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## Background

This brief complements other [UNICEF guidance](#) on aspects of the response to the COVID-19 pandemic and should be read together with the guidance on [monitoring and mitigating the secondary impacts of the COVID-19 pandemic on WASH services availability and access](#).

Primary impacts of an outbreak are defined as the direct and immediate consequences of the pandemic on human health. Secondary impacts are defined as those caused by the pandemic indirectly, either through the effect of fear on the population or because of the measures taken to contain and control it. COVID-19 is still a relatively new disease and evidence is evolving. The virus is thought to spread mainly from person to person through respiratory droplets and contact with these droplets on surfaces. Evidence is emerging regarding a spread through aerosols. COVID-19 does not spread through faeces or blood, including menstrual blood.

An estimated 1.8 billion girls, women, and gender non-binary persons menstruate, yet millions of menstruators across the world cannot manage their monthly cycle in a dignified, healthy way. Even in the best of times, gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services often cause menstrual health and hygiene (MHH) needs to go unmet. In emergencies, these deprivations can be exacerbated. The result is far-reaching negative impacts on the lives of those who menstruate, including: restricting mobility, freedom and choices; reducing participation in school, work and community life; compromising safety; and causing stress and anxiety.

## Emerging Evidence of the Impact of the COVID-19 Pandemic on MHH

Evidence of the impact of female sex hormones on severe morbidity and mortality is [well documented](#). Some anecdotal evidence suggests a direct impact of COVID-19 on the menstrual cycle, causing a heavier and/or more painful menstrual flow. The exact causal mechanism remains to be understood and surveys of symptoms rarely include questions about the menstrual cycle. Indirect effects through stress, anxiety, malnutrition and changes in sleep and physical exercise can impact reproductive health and the menstrual cycle. [Local evidence](#) suggests that menstrual abnormalities are much more common during the pandemic than before its onset.

Since the onset of the pandemic, it has become clear that the COVID-19 pandemic has severe secondary impacts on girls' and women's ability to manage their menstruation and their health.<sup>1</sup> The impacts vary based on the country context and ability to respond through social protection and health systems. The most affected are the poorest and most vulnerable to economic and social shocks. Recent reports and experience from past

<sup>1</sup> See, for example, UNFPA, Days for Girls and African Coalition for Menstrual Health management (ACMHM): Menstrual Health Management. Lessons Learnt from COVID19

humanitarian responses confirm the significant protection-related risk of inadequate MHH supplies and services during the pandemic. Secondary impacts related to MHH include

- **Disruption in the production and distribution of MHH supplies** due to physical distancing measures in factories, re-purposing of manufacturing plants to produce personal protective equipment (PPE), restrictions on import and ground transport and closures or stockouts of retail outlets;
- **Reduced accessibility of MHH supplies<sup>2</sup>** due to a reduction in available income and mobility restrictions leading to an increase in vulnerability of menstruators to those control resources, which may lead to negative coping strategies, ranging from the [use of alternative, home-made MHH supplies](#) which may cause reproductive infections to sexual exploitation in an effort to access menstrual products;
- **Disruptions in the provision of basic social services** such as education and primary health care through which adolescents access MHH-related social support, skills and knowledge as well as menstrual hygiene supplies;
- **Inadequate MHH facilities and supplies to manage menstruation with privacy** in health care facilities, quarantine and isolation centres and at home with all household members present;

Women are at the forefront of the COVID-19 response as they make 70% of the global health care workforce, in most contexts are the member of the household responsible to provide home care for people infected with SARS-CoV2 as well as children affected by school closures. In those roles, women are in a particular vulnerable position to be affected not just by the primary, but also by the secondary impact of the pandemic.

