was struggling with her menstruation. She had bled all over the bed and was so embarrassed. She didn't know what to do because she had run out of pads. When I noticed, I asked if I could help. She shared that she was ashamed because the camp bed was now dirty, and she was afraid to give it back to the male logistician. I reassured her that we could clean the bed, and then I went to look for something she could use as a pad; our best solution was to put cotton in some tissue as a makeshift solution.

Afterwards, I was really upset, and I decided to address the issue. I sent an email to the Head of Logistics at HQ, who asked me to develop a list of the specific needs of the women in the camp. I went around to all the women in the staff camp and asked what they needed for their menstruation—for them to feel at ease, psychologically, while responding to this challenging outbreak. Two weeks later, we received specific packs of materials for all the women! They were so happy, but were ashamed to pick up the packs because they did not want the male logistician to know it was for them. So, I collected the packs and distributed them to the women myself.



OVERALL EVD  
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# Monitoring and Evaluation

To ensure that MHM activities are appropriately designed, sustained and improved upon, Monitoring and Evaluation (M&E) activities should be conducted. Whenever possible, MHM M&E should be integrated into ongoing M&E activities and use qualitative and quantitative assessment methods. The table below provides sample MHM indicators, how and when to collect this data, and a rationale for their use.

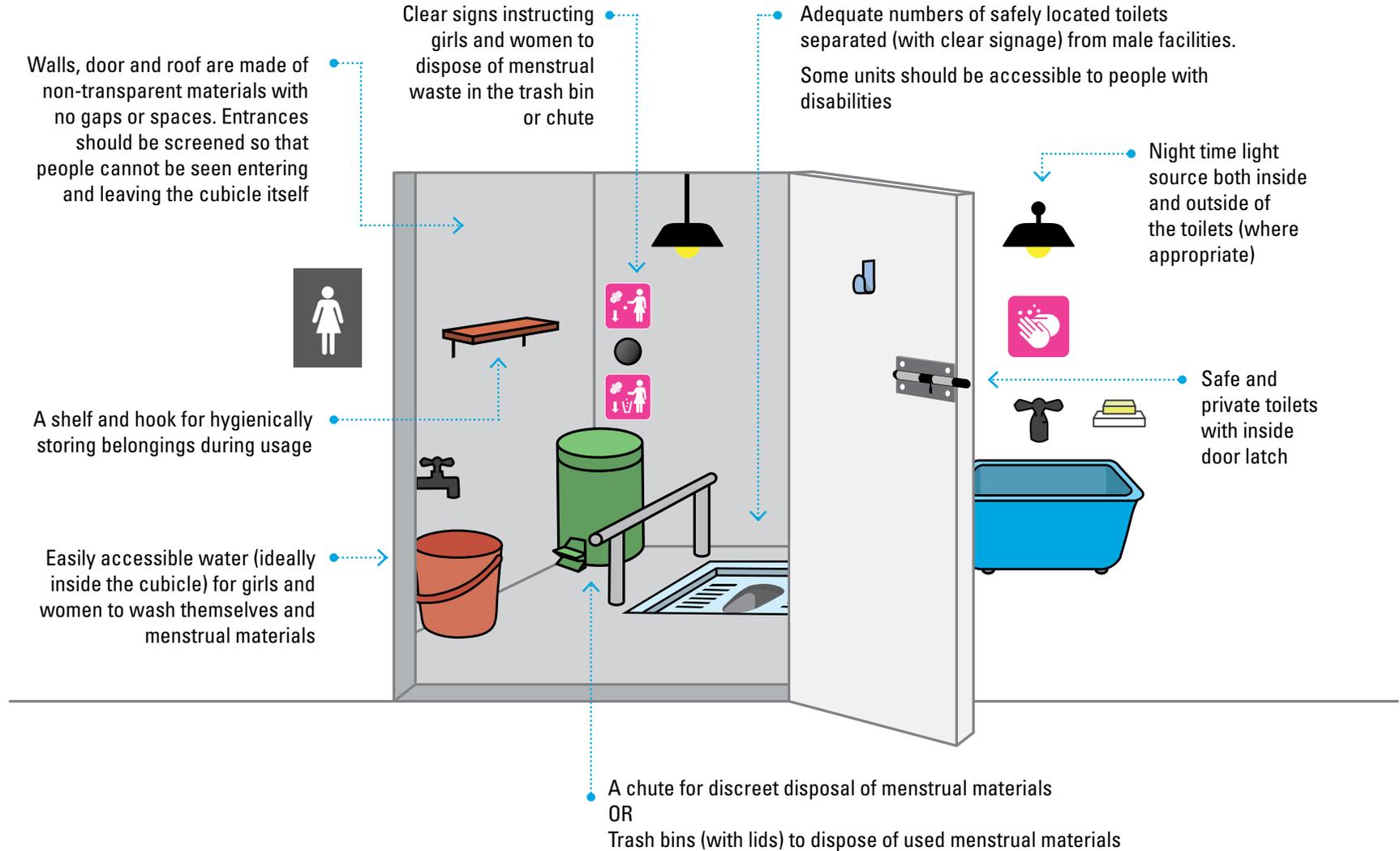
Indicator	Numerator / Denominator / Data Source
<b>Proportion of response staff who have received training on menstruation and how to incorporate MHM into EVD response</b>	<p><b>NUMERATOR:</b> # of response staff who have received training on menstruation and how to incorporate MHM into EVD response</p> <p><b>DENOMINATOR:</b> Total # of response staff</p> <p><b>DATA SOURCE:</b> Administrative data</p> <p><b>NOTES AND INTERPRETATION:</b> This training may look different across sectors, especially if/where it is incorporated into existing trainings</p>
