



# Menstrual Health Management Response Plan - Gaza Strip

Updated June 2024



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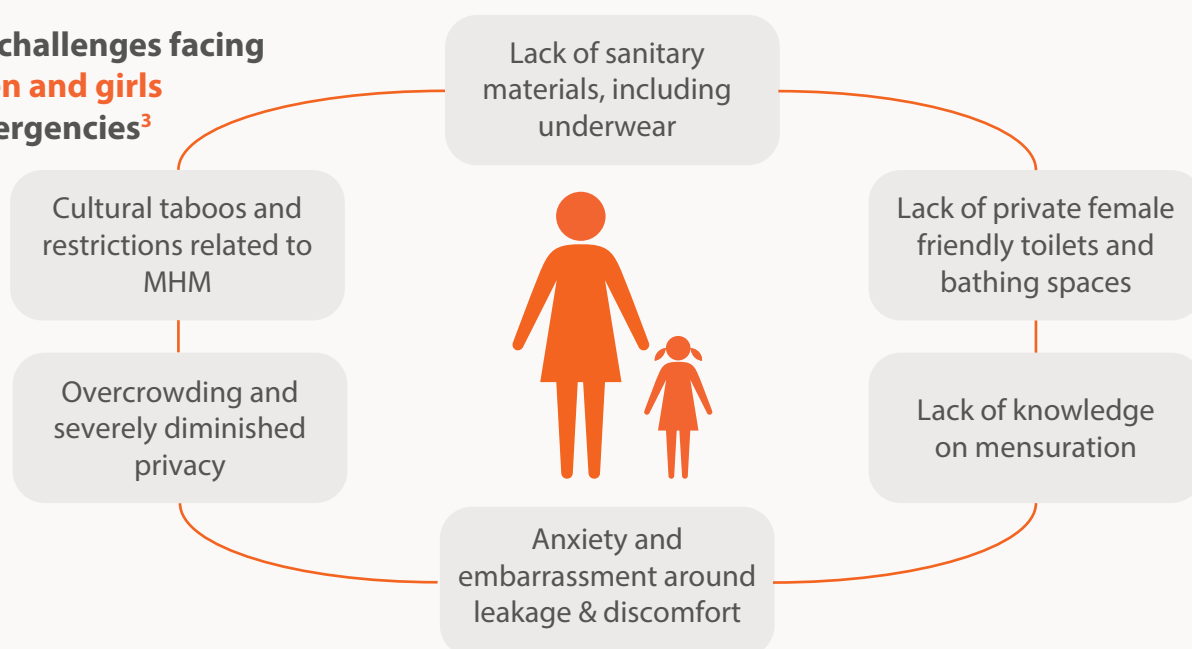
## Why is menstrual health management (MHM) in humanitarian emergencies important?

### MHM needs in Gaza Strip

There are an estimated 691,300 women and girls of menstruation age in the Gaza Strip. According to Sphere Standards that means that, every month 10,369,500 menstrual pads are needed (15 pads per women/girl per month).

The lack of supplies (or ability to purchase from remaining market supplies), lack of clean water, lack of functioning toilets and washrooms, lack of clothing and lack of a waste disposal system have made the management of menstrual health, in a dignified and safe way, impossible in the Gaza Strip. It is essential that the humanitarian response takes a coordinated approach to meeting the needs of women and girls, ensuring that adequate Menstrual Health Management (MHM) supplies such as disposable<sup>2</sup> pads and underwear are part of the prioritization and distribution plans. It is also essential that we ensure MHM is linked where possible to programmatic interventions for Gender Based Violence (GBV) prevention and response and for sexual and reproductive health rights, such as those targeting adolescent girls, protection risk mitigation, linkages to essential services and community leadership in the shelter sites. This strategy, developed by UNFPA and the GBV Sub-Cluster, aims to bring together those that play a role in MHM including the following working groups and clusters: the Sexual and Reproductive Health (SRH) Working Group, Water, Sanitation, and Hygiene (WASH), Cash and Voucher Assistance (CVA), Health, Shelter, Child Protection and GBV.