### General Considerations for Mitigating the Impacts of the COVID-19 Pandemic on MHH

A summary of essential considerations to ensure continuation of MHH during the pandemic:

1. **MHH and the provision of essential social services:**
  - Ensure MHH supplies and WASH facilities as well as a supportive environment are in place for health care workers and patients;
  - Ensure the continuity of essential health and other social services, especially for adolescents;
  - Mitigate the impact of changes in MHH services and supplies as well as WASH facilities accessed through the education system during school closure by providing services through other channels (e.g. social protection, meals distribution) and/or as part of remote engagement with students;
2. **MHH and the availability and accessibility of supplies and services**
  - Mitigate the impact of lack of access to menstrual materials and WASH facilities by providing menstrual materials in non-food item (NFI) distributions and food assistance for girls and women<sup>3</sup> with limited movement, who have become economically deprived or live in camps or institutions;
  - Provide basic WASH facilities and services in communities, camps, and institutional settings;
3. **MHH and menstrual irregularities**
  - Ensure timely and adequate information is available about the potential impact of the COVID-19 pandemic on menstruation, as well as social support and supplies when and where needed for adapting to irregular cycles.

Additionally, all assistance should follow the principles of:

- **Do no harm:** During this pandemic, physical distancing measures are in place. Therefore, agencies should ensure that essential person to person contact is kept to a minimum and protective measures taken and switch to contactless methods such as mass media and social media as much as possible. [See here](#) for tips to engage communities safely during the COVID-19 pandemic.

<sup>2</sup> In this document, “menstrual supplies” refers to menstrual materials used to catch blood as well as other items needed to support the management of menstruation such as underwear, safety pins, a carrying bag, etc. For further information see Elrha’s [Toolkit for Integrating MHM in Humanitarian Response](#) (chapter 4) or [UNICEF’s guide to menstrual health materials](#)

<sup>3</sup> Throughout this document, the term ‘girls and women’ is used as a shorthand term to increase readability, but refers to all people who menstruate including girls, women, transgender and non-binary persons.

- **Gender sensitive and inclusive response:** Agencies should identify those who are most marginalised and hard to reach, incorporate measures to reach them, and monitor whether such measures are effective. This includes girls and women with disabilities, those affected by gender-based violence, living in conflict-affected contexts, and those in remote and rural communities. Adapt formats as needed to reach those who may be hearing and visually impaired, or low literacy.

### Additional Essential Considerations for Different Groups

#### Health Care Workers

Globally, **women make up 70 percent of the health workforce** and are more likely to be front-line health workers, especially nurses, midwives and community health workers.<sup>4</sup> These women face additional challenges managing their menstruation, which may compromise their health and dignity as well as the ability of the health system to deliver.

Challenges	Measures to consider
Facility managers are not aware of and/or do not prioritize MHH needs of female health care workers.	<ul style="list-style-type: none"> <li>• Document and raise awareness of needs to facilities' managers and health departments, including the <a href="#">global standards for sanitation and MH facilities in health care facilities (HCF)</a> as set by the WHO/UNICEF Joint Monitoring Programme (JMP).</li> <li>• Advocate for the measures in this paper.</li> </ul>
Lack of documented contextual evidence of MHH experiences and challenges of women in health care settings, which may differ from context to context.	<ul style="list-style-type: none"> <li>• Formative research with health care workers (adding questions to KAP surveys/qualitative tools) to understand experiences and needs.</li> <li>• Ensure data collection methods do not put staff or participants at risk of infection; for instance, consider phone interviews.</li> </ul>
Lack of menstrual hygiene materials for health care workers provided by health systems.	<ul style="list-style-type: none"> <li>• Consider menstrual hygiene materials as essential supplies for female and other menstruating health care workers and procure in sufficient quantity (e.g., for disposable pads or tampons, 20-30 per month per woman depending on absorbency; reusable material quantity will vary depending on type and may require washing facilities.)</li> </ul>
Putting on and removing PPE prevents quick changing of menstrual hygiene materials, leading women to bleed into protective suits, suppress menstruation through the use of oral contraceptive pills, or potentially miss days of work. <sup>5</sup>	<ul style="list-style-type: none"> <li>• Support access to sufficient quantity of PPE that would allow women to take breaks at least every 4 hours to change menstrual materials, particularly where tampons are used, to avoid the risk of toxic shock syndrome.</li> <li>• If pads are used, consider high absorbency pads that are safe to be changed less frequently, if accepted by women.</li> <li>• Support women's continued access to contraceptives but advocate to ensure women are not coerced into taking oral contraceptive pills against their will to avoid menstruation.</li> </ul>
Lack of access to WASH facilities at health care facilities, preventing women from managing basic hygiene including menstrual hygiene while at work.	<ul style="list-style-type: none"> <li>• Ensure access to WASH facilities and services at HCF, refer to <a href="#">Infection prevention and control measures in health care facilities</a> and <a href="#">resources on WASH in HCF</a>. Ensure facilities are female-friendly and inclusive of people with disabilities according to the <a href="#">JMP standards</a>; and that disposal systems for menstrual waste are in place.</li> </ul>
Pain during menstruation may make it challenging to work.	<ul style="list-style-type: none"> <li>• Consider providing pain killers to manage menstrual pain.</li> <li>• Provide adequate breaks, hydration and provisions for rest throughout the workday.</li> </ul>

