**Table S3. Summary of results from individual papers**

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| Citation | Title | Reference disability (Y/N) | Humanitarian crisis type | Study aim/s | Summary of results and discussion | Summary of analyses |
| Abu Hamad, B., et al. (2017) | No one told me about that: Exploring adolescent access to health services and information in Gaza | N | Complex | Determine sexual and reproductive health (SRH) challenges faced by adolescents in Gaza; what services and information are available for this group, and to determine relevance, accessibility and effectiveness of health and SRH services | Poor access to health services for people with disabilities. Most girls don't get information or advice about menstruation from health-care providers and feel unprepared for menstruation. Health services are not tailored to the needs of adolescents and therefore are not highly regarded by the adolescents. At home, girls struggle with privacy and access to MH materials. | GAGE programme (funded by UK DFID); survey of SRH access for adolescents in Gaza. Online survey, FGDs, in-depth interviews, KIIs with service providers, community mapping exercises, time use exercises. Semi- quantification of results. No details of sampling. Results applicable to the setting and potentially generalisable to other areas. |
| Amoakoh, SD (2019) | Human Rights in Humanitarian Policy: Dissecting the Catalysts and Barriers to Employing a Human Rights-Based Approach in Drafting Menstrual Health into the Sphere 2018 Handbook | N | Not specified | Ascertain barriers and catalysts to employing a human-rights based approach to integrating menstrual health in the Sphere 2018 handbook | Sphere handbook recommendations: materials appropriate and accessible, regular replenishment, toilets should be adapted to menstrual health (MH) needs and have washing/drying/disposal facilities for MH materials; water, washing and drying should be adapted to MH needs and allow for dignified cleaning/drying/disposal; consultation with women and girls; consultation with women and girls on materials, siting, design & management of facilities; schools should have well-maintained sex-segregated WASH facilities with hooks and shelves for MH supplies. Sphere handbooks: materials should be cotton material, disposable pads, reusable pads, underwear and extra soap; there should be a container with lid for soaking cloths and storing pads/cloths; rope and pegs for drying. Handbook: women and girls need access to and ability to consult on items, disposal mechanisms and facilities; girls' MH needs to be supported in schools. Distribution of items in discreet locations; investigate beliefs and taboos; demonstrate proper use of unfamiliar items; encourage teachers to adopt MH education in lessons. Adapt hygiene items and kits to the culture and context. Prioritise essential items in the initial phase. Adapt MHM and facilities to social norms; ensure adequate privacy for MH in the household; offer MH supplies to people on the move as they pass through supply points | Academic (MSc thesis paper, not published in a peer-reviewed publication). Desk review of different iterations of the Sphere handbook and interview with people involved in drafting it. Quite general conclusions highlighting how recommendations for MHM provision have changed and how they could change. Not specifically applicable to any one country or setting. |
| Bastable, A. and Russell, L. (2013) | Gap Analysis in Emergency Water, Sanitation and Hygiene Promotion | Y | Complex | Identify major challenges requiring innovative solutions in humanitarian WASH. It is targeted to identifying gaps in WASH rather than being a systematic review of WASH programming. | Community participation/empowerment of vulnerable groups including for monitoring & evaluation from the beginning is crucial. Menstrual health was the 18th highest scoring issue raised. Lighting brought up in focus group discussions and surveys. The need for variations in latrine design for people with disabilities, and privacy issues associated with plastic sheeting/wooden poles (the classic design); possibility of hygiene kits. Online survey of WASH practitioners mentioned disability access, lighting and its link to gender-based violence, privacy of superstructures for women. Importance of engaging with women and girls in hygiene promotion. Online survey identified a need to provide proper screening around latrine and shower units so women can wash during menstruation, and provide a separate bowl for washing menstrual items, line for hanging etc. | NGO (ELRHA), lots of primary research of organisations - NGOs, IGOs, WASH actors across lots of humanitarian settings, FGDs of beneficiaries in many countries. Wide set of perspectives. Questionnaires and FGDs so the usual issues of selection bias. Research aimed not to give an overview but to identify gaps in provision. Very generalisable because it draws on experience from multiple settings and actors and approaches the problem from many different angles. |
| Brown J. et al. (2012) | Water, sanitation, and hygiene in emergencies: summary review and recommendations for further research | N | Not specified | Review existing guidance on best practice for WASH delivery in emergencies and what works to control disease transmission. | Much of the knowledge about "what works" is the mostly tacit knowledge of humanitarian workers who are mobilised in response and learn on the job or by trial and error. Institutional memory is therefore diffuse and grows organically with additional experience from each crisis. Sphere is widely cited as best practice (referring to Sphere 2011 as this paper was published in 2012). Knowledge sharing therefore takes place through forums, training, and capacity-building activities as well as published papers." Some agencies, particularly international NGOs and UN agencies, have published conference proceedings, technical guidance manuals, and other documents in order to share knowledge. Much of the best practice literature has historically reflected in-agency policy rather than broader sector-level consensus but has laid important foundations for inter-agency dialogue." Need for more knowledge about how to do WASH research. Case studies are often used however they are not controlled experiments of specific WASH interventions. Communication of findings is important to learning about what works in a WASH response. | Peer-reviewed academic publication. Literature review of existing guidance on best practice of WASH interventions in an emergency setting and proposal of areas for research into WASH interventions (including research into how the effectiveness of interventions could be assessed). No specific assessment of any one technology or intervention; this is more a review paper. |