### MHM challenges facing women and girls in emergencies<sup>3</sup>



<sup>1</sup> Adapted from the MHM in Emergencies Toolkit, IRC, Elhra's Research for Health in Humanitarian Crises & Columbia University <https://www.publichealth.columbia.edu/research/programs/gate/our-work/menstruation-emergencies#MENSTRUALDISPOSAL>

<sup>2</sup> It is considered that, due to hygiene and living conditions, reusable MHM materials would not yet be sustainable for the population at this stage of the emergency.

<sup>3</sup> MHM in Emergencies Toolkit, IRC, Elhra's Research for Health in Humanitarian Crises & Columbia University

## What do women and girls need?

To effectively manage their menstruation, women and girls require access to clean water, sanitation and hygiene facilities, affordable and appropriate menstrual hygiene materials, information on good practices, and a supportive environment where they can manage menstruation without embarrassment or stigma.

Menstrual periods can be irregular and catch girls and women by surprise. This causes anxiety about finding a bathroom and materials quickly. An adequate and reliable supply of menstrual pads is essential.

Menstruation can be messy. Women and girls need a private space with water and soap to clean themselves and soiled materials.

Even when using good menstrual materials, women and girls may be worried about blood stains on their clothes. Having clean underwear and clothes (skirt, abaya, trousers) to change into is essential.

Women and girls need access to a private, clean space (toilet or washroom) to change menstrual materials throughout the day and night and to hygienically dispose of menstrual waste.

New mothers also encounter hygiene challenges in the postpartum period including blood and fluid loss called lochia, which normally lasts around 6 weeks. This period requires particular attention to hygiene practices, including enough menstrual supplies to allow changing them as frequently as needed.

## BEYOND PADS: Supplies needed by women and girls<sup>4</sup>

### Menstrual Supplies

Refers to other items needed to support the management of menstruation.

### Menstrual Materials

Refers to the materials used to absorb menstrual blood. In the Gaza Strip, women and girls typically use disposable pads or clean pieces of cloth. Less common is the use of tampons or menstrual cups.



<sup>4</sup> Adapted from the MHM in Emergencies Toolkit, IRC, Elhra's Research for Health in Humanitarian Crises & Columbia University <https://www.publichealth.columbia.edu/research/programs/gate/our-work/menstruation-emergencies#MENSTRUALDISPOSAL>

## Risks around the lack of menstrual hygiene for women and girls during conflict

**Infections:** Poor menstrual hygiene practices, such as using unsanitary materials or not changing menstrual products frequently, can lead to an increased risk of infections. Bacterial and fungal infections, such as urinary tract infections (UTIs) and vaginal infections, can result from prolonged exposure to menstrual blood and moisture. Studies have found that handing out sanitary pads to girls leads to a significant reduction in sexually transmitted infections and bacterial vaginosis<sup>5</sup>

**Reproductive health issues:** Inadequate menstrual hygiene management can contribute to reproductive health problems, including pelvic inflammatory disease (PID), which can lead to long-term health complications, including infertility.

**Psychological and emotional impact:** Stigma and shame associated with menstruation can have adverse psychological and emotional effects on women and girls. It can lead to feelings of embarrassment, lowered self-esteem, and can even limit mobility and access to services/assistance as well as result in social isolation which could add significantly to the stress women and girls in Gaza are facing due to the conflict.

### **Lack of privacy at the distribution point:**

Women and girls who receive menstrual products in distribution queues and shelters that are not segregated by sex are likely to feel shame and embarrassment. This issue could be mitigated via the use of non-transparent bags and distribution exclusively for women and girls.

**Increased risk to GBV:** Women, girls and other at-risk groups face an increased risk of sexual harassment and violence while travelling to and lining up for hours at WASH facilities (including water points, water distribution sites and sanitation facilities) that are limited in number, located far from where they are seeking shelter or placed in overcrowded locations. Insufficient availability of water may result in increased levels of psychological pressure and extreme tension between and within families, increasing risk to intimate partner violence.