<sup>4</sup> WHO (2019). [Gender equity in the health workforce: Analysis of 104 Countries](#):

<sup>5</sup> As reported in various news stories and opinion pieces, such as [this one](#) and [this one](#)

### Female Patients in Health Care Facilities (HCF)

Female patients will require materials and access to WASH facilities and may need support to manage their menstruation if severely ill with COVID-19.

Challenges	Measures to consider
Girls and women hospitalized or in quarantine centres for COVID-19 may lack access WASH and MHH supplies.	<ul style="list-style-type: none"> <li>● Provide menstrual materials and painkillers at HCF and quarantine centres.</li> <li>● Support WASH in HCF for patient access to facilities for menstrual hygiene.</li> <li>● Train caretakers in assisting girls and women with personal hygiene including menstrual hygiene if needed.</li> </ul>
Menstrual irregularities and associated needs of COVID-19 patients are not recognized or supported	<ul style="list-style-type: none"> <li>● Monitor COVID-19 patients for irregular menstrual periods and record and treat symptoms when desired/ needed.</li> <li>● Train doctors and nurses in being attentive to irregular, painful or heavy menstruation as symptoms of COVID-19</li> </ul>

### Girls and Women in Communities

Girls and women in communities may also face increased challenges accessing services, resources and information that are critical to MHH. This might include:

Challenges	Measures to consider
Gaps in provision of water and sanitation service, such as disruption of safe water supply or lack of sewerage system maintenance, or due to increased costs driven by scarcity of supply	<ul style="list-style-type: none"> <li>● Mitigate disruptions – guidance provided here <a href="#">Monitoring and mitigating the secondary impacts of the COVID-19 pandemic on WASH services availability and access</a></li> </ul>
Girls and women with confirmed or suspected COVID-19 quarantined or isolated at home may lack access to piped water supply, on-site sanitation, handwashing facilities, soap and MHH supplies.	<ul style="list-style-type: none"> <li>● Support continuity of WASH services in the home when possible, or regular deliveries of essential WASH supplies</li> <li>● Consider separate shared facilities for girls and women with COVID-19 and those without.</li> <li>● Include menstrual materials in distributions of food or non-food items to girls and women in home quarantine.</li> </ul>
Disrupted access to menstrual hygiene materials, particularly disposable menstrual hygiene materials that require monthly replenishment.	<ul style="list-style-type: none"> <li>● Ensure that sanitary pads are deemed essential commodities, removing barriers to manufacturing and supply<sup>6</sup>.</li> <li>● Conduct formative research to identify any protection-related risk, especially regarding human right violations and exploitation, in relation to accessing MHH products and services</li> <li>● Conduct a rapid supply chain assessment to identify bottlenecks in the supply of MHH products</li> <li>● Discourage panic buying and hoarding. Encourage pragmatic purchasing of two months' supply of disposable materials to safeguard one's own access while respecting the needs of others.</li> <li>● Where washing is possible, consider promoting reusable materials as an alternative, such as a menstrual cup, washable pads, or absorbent underwear. Promote do-it-yourself designs and instructions for safe reuse and disposal through women's networks or digital platforms that reach girls and women<sup>7</sup>.</li> <li>● To increase supply, encourage manufacturers in adjacent industries (such as clothing or paper products) to consider expanding into reusable or disposable</li> </ul>

<sup>6</sup> The Government of India recently provided a good example [as reported here](#)

<sup>7</sup> Refer to resources such as those from Days for Girls <https://www.daysforgirls.org/dfg-kit-making-resources> and encourage emergency alternatives such as folded cloth pinned into underwear or tied around the waist.