| CBM, Water for Women (2020) | Guidance note COVID-19 | Y | Biological | Principles and actions that the WASH sector can use to increase disability inclusion in the Covid programming responses. | Pandemic can deepen existing inequalities. Important to include people with disabilities and caregivers in Covid-19 responses. Provision menstrual products in hygiene kits for people with disabilities is needed, as is accessible information | Two NGOs backed by government funding (from Australia). Guidance is produced by NGOs which are visible in low- and middle-income countries but it could be generalised to any setting whether humanitarian or not. No information about how the guidelines were developed or iterations but there is a reference list. |
| Clatworthy, D. et al. (2017) | A Toolkit For Integrating Menstrual Hygiene Management (MHM) Into Humanitarian Response: The Full Guide | Y | Not specified | Practical guidance about how to implement menstrual health within humanitarian responses | Components of a complete response: 1) MH material and supplies - pads, underwear, cloths, soap, bucket, demonstration; 2) MH supportive facilities - safe & private toilet & washing facilities with water for changing, washing & drying cloths, convenient & private disposal, waste management systems; 3) MH information - MH promotion & education, menstrual health education, address harmful cultural/social norms. Disability: people with disabilities may have limited funds, reduced access to WASH facilities, lower literacy and reduced access to info, increased restrictions, reduced social support, increased risk of exploitation or gender-based violence. Recommendations about how to improve access to WASH for people with disabilities. MH education and hygiene promotion may need to be tailored for people with disabilities who may have been excluded from education so may have a lower level of knowledge. Different formats may be necessary (eg audio, visuals). Direct outreach may be necessary. Seek feedback from users to see whether the materials education and access are working. Education may be necessary for carers about the biology of menstruation and how to support MH for person with disabilities. | Academic collaboration with IRC (NGO). This is a toolkit so a manual for designing and implementing MHM programming in emergencies, not a study or primary research. Made to be generalisable. |
| D’Mello-Guyett, L. et al. (2018) | Setting priorities for humanitarian water, sanitation and hygiene research: a meeting report | N | Not specified | Share conclusions from a meeting (of representatives from international response agencies, research institutions and donor organisations active in the field of humanitarian WASH to identify research priorities, discuss challenges conducting research and to establish next steps), and propose a research agenda with the and strengthen humanitarian WASH policy and practice | Further research required: to identify effective culturally appropriate menstrual health interventions in humanitarian crises; to identify social and cultural barriers to safe menstrual health interventions; to design and test strategies to integrate menstrual health interventions in different response phases (eg post-acute); to determine the most appropriate products to be included in hygiene kits in different phases. Disability focuses on the provision of accessible sanitation infrastructure, not the intersection between disability and menstrual health. | Academic paper reporting on a WASH meeting published in a peer-reviewed journal. The paper sets out research priorities, challenges with research and a strategy for future humanitarian WASH research. It is not a scientific paper or a guidelines document. No quantification of results; more about setting the strategic direction of future research. Possibly useful with respect to the identification of future priorities. |
| de Albuquerque, C. (2014) | Realizing the human rights to water and sanitation: A Handbook | N | Not specified | Provide guidance on how to implement the human rights to water and sanitation for State actors | The humanitarian context here is implied rather than explicit; the handbook explicitly states that the human rights to water and sanitation apply to refugees and internally displaced persons as well as settled populations. Mentions menstrual hygiene but only broadly; mentions disability in the context of making suitable modifications to facilities, and also to ensuring participation - for example getting input from people with disabilities in latrine design. | IGO handbook aiming to provide guidance on how to implement rights to WASH. The guidance is informed by primary research (regional consultations, online surveys, strategy meetings) but this research is more about consulting stakeholders for States actors rather than people receiving WASH services. No quantification. Could be applied to any country in the world, by design. |
| Emirie, G. et al. (2020) | Experiences of vulnerable urban youth under Covid-19: the case of youth with disabilities | Y | Biological | Investigate the effects of Covid-19 on urban youth with disabilities in Ethiopia | No comment on menstruation; the paper notes that respondents were reluctant to discuss menstruation (the interviews were phone interviews). There was a mention of ensuring that youth with disabilities were issues with hygiene kits and masks, but no reference to MH materials as part of the hygiene kits. | IGO - UNFPA and the GAGE project. Policy briefing paper containing recommendations about how to address the issues faced by youth with disabilities during Covid. KIIs and phone interviews. Outline of methods and how the sample were identified. However the paper makes no meaningful mention of menstruation (it says that people were reluctant to discuss menstruation, and makes a reference to hygiene kits but no reference to what these entail except "and masks", which doesn't allow an inference that the hygiene kit contains MHM materials) |
| Ferron, S. (2017) | Enabling access to non-food items in an emergency response: A review of Oxfam programmes | N | Not specified | Review of Oxfam's distribution of non-food items in humanitarian response - either through distributing materials (in-kind distributions) or cash transfers | Hygiene items may not be required and are probably not lifesaving; the need to hygiene items should be clearly stated before the items are procured. Needs assessment should identify what people are using. Investigating the use of cash grants is to be encouraged wherever feasible as there is no evidence that people will deprioritise hygiene. However this needs monitoring to make sure that women can manage their menstrual health needs. In-kind distributions may be necessary where markets are not functioning. Where in-kind distribution is assessed to be the best alternative, the provision of a basic hygiene kit is recommended (not a kit that seeks to address every need). This allows markets to re-establish themselves and the programme to adjust to local conditions. menstrual health and underwear could be provided at the same time as other household provision (rather than having specific hygiene kits, protection kits, cleaning kits etc). Market assessments should be incorporated. In recurrent emergencies a pre-crisis assessment could be carried out. | NGO (Oxfam), programme review from recent programmes. KIIs with Oxfam and other agency staff; some literature review. More of a policy review of NFIs in kind vs vouchers. Highlights some policy considerations, not primary research. As it is based on multiple programmes, could be generalisable. |