**Information gaps on menstrual health and puberty for adolescent girls:** Many girls have/will begin their menstrual cycle and will need culturally appropriate information and support on puberty and menstrual cycle basics including information and demonstration on healthy menstrual management practices. This should be integrated into SRH education activities targeting girls, including in appropriate health outreach and clinic-based activities.

**Difficult in Managing Waste:** In conflict-affected areas, waste management systems are often disrupted or nonexistent. Proper disposal and management of sanitary waste can be a challenge, further exacerbating the environmental and public health risks associated with it.

<sup>5</sup> Benshaul Tolonen et al. 2019; Phillips-Howard et al. 2016

**Improper disposal of menstrual products:** This poses a public health concern as it can cause several long lasting negative impacts on the environment and on the affected communities such as:

Menstrual pads

**Contamination of Water Sources:**

Menstrual pads that are discarded in water bodies or left on the ground will likely contaminate local water sources. This can result in the pollution of drinking water supplies, making them unsafe for consumption and increasing the risk of waterborne diseases.

**Health Risks:** Improper disposal will pose health risks throughout Gaza. Discarded used menstrual pads will attract disease-carrying vectors like flies and rodents, increasing the risk of the spread of diseases including infectious diseases.

## Global Standards

**Sphere standards:** The following is advised as minimum supplies for menstrual hygiene management and incontinence:

- A dedicated container with a lid for soaking cloths and storing pads/cloths; and rope and pegs for drying.
- Absorbent cotton material (4 square meters per year), disposable pads (15 per month) or reusable sanitary materials (6 per year), as per the preference of each woman and girl;
- Underwear (6 per year);
- Extra soap (250 grams per month)



Every month, women and girls in Gaza need **20** trucks filled with over **10** million disposable menstrual pads

## Current MHM Challenges in Gaza

### Challenges

#### **1: Lack of safe and private spaces for MHM**

Access to private, discreet and safe locations for MHM is severely limited. Appropriate spaces may be gender specific latrines, showers or MHM dedicated spaces for personal hygiene, washing clothes, drying. Currently user to latrine ratios are as high 650:1 making MHM impossible

#### **2: Lack of MHM Supplies**

Supplies of disposable menstrual pads are dwindling inside Gaza, and limited quantities have been able to be brought in via humanitarian aid. As a result, women and girls are having to find alternatives, including using old cloth, or not replacing menstrual pads as frequently as needed, resulting in health risks.

#### **3: Embarrassment and anxiety**

Risks of bloodstains on clothing, odours and worries about menstrual leaks in addition to limited clean clothes and worry about how to dispose of used disposable MHM products are preventing women and girls from participating in essential daily activities. These challenges are accentuated by overcrowding in the shelter sites.

#### **4: Lack of water**

Limited water supplies mean women and adolescent girls are not able to wash themselves, underwear or clothing which contributes to health risks and anxiety.

#### **5: Access for vulnerable groups and night time**

Lack of private, discrete locations for MHM and washing for especially vulnerable groups, widows, post-partum and divorced mothers, disabled people and for all women at night due to the lack of lighting increases the risk of GBV and makes MHM facility locations critically important.

### Recommended Response

#### **1: Advocate for dedicated spaces**

Ensure that Shelter, WASH and Community Leaders plan for adequate numbers or appropriate safe and dignified MHM spaces in site planning. Including gender separated facilities allow women/adolescents to attend to personal hygiene and wash and dry clothes.

#### **2: Standardize & scale up procurement of menstrual health materials until supply chains are restored:**

All women and girls of reproductive age (10-49) receive a standardized menstrual health management supplies kit\* including disposable pads, underwear, soap, wet wipes and hand sanitizer. These items should be part of a prioritization list for distribution.