	<p>menstrual materials to meet increased demand. Prioritize support to women-owned businesses.</p> <ul style="list-style-type: none"> <li>● Consider soliciting contribution-in-kind from large private sector manufacturers of quality disposable products.</li> <li>● Expand the reach and benefit levels of social assistance programmes that target women, such as cash transfers and social pensions, and suspending all conditionalities for the duration of the COVID-19 crisis<sup>8</sup>.</li> <li>● Introduce new cash transfers, including for women with care responsibilities.</li> <li>● Ensure a variety of MHH products are available in local markets, including reusable supplies, to prevent stockout in case of supply problems with one product</li> <li>● Advocate for the removal of taxes from menstrual hygiene materials<sup>9</sup></li> <li>● Take advantage of the rebuilding effort to facilitate market development and expansion to make commercial products more affordable and reach further along the supply chain to rural and more remote areas; expand local manufacturing of commercial products, expand retail outlets, etc.</li> </ul>
<p>Limited access to critical information related to menstruation or women’s health due to disruption in routine health services and diversion of funding from women’s health to other issues.</p>	<ul style="list-style-type: none"> <li>● Ensure that MHH information is included standard health services and make provisions for these services to be continued<sup>10</sup></li> <li>● Consider the use of alternatives to interpersonal communication such as online, radio, telephone or messaging services.</li> </ul>
<p>Limited access to critical information due to limited access to technology and digital platforms, school closures, suspension of community-based programming, and low levels of literacy in some settings (particularly among the most vulnerable) – particularly for adolescent girls.</p>	<ul style="list-style-type: none"> <li>● Determine whether girls and women are able to access sources of digital information.</li> <li>● Partner with women and girls’ organizations who are central to the response and provide frontline services with limited resources and ensure they include MHH.</li> <li>● Ensure women and girls are specifically targeted on online platforms and messaging apps like <a href="#">U-Report</a> with MHH information.</li> <li>● Provide MHH information together with other self-care or health information and programmes.</li> </ul>
<p>Women’s health care services mischaracterized as non-essential or “elective,” and therefore unavailable. Lack of or interrupted access to contraceptives, or the need to change to another contraception due to limited choice may will result in changes to women’s experiences of menstruation (e.g., menstruation or heavier periods) and/or to unintended pregnancies.</p>	<ul style="list-style-type: none"> <li>● Maintain access to women’s health care services and prioritize reproductive health care services.</li> <li>● Ensure education about the effects of stopping or an interruption of hormonal contraceptives are shared to limit anxiety about its side effects.</li> <li>● Provide information about alternative contraceptives that are available to prevent unwanted pregnancy. Explain changes in possible bleeding changes due to a change in contraception.</li> </ul>
<p>Gender-specific and MHH-related questions not integrated into baseline data collection or monitoring systems, leading to limited country-specific, contextual evidence on girls’ needs.</p>	<ul style="list-style-type: none"> <li>● Formative research to understand context specific needs using data collection methods that do not put communities at risk (i.e. focus-group discussions (FGDs) in the traditional sense are not advised as physical distancing cannot be assured, instead use alternative ways to collect data such as telephone interviews, etc.)</li> </ul>

<sup>8</sup> An example of this flexibility is the American COVID aid package that allows people to use their health spending accounts to also include menstrual materials.

<sup>9</sup> Note that value-added tax (VAT) removal has not been shown to lead to price decreases for the end customer. Sales tax removal, on the other hand, does lead to direct price decreases.

<sup>10</sup> Refer to Population Services International (PSI) and PSI-Europe’s [Technical brief on integrating menstrual health in SRHR](#).

### Girls during School Closures and Re-opening

In mid-October 2020, more than [half a billion learners - equivalent to one third of all enrolled learners](#) - were affected by school closures due to COVID-19. Schools provide not only an environment for learning, but also for many adolescent girls' access to MHH supplies, knowledge, skills and social support.