| Fisher, J. et al. (2017) | Mainstreaming gender in the WASH sector: dilution or distillation? | Y | Not specified | Identify trends from the last four decades of gender theory and practice within the WASH sector | In the early 2000s, papers emerged on the WASH needs of women and girls, and people with disabilities (predominantly WASH infrastructure for the latter). Menstrual health was mostly absent from WASH discussions until the 2010s, when the topic began to get more attention. | Academic paper produced for Oxfam published in a peer-reviewed journal. Review paper charting the evolution of the WASH sector regarding gender. No methods are set out (it is not a scientific paper). There is some analysis regarding the literature in the sector (e.g. proportion of conference papers containing certain keywords). Very general paper about the rising attention on gender in WASH rather than a specific setting or recommendations. |
| Giardina, D. et al. (2016) | Sanitation response in emergencies: lessons learnt from practitioners in post-earthquake Haiti | N | Geophysical | To understand how humanitarian actors responded to the sanitation needs of internally displaced people | SPHERE used as the reference guidance by just over half responses, the remainder used internal guidelines from their organisations. 30 organisations in the sample. 25 organisations provided separate facilities for men and women, 11 organisations also distributed sanitary pads and equipped latrines with washing points for MH. 33% did not adapt latrines to give access to people with disabilities (17% were not aware of the needs of people with disabilities). 43% adapted sanitation facilities to people with mobility limitations. |  |
| Harvey, P. et al. (2004) | Excreta Disposal in Emergencies: A Field Manual | N | Not specified | Process to assess excreta disposal needs and priorities and to design an appropriate programme to respond to those needs; provide a resource to select excreta disposal technologies, systems and hygiene promotion interventions. | Monitoring and evaluation processes need to be put in place as soon as the programme begins. This should be an ongoing process. Data can be collected about number of latrines constructed; public health promotion and sanitation workers need to collect information about whether the latrines are being used and how the community are responding with respect to construction and maintenance. Problems (eg areas of open defecation, maintenance probs) can be identified using input from community members. Evaluation needs to be put into place to assess whether programme objectives have been met, and if so, if an effective, efficient, equitable and sustainable manner. | NGO/IGO collaboration (Oxfam, UNHCR, UNICEF, IFRC/CICR). Field manual. Summary of standards and possibilities in an emergency. Not primary research. Intended to be rapidly accessible information in many different humanitarian settings. |
| House, S. (2013) | Situation Analysis of the Water, Sanitation and Hygiene (WASH) Sector in Relation to the Fulfilment of the Rights of Children and Women in Afghanistan, 2013 | N | Complex | Present an overview of WASH sector in relation to the rights of women and children | Need for more study on how gender, equity and inclusion are being considered in WASH programming and make recommendations for improvement. Need for disaggregated data. Need to increase female engagement and to involve people from marginalised groups (incl. PWD) | IGO (UNICEF). Desk research, workshops with stakeholders, meetings with stakeholders, visits to communities, meetings with development actors, community members. No further details of sampling or methods (e.g. KIIs/FGDs). Semi-quantification of results. Very applied to its setting of Afghanistan, but data are collected from several places around the country. |
| House, S. et al. (2012) | Menstrual Hygiene Matters: A Resource for Improving Menstrual Hygiene Around the World | Y | Not specified | Practical guidance on MH; examples of good menstrual health from around the world, related to policies and interventions. A resource for knowledge sharing and development of interventions. | Excellent overall resource for general quotes on menstrual hygiene. Has more information on menstrual hygiene for people with disabilities than any other resource. Lots of the general information can be applied to humanitarian settings, and there is some extra information specific to humanitarian settings (eg regarding communal facilities, lighting, flashlights etc). There is also some guidance about how facilities can be adapted to the needs of people with disabilities, and also a standard to include people with disabilities in decision making processes. | NGO (WaterAid) in collaboration with many other NGOs, govt funded. Based on case studies, WASH and health professionals, funders, academic input. Wide variety of sources and methods including FGDs, interviews. The handbook is peer reviewed and updated based on the feedback received. Great resource, very high quality and has been written/reviewed by many different people across sectors. Generalisable across countries and settings. |
| Human Rights Watch (2017) | Greece: Refugees with Disabilities Overlooked, Underserved | Y | Complex | Highlights the lack of programmes and aid funding for refugees and migrants in Greece | Family members, (mothers, daughters, fathers) struggle to help people with disabilities get what they need; stress affects the menstrual cycle of people with disabilities. Main themes reported: isolation, inaccessible WASH facilities, lack of support from humanitarian actors for people with disabilities and families. | NGO, rapid assessment, interviews and phone calls, desk review with respect to refugees in Greece. Identification of problems; no quantification of results. Results applicable to the setting, we can't tell if the results could be applied elsewhere because there is no rigorous reporting of methods. |
| Humanitarian Response (2020) | 2020 Joint response plan Rohingya humanitarian crisis | Y | Complex | Set out joint response plan for the refugee camps in the Cox's bazar area of Bangladesh | Menstrual health is not specifically mentioned in the health section of the report - most of the MH information is to do with the tripartite approach and is in the WASH section of the document; this despite SRH programming being mentioned in the health section. On the other hand there is (passing) consideration of the general health needs of people with disabilities (mostly to do with access) in the camp setting. | IGO (Humanitarian response/ UN). Plan for IGO backed humanitarian response for Rohingya refugees in Bangladesh. Set out objectives and how to achieve them. Not a primary research document. No methods given. No results as such, no quantification (but there are breakdowns of donor spending etc). This applies only to its setting but is a useful marker of current thinking by large international funders. |