<b>Proportion of HCFs that have menstrual materials available for female patients</b>	<p><b>NUMERATOR:</b> # of HCFs that have menstrual materials available for female patients</p> <p><b>DATA SOURCE:</b> Total # of HCFs in target area</p> <p><b>DATA SOURCE:</b> Administrative data, facility assessments</p> <p><b>NOTES AND INTERPRETATION:</b> Target is 100%</p>
<b>Proportion of sanitation facilities in HCFs that incorporate the female-friendly minimum requirements<sup>v</sup>.</b>	<p><b>NUMERATOR:</b> # of sanitation facilities in HCFs which incorporate the female friendly minimum requirements</p> <p><b>DATA SOURCE:</b> Total # of sanitation facilities in HCFs</p> <p><b>DATA SOURCE:</b> Administrative data, facility assessments</p> <p><b>NOTES AND INTERPRETATION:</b> Target is 100%</p>
<b>Proportion of HCFs with menstrual waste disposal options</b>	<p><b>NUMERATOR:</b> # of HCFs with menstrual waste disposal options</p> <p><b>DENOMINATOR:</b> Total # of HCFs</p> <p><b>DATA SOURCE:</b> Administrative data, facility assessments</p> <p><b>NOTES AND INTERPRETATION:</b> Target is 100%</p>
<b>Proportion of community members who know that not all bleeding is EVD</b>	<p><b>NUMERATOR:</b> # of community members who have been sensitized to that not all bleeding is EVD</p> <p><b>DENOMINATOR:</b> Total # of community members surveyed</p> <p><b>DATA SOURCE:</b> Post-distribution monitoring survey (target discharged EVD patients if possible)</p> <p><b>NOTES AND INTERPRETATION:</b> If no post-distribution monitoring survey is planned, program activities should be reviewed to understand if sensitization activities have been undertaken and with which populations</p>

v. The minimum requirements for female friendly toilets include: 1). Access to water 2). Access to soap 3). Adequate privacy 4). Acceptable and appropriate menstrual waste disposal mechanism 5). Gender segregation 6). Lighting where appropriate.



# The Female-Friendly Toilet

## FEATURES



OVERALL EVD RESPONSE



OVERARCHING CONSIDERATIONS



INTEGRATING MHM INTO EVD HEALTH SYSTEM RESPONSE



INTEGRATING MHM INTO COMMUNITY-LEVEL EVD RESPONSE



RESPONSE STAFF



MONITORING AND EVALUATION

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