#### **3: Scale up procurement and distribution of dignity kits until supply chains are restored**

Ensure vulnerable women and girls including female headed households (FHH), women with disabilities, adolescent girls, post-partum women, survivors and those at risk of GBV are provided with CVA to enable purchase of dignity kit (DK) materials. Where CVA is not possible, a dignity kit that includes menstrual management materials and supplies should be supplied. Women volunteers and peer educators are mobilized to support distribution of kits.

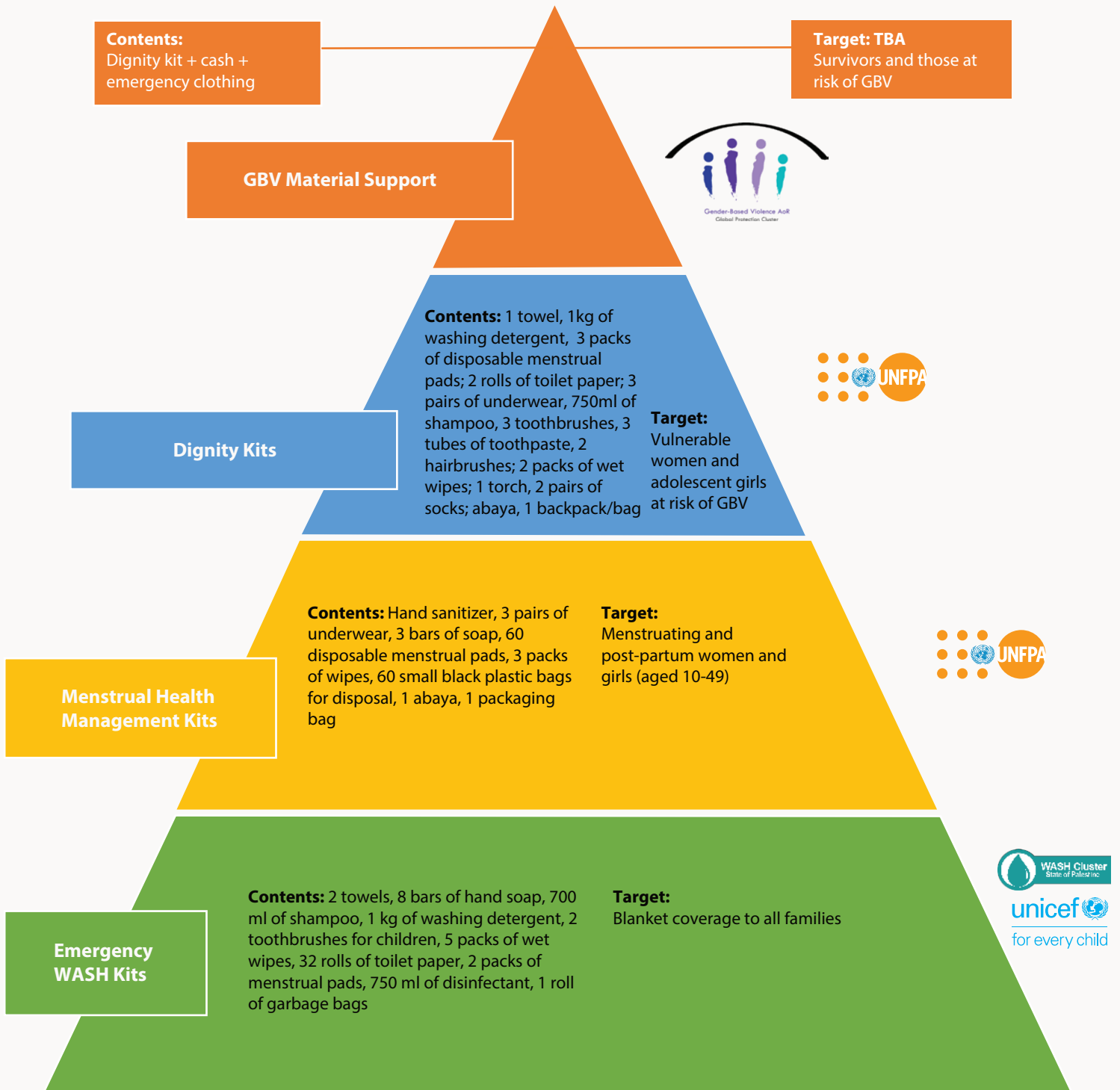
#### **4: Provide alternative menstrual management supplies:**

MHM kits and dignity kits should include wet-wipes and hand sanitizer until water becomes more accessible. This will allow women and girls to manage menstrual leaks and hygiene needs.