| Inter-Agency Standing Committee (2015) | Humanitarian Crisis in Nepal Gender Alert May 2015 | N | Geophysical | Raise awareness that taking into account the different needs of women, girls, boys and men makes humanitarian response more effective and accountable to all affected populations | Emphasis on bringing people with disabilities into the planning and conversation around need. Acknowledges the hard-to-reach aspect of disability support and discusses barriers as applicable to all women with specific attention needed for "vulnerable" groups. Significant emphasis on violence and how to prevent it through a gendered approach. | IGO, desk review of humanitarian response and summary of the action taken. Results quantified. Overview type paper. Action points could maybe be generalised to similar settings or used as the basis for similar settings. |
| Inter-Agency Standing Committee (2019) | Guidelines: Inclusion of persons with disabilities in humanitarian action | Y | Not specified | To provide guidelines for the inclusion of people with disabilities in humanitarian responses to emergencies. | Lots of excellent materials on how to include people with disabilities in discussion and the provision of facilities in general; very little on MH specifically. Some content on disability aspects of WASH and cash transfers. MH is mentioned in general terms. | NGO/IGO partnership (IASC which includes OCHA, UNICEF, UNHCR and others). This is a set of guidelines for humanitarian actors incl governments, leadership, donors, actors on the ground, organisations of people with disabilities aimed at identifying and responding to the needs and rights of PWD. Not primary research. It does bring together a lot of information from other sources so is partly a desk review of the rights and disability in humanitarian settings literature. No quantification. Widely applicable, as it's a framework. |
| Inter-Cluster Gender Working Group (2016) | Nepal Gender Profile | N | Geophysical | Assess the state of women in Nepal post-2015 earthquake and analyse "national machinery" for female progress and empowerment | Maintaining menstrual hygiene in a cramped, shared space was a major concern for adolescent girls. Girls who slept elsewhere during their periods were more than twice as likely to report they had been raped since the earthquake. Discusses women broadly with few distinctions of disability needs. People with disabilities are grouped with lactating women. Women are the typical carers for people who may be ‘vulnerable’. | IGO (OCHA, UN Women), desk review of earthquake data and the humanitarian response, reports e.g. results from UNFPA surveys etc. Results are quantified and also report the results of the component surveys. Overview; possibly applicable to similar settings. No first-hand research. |
| International Medical Corps (2014) | Rapid Gender and Protection Assessment Report: Kobane Refugee Population, Suruc Turkey | Y | Complex | To assess vulnerability to protection concerns, including sexual and gender-based violence, during the crisis, displacement and in the refugee settlement; how women, men, boys and girls are accessing services; and potential risks and vulnerabilities to protection concerns. | People with disabilities identified as part of the most ‘vulnerable’ groups identified by participants. Psychosocial support recommendation deemed extremely urgent. The report qualifies "mental disabilities" as a key target. Highlights the need for identifying, registering and considering disability and needs; calls for training about different impairment groups. Highlights that people with disabilities are vulnerable to sexual violence and other forms of abuse. Recommends that dignity kits include menstrual materials and are provided for all women and girls of reproductive age, but does not explicate disability. | NGOs (Care International, International Medical Corps), rapid assessment, FGDs, interviews. No information on selecting participants. Results not quantified. Applied study, results applicable to the setting itself with possible generalisation to similar settings. |
| Iulia, T. (2019) | Education-focused Gender Analysis Case Studies: Pibor and Juba, South Sudan | N | Complex | Provide recommendations for agencies to address gender inequalities in programme access, and increase the empowerment of women and girls | Fund education programmes to construct new schools and improve the infrastructure of existing schools including sanitation, WASH and menstrual health facilities and promote inclusive approaches for children with special needs. Collect sex, age and disability-disaggregated data. Provide menstrual pads within and outside schools to all girls and women, and in the long-term train girls and women to make reusable menstrual pads. Ensure construction of safe, segregated and menstrual health friendly latrines (with doors that can be locked from the inside). Facilitate access to water. Engage girls in the design and construction of school sanitation facilities. Provide education on menstrual health. | NGO (Oxfam), KIIs and FGDs with men, women, boys and girls. Desk review of secondary data. Sampling was purposive within an urban and a rural setting. Lots of interesting source material about the intersection of education, cultural norms, development (conflict/post-conflict) setting and MHM. Results applicable to the setting itself with potential to generalise although the study does not set out to draw generalisable conclusions. |
| Jay, H. and Lee-Koo, K. (2018) | Raising their Voices: Adolescent Girls in South Sudan's Protracted Crisis | N | Complex | Articulate the challenges faced by adolescent girls and present their view on humanitarian responses to these challenges | Policy makers should prioritise funding for the provision of adolescent girl-friendly information and services, especially around sexual and reproductive health and rights | Monash university in collaboration with Plan-International; policy brief not a peer-reviewed publication. Based on recent research. No details on methods. Semi-quantification of some results. Very applied to South Sudan and refugee camps in Uganda. Perhaps some generalisability to other conflict areas. |