Challenges	Measures to consider
Provision of MHH products through the education system is discontinued during school closure	<ul style="list-style-type: none"> <li>Identify which MHH products adolescents usually access through the education system and who accesses these services.</li> <li>Identify alternative routes of delivering these products in an adequate, age-appropriate way (e.g. door-to-door delivery) through community health workers, through social protection or cash transfer channels or during meal distributions.</li> <li>If alternative routes are unavailable, consider supporting girls to produce their own MHH materials from locally available materials.</li> <li>Increase the quantity of MHH products in NFI distributions to adult women to cover the additional need of their adolescent daughters at home.</li> </ul>
Access to social support, knowledge and skills for MHH provided through the education system is discontinued	<ul style="list-style-type: none"> <li>Identify alternative channels to reach girls such as online, radio, telephone, messaging services or religious gatherings.</li> <li>Partner with women and girls' organizations (e.g. mothers unions) who are central to the response and provide frontline services with limited resources and ensure they include MHH.</li> <li>Encourage girls to connect outside of school in a safe way.</li> <li>Sensitize parents for the need of their adolescent children and options for supporting them.</li> <li>Include MHH information and education in remote learning curricula.</li> </ul>
Safe reopening of school protocols binds so many resources of teachers and school administration that MHH services are deprioritized	<ul style="list-style-type: none"> <li>Advocate for including MHH services in safe reopening protocols.</li> <li>Ensure newly installed water and handwashing facilities are built and located to ease their use for MHH.</li> <li>Advocate for covered bins being provided in bathrooms for COVID-19 prevention and disposal of MHH products according to the <a href="#">JMP standards for MHH facilities</a>.</li> <li>Ensure MHH is included in hygiene curriculum.</li> <li>Provide sufficient quantity of disposable menstrual hygiene products at each distribution (if less frequent) or consider providing reusable products as a supplement, especially if schools might close again and/or mobility is or might be restricted.</li> </ul>

### Girls and Women in Shared or Institutional Settings (e.g. Camps, Prisons, Hostels)

Girls and women in camp settings may face many of the same challenges as girls and women in communities, with additional vulnerabilities due to the lack of household WASH services. In addition to the considerations in the table above, challenges may include:

Challenges	Measures to consider
Limited distributions of NFIs, or diversion of resources away from menstrual hygiene supplies (materials and supportive supplies such as underwear and laundry soap) towards other NFIs	<ul style="list-style-type: none"> <li>Ensure that menstrual hygiene supplies are considered essential and distributed with other NFIs (such as WASH or dignity kits) or with household nutrition or medical supplies, and as an essential part of the sexual and reproductive health and reproductive rights (SRHR) emergency package (e.g., minimum initial service package (MISP)).</li> <li>Provide a greater quantity of disposable menstrual hygiene products at each distribution (if less frequent) or consider providing reusable products as a supplement or alternative.</li> <li>As above, consider promoting reusable materials where acceptable.</li> <li>Ensure disposal and waste management systems are available and maintained, and budget is allocated for this purpose.</li> </ul>

<p>Reliance on shared water supply, on-site sanitation, or household bathing and laundry facilities</p>	<ul style="list-style-type: none"> <li>• Where possible consider adding additional facilities and dedicating certain facilities to girls and women with confirmed cases.</li> <li>• Mitigate disruptions – guidance provided here <a href="#">Monitoring and mitigating the secondary impacts of the COVID-19 pandemic on WASH services availability and access</a></li> <li>• Provide gender-separated laundry facilities with sufficient water, soap, drying space and drainage</li> </ul>
<p>Limited access to critical information related to menstruation or women’s health due to disruption in routine health services and diversion of funding from women’s health to other issues</p> <p>Limited access to critical information due to limited access to technology and digital platforms and low levels of literacy</p>	<ul style="list-style-type: none"> <li>• Determine whether girls and women are able to access sources of digital information and adapt accordingly.</li> <li>• Ensure that <a href="#">MHH information is included standard health services</a> and make provisions for these services to be continued.</li> <li>• Consider the use of alternatives to interpersonal community such as radio or announcement systems.</li> <li>• Provide information in accessible formats to those who are hearing and visually impaired, or those with low-literacy levels.</li> </ul>



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