#### **5: Ensure MHM kits reach vulnerable groups**

Work with all clusters to ensure adequate and appropriate targeting of vulnerable groups including FHH, people with disabilities (PWD), adolescent girls and pregnant and post-partum women through complimentary interventions.

# Inclusion of Menstrual Health Management Materials and Supplies in Humanitarian Kits



## Coordination of MHM Supplies

**Standardization of kits:** To date, several partners have been able to mobilize procurement from within Gaza and distribution of essential items, including MHM supplies, although it is assumed that this supply will soon be exhausted. As much as possible, partners are encouraged to adhere to the items and quantities listed so as to have standardized kits. Partners are also encouraged to share quantities and distribution plans with the WASH and Protection clusters and GBV SC.

**Cash and Voucher Assistance:** When menstrual health supplies are available in shops, CVA should be prioritized over in-kind distribution. Procurement and distribution of MHM supplies are a stop-gap measure only. Once supply chains are restored, distribution of items should be reduced to allow for CVA to be used by the affected population to procure MHM supplies as needed. A value-based voucher modality would be preferred to ensure prioritization of purchase towards MHM supplies vis a vis competing priorities. MHM CVA would complement MPCA when provided.

**Prioritization:** Advocacy is needed to ensure that MHM materials and supplies are included in the prioritization lists of goods being transported into Gaza. This may mean securing agreement from the Health Cluster or WASH Cluster to include where possible an increase in MHM items in their kits.

As access changes, all clusters and Areas of Responsibility (AoR), including Protection – Child Protection, Mental Health and Psychosocial Support, Prevention of Sexual Exploitation and Abuse; Shelter and NFI Cluster and Education in Emergencies Cluster are to

where relevant advocacy, information on MHM as well as support distribution via linking of relevant activities.

**Duplication of some items:** Supplies that are essential for menstrual health management are included in several kits. It is anticipated and accepted that this may result in duplication of some commodities, particularly disposable menstrual pads, hand sanitizer, wet wipes and soap.

**Additional WASH Kits:** The WASH cluster, led by UNICEF is responsible for the procurement and distribution of the emergency WASH kits. Pending funding, all families are expected to receive at least one emergency WASH kit. In addition, the WASH cluster will also distribute the following items in their kits (pending funding – items in red are MHM items):

- **Family shelter hygiene kits:** Jerry can for water, disinfectant solution, **bath soap, wipes, disposable pads (40 pieces in total)**, bath towels, shampoo (adults and baby), a bath sponge, toothbrushes and toothpaste for adults and children, hairbrush, disposable razor, nail clippers, shaving cream, disposable diapers, dishwashing liquid, dish sponge, **washing detergent**, floor cloths, and waste bags.
- **Family hygiene household kits:** Above-mentioned items and cleaning supplies

Shelter Cluster Partners: Work with the shelter sector to ensure there is adequate privacy for menstrual hygiene and incontinence management in the household or communal shelter. This may include using privacy screens or separate areas for changing.