| Joint Agency Research Report (2018) | Rohingya refugee response gender analysis: Recognizing and responding to gender inequalities | N | Complex | Identify different needs, interests, risks and vulnerabilities of women, girls, boys and men in the area. Specifically, to identify different needs, coping mechanisms, norms that drive risks, opportunities for increasing the voice of women and girls, specific needs to survivors of gender based violence, identify the level of disaster preparedness and develop recommendations to ensure that women and girls benefit from the humanitarian response. | Findings echo the expected themes of insufficient, crowded, non-segregated non-lockable latrines with no facilities for washing and drying cloths and no privacy. Some discussion of how women could access income-generating activities but this is not applied to menstrual health. Interesting discussion of tensions between the refugee and host community because of pressure on resources and falling wages/rising prices. | Group of NGOs (Oxfam, Save the Children, Action Against Hunger). FGDs, KIIs and surveys of refugees and the host community in Cox's Bazar. No details of sampling methods, semi-quantification of results. Applied specifically to this setting but some of the results might be generalisable. |
| Madigan, S. (2019) | Rapid Gender and Protection Analysis - Tropical Cyclone Kenneth Response Cabo Delgado Province, Mozambique - June 2019 | N | Climatic events |  | Collect sex age and disability disaggregated data with a view to adjusting programming to be more inclusive as necessary. Need to consult with communities on the preferred locations of WASH facilities and bathing spaces. Ensure locks and lighting. Ensure that consultation includes women. Consult women on their preference for MH materials. May need to consider piloting reusable options such as menstrual cups. Consult women and girls on preferred locations for water points. Support reconstruction of household bathing and latrine facilities. Ensure adolescent-friendly SRH services are available. Consider trials of menstrual cups in schools where lack of MH materials can cause girls to stop attending school. | NGO consortium (COSACA, includes Oxfam, Save the Children and Care); rapid analysis; FGDs, KIIs and observation. Methods are well described. Some quantification of some results (eg 36% of households were female-headed); but questionnaire data is not reported quantitatively. Applied setting but findings could be generalised. |
| Mitchell, K. (2009) | Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings. A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings | N | Not specified | Set out guidance for adolescent sexual and reproductive health in humanitarian settings, as their normal family and social structures may be disrupted. | Need to collect sex, age and disability data to monitor whether needs are being met. Provide MH materials to adolescent girls. Handbook is mostly about adolescents' access to SRH services. MH is mentioned in passing but menstrual health in its entirety is not considered. People with disabilities are discussed as being at higher risk of sexual gender-based violence and having more difficulty accessing health services. | NGO/IGO (Save the Children/ UNFPA) joint document. Toolkit which provides information on adolescent inclusive SRH interventions. Not primary research. Provides guidance to implementing SRH interventions in a humanitarian setting which include the needs of adolescents. No methods section, no results as such. Guidance widely applicable to the humanitarian setting. |
| Ndlovu, E. and Bhala. E. (2016) | Menstrual hygiene – A salient hazard in rural schools: A case of Masvingo district of Zimbabwe | Y | Climatic events | Highlight prevalent menstrual hygiene practices, attitudes, religious and cultural beliefs as they impact on the girl child in Zimbabwe | Government should enact appropriate policies, related legislation and guidelines for minimum standards on implementing, monitoring and evaluating menstrual health in schools and within the development context for Zimbabwe. NGOs, research institutes and other development actors should complement government efforts. Programmes must strengthen the connections between the rights to water and sanitation and other rights, including health, education, food, work, land, freedom from violence, and the right to information. Health centres should be equipped to provide accurate and user-friendly information on the biological facts about menstruation. Negative norms and taboos, including religious beliefs were reported as reasons why menstrual health was not talked about leading to exclusion of women and girls from events like school. | Academic paper, original research. Literature review, purposive sampling, FGDs, KIIs, observation, data analysis using SPSS (semi-quantification of results and some graphs). This is on-the-ground research but the methods are quite well specified and aimed to capture a lot of information so it could well be generalised to similar settings. |
| Pearce, E. (2015) | "I See That It Is Possible” Building Capacity for Disability Inclusion in Gender Based Violence Programming in Humanitarian Settings | Y | Not specified | Toolkit created to support gender based violence staff to build disability inclusion into their work. | Lots of excellent material on inclusion of disability in general - the 4 types of barriers for example (attitudinal, physical/environmental, communication, other). Menstrual health is mentioned in passing as part of a hypothetical case study; there is not meaningful discussion of MH for people with disabilities in our setting. | NGO collaboration (between 2 NGOs); part govt-funded. Advice for GBV case workers on including people with disabilities in GBV services; nothing meaningful on menstruation. No information on how the materials were developed or piloted. Written to be generalisable to many countries and cultures. |
| Plan International (2019) | Children still cry, water everywhere! A Rapid Assessment of Child Protection, Gender Based Violence, and Menstrual Hygiene Management Needs of Children, Young Girls and Women Affected by Cyclone Idai in Buzi District, Sofala Province | Y | Meteorological | To gather information about the impact of Cyclone Idai on children and women (up to age 24), analyse the protection risks clarifying access and control of resources and humanitarian aid, considering the impact of disasters on girls and women regarding menstrual hygiene practices and beliefs before and after the Cyclone. | Toilets must be gender-segregated, well-lit and lockable. Walls, doors and roof made of non-transparent material with no gaps. Private cubicles may be needed in laundry spaces, or washrooms may need washing slabs. Bathing or laundry spaces should have discreet drainage so water with blood in it cannot be seen. Windup flashlights should be provided. Appropriate sanitary materials should be supplied. Dignity kits should be distributed by women. Latrines should be accessible to people with disabilities. | NGO; rapid assessment; desk review, observation, FGD, KIIs. Participants selected on an informal basis. No quantification of results. Very applied study, results applicable to the setting itself with possible generalisations to other areas. |
| Reed, B. (2012) | Diversity training for engineers: making "gender" relevant | N | Not specified | Report of a project to develop training materials to mainstream gender in engineering | A focus on practical solutions rather than social engineering (rights-based approach) was found to work better - engineers as providers of physical services. This obviated the need to translate human rights and gender issues into different contexts and moved the focus on to delivery of equitable solutions. Start with a practical focus - involving women in the design and construction process makes it easier to deliver product on time as women are often more aware of water and sanitation issues locally. Policies can support this by giving the engineer permission to engage with women in decision-making. Lastly, rights are important but engineers only need to be aware of them, as during infrastructure, project engineers are not going to be able to bring about lasting social change. | Academic (published in a peer-reviewed journal). Report of engineer training workshops to raise awareness of gender. Methods described and number of participants given, no description of how participants were identified. Discusses how to teach engineers that infrastructure can and should be changed to meet client needs, rather than giving talks about the need for societal change. Not generalisable but very interesting to apply to the infrastructure component of MHM. |
| Rohwerder, B. (2) (2014) | Non-food Items (NFIs) and the Needs of Women and Girls in Emergencies | Y | Not specified | Establish which non-food items best meet the basic and protection needs of women and girls in emergency situations | CARE project was set up in response to a lack of provision of MH materials in the Dadaab camp in Kenya; IASC highlights v limited distribution of hygiene kits and sanitary materials in South Sudan. A report looking at Syria found that women weren't being consulted about their needs and hygiene kits were not being provided. Kits may be inconsistently provided or inadequate, or not enough materials. | NGO (GSDRC); desk review. No quantification of results. Generalisable to emergency settings (because the observations are drawn from a variety of emergency settings, we think). No details of methods but this is not primary research. |
| Rohwerder, B. (2017) | Women and girls with disabilities in conflict and crises | Y | Complex | Examine the available evidence on the risks and vulnerabilities faces by women and girls with disabilities in conflict and crises and interventions to support them. | Policies and guidelines that include menstrual health for people with disabilities focus on providing a private space to wash themselves, to wash and dry stained clothing and cloths used for menstrual hygiene management, and to dispose of sanitary materials, and "sufficient space for the assistance of a carer if required. Programming, policy, and host community engagement suggestions are given are: 1) Prioritize disability and caregiver participation and inclusion in gender-based violence and community programming, 2) Provide opportunities for disabled females to work, 3) Policy guidelines with specific reference to menstrual for girls with disabilities. | Helpdesk report commissioned by UK DFID. Summary of current research and evidence. Not a systematic review; they are intend |
| Rohwerder, B. (3) (2016) | Women and girls in forced and protracted displacement | N | Complex | Outline the specific vulnerabilities of women and girls, and opportunities open to them, in forced and protracted displacement | Rapid review highlighting women and girls' needs in transit and displaced populations. MHM is mentioned in conjunction with WASH but there is also some interesting stuff about increasing women's access to international government organisations (which bears on the affordability of MH items). | NGO (GSDRC); desk review. No quantification of results. Generalisable to emergency settings (because observations are drawn from a variety of emergency settings). No details of methods but this is not primary research. |
| Rubis, M. (2015) | Meeting Gender & Menstrual Hygiene Needs in MSF-OCA Health Structures | N | Complex | Improve MSF-OCA's capacity to address the needs of women in the facility and develop a toolkit to support this | Hygiene promotion should be carried out by staff. Preferable to prepare an MHM kit. Showers and latrines must be private, accessible, safe and with access to water. Pad collection must be discreet. Staff members need training in MH. Women said they needed cloths, underwear and soap. Water, places to change and places to wash and dry were provided by the facilities and women found them satisfactory. Women highlighted a lack of pads if they start menstruating at the clinic; they have to go home to get cloths or rags. Women need a private area to dry their MH materials with woman-only access. Collection of used disposable materials must be discreet eg in a dark paper bag or a bin with a narrow lid. | Academic (thesis for MSc degree, not published in a peer-reviewed journal). Ground research to assess facilities in MSF clinic in a refugee camp in Bangladesh. No information on recruitment; semi-structured interviews with patients and carers, FGDs. Results not quantified. Very applied, results applicable to the setting in question with some possible generalisability. |
| Sanchez, E. and Rodriguez, L. (2019) | Period Poverty: Everything You Need to Know | N | Not specified | Break the stigma around menstruation. | Begins with the tampon tax in the US and moves to the global scale, pointing out the difficulties girls have in obtaining, storing, and using sanitary pads | Sort-of NGO (partners with NGOs and private sector); media summary quoting development actors. Awareness raising piece. General, can be applied to other sectors but the content is not very useful as it is very general. |
| Shah, S.A. (2012) | New Issues in Refugee Research: After the deluge: gender and early recovery housing in Sindh, Pakistan | N | Meteorological | Examine gender aspects of early recovery housing and to verify to what extent gender needs are taken into account | Lack of access to housing for people with disabilities – e.g. some orgs require families to contribute labour or money to their shelter and this affects people with disabilities. It's common to ignore the needs of people with disabilities; disaster response may be designed for people without disabilities. If a project is to benefit the whole community, planners need to take account of the needs of vulnerable community members, eg making toilets accessible to people with disabilities. Very little training on gender was reported; orgs with a focus on vulnerable people including widows and people with disabilities are better at recognising gender shelter needs and addressing those needs. Lack of attention to accountability and learning lessons amongst orgs. Gender standards need to be applied. | IGO (UNHCR); preliminary research report. Lite review, KIIs, FGDs, field observation in areas recovering from flooding in Sindh. Focus is on gender and housing provision. No quantification of results. Results not specific to our area but may provide useful context. Possibly generalisable to housing in other settings. |