## Standardization of Kits (Covering the needs for 3 months)

EMERGENCY WASH KIT		
ITEM PER KIT	AMOUNT	CYCLE OF DISTRIBUTION
Towel	2 pieces	
Hand soap	8 bars	
Shampoo	700ml	
Laundry powder	1 kilogram	
Toothpaste	2 tubes	
Toothbrush (adult)	4 pieces	
Toothbrush (children)	2 pieces	
Wet wipes	5 packs	
Toilet paper	32 rolls	
Menstrual pads	2 packs of 20	
Disinfectant (Dettol)	750ml	
Garbage bags	1 roll	
MENSTRUAL HEALTH MANAGEMENT KIT - Updated May 2024		
Hand sanitizer	5 small bottles	every 3 months
Underwear (cotton, dark color, full brief)	3 pairs	once a year
Liquid hand soap	1 bottle - 750 ml	every 3 months
Menstrual pads (with wings, unscented)	3 packs of 20	every 3 months
Wet wipes	5 packs	every 3 months
Small black plastic bags	60 pieces	every 3 months
Abaya	1 piece	once a year
Packaging bag	1 piece	with every distribution
DIGNITY KIT <sup>6</sup> - Updated May 2024		
Absorbent towel - medium to large, good quality cotton	2 pieces	every 3 months
Liquid washing detergent	1 bottle - 1L	every 3 months
Liquid hand soap	2 bottles - 750 ml	every 3 months
Deodorant	1 piece 50ml	every 3 months
Menstrual pads (with wings, unscented, long)	3 packs of 20	every 3 months
Daily pads	2 boxes - 100 pads	every 3 months
Toilet paper	4 rolls	every 3 months
Underwear (cotton, dark color, full brief)	3 pairs	every 3 months
Hand cream	1 piece 100 ml	every 3 months
Hair removal paste or razor	2 pieces	every 3 months
Lice shampoo and comb	1 piece	every 3 months
Plastic bags - dark color	1 roll - 60 bags	every 3 months
Cotton swabs	2 boxes	every 3 months
Shampoo	2 bottles - 700ml	every 3 months
Toothbrush	3 pieces	every 3 months
Toothpaste	3 tubes	every 3 months
Hairbrush	2 pieces	once a year
Wet wipes	2 boxes / packages	every 3 months
Torch (solar charge)	1 torch	one
Abaya/ once dress with scarf	1 piece	once a year
Packing bag - no logo	1 piece	with each distribution
Socks	2 pairs	once a year
Lady slippers	1 pair	once a year

<sup>6</sup>The Gaza GBV Sub-Cluster reviewed and updated the dignity kits content in March 2024. The updated list can be accessed through the GBV AoR page on the ReliefWeb.

## Targeting Plans

**GBV survivors:** GBV partners will be responsible for providing MHM and DKs to survivors and those at risk of GBV. Other sectors are not to actively seek out GBV survivors. GBV partners should have a supply of MHM and DKs to enable confidential and timely distribution.

**Adolescent girls:** The GBV and Child Protection AoRs and their partners including UNFPA, UNICEF and WASH are encouraged to link the distribution of MHM kits and supplies to interventions targeting adolescent girls. This could include women and girl safe spaces (WGSS), including unaccompanied adolescent girls in alternative care, as well as adolescent girls targeted through mental health and psychosocial support (MHPSS) activities and eventually education programs.

**Women and girls with disabilities, FHHs, Older Women, Pregnant Women, post-partum women, and GBV survivors:** All partners of WASH, Protection and Shelter Clusters are encouraged to identify women and girls with special needs, including those that are unable to join queues at distribution points to ensure that they receive MHM kits and, if needed, DKs.

## Recommended Distribution Strategies

**Inclusion of IEC Materials:** Partners responsible for distribution should work with different parts of the affected population to develop messages and distribution strategies so that they are age, gender and culture appropriate. Where possible, distribution kits should include messages around where to seek help for protection related issues including GBV and Sexual Exploitation and Abuse.

**Ensure Risk Mitigation Measures:** GBV partners and women and girl community leaders should, where possible, be included in developing distribution plans and strategies to ensure the most vulnerable affected population groups, including FHHs, pregnant women and women and girls with disabilities are not excluded from distribution.

## Useful Resources



**Menstrual Disposal Waste Management & Laundering in Emergencies**

[Arabic](#)  
[English](#)



**Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response – Mini Guide**

[Arabic](#)  
[English](#)

[Menstrual Health Hygiene Poster](#)