| Sommer, M. et al. (2016) | What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review | Y | Not specified | Identify peer-reviewed and grey literature on aspects of implementation, relevant guidance documents, published reports, training materials, and relevant accepted global emergency standards (e.g. Sphere Project). | Different understandings of what a menstrual health responses includes; insufficient technical guidance for practitioners; minimal evidence on menstrual health interventions in emergencies; challenges in cross-sectoral coordination and leadership in menstrual health responses; need for improved monitoring and evaluation. Need for basic solutions and practical learning for integrating menstrual health into emergency response -eg the use of various pads will only be successful if the environment supports their usage - eg washing/drying or disposal of products, methods for waste management (incinerators or safe burying mechanisms). Need practical examples of successful menstrual health interventions including demonstrating the use of menstrual materials and educating women and girls, educating staff. Need strategies for assessing menstrual health in emergencies. | Academic paper in peer-reviewed journal, review of MHM in humanitarian settings. Literature review, KIIs. Purposive sampling of KIIs. Numbers of respondents are given. Quotes of KIIs. Good-quality paper identifying gaps in provision in the sector, results probably generalisable. |
| Sommer, M. et al. (2018) | Pilot testing and evaluation of a toolkit for menstrual hygiene management in emergencies in three refugee camps in Northwest Tanzania | Y | Complex | Pilot and evaluate a toolkit in a humanitarian emergency | Discussion of how to implement a holistic approach to MH which includes materials, facilities and education rather than just providing materials (often seen as a WASH response). Minimum standards for MH-friendly facilities. Identification of people with disabilities as an area that needs specific guidance, and also with respect to carers managing MH for people with disabilities | Academic, peer-reviewed publication. Results of pilot testing of an MHM toolkit. Monitoring reports, evaluation of toolkit including KIIs with staff, FGDs and KIIs with women and girls, observation. No sampling or recruitment strategies reported. No quantification of results. Experiences of implementing the toolkit are informative and potentially generalisable. |
| Sphere (2018) | The Sphere Handbook | Y | Not specified | Handbook for practitioners involved in planning, managing or implementing a humanitarian response | Lots of general rights-based info on, for example, the right to protection and identifying populations that face specific risks e.g. women, people with disabilities. Those data are not presented here but the handbook could make a good general rights-based resource | Sphere Association - group of NGOs and CICR. This is an international set of humanitarian standards prepared in consultation with humanitarian actors - 450 organisations in 65 countries. Generalisable by design. |
| Sthapit, C.W .(2014) | Gendered Impacts of the Earthquake and Responses in Nepal | N | Geophysical | Review the evidence about gendered impacts of the earthquake and earthquake response | Insufficient supplies for MH; however Dignity kits provided included flashlights, soap, sanitary pads and clean clothes. When relief workers tried to ask women about their specific needs including MH supplies, women said they were not needed. this could be a result of women not being comfortable discussing menstruation. Households headed by people with disabilities, single and older women had the least access to relief materials. Long distances to distribution sites were a factor. | Academic paper published in a peer-reviewed journal. Literature review and some personal communications. Details of literature search and data extraction are not given. Some broad-brush information about the Nepal earthquake response; may alert us to some themes but likely not generalisable. Quality of the paper can't be established. |
| The Humanitarian Learning Centre (2018) | Operational practice paper 3: Menstrual Hygiene Management in Humanitarian Emergencies | Y | Not specified |  | Good paper for MH in humanitarian settings. Need to address the specific needs of people with disabilities is mentioned in passing. | Academic collaboration with a group of NGOs but not published in a peer-reviewed journal; no information given about methods; desk review. No quantification of results. Observations drawn from a variety of sources including IGO papers, research and peer-reviewed papers. No details of methods given but this is not primary research. Based on a wide variety of information, so should be generalisable. |
| The Humanitarian Learning Centre (2017) | Operational practice paper 1: Disability Inclusive Humanitarian Response | Y | Not specified | Guidance on how to include disability in humanitarian responses | Good resource for working with people with disabilities in humanitarian settings. MH mentioned as part of a WASH response and a need for access to WASH response including MH ; no specific guidance given. | Academic collaboration with a group of NGOs but not published in a peer-reviewed journal; no information given about methods; desk review. No quantification of results. Observations drawn from a variety of sources including IGO papers, research and peer-reviewed papers. No details of methods given but this is not primary research. Based on a wide variety of information, so should be generalisable. |
| UN Women (2017) | Menstrual Hygiene Management in Humanitarian Situations: the example of Cameroon | Y | Complex | Examine the problems associated with menstrual health in refugee camps in Cameroon. | Increase number of separate toilets and water points; establish a waste system for menstrual waste. Need to review locations and size of toilets and lighting, Need to review access for people with disabilities, older adults, pregnant women, children. Need to teach girls about the menstrual cycle and use of materials, and raise awareness of menstrual hygiene. Need to review the model of gender-specific toilets. Need to budget for cleaning of facilities and involve stakeholders. | IGO (UN Women); study of refugee camps in Cameroon; questionnaires, FGDs, observation. 2063 interviewees. Questionnaire results quantified; FGD results summarised. Short summary of results. No details given re recruitment methodology. Results applicable to Cameroon refugee camps with possible generalisability. |
| UNHCR (2006) | UNHCR Handbook for the Protection of Women and Girls; Provisional Release for Consultation Purposes | N | Not specified | Improve UNHCR staff's understanding about the challenges women and girls face, familiarise staff with legal standards, ensure that staff understand their responsibilities, provide guidance on ways of working and enable staff to access other resources | Promotion of physical security in camp layout considering women and girls' concerns - e.g. separate latrines for men and women, well-lit camps, security personnel and female staff. School locations must be gender sensitive and meet minimum standards on walking distance, sex-segregation of latrines, and provision of sanitary materials and clothing to girls. Some humanitarian workers do not think that SRH is a priority. Asylum reception centres may have insufficient female staff, lack of private spaces, lack of MHM materials, lack of showers and inadequate disposal for blood-stained materials. | IGO (UNHCR); handbook for the use of HCR staff on the ground to update them with standards and legal frameworks regarding protection of women and girls. Not primary research. Lots of quotes from women and girls, and the handbook draws on many sources. No methods given. No quantification, because it's a handbook. Designed to be generalisable to lots of refugee settings. |
| UNICEF (2016) | Strategy for Water, Sanitation and Hygiene 2016-2030 | N | Not specified | Guide UNICEF’s efforts to advance child rights in relation to WASH in a world that is rapidly changing (2016-2030 period) | People with disabilities are included under ‘the most vulnerable and disadvantaged groups’. Recognition that people with disabilities have less access to safe WASH facilities for menstrual health, which needs to be addressed. | IGO, strategy document. Sets out objectives and standards rather than quoting evidence directly. No quantification, lots of information for building a WASH strategy. Very general document, but setting out objectives is helpful because it identifies areas for improvement; silence on areas is telling as well. |
| van der Gaag, N. (2014) | Because I am a Girl. the State of the World’ s Girl s 2013: In Double Jeopardy: Adolescent Girls and Disasters | Y | Complex | Present how the different stages of a disaster can affect the rights of adolescent girls wrt survival (including provision for menstrual health), safety and protection, development and learning, participation in disaster risk reduction and specific recommendations | Disaster needs assessments should have gender-balanced teams; sex and age disaggregated data should be collected and integrated into disaster needs assessments; adolescent girls should participate in this process. Better planning for WASH including lighting, location and privacy of latrines and sanitation. | NGO (Plan International), primary research and literature review, lots of surveys and case studies from across the world. No description of how participants were identified. Some quantification of results. Big piece of research with inadequately described methods and a wide focus. If we can assume that the results are representative, the results would be widely applicable. |
| Wilbur, J (1) (2020) | How can we ensure people with disabilities, older adults, older adults with disabilities and their caregivers are included in all COVID-19 hygiene promotion programmes? | Y | Biological | Outline accessibility issues in Covid programming in the WASH sector such that people with disabilities, older adults, older adults with disabilities, and caregivers can be included in the programming. | Importance of including people with disabilities (specified by impairment type) and caregivers in Covid-19 responses. Provision menstrual and incontinence products in hygiene kits for everyone, but specifically targeting people with disabilities. Need to ensure kits and accessible information reach households with people with disabilities | Summary report, extensively reviewed by academics. Contains general guidance applicable to many different settings (any country) regarding development of programmes for Covid-19 that are inclusive of people with disabilities, older adults and older adults with disabilities. |
| Wilbur, J (2) (2020) | COVID-19 Inclusive WASH Checklist | Y | Biological | Practical guidance for practitioners to include disability and ageing in COVID-19 WASH response programmes | Activities related to ensuring menstrual health for people with disabilities included | Checklist produced by LSHTM giving strategies and examples of guidance to increase inclusion of people with disabilities and older adults in WASH programming, against human rights. Could be applied to any setting and any country although settings are not specifically mentioned. |
| World Health Organization (2017) | Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation | Y | Not specified | Provide guidance to help countries improve adolescent health | National programming needs to provide in schools: lockable single-sex toilets, water and soap, private area for drying menstrual cloths and closed bin for menstrual pads. Address cultural and gender barriers affecting girls' education including increasing the number of female teachers. Buildings and classrooms nee to adapted to PWD needs. Ensure that ado mothers have the support to continue schooling. | IGO (WHO). Combination of commissioned research, consultations and workshops with adolescents, online and regional consultations. Details of primary research conducted for the report were not given. Lots of case studies with applications to the settings. Quantification of results but not so much in our area. Recommendations are designed to be widely applicable. |
| Yates, T. (2016) | Impact of WASH Interventions During Disease Outbreaks in Humanitarian Emergencies: A systematic review protocol | N | Complex | Systematic review protocol to evaluate the evidence for WASH interventions in emergency situations and evaluable use of service and disease reduction, positive intervention characteristics, non-health related factors | MH mentioned in passing as forming part of hygiene kits (together with, eg, soap) which is one of the interventions the sys review will consider. No mention of disability or MH for people with disabilities. | Academic (Tufts university in collaboration with Oxfam, not published in a peer-reviewed journal); protocol for a systematic review to evaluate the evidence for WASH interventions. Some relevant material in background which is drawn from the literature and generalisable. |
| Zawde, D. (2008) | Reproductive health in emergencies: challenges and imperatives under forced human displacement, a Pan-African NGO perspective | Y | Complex | Set out guidelines for designing a sexual and reproductive health programme in humanitarian situations. | Need for integrated approach rather than focusing solely on SRH; ie empowerment and education are key determinants of SRH; need to support and promote women's groups. Vertical programmes eg maternal and child health, HIV, should be linked/integrated to cover SRH in its entirety.. Collaboration is necessary between partners providing health care to refugees/IDPs. Gender approach (ie examining how differences between men and women determine risk, access, rights & responsibilities. Need gender training of staff. | NGO (Africa Humanitarian Action, INGO). Presentation to Reproductive Health in Emergencies Committee in Uganda. No details on methods, no quantification of results. Some general points which might be widely applicable. |